<u>**World Health Organization: 2018 Self Report – PACT Agenda for Humanity**</u>

A. Highlight concrete actions taken between 1 January – 31 December 2018 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures as well as any good practices and examples of innovation.

WHO's Health Emergencies Programme (WHE) continued to respond to outbreaks and emergencies in 2018, dominated by the two Ebola Virus Disease outbreaks in northern (March-May 2018) and eastern (ongoing since May 2018) Democratic Republic of Congo. Working with other IASC partners, WHO has also been contributing to the development of the new Scale Up and Sustain protocols, and operationalizing these methodologies towards the health needs of humanitarian emergencies.

Protecting medical missions and speaking out against violations also entails systematically tracking and advocating against instances of attacks against health care workers and health care facilities – which constitute a grave IHL violation. Through its global Surveillance System against Attacks (SSA) reporting system, WHO documented instances of attacks in 8 countries, with the purpose of advocating at the highest level (WHO DG) to non-state actors, governments and the UN Security Council to influence changes in behavior in conflict-prone humanitarian settings in compliance with UN Security Council Resolution 2286.

Further development of processes and systems, including WHO's country business model, public health information standards, revised Emergency Response Framework (ERF), the Protracted Emergency Framework (PEF) and related standard operating procedures continue to strengthen WHO's delivery across other WHS Transformation Areas.

Through its co-chairmanship of the IASC Humanitarian-Development Nexus Task Team, WHO co-organised two regional workshops in Uganda and Senegal to help define collective outcomes at the country level.

To strengthen joined-up analysis and data collection, WHO has been expanding its package of public health information services (PHIS) which includes assessment tools that feed into the Humanitarian Needs Overview (HNO) as well as the joint, cross-sectoral needs assessments framework being pioneered by ECHO, OCHA and the World Bank as part of the Grand Bargain.

B. How are these challenges impacting achievement of this transformation?

Key challenges that impact the delivery of emergency health assistance vary greatly. From insecurity to resourcing to the still-nascent stage of joined-up humanitarian-development analysis, the technical and data-driven nature of health service provision means that aligning health outcomes across the WHS Transformation Areas can be particularly challenging.

In 2018, there was a significant increase in funding for the CFE (USD40 million vs USD12 million in 2017). There was also an increase in Member State donors to the CFE (seven new donors, total of 18), allowing for a rapid release of funds for WHO's responses to the Ebola Virus Disease outbreaks in DRC and 28 other country responses. To strengthen WHO's core resourcing base, in 2018 the organization developed its first Investment Case which emphasizes the importance of augmenting core funding towards WHO's new "Triple Billions" strategy.

The slow progress on the joint needs assessment workstream of the Grand Bargain, largely linked to resistance by coordination Agencies to review the content and management of their tools, impacted the opportunities for WHO to provide strong health inputs into multisectoral joint needs assessments.

Similarly the heavy politics around the humanitarian, development, and peace nexus, especially within the UN system, often foreshadowed progress on content as the system focused largely on coordination mechanics and process. These are just some of the institutional mitigation steps that WHO has taken in 2018 to cope with wider challenges in realizing the Transformation Areas to which it has committed to.

C. What steps or actions are needed to make collective progress to achieve this transformation?

On the humanitarian-development-peace nexus, both humanitarian and development actors require genuine inter-agency effort in not only harmonizing analysis and planning but also programming, and a refocus on content and activities rather than superstructures. Current policy and field discussions are over-focused on collective outcomes and not enough on actual operational efforts required to meeting and ending needs. Current discussions – such as the establishment of parallel structures such as the Joint Steering Committee on Humanitarian-Development Collaboration -, as well as existing fora dominated by a small number of agencies, fail to identify what is actually required to achieve results and for agencies to design effective programmes. The nexus discussions are an opportunity to truly achieve a fundamental shift by moving away from siloed thinking, but they should not end-up in simply creating new superstructures and coordination functions and thereby become blocked by agencies' politics.