

Implementation of the Framework of engagement with non-State actors (FENSA)

Respondents: Regional offices, Country offices and Headquarter clusters assessing its implications

Introduction:

1. The 138th Executive requested the Secretariat to provide a balanced and objective report of the implications of the implementation of the Framework of engagement with non-State actors (FENSA) well in advance of the resumed session of the Open-ended intergovernmental meeting of 25-27 April 2016.

2. To this end, all WHO Regional Offices and Clusters in Headquarters and a selection of Country Offices are invited to provide their inputs through this questionnaire. In addition a more detailed matrix of analysis will be sent for comments to FENSA focal points in regions and clusters.

3. In order to assure that we can present a balanced and objective report to Member States, the External Auditor has kindly agreed to validate and comment this questionnaire, the more detailed analysis matrix and write the final report.

4. The adoption and implementation of FENSA will modify the way WHO manages its engagement with non-State actors (NGO's, private sector entities, philanthropic foundations and academic institutions). The main changes concern the following points

- a. FENSA is covering all engagements within with all non-State actors, while the current policies covered engagement with private sector entities and NGOs in official relations only
- b. Transparency will be increased through the Register of non-State actors (including information on objectives, governance and funding of non-State actors and description of engagements)
- c. FENSA calls for a consistent implementation at all 3 levels of the Organization and all regions and hosted partnerships through an electronic workflow, due diligence by central unit for, a guide for staff, clear decision making
- d. FENSA will increase accountability towards Members States by strengthened oversight of the Executive Board
- e. The Director General will report annually on engagement with non-State actors

5. Some of the proposals made during the negotiation process have not been included in the text and are no longer under consideration. They should therefore also be excluded from the analysis of implications of FENSA implementation. Such issues include in particular:

- a. FENSA applies only to engagement with non-State actors as institutions and not to engagements with individual experts.
- b. There will not be a defined ceiling for contributions received from non-State actors

- c. Due diligence and risk assessment is a process conducted by the Secretariat with no direct involvement of Member States
 - d. Free services provided by non-State actors are an in-kind contribution, but not covered by the not yet agreed provisions on secondments.
6. Several current policies are confirmed by the draft Framework and often made more explicit:
- a. WHO does not engage with the tobacco and arms industries
 - b. Official relations (while currently all entities are called NGO's, non-State actors in official relations will in the future be distinguished in NGOs, International Business Associations and Philanthropic foundations)
 - c. Several specific paragraphs on private sector engagement (such as clinical trials) are transposed from the current guidelines into the private sector policy.
 - d. The CPSC (Committee on Private Sector Cooperation) will be replaced by an engagement coordination group ECG
7. For information here are the elements which would likely be covered in the report on implications of implementation of FENSA:
- a. Changes to the work of WHO governing bodies
 - b. Costs of implementation
 - i. Direct financial costs of implementation
 - ii. Direct human resource costs
 - iii. Indirect human resource costs
 - iv. Regular training costs
 - v. Startup costs
 - GEM build up to provide the IT tool for the Register of non-State actors
 - Training costs
 - Additional burden of filling the register with first time entries
 - c. Potential efficiency savings through implementation of FENSA
 - i. Information gathering
 - ii. Clarity on actors, process and earlier decisions
 - d. Added value of FENSA
 - i. Stronger protection from undue influences
 - ii. Coherence in engagement across WHO and across different engagements

- iii. Clarity on engagement
- iv. Transparency
- v. Better information, documentation, intelligence and lessons learnt on non-State actors and engagements
- vi. Clear process of senior management decision making
- e. Risks of FENSA
 - i. Potentially cumbersome process
 - ii. High number of engagement
 - iii. Lack of flexibility
 - iv. Potential bottle-neck in due diligence and risk assessment process
 - f. Changes to the engagement opportunities and risks
 - i. Policy changes in engagement
 - ii. Incentive changes for engagement

QUESTIONS:

8. Estimation of the volume of engagements. Questions in paragraphs 9 and 10 try to estimate the volume of engagements which should in the future be handled through the process defined by FENSA. The External Auditors will compile your input from country, regional and headquarter level into an overall estimation. Please note that this refers to formalized engagement as defined in the paragraphs 15-21 of the draft FENSA and not to informal interactions. Formal engagements include amongst others: a meeting with official invitations, agenda, list of participants, etc; any interaction involving a signature of an agreement or MoU to receive resources, work as implementing partner, allow the use of advocacy material, enter into technical collaboration, etc. Preparation for such engagement or informal contacts by phone, e-mail or informal discussion are not considered as engagements. For a meeting only the non-State actors who have actually participated should be counted, not all those who have been invited. A series of meetings in the same year on the same subject with the same or similar invitation lists should be counted as one engagement.
9. Please provide a rough estimate of the **numbers of non-State actors** you engaged with in 2015 by type of engagement in the following table for your region (excluding country level), cluster or country office respectively.

Cluster / Regional office / country office: _____

	Participation	Resources	Evidence	Advocacy	Technical collaboration
NGOs	319	23	45	157	153
Private sector entities	47	7	18	16	45
Philanthropic foundations	21	5	9	1	23

Academic institutions	288	5	315	2	168
------------------------------	-----	---	-----	---	-----

UNITAID “Philanthropic foundations” are represented by the Patent Pool, which a Swiss Foundation and Tides Foundation (ITPC).

** UNITAID is a funding agency, and the grants it makes available to implementing agencies (“Grantees”) are to support the UNITAID’s mission (www.unitaid.org). The number references in the column “Technical collaboration” above for UNITAID indicate the number of Grantees it engaged in 2015, by “engaging” implied the number of Grantees to which grant disbursements were made within the overall grant portfolio of UNITAID. This information was mapped under “Technical collaboration” as this column deemed to be more or less relevant. In addition to the information in the column “Technical collaboration”, in 2015 UNITAID extended disbursements to other 9 entities, of which 3 UN entities, 5 Product Development Partnerships (PDPs) and 1 Professional Association, which are all implementers of UNITAID funded grants.

10. Please provide a rough estimate of the numbers of **engagements** in 2015 by type of engagement in the following table. For engagements covering more than one type count them only once for the most relevant type.

	Participation	Resources	Evidence	Advocacy	Technical collaboration
NGOs	105	68	119	23	47
Private sector entities	25	13	18	10	20
Philanthropic foundations	24	18	20	2	8
Academic institutions	197	3	226	2	39

* The number references in the column “Technical collaboration” of the table above includes the number of grants implemented by each type of Grantee against which UNITAID paid disbursements in 2015.

In addition to the information in the column “Technical collaboration”, in 2015 UNITAID paid disbursement against 17 other grants, of which 11 grants implemented by UN entities, 5 grants implemented by PDPs and 1 grant implemented by a Professional Association.

Comments on the methodology used and its difficulties of this estimation,

Sometimes there are multiple participants in a meeting providing evidence from the same non-state actor, it was not clear whether they should be counted as separate for both tables. Based on a review of the engagements of 2015, the problem is of overlap in aggregating the numbers at the cluster level as some of the NSAs included in the numbers might be common across different departments. Also we feel that this exercise though captures to number of collaboration, it does not capture the full extent of each collaboration. Some are NGOs but are also private-public partnerships, so it makes it difficult to put them in one box. In our TDR department Academic institutions are several and don’t have a clear count for this reporting and therefore not included.

11. Please estimate the number of non-State actors your cluster / regional office / country office engages with in emergency situations (as described in the Emergency Response Framework) and describe the type of these engagements

1 ; Donation of in-kind (medicine) for treatment of patients during outbreaks or war/conflict situation.

12. Please describe the main opportunities you see for the work of your region / cluster / country office through the adoption and implementation of FENSA

Transparency amongst partners with the member states and WHO. FENSA provides greater clarity on WHO policy with regard to engaging with different types of non-state actors, enabling the smooth execution of due diligence, risk assessment and negotiations with different partners on possible levels of collaboration.

The new End TB Strategy calls for strong alliance with communities and NGOs. In affected countries, NGOs are often best placed to reach marginalized persons most vulnerable to TB. Given the aim of the new Strategy to end the TB epidemic globally by 2035, collaboration with NGOs for exchanging experiences and providing them with technical support to ensure the implemented activities are in line with WHO policies is important all levels of the organization (HQ, Regional, Country). FENSA is a step in the right direction which can help deepen such collaboration with NGOs.

TDR has already have its own policy of NSA engagement on its board (JCB) and has been following it for several years

13. Please describe the main risks you see for the work of your region / cluster/ country office through the adoption and implementation of FENSA. This question does not refer to the risks of individual engagements as defined in FENSA but rather to the overall risks and challenges of implementing FENSA as a new policy.

- The international health architecture and range of public health players/partners is becoming increasingly complex and diverse. It is often difficult to easily categorize certain actors within the four categories NGOs that are heavily dependent on private sector funding for their core work/staffing. This may compromise opportunities for valuable collaboration.

- Many conferences/international meetings that we are actively involved in are cosponsored by private sector entities. FENSA may compromise such active WHO engagement in key conferences. At the same time other UN agencies are actively engaged, including cosponsoring such meetings.

- • Certain areas of our work receive very little interest from donors, including government donors and philanthropic foundations, and the only opportunity for funding of core or essential work may be from the private sector (or associated NGO) with some links to that area of work.

There are increasing expectations from many non-state actors for greater collaboration with WHO at all levels, including in WHO governance. Often such non-state actors refer to other global health entities that have more extensive and flexible engagement with non-state actors, e.g. inclusion of NGOs on governing bodies of UNAIDS, GAVI, Global Fund.

Delay in implementation and missed opportunities might arise – all potential negative impacts of instituting additional procedures and rules. An additional administrative burden that would need to be handled by Professional staff.

TDR engages heavily with many academic institutions, the new policy may make it complicated.

14. Please describe the specific resources (staff and activity costs) currently working on engagement with non-State actors within your region / cluster/ country office.

Depending upon the unit within the department and the level (volume) of engagement with non-state actors resources gets deployed. HTM has 4 departments and a partnership and all of them incur specific activity cost and staff cost. Since units does not have a specific staff assigned to the engagement with NSAs, it is very difficult (very time consuming exercise, if not impossible) to assess to proposition of resources working/used in these engagements with the proportion of NSAs participating in the engagements. Within each unit a technical officer,

Coordinator and other disease programme officer normally work on all engagement of that unit.

15. Please describe the specific incremental resources (staff and activity costs) that you would expect to be necessary to implement FENSA. If applicable please give resource needs for the focal points and central processes in regions / clusters separate from estimations for resource needs of technical units and explain your assumptions and methodologies :

One off resources/costs: Training cost and deployment cost as needed. It is not fully clear yet what needs to be done at the technical unit level in the implementation of FENSA. Incremental costs could be low if it is just an additional characteristic added to the meeting list of participants etc., but if it needs tracking more details, then a dedicated staff may be required at the Department level.

Recurring or On-going resources/costs: We estimate 1 Professional and 1 General staff per department

Note from UNITAID: The numbers that we have provided in the tables are indicative, as we have not been tracking this information historically. We have reviewed our current portfolio and entered the data on a high level approximate basis. To be clear, UNITAID (although an entity under WHO sitting in the HTM cluster) is not consolidated into WHO and we therefore have our own financial statements, as well as our own audit every year. UNITAID is a grant funding agency and our frequent interaction with numerous Non-State Actors (NSAs), in a range of different capacities, is critical to the successful implementation of our mission and operating model. Essentially, UNITAID's mission is to contribute to the global response to HIV/AIDS, tuberculosis and malaria by bringing new, better, faster-acting and more affordable medicines, technologies and systems to those in need. We take game-changing ideas and fund projects which turn them into practical solutions that can help accelerate the end of the three diseases. In order to do this, we provide grants to project implementing entities, including NSAs. These projects are proposed to us in response to our calls for proposal. Before entering into agreements to provide grant funding, UNITAID conducts its own comprehensive due diligence process to evaluate the applicant entities. In addition to engaging with NSAs in their capacity as UNITAID grant recipients, we should also note that our Board includes NSA representation in that three of the 10 board seats are occupied by NSAs (NGOs, Communities Living with the Disease, and Foundations). These are not only Board participants, but very important stakeholders with whom we interact significantly in all of our work. For instance, we also engage and consult with them, together with a range of other stakeholders including NSAs, throughout the process of identification of our designated areas of intervention, selection of proposals, grant development, grant agreement and grant implementation. Given these particular circumstances, UNITAID does see any added benefit from WHO's implementation of FENSA. Our daily interaction with NSAs, both as grantees and Board members, is already well controlled and documented (including appropriate due diligence procedures) within UNITAID. The incremental additional resources required for us to monitor and provide the information required by WHO would be considerable and contrary to our Board's desire to maintain a lean Secretariat. Therefore we would strongly request that either (i) UNITAID is given an exemption from the FENSA requirements or (ii) WHO accepts our current arrangements as adequately meeting the risks they desire to monitor and mitigate in this area.