

## **WHO reform**

### **WHO presence in countries, territories and areas: 2021 report**

1. The Sixty-ninth World Health Assembly (2016) requested the Secretariat to prepare a biennial report on WHO's presence<sup>1</sup> in countries, territories and areas.<sup>2</sup> The 2021 Country Presence Report<sup>3</sup> is the latest in this series, covering 2019–2020. WHO's presence in countries<sup>4</sup> is critically important for technical cooperation in and with Member States to improve the health and well-being of the people around the world, based on the vision, mission, and priorities defined in the Thirteenth General Programme of Work, 2019–2023, its “triple billion” targets, and the Sustainable Development Goals. Given the unprecedented impact of the pandemic of coronavirus disease (COVID-19) in 2020, the report contains a section specifically on WHO's support in preparedness and response to the pandemic.

2. This summary report draws on the 2021 WHO country presence report. Its primary source of data is a purpose-built survey of 149 WHO country offices, complemented by various WHO databases. The survey, which achieved a 100% response rate, covered the period from 1 January 2019 to 31 August 2020 (data on human resources and financial expenditures are provided as at 31 December 2020). It focuses on WHO's work in countries and should be read in conjunction with the WHO Results Report for 2020,<sup>5</sup> to make the connection with outputs, outcomes, and the impact of WHO's work in countries.

3. The Report begins with an overview of WHO's organizational architecture, concentrating on WHO's presence in countries, and the strategic underpinnings of WHO's role in, and approach to, country-level support, against the backdrop of the Sustainable Development Goals and the Thirteenth General Programme of Work, 2019–2023. The data, as reported by country offices, reveal the prominent role that the WHO Secretariat has played in policy dialogue, strategic support, and technical assistance, with such support being provided in the development, implementation and monitoring of national development plans in 71% of Member States, and of national health plans in 94% of Member States. WHO also provided significant service delivery support to fill critical gaps in emergencies, especially

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<sup>1</sup> In this report, WHO's presence includes that of the Pan American Health Organization (PAHO). PAHO is the oldest international public health agency in the world. Since 1949, PAHO, through its Directing Council and Sanitary Bureau, has also served as the WHO Regional Office and Regional Committee for the Americas. In 1950, PAHO also became the specialized international agency for health within the inter-American system under the auspices of the Organization of American States (OAS).

<sup>2</sup> See decision WHA69(8) (2016), paragraph 15.

<sup>3</sup> WHO presence in countries, territories and areas. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/341308>, accessed 23 April 2021).

<sup>4</sup> In this report where reference is made to “countries,” it should be understood as “countries, territories and areas,” where relevant.

<sup>5</sup> Document A74/28.

in countries with fragile, conflict-affected, and vulnerable settings (83%), as compared to countries without those settings (32%).

## **IMPLEMENTATION OF THE THIRTEENTH GENERAL PROGRAMME OF WORK, 2019–2023 TOWARDS THE “TRIPLE BILLION” TARGETS**

### **WHO’s support to Member States in preparedness and response to the COVID-19 pandemic**

4. In line with WHO’s core commitment to preparing for health emergencies, WHO country offices proactively and promptly provided support to countries in their fight against COVID-19, which was declared a public health emergency of international concern (PHEIC) by the Director-General on 30 January 2020. Ninety-three per cent of country offices reported having a business continuity plan in place prior to the PHEIC, with the other 7% reporting that they had developed a new business continuity plan after declaring PHEIC. Furthermore, the fact that 71% of country offices activated their incident management support teams before COVID-19 was declared as a pandemic, on 11 March 2020, indicates their readiness to support Member States promptly.

5. Country offices across all regions enhanced their capacity to support Member States during the pandemic through recruitment and repurposing of their workforce. A total of 145 country offices (97%) repurposed staff towards addressing COVID-19, with over two thirds of international professional staff being repurposed in country offices with more than one international professional staff. In addition, WHO country offices hired a total of 59 staff and 1188 non-staff personnel to enhance country-level capacity. This swift capacity-building action enabled WHO to provide effective and timely preparedness and response support to countries.

6. WHO’s leadership role at the country level during the pandemic was well recognized, as countries, development partners, civil society, communities, and others relied on the Organization’s support and guidance. The majority of country offices (87%) led work against the pandemic through participation in United Nations Country Teams, in the Strategic Preparedness and Response Plan (81%) and in the “Health First” pillar of the United Nations framework for the immediate socioeconomic response to COVID-19 (60%). Almost all country offices (94%) expanded their roles in the United Nations country teams due to the pandemic. More backstopping for service delivery (70% from regional offices and 43% from headquarters) was provided to country offices in countries with fragile, conflict-affected, and vulnerable settings than to those in countries without such settings (50% from regional offices and 23% from headquarters). This demonstrates the Organization’s operationalization of one of the key mandates at the heart of the WHO Health Emergencies Programme – to serve the vulnerable – especially at the time of an emergency.

### **Preparing and responding to health emergencies**

7. WHO country offices play a pivotal role in supporting Member States in enhancing their national capacity for emergency preparedness and response to address all types of health emergencies. Since 2010, all 196 States Parties to the International Health Regulations (2005), have reported to the Secretariat using the State Party self-assessment reporting tool. By the end of 2020, 173 out of 196 States Parties (88%) had submitted their reports for 2019, with more than half of States Parties reporting that they had progressed beyond 60% of the International Health Regulations (2005) core capacities. By the end of 2020, 113 joint external evaluations had been completed and 67 States Parties had prepared national action plans for health security.

8. The occurrence of health emergencies globally continues to challenge the WHO Secretariat and its Member States. Country offices reported a total of 1501 health emergency events between January 2019 and August 2020, of which – excluding 856 natural disasters in one country – disease outbreaks/epidemics were the most reported (45%), followed by natural disasters (37%). To respond to these emergencies, the WHO Secretariat provided support through strengthening capacities for emergency preparedness (through leadership of 91% of the country offices), technical support (81%), rapid detection, risk assessment and communication (81%), and advocacy for multisectoral action (80%). The country-level technical capacity for health emergencies is reflected in the allocation of 47% of country office technical staff to this area of work, including those working in polio and those working in COVID-19.

### **Advancing universal health coverage**

9. Universal health coverage is enshrined in the WHO Constitution and is one of three strategic priorities of the Thirteenth General Programme of Work, 2019–2023. Moving towards universal health coverage by strengthening health systems is a political choice and WHO encourages countries to make this choice by scaling up its technical cooperation with national authorities, specifically through its 149 country offices. Currently, 115 countries benefit from WHO's accelerated support under the umbrella of the Universal Health Coverage Partnership, a striking growth rate from the seven countries that joined the Partnership at its launch in 2011.

10. Overall, the total number of staff members supporting efforts to expand universal health coverage in countries at the time of reporting equated to 22% of all technical staff (international and national professional staff) across the 149 offices. Of these, 80% were working in Universal Health Coverage Partnership countries, with the others in offices in the 44 non-Partnership countries. In the 86 countries covered by the Universal Health Coverage Partnership, WHO deployed 112 health policy advisors who provided on the ground, direct support to national authorities on strategic planning and health systems governance, health financing strategies and their implementation. The majority of WHO's technical backstopping to countries focused on policy dialogue and strategic support (73% from regional offices and 40% from headquarters in both areas of support).

11. Through its strengthened capacities, WHO continued to lead or contribute to the development and implementation of national health policies, strategies and plans. In 66% of Universal Health Coverage Partnership countries and 45% of non-Partnership countries, WHO promoted national health policies, strategies and plans, and brought together different stakeholders and technical expertise to improve the use of resources for health and move towards long-term sustainable improvements in health outcomes.

### **Promoting healthier populations**

12. The Thirteenth General Programme of Work, 2019–2023 is geared towards driving multisectoral action to promote healthier populations through collective action, with rigorous monitoring to track progress. Working across sectors is critical in addressing social, environmental and economic determinants to promote health and prevent illness, and all country offices reported working with at least one sector other than health, as follows: (i) environment, water and sanitation, climate change (82%); (ii) education (76%); (iii) parliamentarians (68%); (iv) social welfare or social protection (64%); and (v) agriculture (63%).

13. The WHO Framework Convention on Tobacco Control is among the instruments that accelerate action on preventing noncommunicable diseases. By the end of 2020, 92% of countries with WHO country offices had ratified the Convention, representing an increase of 10% since 2018, and out of

149 countries with WHO country offices, 46 (31%) had ratified the Protocol to Eliminate Illicit Trade in Tobacco Products – an increase of nine countries since 2018.

14. Antimicrobial resistance is an area that also requires multisectoral action to fight against misuse of antibiotics and protect health. Following the 2015 adoption of the global action plan on antimicrobial resistance, countries are addressing the issue. Among the countries where there is a WHO presence, 102 had developed national action plans on antimicrobial resistance; 101 had completed the tripartite antimicrobial country self-assessment surveys; 34 had adopted the access watch and reserve tool; and 105 had enrolled in the global antimicrobial surveillance system. While there is clear commitment at the planning level, the implementation of these plans will be scaled up to address the antimicrobial resistance challenges in every country.

15. WHO has gradually been expanding its capacity to provide technical support for healthier populations, with relatively limited number of staff working in this area of work, representing 12% of the technical staff in country offices (30% international and 70% national) and indicating a need for further investment for healthier populations work. Backstopping was provided to strengthen capacity, predominantly through technical assistance to build national institutions (68% from regional offices and 40% from headquarters) and strategic support to build performing systems (58% from regional offices and 36% from headquarters).

### **Data and delivery for impact**

16. This report responds to the emphasis placed in the Thirteenth General Programme of Work, 2019–2023 on results and impact in countries by presenting, for the first time, information on WHO's work and capacity in that area. A number of global initiatives are being rolled out, such as the WHO Impact Framework for the Thirteenth General Programme of Work (already present in 34 countries) and the Delivery For Impact knowledge hub (present in eight countries). Almost all offices (97%) identified key interventions in their country support plans that have the greatest impact and largest contribution to the “triple billion” targets, and 72% of these have systems to review progress periodically. Additionally, 57% of country offices have already started using the “triple billion” dashboard, which was launched in 2020.

17. Technical backstopping from regional offices and headquarters was mainly in respect of building national institutions (69% from regional offices and 45% from headquarters) and strategic support to build performing systems (52% from regional offices and 31% from headquarters). Currently, 4% of staff members in countries work in this area. In order to meet the goal of measuring impact for health, the WHO Secretariat will continue to invest more to ensure placement of high-level technical expertise at the country level to monitor, assess and report progress.

### **INTERNAL ENABLING FUNCTIONS**

18. The effective implementation of the Thirteenth General Programme of Work, 2019–2023 relies on WHO's efficient, effective, results-oriented, and transparent enabling functions, globally and at the country level – it is especially critical to ensure high-calibre country-level leadership, quality of workforce, predictable, adequate, and flexible financing, as well as strategic and operational cooperation mechanisms.

## WHO's leadership at country level

19. WHO's leadership at the country level is pivotal to driving impact that is tailored to country context. While a high percentage (89%) of all WHO representative posts<sup>1</sup> were in place as at December 2020, the 11% shortfall at that date shows that vacancies continue to occur, sometimes lasting over one year in a country, which may put WHO's reputation at risk and compromise the Organization's ability to provide leadership at country level. The WHO Secretariat will develop feasible succession plans to ensure uninterrupted country-level leadership. The proportion of women WHO representatives, while up 2% since the 2017 report, is at 38%. Inter-regional mobility has remained a challenge for country-level leadership: three out of the six WHO regions did not meet the recruitment target of 30% of WHO representatives from outside their region of origin. WHO Secretariat will continue to scale up its efforts to ensure gender parity among its representatives and to encourage inter-regional mobility, in order to foster knowledge and expertise across regions, in line with the United Nations Charter.

## The workforce

20. To deliver on the promise of the Thirteenth General Programme of Work, 2019–2023 WHO transformation aims to ensure a sufficient, flexible, mobile, high-performing workforce that is fit-for-purpose. At the time of reporting, fewer than half (45%) of all WHO staff members, including both professional and general staff, were working in the 149 country offices. That proportion has remained at substantially the same level as that indicated in the last three reports, varying from 42% to 45%. Of those working at country level, more than 45% were working on polio, outbreak and crisis response, and special programmes. Only 22% of all international staff members across the entire WHO workforce were working in the 149 country offices, representing a slight growth from the 18% reported in 2015; the other 78% were employed in the six regional offices or at headquarters. Of the international staff working in countries, 41% were working in health emergencies, outbreak and crisis response, and polio. This reveals limited country-level capacity to advance universal health coverage, promote healthier populations and strengthen data delivery and impact. More emphasis will be placed on building capacity at country level in WHO's future plans by maintaining a strong country presence, with adequate staffing of WHO country offices.

21. Gender parity, one of the Organization's priorities, has been gradually progressing: the percentage of women staff in the 149 country offices increased from 33% in 2015 to 39% in 2020. The WHO Secretariat will nevertheless exert further efforts to achieve its gender equality targets, especially as regards the professional category at country level.

22. In addition, country offices reported 7589 non-staff personnel, a 25% increase from the 2019 report, with almost a third of all non-staff contracts were related to COVID-19 matters. Other non-staff were employed to support continuity of WHO's essential programmes at country level.

23. With regard to capacity building, 282 staff members from country offices in the six WHO regions completed leadership training. Over 50% of country offices reported having enhanced their capacities in communications, resource mobilization, partnerships, and data/health information systems since 2018. However, bearing in mind that this increased capacity was brought about by the extraordinary demands generated by COVID-19, the WHO Secretariat will make special efforts to retain and cement it into long-term Organizational capacity, beyond the pandemic.

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<sup>1</sup> The group includes WHO Representatives; PAHO/WHO Representatives; Heads of offices; Heads of country offices, Liaison Officers, and Country Liaison Officers.

## **The finances**

24. A total of US\$ 3.11 billion was available for WHO country-level work under the Programme budget 2020–2021, representing 55% of total WHO funding. This amount reflects 81% of the total planned cost at country level, a 6% decrease of funding available compared to the 2019 report. Of the total funding available for country-level work, 32% (US\$ 998 173 169) was allocated to base programmes; 54% (US\$ 1 689 741 187) for emergency operations and appeals, including the COVID-19 response; 13% (US\$ 408 044 468) for polio; and 1% (US\$ 16 639 195) for special programmes. However, flexible funding made up only 10.2% of the overall distributed funds allocated for country-level activities. The very low percentage of core and flexible funding impedes WHO's efforts to provide sustained and effective technical cooperation in and with countries. The WHO Secretariat is in a dialogue with Member States and development partners to focus on securing flexible funding to deliver the Organization's core business at country level, especially with respect to expanding universal health coverage and to promoting healthier populations.

## **Strategic and operating processes in-country**

25. WHO's strategic planning at country level, delivered through its country cooperation strategies, is derived from the priorities of the Thirteenth General Programme of Work, 2019–2023 and the health-related Sustainable Development Goals. The country support plan is developed on the basis of priorities identified in the country cooperation strategy, and those set in national plans or objectives. The country cooperation strategy or, for country offices in the WHO European Region, the biannual cooperation agreement, is a medium-term strategic instrument for WHO's technical cooperation in and with countries, based on the national health plans, the Sustainable Development Goals and the United Nations Sustainable Development Cooperation Framework. Of the 108 WHO country offices with country cooperation strategies that are valid or under development, 78% aligned those strategies with country support plans. In addition, 70% of WHO country offices had full incorporation of health at the outcome level in the United Nations Sustainable Development Framework, showing the added value of country cooperation strategies in achieving integration of health in national development agendas and in the United Nations Sustainable Development Frameworks.

## **The facilities**

26. In line with WHO's policies on a healthy workplace environment for all, and with the WHO global disability action plan, 26% of country office premises were fully accessible to staff members with a disability, as compared to 18% reported in 2017; 32% of country offices had breastfeeding facilities.

## **WHO'S COLLABORATION WITH PARTNERS**

27. The Director-General recognizes that WHO cannot achieve its health goals alone. In line with that vision, WHO has continually increased proactive engagement with various national and international partners, including governments, academia, communities and civil societies, as well as bilateral and multilateral agencies at the country level.

28. The Global Action Plan for Healthy Lives and Well-being for All was launched at the United Nations General Assembly in September 2019 by 12 multilateral agencies. As its secretariat, WHO played a leading role in the implementation of the action plan at country level. Throughout 2020, its implementation was scaled up to 35 countries, with countries benefitting from strengthened partnerships with the participating agencies and other partners as well as from increased collaboration.

## **National partnerships**

29. There are over 800 WHO collaborating centres in over 80 countries across the six regions. Almost two-thirds (60%) of country offices reported partnering with WHO collaborating centres, in fields of work ranging from disease-specific programmes to health systems and policy, and research works. In addition, through the Framework of Engagement with non-State Actors, WHO is engaged with a range of such actors. Many country offices (87%) reported working with academic institutions, with local nongovernmental organizations (75%), and with international nongovernmental organizations (69%) at the country level.

## **International development partnerships**

30. WHO continued to engage proactively within United Nations country teams. From many examples of interaction, 45% of WHO representatives supported the United Nations Resident Coordinator system by taking on the role of acting Resident Coordinator on at least one occasion.

31. In addition to chairing or co-chairing United Nations health-thematic groups, WHO country offices were actively involved in groups not related to health themes or results: for example, one quarter of WHO country offices chaired or co-chaired the thematic group on disaster reduction and emergency preparedness.

32. WHO made gradual progress towards benefitting from economies of scale through the use of United Nations common premises and services. At the time of reporting, nearly one fifth (19%) of WHO country offices were housed in shared United Nations premises, a slight increase from the 18% reported in 2019; 65% participated in common security and safety services; 50% used United Nations common procurement; and over 30% took part in United Nations common travel, information and communication technology and logistics services.

33. With regard to engagement with bilateral and multilateral partners, more country-level partnerships are being developed, with most country offices reporting that their close collaboration was mainly in the areas of universal health coverage, COVID-19 and other priorities of the Thirteenth General Programme of Work, 2019–2023. Engagement with bi- and multilateral partners was more prominent in countries with fragile, conflict-affected, and vulnerable settings.

34. The European Union was the partner that most frequently collaborated with WHO country offices (55%), followed by bilateral agencies (48%), and the World Bank (40%). The European Union was the main collaborating partner with country offices in the African Region, the Region of the Americas and the European Region, while bilateral agencies were the main partners with country offices in the Eastern Mediterranean, South-East Asia and Western Pacific regions.

35. One of the functions of WHO leadership at country level is to mobilize resources. Most offices (84%) reported mobilizing funds, with 39% of those that mobilized funds succeeding in raising over US\$ 5 million. Additionally, more than half of country offices mobilized resources from bilateral partners at country level, as recipients or sub-recipients of grants from such agencies. The single largest allocation of such resources (46%) went to the COVID-19 response, indicating that contributions received were temporary and not predictable.

36. WHO's collaboration with funds and foundations has been increasing over the years, especially with the Global Fund and with Gavi, the Vaccine Alliance. Accordingly, during the reporting period, 77% of country offices supported countries to access and implement the Global Fund grants and 53%

of country offices to access Gavi grants. Collaboration took the form of supporting the eligible countries in donor coordination, proposal development, monitoring and evaluation of implementation, and even supported repurposing of the funds to COVID-19 response. WHO supported access to Gavi grants not only in the primary area of vaccines and immunization (94% of Gavi-eligible countries) but also to strengthen health systems and thus reinforce long-term capacity-building (75% of Gavi-eligible countries).

## **THE WAY FORWARD**

37. Despite the disruption caused by the COVID-19 pandemic throughout the period, implementation of WHO transformation was maintained, ensuring that WHO responded to the pandemic and continued to sustain its core programmes. Two thirds of new and/or redesigned processes to enable and accelerate Thirteenth General Programme of Work strategic shifts were either fully or partially implemented.<sup>1</sup> However, as WHO continues to work towards building capacity in WHO country offices, further efforts will be made in equipping country offices with the requisite expertise and the predictable and sustainable resources they need to provide policy, strategic, and technical support to countries.

38. WHO country offices reported on challenges to, and opportunities arising from, the implementation of the Thirteenth General Programme of Work, 2019–2023 at the country level. The following results summarize the main themes that emerged.

### **Challenges and opportunities**

39. The top five challenges included: (i) managing concurrent public health emergencies; (ii) interrupted programming and implementation due to COVID-19; (iii) political instability (government turnover, institutional capacity, conflict, other crises, security); (iv) difficulties in dialogue across government institutions beyond health; and (v) multiple national counterparts resulting from WHO's fragmented vertical programmes.

40. The top five opportunities included: (i) working with different stakeholders, especially the private sector, academia, civil society and communities; (ii) leveraging advocacy for health in national agendas given the momentum gained from WHO's preparedness and response to the COVID-19 pandemic; (iii) the opportunity to strengthen resilient health systems and preparedness to advance the health-related Sustainable Development Goals; (iv) potential for increased financing for health; (v) continuing to utilize strategic and operational mechanisms through interaction across the three levels of the Organization to move forward with the implementation of the Thirteenth General Programme of Work, 2019–2023.

### **Key messages**

41. The full WHO country presence report identifies the following high-level key messages regarding WHO's leadership and capacity throughout the COVID-19 pandemic, the Organization's support for the implementation of the Thirteenth General Programme of Work, 2019–2023 and the WHO transformation agenda, as well as country offices' key country-level partnerships and enabling mechanisms to move the health agenda forward.

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<sup>1</sup> The WHO Transformation: 2020 progress report. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/the-who-transformation>, accessed 22 March 2021).



## **Leadership and capacity of WHO country offices**

42. WHO played an unprecedented leadership role globally and at the country level in response to the COVID-19 pandemic, in cooperation with all its partners including private-sector partners, communities and civil society. The Organization will endeavour to sustain this increased leadership, and optimize lessons learned through the pandemic, to continue supporting achievement of the health-related Sustainable Development Goals.

## **“Triple billion” targets**

43. The Organization leveraged its pre-existing commitment to better protect 1 billion more people from health emergencies in the COVID-19 response. While the WHO Secretariat has continued supporting Member States with the strengthening of International Health Regulations (2005) core capacities, the COVID-19 pandemic demonstrated the existence of major gaps in capacity, in lower-middle-, upper-middle-, and even high-income countries. The WHO Secretariat will continue to advocate for Member States and development partners to increase investments in preparedness in order to tackle future health emergencies effectively and develop resilient and sustainable health systems.

44. To enable 1 billion more people to benefit from universal health coverage, WHO’s role has been critical in supporting countries to develop and implement universal health coverage road maps through high-level support on national policies, strategies and plans, especially by providing accelerated support to 115 countries in the Universal Health Coverage Partnership.

45. While WHO is increasingly engaged with different sectors in multisectoral work to promote healthier populations and advance the health-related Sustainable Development Goals, the Organization’s capacity to promote healthier populations at country level is currently limited.

46. WHO’s bold agenda of measuring results and impact in countries is progressing. However, resources currently available at country level in terms of expertise and finance remains an obstacle to enhancing Member States’ capacity in data collection, analysis, monitoring and reporting on the “triple billion” targets and the Sustainable Development Goals.

## **Partnerships**

47. WHO’s proactive engagement with partners is increasingly visible. More needs to be done, especially in respect of engagement with civil society, the private sector and communities, as emphasized in the Thirteenth General Programme of Work, 2019–2023 and demonstrated by the COVID-19 pandemic. WHO country offices would be supported and empowered if they were enabled to strengthen resource mobilization in countries, and engage more fully in a complex partnership environment.

## **Enabling functions**

48. Given the limited number of WHO staff, especially country-based international staff, in base programmes, there is an opportunity to strengthen technical capacity at country-level through the activation of mechanisms such as the mobility and rotation policies and plans for career pathways. Augmenting WHO’s technical staff in countries, including international professional staff, is critical to enhance WHO’s effective response to the needs of Member States. Other ways of deploying technical expertise and ensuring enhanced country presence could be explored, for example through virtual country teams, rapid response teams, and WHO collaborating centres.

49. The over-reliance on voluntary contributions for country-level work jeopardizes support for sustained technical assistance and policy advice to Member States. A higher proportion of flexible, adequate and predictable resources for WHO country offices is critical.

50. One of the key elements of the WHO transformation is to promote interaction and alignment across the three levels of the Organization in planning, implementation and monitoring of WHO's programmes for the successful implementation of the Thirteenth General Programme of Work, 2019–2023 and achievement of the “triple billion” goals. While there has been some progress, this could be strengthened further for coherent and consistent support to Member States from across three levels of WHO.

51. Though service delivery is not a primary role of the WHO Secretariat, there has been growing evidence of the WHO Secretariat going beyond policy dialogue, strategic and technical support, towards providing operational support to countries. This has been particularly marked where funding has been accorded to address health emergencies, polio and other specified funded programmes in countries with fragile, conflict-affected, and vulnerable settings. Consideration might be given to providing such assistance systematically and seeking donors' commitment for flexible and predictable financing, at the same time ensuring that transition plans and exit strategies are drawn up for cases of protracted crises.

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