

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.
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. 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. Please provide a rough estimate of the numbers of engagements per year (e.g. in 2015) and by type of engagement in the following table. (please note that this refers to formalized engagement as defined in the paragraphs 15-21 of the draft FENSA and not to informal interactions, for engagements covering more than one type count them only once for the most relevant type)

At Regional Office / Cluster level (excluding country office engagements)

Ongoing engagements without new or revised agreements are indicated by asterisk below.

We issue between 50-100 Technical Service Agreements per year. Due diligence is already carried out by HRP's independent review body "Research Project Review Panel". We assume that FENSA does not apply to Technical services agreements.

	Resources	Evidence	Advocacy	Technical collaboration
Private sector				
Merck Sharp & Dohme (Merck for mothers)*	0			
Becton Dickinson*				0
Gedeon Richter*				0
Philanthropic foundations				
American Jewish World Service	1			
Bill and Melinda Gates foundation	2			
David and Lucile Packard	2			

Foundation				
Ford Foundation	1			
John D. and Catherine T. MacArthur Foundation	1			
Paul G. Allen Family Foundation	1			
Academic institutions				
Queensland University of Technology	1			
St Michael's Hospital	1			
Universidad Politecnica de Madrid	1			
University of Dundee	1			
Institute for Global Health (ISGlobal) / Universitat de Barcelona	1			

At Country level (regional offices are invited to ask a selection of country offices for estimates to be extrapolated and to provide the raw data from these offices as well)

	Participation	Resources	Evidence	Advocacy	Technical collaboration
NGOs					
Private sector entities					
Philanthropic foundations					
Academic institutions					

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

Many potential collaborations are explored but never firmed up.

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

It appears that there will be more clarity on procedures for engagement with non-state actors and more transparency regarding the due diligence process.

10. Please describe the main risks you see for the work of your region / cluster 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.

Instead of working with non-state actors as part of the solution to addressing the global shortage on resources, FENSA resembles more of a “control” approach, with each potential partner scrutinized for reasons not to engage, rather than the other way around. There is risk that FENSA will put potential collaborators on the defensive, and delay potentially fruitful and constructive partnerships

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

For the Department of Reproductive Health and Research (RHR), there is one full-time resource mobilization officer who works with all current and potential donors, including non-state actors. Other technical staff and leadership in RHR work with non-state actors on an ad hoc but regular basis since the philanthropic foundation and NGO community in particular is influential in the area of global sexual and reproductive health.

12. Please describe the specific incremental resources (staff and activity costs) that you would expect to be necessary to implement FENSA :

One off resources/costs:

We would hope that no new staff would be required.

Recurring or On-going resources/costs: