

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: FWC/ **IVB**

	Participation	Resources	Evidence	Advocacy	Technical collaboration
NGOs		2 (PATH; Sabin Inst.)			4 (IPA; AMP; MSF; JSI) + 6 others NGOs
Private sector entities					2 (IFPMA; DCVMN)
Philanthropic foundations		2 (BMGF; Welcome Trust)			
Academic institutions					20 (Universities)

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		6 (4 by PATH; 2 by Sabin Inst.)			10 (*)
Private sector entities	1 (SAGE mtg)				
Philanthropic foundations		21 (20 by BMGF; 1 by Welcome Trust)			
Academic institutions					20, including 11 internships

(*) Assuming one engagement per year/institution

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

- 1) Browsing the list of Institutions with whom IVB raised contracts/APWs. It was somehow difficult to distinguish between private providers of services (e.g. private companies, sometimes formed by individual consultants) from NSA institutions which had an engagement with WHO. National Institutions, like RIVM in Netherlands, were not considered NSA.
- 2) Searching IVB Managed awards in GSM was useful and provided key information on number of grants and related \$ amounts (for the biennium 2014-15)
- 3) It was difficult to allocate engagements among Participation, Resources, Evidence, Advocacy and Technical collaboration. The column headings would require some explanations.

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

In the case of Ebola, a trial consortium led by WHO was established by including both NSAs and Member States' Institutions: the Guinea's Ministry of Health of Guinea, Médecins sans Frontières (MSF), EPICENTRE, and the Norwegian Institute of Public Health. The trial is funded by WHO, with support from the Wellcome Trust, the United Kingdom Department for International Development, the Norwegian Ministry of Foreign Affairs to the Norwegian Institute of Public Health through the Research Council of Norway, the Canadian Government through the Public Health Agency of Canada, Canadian Institutes of Health Research, International Development Research Centre and Department of Foreign Affairs, Trade and Development, and MSF.

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

To provide a standard and transparent approach to develop NSA engagement.
To improve accountability of NSA engaged.

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.

Over-regulation
Reduced flexibility

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

Approximately 8,5 US\$ Million from BMGF grants and 1 US\$ Million from PATH and Sabin Institute grants were spent in 2015 to support both staff and activities.

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: Time/costs required to train staff on FENSA

Recurring or On-going resources/costs: 1 FTE might be required to manage the framework at IVB department level