

Collaboration within the United Nations system and with other intergovernmental organizations

Report by the Director-General

INTRODUCTION

1. The focus of the activities of United Nations system organizations, and accordingly of collaboration with WHO over the past year, has been on the response to the COVID-19 pandemic.
2. The thrust of the joint work was to mobilize and align United Nations system-wide support to Member States in response to the COVID-19 pandemic; support intergovernmental discussions in the main United Nations governing bodies; and continue efforts to deliver on essential health services, develop global public health goods and achieve the Sustainable Development Goals.
3. This collaborative response put in place by the initial implementation of the United Nations development system reform has demonstrated the benefits and further potential of United Nations reform.

Mobilizing the United Nations system in response to the COVID-19 pandemic

4. In recognition of the impact of the COVID-19 pandemic on global trade, travel, supply chains and finance, WHO quickly engaged the leaders of United Nations agencies, funds and programmes across different sectors in order to raise awareness of the gravity of the outbreak. WHO encouraged individual United Nations entities to assess their risks in maintaining operations at all levels and take remedial actions.
5. WHO has led the programmatic alignment between (1) the WHO's Strategic Preparedness and Response Plan; (2) the United Nations' Global Humanitarian Response Plan; and (3) the United Nations Sustainable Development Cooperation Framework for the immediate socioeconomic response to the COVID-19 pandemic. WHO also leads the Framework's "Health First" focus. These COVID-19 pandemic response frameworks leverage the expertise and delivery capacities of United Nations entities; harness the resources of public and private sectors and civil society; and build on a whole-of-government and whole-of-society approach to close gaps in country preparedness and response plans and safeguard progress towards the Sustainable Development Goals.
6. In terms of policy response, WHO has supported the United Nations Secretary-General in the issuance of policy briefs on the COVID-19 pandemic. These policy briefs sought to raise awareness of the impact of the pandemic on specific groups of people, regions or sectors. WHO provided substantive input and recommendations for policy briefs on the impact of the COVID-19 pandemic in terms of mental health; older persons; a disability-inclusive response; and universal health coverage. WHO also

worked closely with more than 120 Member States to develop joint statements to further leverage these policy briefs.

7. Several inter-agency system-wide coordination mechanisms were activated or repurposed to align the response to the COVID-19 pandemic. WHO is the lead coordinating entity for United Nations Crisis Management Policy response activities for the pandemic and the convener of the United Nations Crisis Management Team. WHO requested the Secretary-General to activate the United Nations Crisis Management Policy in February 2020 to ensure a coordinated, multisectoral United Nations system-wide response and address significant negative humanitarian impacts and risk to United Nations personnel related to the COVID-19 pandemic.

8. As convener of the United Nations Crisis Management Team, WHO has provided leadership on operational mission-critical issues, including public health measures, supply chains and the medical evacuation of United Nations personnel. The functions of the Team include (1) coordination of United Nations strategies, policy decisions and plans; and (2) joint action, where synergies exist, in order to scale up country-level operations for public health, human rights concerns, broader socioeconomic-related issues and travel and trade. The outputs of the Team in 2020 have included the “Verified” campaign (led by the United Nations Department of Global Communications) to combat the proliferation of COVID-19 misinformation; a task force dedicated to addressing supply chain challenges; and guidance to countries on addressing human rights and planning major events, mass gatherings, travel and trade.

9. To facilitate a “One United Nations” voice and approach in countries, WHO and the United Nations Development Coordination Office provided regular briefings on the latest health situation and developments in the COVID-19 pandemic response for United Nations resident coordinators, WHO Heads of country offices and other members of United Nations country teams. This has provided a platform for leaders within the United Nations system to directly engage with country representatives on specific policy and operational issues. WHO is providing regular health situation updates at meetings of the Secretary-General’s Executive Committee and Deputies Committee.

10. Several United Nations-wide funding mechanisms were created to provide financial resources for the response to the pandemic. The United Nations COVID-19 Response and Recovery Fund was established by the Secretary-General to support low- and middle-income countries in responding to the pandemic, addressing its social impacts and managing their economic response and recovery. WHO is a member of the Fund’s Advisory Committee, which contributes to establishing its priorities, addressing strategic issues and directing the allocation of resources.

11. Collaboration at the global level was reflected at the country level, with the support of the regional offices. The following examples are illustrative. In Mali, seven United Nations COVID-19 response working groups were established to analyse, monitor and rapidly find solutions and to ensure coordination in logistics and procurement, financing, information systems, human resources and security. In Argentina, WHO/Pan American Health Organization worked with the United Nations Office for Project Services to strengthen health system capacities to respond to the pandemic by establishing 12 modular hospitals in strategic locations and dedicating additional space in existing health facilities. In Cambodia, WHO worked with UNDP to manage potentially hazardous health care waste in health facilities and provided mobile incinerators and autoclaves. In Somalia, under the leadership of the Regional Office for the Eastern Mediterranean, WHO and UNICEF developed locally relevant messages

and used them in training community health workers. In the Pacific islands,¹ WHO transformed the 2019 Measles Incident Management Team into a fully functioning COVID-19 Joint Incident Management Team. In addition, together with the United Nations resident coordinator, the World Bank and the Asian Development Bank, WHO participated in high-level policy round tables on reopening borders and resuming international flights.

WHO supported broad intergovernmental engagement of the main United Nations bodies

12. WHO supported Member State discussions in the main bodies of the United Nations to sustain strong political commitment to coordinated international action in response to the COVID-19 pandemic, underpinned by the importance of health system strengthening and health equity.

13. WHO provided strategic guidance to United Nations Security Council members on responding to the pandemic and worked with them to promote solidarity in the Council's response.

14. WHO worked closely with Member States in the United Nations General Assembly, which resulted in the adoption of several resolutions supporting the COVID-19 pandemic response and WHO's role, such as General Assembly resolution 74/306 of 11 September 2020, entitled "Comprehensive and coordinated response to the coronavirus disease (COVID-19) pandemic". WHO also supported the President of the General Assembly in organizing the special session of the General Assembly in response to the COVID-19 pandemic and provided key messaging support for the summary statement of the President of the General Assembly.

15. WHO engaged with United Nations partners on the gender-specific impacts of the COVID-19 pandemic by drawing attention to the disproportionate negative impacts on female health workers and other gender-related socioeconomic impacts of the pandemic. WHO worked closely with a wide range of partners, including United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the Office of the Secretary-General, the United Nations Population Fund, UNDP and UNICEF, to address increased violence against women during the pandemic. This included compiling data on its impact on services for survivors of violence and providing advocacy for the inclusion of violence against women services as part of essential health services packages, both during the pandemic and as part of the health emergencies response plans and strategies. WHO also contributed to a number of inter-agency United Nations calls to address increased violence against women during the pandemic, including the Secretary-General's political strategy on addressing violence against women during the COVID-19 pandemic and several high-level statements by heads of agencies.

16. WHO guided work on General Assembly resolution 75/27 on the International Day of Epidemic Preparedness, which proclaimed 27 December as a day to highlight the importance of prevention, preparedness and partnership in epidemic response. The resolution recognizes WHO's pivotal role in coordinating responses to global public health emergencies. WHO leadership also played a lead role in key United Nations system mechanisms by acting as co-Chair of the United Nations Working Group on Biorisks.

¹ All 21 Pacific Island countries, territories and areas were concerned, namely: American Samoa, Cook Islands, Fiji, French Polynesia, Guam, Kiribati, Marshall Islands, the Federated States of Micronesia, Nauru, New Caledonia, Niue, the Commonwealth of the Northern Mariana Islands, Palau, Pitcairn Islands, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna.

17. WHO contributed to the Inter-Agency Task Force on Financing for Development, with a focus on risk and resilience in the context of the COVID-19 pandemic, and played a key role in providing briefings to the United Nations system and Member States on the Access to COVID-19 Tools (ACT) accelerator and its vaccine pillar, the COVAX facility. In partnership with the World Bank, WHO also drew attention to the impact of the COVID-19 pandemic on noncommunicable diseases and service delivery, as co-Chair of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases.

18. WHO provided technical guidance and advice to, and worked closely with, the Office of the Secretary-General, the President of the General Assembly and several groups of friends, (including the United Nations Group of Friends of Solidarity for Global Health Security; the Group of Friends of Mental Health and Well-being; the Friends of Vision Group; and the Group of Friends of Antimicrobial Resistance) to ensure that attention was given to other priority areas of concern in the field of public health. This included a focus on strengthening health systems and preparedness; increasing investments in mental health; the importance of taking a multisectoral approach to scaling up integrated people-centred eye care for all; comprehensive drowning-prevention efforts; and re-engaging Member States on combating antimicrobial resistance in advance of the high-level dialogue of the General Assembly on antimicrobial resistance. The Group of Friends of Solidarity for Global Health Security is the first group of friends launched at the United Nations after the COVID-19 outbreak and is seen as a platform that will promote United Nations discussions on health security issues, including COVID-19. WHO is contributing to the preparation of the Group of Friends' programme of work for 2021, including priority themes for its consideration.

19. WHO provided technical guidance throughout the adoption process of General Assembly resolution 75/131 on the United Nations Decade of Healthy Ageing (2021–2030) and General Assembly resolution 74/299 on improving global road safety, which proclaimed the period 2021–2030 as the Second Decade of Action for Road Safety and decided to convene a high-level meeting of the General Assembly by 2022 on improving global road safety. WHO will play a lead role in those preparatory processes. Technical support was also provided by WHO in the adoption process of the United Nations Economic and Social Council resolution 2020/22 on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases,¹ which called for the mobilization of resources through voluntary funding mechanisms, such as multi-donor trust funds. In addition, WHO provided technical guidance in the drafting and adoption process of General Assembly resolution 74/305 on consolidating gains and accelerating efforts to control and eliminate malaria in developing countries, particularly in Africa, by 2030 and General Assembly resolution 75/130 on Global Health and Foreign Policy: Strengthening Health System Resilience through Affordable Healthcare for All. WHO also facilitated the issuance of the Secretary-General's statements on the observance of World Diabetes Day and the World Day of Remembrance for Road Traffic Victims.

Strengthening collaboration for achieving the Sustainable Development Goals

20. The redirecting of health system resources to address the COVID-19 pandemic has contributed to the disruption of essential health services. Progress made in many countries towards achieving the Sustainable Development Goals, including Goal 3, has not only stalled but even threatens to regress, as the immediate need for the pandemic response has delayed health system recovery and introduced new long-term development challenges. WHO has collaborated with United Nations partners to identify

¹ Resolution E/RES/2020/22.

context-specific, integrated and effective support for safeguarding national and global progress towards achieving the Sustainable Development Goals by 2030.

21. In September 2020, WHO and UNICEF reaffirmed their joint commitment to supporting the Secretary-General's call for a Decade of Action on the Sustainable Development Goals through a new Strategic Collaboration Framework. It reaffirms that, in all areas of collaboration, the two organizations will prioritize the most marginalized and vulnerable populations – leaving no one behind. It highlights four key strategic areas for transformative results at scale: universal health coverage through primary health care and health systems strengthening; mental health, psychosocial well-being and development; public health emergencies; and maternal and child nutrition.

22. Through the One Health approach, WHO continues to work with partners to enhance collaboration among sectors and agencies to address the complex and multidisciplinary issues resulting from the interface of human, animal and ecosystem health. Building on a long-standing collaboration with the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health, an expanded tripartite collaboration will include engagement with the United Nations Environment Programme. This collaboration will initially support the mobilization of evidence-based scientific and policy advice to address the full scope of the challenges raised by the One Health approach. The expanded tripartite collaboration has also given rise to the One Health Global Leaders Group on Antimicrobial Resistance, which was launched in November 2020 under the leadership of the Secretary-General and with the support of the President of the General Assembly.

23. Recognizing the political commitment generated by the high-level meeting of the General Assembly on universal health coverage, WHO supported two ministerial-level events on universal health coverage during the 2020 High-Level Political Forum on Sustainable Development, in conjunction with the launch of the Secretary-General's policy brief on the COVID-19 pandemic and universal health coverage. WHO also mobilized permanent representatives of United Nations Member States to participate in the International Universal Health Coverage Day campaign. Together with the Group of Friends of Universal Health Coverage, WHO regularly advocated for urgent fulfilment of the commitments made in the political declaration on universal health coverage as integral to the COVID-19 pandemic response and recovery strategies. These events galvanized continuing support for universal health coverage, as well as financial support for the ongoing response to the COVID-19 pandemic.

24. WHO actively engaged in the work of the High-Level Political Forum – the main United Nations political and technical platform for the follow-up and review of the 2030 Agenda for Sustainable Development, convened by the United Nations Economic and Social Council every year and by the United Nations General Assembly every fourth year. Given the massive impact of the pandemic on human health and the global economy, the agenda of the 2020 High-Level Political Forum was adjusted to focus on the potential impact of the pandemic on the implementation of the Sustainable Development Goals and the 2030 Agenda. WHO contributed to the preparation of the background materials and agenda for several thematic sessions, including sessions on advancing human well-being; ending hunger and achieving food security for all; and protecting the planet and building resilience. WHO also co-sponsored and participated in eight side events. The ministerial declaration of the 2020 High-Level Political Forum mentions health and health-related issues extensively and focuses on: strengthening health systems; recognition of global health threats; investment in ensuring quality and affordable health services; strengthening national health and social protection systems, including universal health coverage; the International Health Regulations (2005); improving health facilities infrastructure; equitable access to quality vaccines, medicines, treatments, medical equipment etc.; and the importance of addressing biodiversity, climate and health holistically.

25. WHO collaborated on the development of United Nations stamps that pay tribute to frontline workers in combating the pandemic. These were unveiled by the President of the Economic and Social Council during the 2020 Forum. The proceeds from a special surcharge went directly to the COVID-19 Solidarity Response Fund to support WHO and partners.

26. In recognition of the strategic opportunity presented by the 25-year anniversary of the Beijing Platform for Action (Beijing+25), WHO engaged United Nations partners in renewing political commitment and accelerating momentum to achieve Sustainable Development Goals 3 (Ensure healthy lives and promote well-being for all at all ages) and 5 (Achieve gender equality and empower all women and girls). WHO contributed to a review of United Nations system support for the implementation of the Platform for Action 2014–2019 developed by the Inter-Agency Network on Women and Gender Equality and WHO continues to demonstrate its commitment to Beijing+25 by actively participating in the development of the Action Coalition on Gender Based Violence and its goals.

Reform of the United Nations development system and the 2020 quadrennial comprehensive policy review of operational activities for development of the United Nations system: consolidating progress

27. In its resolution 75/233 of 21 December 2020 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system, the General Assembly set key objectives to consolidate the progress made in previous years and firmly ground United Nations activities for strengthening operations in outcomes of the major United Nations conferences and high-level meetings. The resolution reaffirms poverty eradication as the overarching objective and calls on the United Nations to support social protection, universal health coverage, quality education and human rights. In addition, issues of young people and people with disabilities are highlighted for the first time, as well as the need to strengthen the social, economic, political empowerment of women and girls and end violence against women and girls. The resolution also reinforces the Secretary-General's call for continued improvement of global standards on gender parity, sexual exploitation and abuse and sexual harassment.

28. General Assembly resolution 75/233 also makes a strong request for the United Nations development system to support country efforts to build a sustainable and inclusive recovery from the COVID-19 pandemic, with the 2030 Agenda for Sustainable Development at its core. This is particularly relevant for countries in special situations that require increased coordination among development activities, humanitarian assistance and peace-building efforts. The discussions have begun among the principals of the United Nations Sustainable Development Group (UNSDG) to establish a forward-looking workplan for the 2021–2024 cycle, with a focus on consolidating reforms and advancing the United Nations system response to the resolution's request and the priorities of the Secretary-General's call for a Decade of Action on the Sustainable Development Goals.

29. Regular dialogues are held with heads of WHO offices in countries, territories and areas in order to advance implementation of the reform of the United Nations development system and deal with any challenges or emerging issues. Areas covered in the dialogues to date include voluntary national reviews, the implementation of the Management and Accountability Framework and the United Nations funding compact. Key United Nations partners, such as UNDP's Multi-Partner Trust Fund Office, also participate in the dialogues, as appropriate. As part of changes introduced by United Nations development system reform, WHO is now involved in induction briefings for newly appointed United Nations resident coordinators.

30. WHO has provided support and leadership when reviewing proposals for the United Nations COVID-19 Response and Recovery Multi-Partner Trust Fund, especially with data on how the COVID-19 pandemic has affected women and girls disproportionately. The minimum requirements checklist for integrating gender equality in the implementation of the United Nations Framework for the Immediate Socio-Economic Response to COVID-19, to which WHO contributed, has resulted in the Trust Fund adopting a strong gender focus, including a 30% financial target for proposals that promote gender equality.

United Nations funding compact

31. WHO supports the United Nations funding compact as a mechanism to advance the 2030 Agenda. WHO contributes to reporting on progress against Member States' and WHO-specific commitments through the quadrennial comprehensive policy review, as well as to the newly introduced reporting against agency-specific commitments and the collective commitments of the United Nations Sustainable Development Group.

32. WHO proactively shares its experiences within the United Nations Sustainable Development Group as an early implementer, such as the changed approach to structured funding dialogues that WHO initiated in 2013. WHO has made the following progress on implementing its funding compact commitments:

- *Financial commitments.* WHO upholds all its financial commitments, most notably the contribution to the cost-sharing of the financing for the Resident Coordinator System and 1% coordination levy.
- *Financial data reporting.* WHO has published data as per International Aid Transparency Initiative (IATI) standards since 2017 and annually submits financial data to the United Nations System Chief Executives Board for Coordination (CEB) following the six data standards of the United Nations Data Cube approved in late 2018. CEB expenditure data is disaggregated by country and by the relevant Sustainable Development Goal(s) and revenue is disaggregated by financing instrument and by donor. The purpose of the CEB financial data-collection exercise is to consolidate United Nations-wide financial results on a consistent basis with elimination of United Nations internal transactions.
- *Visibility of results enabled by assessed and voluntary contributions.* The WHO programme budget web portal presents a comprehensive overview of available resources and their use. WHO holds regular dialogues with its donors and explores ways to showcase the impact of flexible funding.
- *WHO audit reports.* These will be made available through joint United Nations platforms once they become functional.
- *WHO evaluation reports.* These are published on WHO's website, as well as on the United Nations Evaluation Group website (joint United Nations platform for the Evaluation Offices).

33. Reporting in relation to the United Nations funding compact will be further developed in the coming year as the methodology progresses, terminology is clarified and reporting mechanisms are established to monitor the indicators.

34. More detailed information on WHO's implementation of the United Nations Funding Compact can be found in the Annex.

ACTION BY THE HEALTH ASSEMBLY

35. The Health Assembly is invited to note the report.

ANNEX

WHO COLLABORATION WITHIN THE UNITED NATIONS SYSTEM

WHO DATA ON THE IMPLEMENTATION OF THE UN FUNDING COMPACT

Part I: WHO commitments

Commitments relevant to WHO	<i>Funding Compact: Indicators, baseline and targets</i>	WHO data 2020	Explanation of methodology/approach
Accelerating results on the ground			
1.¹ Enhance cooperation for results at the country level	<i>Fraction of UNSDG entities reporting at least 15% of development-related expenditures on joint activities</i> Baseline (2017): 9/29 or 31%; Target (2021): 75%	Current system doesn't capture the data, however the narrative reporting of activities at country level (for example through country presence report) indicates over 15% of joint activities.	WHO is undertaking a replacement of its Enterprise Resource Planning (ERP) system. WHO will work with the United Nations DCO to identify whether specific data requirements for tracking UN reform can be built into the ERP.
	<i>Percentage of Resident Coordinators that state that at least 75% of country programme documents are aligned to the UNDAF in their country;</i> Baseline (2017): tbd; Target (2021): 100%	WHO recommends that all WHO's Country Cooperation Strategies are aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF)	UNSDG reporting will be based on the survey of resident coordinators by DCO. WHO's reporting will be based on the Country Presence Report which is published every two years and presented to the Health Assembly.

¹ The numbering of the commitments are aligned with the UN Funding Compact (A/74/73/Add.1 – E/2019/4/Add.1.) The commitments not reflected are either those for which WHO isn't responsible for reporting against (e.g. reported by MPTFO/DCO) or those for which WHO is in process of devising appropriate tracking systems to capture.

<p>2. Increase collaboration on joint and independent system-wide evaluation (ISWE) products to improve UN support on the ground</p>	<p><i>% of UNSDG Evaluation Offices (EO) engaging in joint or ISWE;</i> <i>Baseline[1] (2018) 10/35 or 29% of EOs have engaged in joint evaluations;</i> <i>Target (2021): 75% of EOs will have engaged in a joint evaluation;</i> <i>Baseline (2018): 7/35 or 20% have engaged on an ISWE product;</i> <i>Target (2021): 50% of EOs will have engaged in at least one ISWE</i></p>	<p>Yes. The WHO Evaluation Office is one of a 5-member Evaluation Management Group (together with ILO, UNICEF, UNDP and UNAIDS) managing an evaluation of the Contribution of the UNAIDS Joint Programme to the Goals and Targets in the 2016–2021 UNAIDS Strategy: Midterm Evaluation of the 2016–2021 Unified Budget, Results and Accountability Framework (UBRAF). WHO Evaluation Office is one of a 5-member Evaluation Management Group (together with IOM, WFP, UNICEF, and OCHA) co-managing an Inter-Agency Humanitarian Evaluation (IAHE) of the inter-agency response to Cyclone Idai in Mozambique. This evaluation (technically an inter-agency evaluation rather than a joint evaluation) is managed at the global level and, while looking specifically at the response in Mozambique, is scoped to assess the inter-agency response vertically at all three levels (global, regional, country) as well as horizontally (among the agencies at the Humanitarian Country Team level and at the regional and global levels. WHO also participated in the Joint evaluability assessment of the Global Action Plan for Healthy Lives and Well-being for All.</p>	<p>Y/N question. Use the following definition of an independent system-wide evaluation: “a systematic and impartial assessment of the relevance, coherence, efficiency, effectiveness, results, and sustainability of the combined contributions of United Nations entities, to achieve the goals and targets set out in the 2030 Agenda for Sustainable Development”. A joint evaluation implies the participation of at least two United Nations entities; an independent system-wide evaluation implies the participation of a majority of United Nations entities with a mandate related to the evaluation topic</p>
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Improving transparency and accountability			
6. Strengthen the clarity of entity-specific strategic plans and integrated results and resource frameworks and their annual reporting on results against expenditures	<i>Fraction of UNSDG entities that in their respective governing bodies held structured dialogues in the past year on how to finance the development results agreed in the new strategic planning cycle;</i> <i>Baseline (2017): 17/27 or 62%;</i> <i>Target (2021): 100%</i>	Yes. WHO uses two processes: (i) WHO's Programme Budget and Administration Committee fulfils a similar function and WHO's Programme budget, its financing and outlook is the standing agenda for the PBAC; and (ii) WHO moved away from a multilateral financing dialogue towards bilateral "Strategic Dialogues" with key funding partners. WHO held 7 such dialogues in 2020. In addition in 2020, there have been a series of higher level engagements with donors throughout the year on which funding has been a standing item on the agenda	Y/N with an entity-specific narrative on the content of the dialogue, e.g., issues raised/future agenda/alignment with the funding compact.
	<i>Centralized, consolidated and user-friendly online platform with disaggregated data on funding flows at entity and system-wide level in place (Y/N):</i> <i>Baseline (2018): n/a;</i> <i>Target (2020): Y</i>	Yes. WHO uses the Programme Budget Portal.	Y/N question.
7. Strengthen entity and system-wide transparency and reporting, linking resources to SDG results	<i>Fraction of UNDS entities individually submitting financial data to CEB;</i> <i>Baseline (2017): 27/39 or 69%;</i> <i>Target (2021): 100%</i>	Yes. WHO submits its financial data to CEB annually.	Y/N question.
	<i>Fraction of UNDS entities publishing data as per the highest international transparency standards;</i>	Yes. WHO publishes data as per IATI standards, first reported in 2017.	Y/N with the date of first report

	<i>Fraction of UNDS entities with ongoing activities at country level that report expenditures disaggregated by country to the CEB; Baseline (2017): 18/39 or 46%; Target (2021): 100%</i>	Yes. WHO submits financial data to CEB annually, disaggregated by country.	Y/N question.
	<i>Fraction of UNDS entities that report on expenditures disaggregated by SDG; Baseline (2017): 6/29 entities or 20%; Target (2021): 100%</i>	Yes. WHO reported expenditure by SDG as part of the 2019 UN Data Cube reporting to the CEB.	Y/N question.
9. Increase accessibility of corporate evaluations and of internal audit reports, within the disclosure provisions and policies set by governing bodies at the time of report issuance	<i>% of UNDS entities authorized within disclosure provisions and policies who have made their corporate evaluations available on the UNEG website; Baseline (2018): 10/48, or 21%; Target (2019): 100%</i>	Yes. WHO evaluations are published on the WHO website	Y/N question.
	<i>% of internal audit reports issued in line with the disclosure provisions and policies set by the relevant governing bodies, which are available on a dedicated searchable UN-RIAS platform/ website, pending availability of resources; Baseline 2018: 0; Target (2021): 100%</i>	WHO is committed to supporting the UN-RIAS initiative to provide access to the annual report of the internal auditor (covering audit and investigations) to the WHO governing bodies when the UN-RIAS platform is available. Comment: UN-RIAS platform not available	Y/N question. Once the UN-RIAS platform becomes operational, additional data on publishing WHO reports on that platform will be included

10. Increase visibility of results from contributors of voluntary core resources, pooled and thematic funds and for program country contributions	<i>Specific mention of voluntary core fund contributors pooled and thematic fund contributors, and program country contributions in UNCT annual results reporting and entity specific country and global reporting (Y/N); Baseline (2018): n/a; Target (2020): Y</i>	Yes. WHO provides annual revenue details by contributor. Voluntary core fund contributors are presented in the revenue details by contributor. Pooled and thematic fund contributors and program country contributions are reported in financial data submissions to the CEB.	Y/N question.
	<i>Specific mention of individual contributors in all results reporting by pooled fund and thematic fund administrators and UNSDG recipients (Y/N); Baseline (2018): n/a; Target (2020): Y</i>	Yes. Revenue by fund and contributor is reported annually. In 2020, WHO issued a governing body document A73/INF./3. WHO increasingly uses its social and media networks to recognize the contribution of its donors through pooled funding mechanisms.	Y/N question.
Increasing efficiencies			
11. Implement the Secretary-General's goals on operational consolidation for efficiency gains	<i>Consolidation of common premises; Baseline (2017): 430 common premises (or 17% of all premises); Target (2021): 1000 common premises (or 50% of all premises)</i>	As per the "WHO presence in countries, territories and areas, 2019 Report" 69% of WHO office premises across the world are made available to the Organization at no cost to it. There are 19% country offices in common UN premises (28), with 10% of country offices being independently owned or rented by WHO.	Percentage of location of WHO offices as per the Country Presence Report The information will be updated for 2020 once the new CPR2021 is finalized
	<i>% of UNSDG entities that report to their respective governing bodies on efficiency gains; Baseline (2018): 12/29 or 41%; Target (2021): 100%</i>	Yes. WHO reports to its governing bodies on efficiency gains against a WHO efficiency target, as part of the report on the implementation of Programme Budget.	WHO is undertaking a replacement of its Enterprise Resource Planning (ERP) system. WHO will work with the United Nations DCO to identify whether specific data requirements for tracking UN reform can be built into the ERP.

	<i>% of UNSDG entities that have signed the High-Level Framework on Mutual Recognition; Baseline (2017): 11/39 or 28%; Target (2021): 100%</i>	Yes. WHO has signed the Mutual Recognition statement in 2018.	Y/N question.
12. Fully implement and report on approved cost-recovery policies and rates	<i>Fraction of UNDS entities that report annually on the implementation of their approved cost recovery policies and rates to their respective governing body; Baseline (2017): 15/29 or 51%; Target (2021): 100%</i>	Yes. WHO reports the annual cost recovery rate in the audited financial statements.	Y/N question.

Part II: Member States' commitments

Commitments relevant to WHO	<i>Funding Compact: Indicators, baseline and targets</i>	WHO data 2020	Explanation of methodology/approach
Providing stability			
3. Broaden the sources of funding support to the UN development system	<i>Number of UNSDG entities reporting an annual increase in the number of contributors of voluntary core resources; Baseline (2017): 66%; Target (2023): 100%</i>	The number of Member States contributors to core resources decreased in 2020 (8) compared to 2019 (12) and 2018 (10) for core voluntary contributions (CVCA).	<i>Number of Member States contributing to core resources and increase/decrease from previous year and from the 2017 baseline (in percentage and number). Based on the number of contributors to core voluntary contributions (CVCA)</i>

4. Provide predictable funding to the specific requirements of UNSDG entities, as articulated in their strategic plans, and to the UNDAF funding needs at country level	<i>Fraction of UN development system entities indicating that at least 50% of their contributions are part of multi-year commitments;</i> <i>Baseline (2017): 48%;</i> <i>Target (2023): 100%</i>	63%	<p>Based on the following definition: “share of total contributions received in a given year that is part of a financial commitment that covers multiple years.”</p> <p>Agreements (awards) that span more than 365 days, based on USD value of agreements.</p> <p>This is based on award start and end dates for awards with revenue recorded in 2020. This is not fully representative of the type of agreements signed as multiple annual awards may be created for multi-year award.</p>
Facilitating coherence and efficiency			
6. Facilitate and support the implementation of efficiency measures where relevant and possible	<i>% of cost of common premises covered by additional financial and/or in-kind contributions);</i> <i>Baseline (2019): tbc[1];</i> <i>Target (2020 onwards): 100%</i>	No additional financial or in-kind contributions have been provided to WHO to cover the cost of common premises or moving to common premises.	
7. Fully comply with cost recovery rates as approved by respective governing bodies	<i>Average # of cost recovery support fee waivers granted per UNDS entity per year;</i> <i>Baseline (2018): tbc[1];</i> <i>Target (2019 onwards): 0</i>	During 2020, WHO granted waivers on 18 agreements (11 donors) with a total value of US\$130 million. In addition, a reduced rate was agreed for WB loan funds/PEF/IFIs at 5% for COVID-19 funding on 40 agreements with a value of US\$183 million.	Number of cost-recovery waivers granted during the year (with the dollar value of waivers combined). Note an additional element of reporting (dollar value) compared to the indicator.