Review of bilateral consultations between WHO and contributors as part of the Financing Dialogue 2015

FINAL REPORT

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Abbreviations and acronyms

Assessed Contribution	AC
Bilateral Consultation	BC
Coordinated Resource Mobilisation	CRM
Core Voluntary Contribution	CVC
Country Office	CO
Director-General	DG
Director-General's Office	DGO
Deputy Director-General	DDG
Financing Dialogue	FD
Global Policy Group	GPG
Global Resource Mobilisation Coordination Team	GRMCT
Ministry of Health	MOH
Ministry of Foreign Affairs	MFA
Organization for Economic Cooperation and Development	OECD
Planning, Resource Coordination and Performance Monitoring	PRP
Regional Director	RD
Regional Office	RO
Resource Mobilisation Task Force	RM Task Force
Sustainable Development Goals	SDGs
Terms of Reference	ToR
Voluntary Contribution	VC
WHO European Regional Office	EURO
WHO Programme Budget	PB
WHO Western Pacific Regional Office	WPRO
World Health Assembly	WHA
World Health Organization	WHO

Executive Summary

REVIEW CONTEXT, OBJECTIVES, AND APPROACH

WHO's Financing Dialogue (FD) was launched in 2013 to ensure a fully-funded Programme Budget (PB) in a rapidly evolving global health landscape. Over the past 30 years, the total amount and composition of WHO's financing has substantially changed, from a PB of US$1.4bn in 1990-1991 with a 49% assessed contribution (AC) component, to a PB of US$4.4bn for the 2016-2017 biennium with an AC component of just 21%. The almost 80% of the PB funded by voluntary contributions (VC) is 93% specified, constraining WHO's ability to align funding with PB priorities and address underfunded programme areas. At the same time, global competition for health and development funds has increased with changes in the global health and development environment as well as the creation of multiple new global health agencies.

The FD process forms a key component of an ambitious reform agenda to address this situation. Its main objectives are to secure at least 70% of PB financing before the start of a biennium, to reflect and promote the principles of alignment and flexibility, predictability, transparency, and to reduce funding vulnerability. As a means of strengthening the foundations of the FD and WHO's resource mobilisation more broadly, the Director-General (DG)'s Task Force on Resource Mobilisation and Management Strategies in 2013 further recommended that WHO hold bilateral consultations (BC) with major contributors. Now organized by the Coordinated Resource Mobilisation Department (CRM) in the DG's Office (DGO), the purpose of these consultations is (1) to review the collaboration between WHO and contributors; (2) to understand opportunities and challenges contributors face to align funding with the FD principles; and (3) to identify next steps for their funding commitments for the following biennium.

The first FD-related BCs occurred in the months before and after FD 2013, and again for the FD 2015, adopting recommendations to enhance both regional office (RO) involvement and collaboration with contributors in the organization of the meetings.

Review Objectives: SEEK Development (SEEK) was requested by WHO's CRM Department and the Evaluation Office to conduct a review of WHO's BCs with contributors held before and after the FD 2015. While the FD 2015 helped WHO achieve an impressive 83% funding at the start of the 2016-2017 biennium, smaller gains were made in the areas of funding predictability, alignment of earmarked funding, and the proportion of VC comprised of fully flexible funding (CVC).

Given that the FD BCs are considered critical to the overall success of the FD and to coordinated resource mobilisation at WHO more generally, the main objective of the review was to extract lessons learned from these consultations with a view to providing practical recommendations on (1) strengthening the implementation of the individual FD BCs to help influence contributors' adoption of FD principles, and (2) optimising WHO's approach to donor engagement and dialogue more broadly, going forward.

Review Framework and Methods: An analytical framework was developed to guide the analysis for this review and its recommendations. At its lowest level, the framework reflects the **activities** undertaken to conduct the FD BCs; at the next level it assesses the number and quality of the BCs in terms of timing, participation, dialogue, follow-up, and link to other efforts to engage contributors **(outputs).** The framework then traces the influence of the quality of these outputs at two **outcome** levels: (1) their effect on knowledge, relationships, and confidence levels of participants, and (2) the extent to which the

BCs in the context of FD 2015 influenced contributors to take action to increase/maintain or better align funding with the FD principles.

A combination of three methods was employed to assess the BCs´ effectiveness: (1) a review of internal and public documents; (2) key informant interviews to obtain feedback on successes, challenges, and lessons learned from meeting participants; and (3) three "Learning Sessions" between the CRM and SEEK teams. A total of 32 semi-structured interviews were conducted between the end of February and early May 2016 with 41 individuals representing 12 of WHO's top-ranked 20 contributors, as well as with WHO senior staff (Assistant Director-General- and Director-level) and the CRM team.

REVIEW FINDINGS AND LESSONS LEARNED

The FD BCs are considered a valued and important opportunity for dialogue and relationship building. Contributors interviewed perceive the FD BCs to play a useful role in bringing together relevant stakeholders and strengthening mutual understanding of priorities in the context of a range of interactions between contributors and different entities within WHO, including DGO, CRM, ROs and technical departments. They also applaud WHO's initiative to improve the FD BCs by conducting this review.

The nature of FD BCs varies significantly, and how they are differentiated from regular meetings between WHO and the contributor is not sufficiently clear. Many interviewees feel they needed clarification on the role/objectives of the BCs as part of the FD process, and do not perceive them to be clearly differentiated from their 'usual' bilateral meetings with WHO. Many contributors perceive the FD to be an additional topical 'add-on' in their BCs rather than a significant new dimension that changes the quality of the meeting. Though a template exists for the FD BC, the document review showed that in practice there was great variation in agendas, primary focus, and time allotted for the consultation, beyond the expected necessary tailoring of a meeting format to individual contributors.

Despite their positive effect on relationships and mutual understanding between contributors and WHO, the FD BCs have not (yet) succeeded in significantly increasing contributors' confidence in WHO's ability to deliver. To do so, the BC dialogue must become more strategic and more strongly focused on progress/results achieved across each contributor's portfolio. BCs often combine very high level discussions with very technical discussions in one meeting. Technical discussions, while necessary, were often felt to have "crowded out" the strategic dialogue on progress (and challenges) towards achieving agreed objectives, WHO's investment case, and the role of contributors. To more strongly make the case for investment in WHO, contributors would like more evidence of and discussion on results achieved across their respective portfolios, and more meaningful participation of the regions. Some contributors would welcome greater clarity from WHO on the Organization's 'ask' of them.

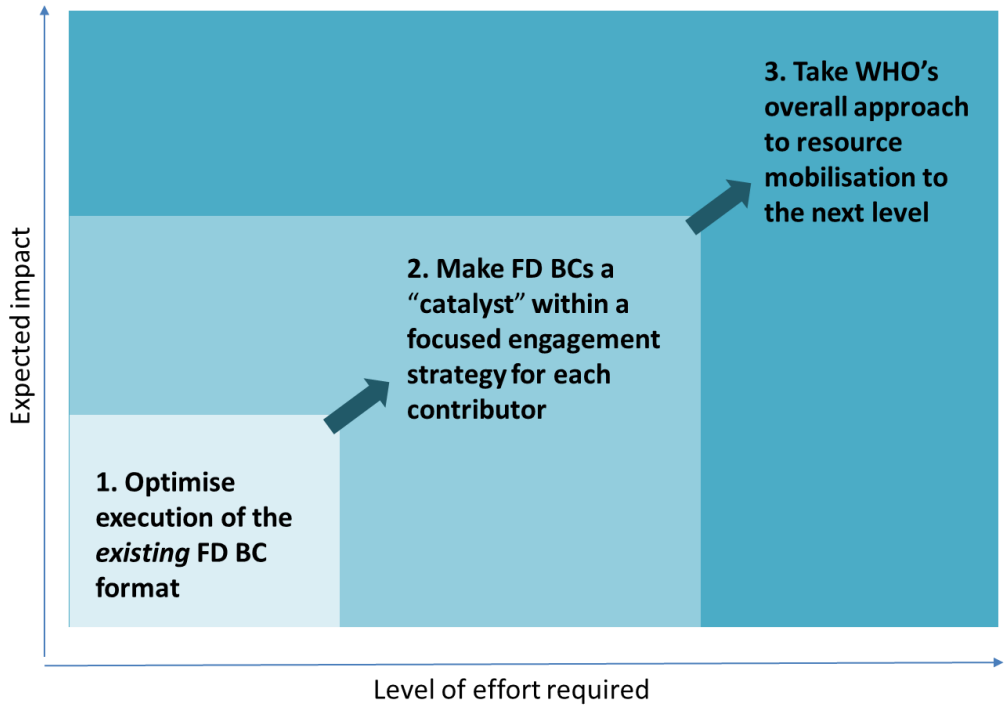
For the FD BCs to play a more "catalytic" role in encouraging action towards increased funding and/or alignment with FD principles, they must be integrated into a broader contributor engagement strategy, and, indeed, into a sharpened, overarching organizational resource mobilisation/communications approach. Creating broader engagement strategies would mean broadening and deepening relationships beyond the long-standing, known connections in ministries of health (mostly responsible for AC) and ministries of foreign affairs or development cooperation (mostly

responsible for VC). It is this overarching strategy and proactive, ongoing dialogue with each contributor that – together with improved results reporting – will be required in many countries to make the case for increased, better aligned and more flexible investments. The FD BCs must not be treated as a stand-alone event but as *one* critical intervention in the context of a well-coordinated, multifaceted resource mobilisation strategy, which must include strengthened communication around WHO's unique value proposition, results achieved, and ongoing organizational reforms.

MAXIMIZING THE IMPACT OF THE FD BCS: OPTIONS FOR ACTION

This review finds that the BCs are a helpful component of the overall FD process, but that there is potential to further strengthen their effectiveness in supporting the FD objectives. Recommendations can be grouped into three levels (or 'horizons') of aspiration. These horizons are distinguished by the level of effort required to implement them, and by the impact they are expected to have on the Organization's reaching its strategic and financial objectives.

Figure 1: Maximising the impact of the FD BCs: Three horizons of aspiration



Horizon 1: Optimise execution of the existing FD BC format

The first horizon focuses on optimising the format and execution of the FD BC as a 'stand-alone' intervention, to realize possible 'quick wins' with little incremental effort. Recommended actions focus on: **more rigorous internal BC preparation and meeting documentation; optimising meeting management, agendas and discussion formats; timing of BCs, and strengthened regional participation where relevant.** While mostly tactical/operational in nature, the implementation of these

recommendations would already go some way to increasing the effectiveness of the FD BC through a more rigorous approach. They thus form the foundation of more ambitious recommended actions outlined in horizons 1 and 2. The Global Resource Mobilisation Coordination Team (GRMCT) should ensure that new standard procedures are consistently communicated and embedded across the Organization.

Horizon 2: Make FD BCs a "catalyst" within a focused engagement strategy for each contributor

Building on the tactical improvements in horizon 1, recommendations in horizon 2 begin to take a more systemic view. The key recommendation within horizon 2 is to **invest in the development of tailored engagement approaches for each key contributor.** Based on rigorous contributor analytics, these plans should articulate clear objectives for the next FD period per contributor, and articulate a systematic approach for achieving them, including (but not limited to) how the FD BC will be timed and used so that its impact is maximised. This process should be led by CRM in close collaboration with the technical programmes and regions, as well as the communications and partnerships teams. The process should be used as a catalyst to enhance internal coordination/alignment on BC objectives, approach, and roles.

In parallel to drafting these engagement plans, WHO should consider key changes to the framing of the FD BCs across contributors' settings, to maximise their impact. First, the BC should be **much more clearly positioned as part of the FD, with a distinct 'identity' focused on financing for results.** The meeting should be reframed as a "strategic portfolio review" of the contributors' investments in WHO, focusing on where the money is going, what it is achieving (overall and linked to the contributor's funding streams). Based on this there should be a more proactive and strategic discussion of future resource needs and what it would take for the contributor to increase or improve the quality of its financing. Technical side meetings can complement this dialogue if necessary.

Another recommendation to make the FD BC more catalytic is to **use the presence of senior WHO leadership for meetings with critical stakeholders (civil society, parliamentarians, media) to communicate WHO's results achieved, financing needs/principles and support required.** This is linked to the recommendation to **consider an annual rhythm of BCs alternating between Geneva and contributors' bases.**

Finally, taking a longer-term view of reducing funding vulnerability, WHO should consider **broadening the scope of the FD BCs to include key emerging contributors (from all sectors)**. As with existing contributors, however, it will be critical to position the BCs as one (key) element within a targeted engagement strategy for each of these contributor groups.

The increased level of effort and expertise needed to implement the recommendations in horizon 2 will require strengthened capacity (both skill- and resource-wise) within CRM and beyond. It is also likely to require changes in current mindsets and behaviours to enable strengthened collaboration across all WHO departments. On the other hand, the potential impact of making the FD BC a more catalytic intervention by embedding it in a comprehensive contributor strategy is also expected to be significantly higher than that of horizon 1.

Horizon 3: Take WHO's overall approach to resource mobilisation to the next level

It is clear from this review that, while strengthening FD BC execution and integration into a tailored engagement approach for each key contributor is necessary, it may not be sufficient to create

sustainable shifts in contributors' financing behaviours and to drive systemic change. To achieve this, WHO will need to act on recommendations in horizon 3, which go beyond the BC and even beyond the FD, to develop a holistic resource mobilisation and external communications strategy. Currently, the approach to resource mobilisation within WHO is highly decentralized and there does not appear to be an organization-wide resource mobilisation strategy, nor a well-defined operational model to deliver.

The key recommendation within horizon 3 is thus to **invest in developing such an organization-wide resource mobilisation strategy and operational model.** The FD (and the FD BCs) would be one core element within such a strategy (among others, such as the Organization's approach to advocate for increased AC), which would need to be based on a clear articulation of WHO's value proposition and positioning within the global health and development ecosystem. The exercise of developing such an integrated strategy and operational model offers an important opportunity to clarify internal roles and responsibilities and to catalyse internal dialogue and change towards more coherent and effective resource mobilisation activities. Since the move from rather siloed and opportunistic resource mobilisation activities to a single aligned, integrated approach for contributor engagement will require changes of mindsets and behaviours, the commitment of senior leadership across the Organization to drive these changes and ensure adherence is critical.

Linked to strategy is the capacity to deliver. Another key priority under horizon 3 would thus be for WHO to **systematically invest in building dedicated expertise in contributor engagement and communications.** Current capacity and expertise is too limited for serious engagement, and for the effective communications and advocacy needed to amplify messaging on WHO's results and successes.

Last but not least, to move the needle on resource mobilisation, WHO will need to **tackle underlying organizational issues reaching beyond resource mobilisation.** Probably the most important priority here is to continue to fast-track the organizational focus on performance and results and to further improve (and streamline) reporting on results across programmes and contributor portfolios. It is encouraging to know that work in this area is well under way.

Taking on horizon 3 would require significant time and effort from key stakeholders across the Organization, including the direct involvement of senior organizational leadership. While these are major considerations for the Organization, a large majority of contributors see no alternative to it. They strongly support and encourage a more ambitious, strategic, and integrated resource mobilisation strategy and operating model that will enable WHO to reach its strategic and financing objectives in the short-, medium- and longer term.

Chapter 1: Background and objectives of this review

1.1 WHO Reform and Financing Dialogue

The financing of the World Health Organization (WHO) has undergone a transformation over the past 30 years. The Organization's Programme Budget (PB) has increased substantially from US$1.4 billion in 1990-1991 to US$4.4 billion for 2016-2017. Its composition has also changed. While the PB was originally funded by assessed contributions (AC) exclusively, AC as a proportion of the budget has steadily decreased over time: AC constituted 49% of the PB in 1998-1999, declining to 40% in 2002-2003, and 31% in 2004-2005. In the last ten years, AC has, in absolute numbers, remained the same (at $929,000), but has decreased even further as an overall percentage of the PB.[1] Currently, AC makes up 21% of WHO's financing. Voluntary contributions (VC), which account for almost 80% of WHO's total budget, are typically earmarked but can also be flexible (then referred to as core voluntary contributions [CVC]).[2] For biennium 2014-2015, 93% of the VC received by WHO was earmarked for activities, projects or areas of work according to the priorities and interests of contributors, resulting in a persistent imbalance in funding across WHO's categories, programme areas, and even within projects.[3] To deliver on its mandate and the organizational priorities outlined in its Programme of Work, WHO requires changes to its funding on three dimensions: (1) increased funding overall (AC and VC); (2) a greater proportion of flexible, unearmarked funding within VC (CVC) enabling WHO to allocate these funds strategically and align resources at all levels of the PB; and (3) when specified, better alignment to minimize underfunded programmes across the PB.

In 2009, recognizing that its financing situation impeded WHO's ability to deliver, and fearing the compounding effects of the global financial crisis on future contributions, the Organization's Member States expressed concern about the following:

- **mismatch** between WHO's PB and funding;
- lack of **transparency** and efficiency of resource management;
- WHO's financial **vulnerability,** with 20 contributors funding 75% of the base budget;
- **inflexibility** and **unpredictability** of financing, making it difficult for the Organization to reliably and realistically plan ahead.[4]

In response, the Director-General (DG), in 2010, convened an informal consultation on the future of WHO's role and financing within a rapidly changing global public health landscape. This in turn resulted in a broad reform agenda for WHO,[5] of which financing is a key critical element.[6]

In the context of this reform agenda, the WHA in 2013 established the Financing Dialogue (FD), a new process outside the Governing Bodies agenda, to ensure a fully funded budget to deliver on the 12th Global Programme of Work (2014-2019) and associated results agreed on by the 66th World Health Assembly (WHA) in May 2013. The FD was mandated as part of the second phase of a three-phase approach[7] to financing WHO's work by the same WHA, including bilateral consultations (BC) with major contributors as well as biennial FD meetings with all Member States, agencies and current non-State Actors. The objective of the FD is to secure at least 70% of PB financing before the start of the biennium and to drive the implementation of a set of guiding principles for the financing of WHO: alignment and flexibility, predictability, transparency, and reducing funding vulnerability (by broadening the contributor base). Launched with two landmark FD meetings in 2013[8] for the biennium 2014-15, the FD meeting for

the current biennium and PB 2016-2017 took place on 5-6 November, 2015. The meeting highlighted existing financing commitments and remaining funding shortfalls, and examined progress on key priority areas such as emergency reform and coordinated resource mobilisation, as well as WHO's contribution to the Sustainable Development Goals (SDGs).[9]

1.2 Bilateral consultations in the context of the Financing Dialogue

BCs with key contributors to WHO in the preparation and follow up to the FD meeting are a critical instrument of the FD process. They were first recommended as a means to further strengthen the FD by the WHO Task Force on Resource Mobilisation and Management Strategies (WHO RM Task Force) in 2013.[10] The stated objectives of the FD BCs are below; these have been modified slightly since the 2013 FD meetings.

Meeting objectives (as shared with contributors):

- To review collaboration between [Contributor] and WHO with a view to understanding also the broader context: how does the collaboration with WHO fit with the organization's post-2015 agenda and its collaboration with other UN and global health agencies?
- A policy dialogue between [Contributor] and WHO on priority topics of [Contributor]
- To review overall progress in operationalising the financing dialogue principles of alignment and flexibility, transparency, predictability, and broadening the donor base.
- To understand opportunities and challenges that may exist to the contributor in implementing the Financing Dialogue principles for funding WHO in 2016-17 and beyond.
- To identify next steps for 2016-17 support and what information might [be possible to have ready] to share in the programme budget portal, ahead of the November meeting.[11]

WHO's Coordinated Resource Mobilisation (CRM) Department, situated within the Office of the Director-General (DGO) in Geneva, organises these consultations.[12] CRM was established in 2013 in accordance with the recommendations of the WHO RM Task Force to strengthen the coordination of otherwise highly decentralized resource mobilisation activities across the Organization.[13] The Global Resource Mobilisation Coordination Team (GRMCT), bringing together members of CRM with representatives responsible for resource mobilisation from each regional office (RO) and each cluster at HQ, was also established in 2013 following the same recommendations.[14] The GRMCT is responsible for facilitating phases two and three of the three-phase financing approach endorsed by the 66th WHA at a higher organizational level, comprising (1) establishing the FD and associated FD BCs and (2) conducting organization-wide targeted and coordinated resource mobilisation to fund shortfalls in the PB. The GRMCT reports to the Global Policy Group (GPG), consisting of the DG, Deputy Director-General (DDG) and the six Regional Directors (RD).[15]

A survey conducted in 2014 as part of an evaluation of WHO's first FD found that 75% of respondents (Member State and non-State contributors who participated in the first FD) considered the FD BCs to have "added value to the financing process". Seventy-five percent also thought the BCs' content made the November 2013 FD meeting more relevant (the report did not define "content" further). On the

other hand, only two of nine contributors indicated, in in-depth interviews conducted for the evaluation, that they found the inputs made by technical staff during the BCs to be valuable. Further, only around 45% found the FD BCs useful to obtain clarity on WHO's funding gaps.[16] In 2015, BCs with contributors were again held in advance of and following the FD, with a modified set-up building upon recommendations made subsequent to the first FD, notably greater involvement of WHO ROs and joint organization with contributors to ensure that their needs were accommodated.

The FD has already effected some change in the nature of WHO's funding. The establishment of a PB web portal, launched with PB 2014-2015, has contributed to increasing the **transparency** of WHO's funding situation.[17] More modest gains have been made along the other FD principles: in **alignment** of funding, for biennium 2014-2015, categories 1 to 5[18] were financed to 75% of the approved PB level as compared to the larger funding gaps of previous biennia.[19] For 2016-2017, alignment thus far is similar to that for 2014–2015, given the remaining high proportion of specified VC. There have been some improvements due to strategic allocation of flexible resources by the DG as well as slight shifts among select contributors. However, the overall level of **flexibility** and **alignment** of CVC that WHO receives is still declining, from US$231 million in 2012-2013 to US$219 million in 2014-2015, with an anticipated further decrease for 2016-2017.[20] Meanwhile, the level of **predictability** of funding at the beginning of the biennium has improved, with 83% of the PB already funded at the start of 2016-2017 (as compared with 77% for 2014-2015, and much lower pre-FD levels of 62% for 2012-2013, and 52% for 2010-2011).[21] Yet, while the outlook for 2016-2017 is encouraging, the medium-term outlook for WHO's future beyond this biennium was described in a report by WHO (entitled 'Financing of Programme Budget 2016-2017') as "more worrying".[22] Finally, while WHO's contributor base has broadened marginally over the last decade, the Organization still relies on 20 contributors for around 76% of its funding in 2016 (a slight improvement from 80% in 2014-2015).

1.3 Review objectives and scope

It is in this context that SEEK Development (SEEK) was requested by CRM and WHO's Evaluation Office to conduct a review of WHO's BCs held with contributors before and after the 2015 FD. The main objective of the review is to extract lessons learned with a view to providing practical recommendations on (1) strengthening the implementation of the individual FD BCs and (2) optimising WHO's approach to contributor engagement and dialogue more broadly.

Specifically, the objectives of the review pursuant to WHO's Terms of Reference (ToR) (see Annex 1 for details) are to:

- Assess the effectiveness of the FD BCs in the lead-up and following the FD 2015 meeting;
- Map strengths/weaknesses and extract lessons learned with a view to maximising contribution of BCs to achieving objectives of the FD;
- Understand the usefulness of the BCs from the perspective of the contributors and their impact in influencing contributor behavior; and
- Develop actionable recommendations for the Secretariat to optimise the FD BC.

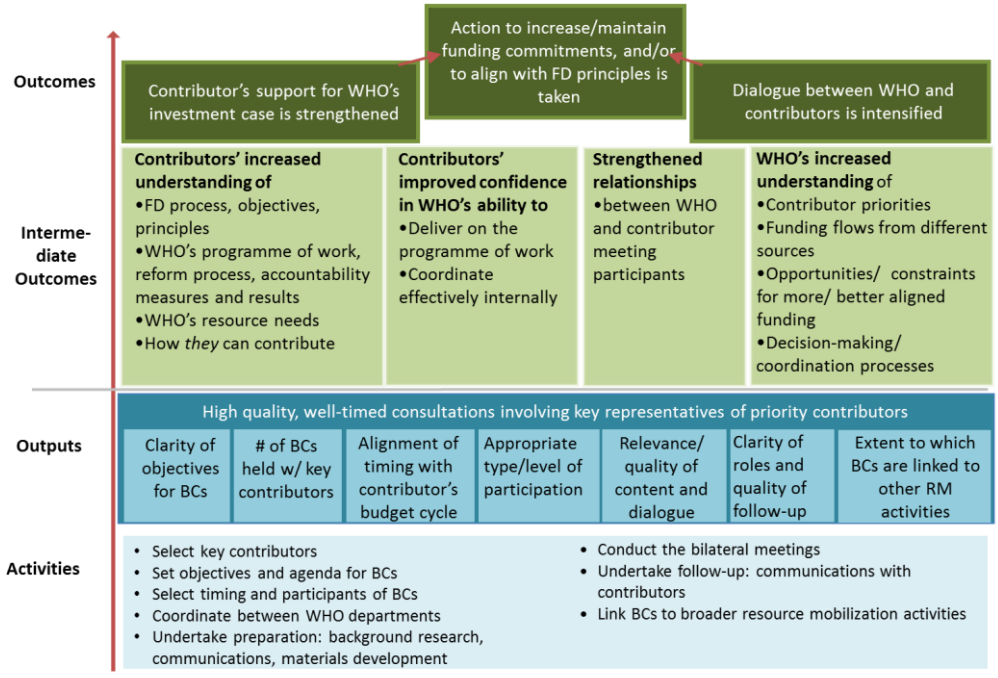
Chapter 2: Review framework and methodology

2.1 Analytical framework

To systematically assess the effectiveness of the BCs, an analytical framework was developed by SEEK in consultation with WHO's CRM Department (depicted graphically below in Figure 1).

At the lowest level, the framework reflects the various **activities** undertaken to prepare and conduct the Financing Dialogue (FD) BCs. The next level focuses on the number and quality of the BCs based on these activities in terms of timing, participation, dialogue, follow-up and link to other efforts to engage the contributor (**outputs**). Most importantly the framework then traces the influence of the quality of these outputs on **two levels of outcomes:** First, the effect on the knowledge, relationships and confidence levels of participants, and ultimately the extent to which the consultations have resulted in action to increase/maintain or better align funding with the FD principles. These designated outcome levels reflect the stated aims of the BCs in the context of the FD, as well as WHO's wider resource mobilisation.

Figure 1: Analytical framework



The framework posits that the quality of set-up and preparation of the consultations (activities) influences their overall quality as an important part of WHO's contributor engagement (outputs) and the extent to which they increase the contributors' understanding and support of WHO's work, build their confidence in WHO, and lead to strengthened relationships (intermediate outcomes). The extent to which the intermediate-level outcomes are achieved then contributes to intensification of dialogue on and greater support for WHO's investment case, leading, ultimately, to contributors' taking action to increase and/or improve the nature of their funding commitments to WHO relative to the FD principles.

2.2 Methodology

This review employs a combination of three methods to assess the effectiveness of the BCs held in the context of the 2015 FD: 1) a document review, 2) key informant interviews, and 3) a collaborative and iterative dialogue process between WHO's CRM Department and SEEK.

Document review: A thorough review was undertaken of relevant internal documents provided to SEEK by CRM, as well as other publicly available literature, to analyse BC set-up and organization, and to understand the framing of the meetings within the FD process, as well as within the Organization's broader resource mobilisation activities and coordination among departments (for a comprehensive bibliography, please see Annex 2). Documents reviewed included:

- ***Bilateral meeting materials:*** including preparatory materials, agendas, meeting reports, participants lists, and materials distributed to contributors, such as results reports, contribution matrices, and presentations
- ***WHO internal documents:*** including mission briefings, selected notes for the DG, Resource Mobilisation Task Force evaluations and reports, and other internal strategy documents
- ***WHO publicly available sources:*** including governing body documents, FD materials, Executive Board and WHO regional documents, and the web portal
- ***External evaluations and sources:*** including the WHO-commissioned external evaluation of the 2013 FD, a 2014 evaluation of UN-organization resource mobilisation strategies, contributor budget documents

Key informant interviews: At the heart of this review were semi-structured interviews with participants in the FD 2015 BCs to understand their experience of these meetings, including successes, salient challenges and possible solutions, and to determine lessons learned. As background, WHO held BCs with 16 contributors in the context of the 2015 FD.[23] Of these, 11 rank among the top 20 contributors to the Organization.[24] Between the end of February and early May 2016, SEEK conducted 17 interviews (individual and group) with representatives from 12 of WHO's 20 highest-ranked contributors, including the 11 with whom WHO had held FD BCs, plus Germany (please see Figure 2). The 12 contributors, which include ten Member States, the European Commission, and the Bill & Melinda Gates Foundation, [25] represent 54% of all AC and VC to WHO in 2014 (see Annex 3 for a breakdown of type of funding per contributor interviewed).

Figure 2: WHO top 20 contributors – FD BC held and interviews conducted with SEEK

Contributor by rank	BC occurred	Interviewed by SEEK	Type of interview (total # interviews)
USA	X	X	Individual interview (2)
BMGF	X	X	Group interview (1)
UK	X	X	Individual and group interview (2)
Gavi Alliance			
Canada			
Japan	X	X	Individual interview (1)
Germany		X	Individual interview (1)
Rotary International			
Australia	X	X	Individual interview (2)
European Commission	X	X	Group interview (1)
Norway	X	X	Individual interview and group interview (2)
Sweden	X	X	Individual and group (2) interview
France	X	X	Individual interview (1)
Netherlands	X	X	Group interview (1)
African Development Bank Group			
China			
Republic of Korea			
Italy			
Switzerland	X	X	Individual interview (1)
Russian Federation			

Altogether, SEEK spoke with 26 individuals representing ministries of health (MOH), ministries of development cooperation or their equivalent department, ministries of foreign affairs (MFA), and Geneva permanent missions.[26] Four contributors were represented by a combination of institutions responsible for remitting AC and VC. Another four were represented exclusively by the MOH, responsible for AC, and five were represented exclusively by sources of VC (SEEK made multiple attempts to interview representatives from MOH, MFA and development agencies, where these voices were missing).[27] To balance the contributor perspective, SEEK also interviewed 15 WHO staff who were involved in at least one FD BC, including ten members of senior management (two at the level of Assistant Director-General [ADG], seven at Director-level, one Executive Officer), and five of the six members of the Organization's CRM Department. Combined, this amounts to 32 interviews conducted with 41 individuals over the course of this review. (Refer to Annexes 4 and 5 for more information on the interviewees.)

Interview questionnaires were developed to guide the conversations according to the analytical framework and tailored to the contributor context (a sample questionnaire is included in Annex 6). At the beginning of each interview, interviewees were assured of non-attribution of statements.

SEEK-WHO Learning Sessions: To ensure ongoing engagement in and ownership by WHO of the review, three 2.5 to 3-hour 'Learning Sessions' were conducted with the CRM Department at WHO headquarters over the course of the project (on 03 March, 03 May, and 03 June, 2016). Session one focused on the

context, the objectives and the analytical approach/methodology of the review, while sessions two and three centered on presentation and discussion of emerging findings, recommendations and implications/steps towards their implementation. The collective insights gained during this dialogue, as well as the institutional knowledge of the CRM Department, were important inputs to this review. They ensured appropriate contextualisation of findings and an iterative learning process through a participatory approach.

The three-pronged, 'mixed-methods' approach described above grounds the review analysis and provides the opportunity to triangulate findings emerging from the data collection. Please see Annex 7 for an overview of the stages of the evaluation and development of the report.

2.3 Methodological limitations

While this review is based on a rigorous approach to ensure robust findings through triangulation of data sources where possible, there are a few potential limitations to consider. Firstly, it proved difficult to obtain the same level of information on the BCs across contributors, due in part to the lack of a standardised approach to the preparation and documentation of these meetings. It was therefore not possible to conduct an exhaustive review of these materials. Secondly, since for four contributors only MOH representatives but not the providers of VC were interviewed, there may be nuances missing on what it would take for them to increase or improve the nature of VC. Another potential bias could be 'recall bias' (a number of interviewees said that the BC they were being asked to recall seemed quite far in the past, so they may have remembered some but not all of what occurred).

Findings from this review based on a desk review of available documents, our analyses of contributor and WHO staff interviews, as well as the three learning sessions held with WHO are laid out in the next chapter.

Chapter 3: Review findings

The findings of this review of the BCs in the context of the FD can be summarized in four key themes, which are first presented here in overview and then substantiated through a detailed set of findings.

3.1 Summary of findings

The FD BCs are valued and considered an important opportunity for dialogue and relationship building. Overall, contributors interviewed perceive the BCs in the context of the FD to play an important role in their respective bilateral relationships with WHO, and value them as a forum for dialogue on priority topics. The FD BCs are also considered a useful way to bring all relevant stakeholders together and strengthen mutual understanding of priorities, needs and constraints, each such event seen as a building block in an ongoing, incremental construction of a partnership between contributors, the DGO, the CRM Department, WHO regions and technical units.

The nature of FD BCs varies significantly and how they are differentiated from regular meetings between WHO and the contributor is not sufficiently clear. While recognizing the potential of the FD

BC, many interviewees expressed a need for clarification on the role/objectives of the BC within the FD process, and did not perceive the BCs held in the context of FD 2015 to be clearly differentiated from 'regular' bilateral meetings. For many contributors, their framework/partnership cooperation agreement with WHO stipulates an annual (or otherwise regular) meeting, which functions as the venue to raise relevant issues of collaboration. This perception of a lack of a distinct FD BC 'identity' dates back to the 2013 FD: in the 2014 survey of the 2013 FD, 45% of respondents reported that they did not find the BCs helpful in gaining clarity around WHO's funding gaps, despite this being a clear objective. Thus, while for CRM Department members, the introduction of the FD has fundamentally altered the focus of the meetings they organize, many contributors perceive this 'new' focus rather to be an additional topical priority – another item on the agenda. Neither does it appear to have in practice resulted in a consistently-used new meeting design; though the 2013 FD BC objectives and agenda template was updated for FD 2015,[28] the document review revealed that this template was in practice used for just a few contributors, with otherwise great variation in BC agendas, primary focus, format and time allotted for the FD BC. While variation in the design of BCs should be expected to conform to the needs of the contributor, the BCs in the context of the FD should have a certain degree of consistency of agenda points and materials informed by the principles of the FD, to ensure that the distinct role of the BC in the context of the FD becomes more clear. This is very important to align WHO and contributor expectations.

Despite their positive effect on relationships and mutual understanding between contributors and WHO, the FD BCs have not (yet) succeeded in significantly increasing contributors' confidence in WHO's ability to deliver. To do so, the BCs must become more strategic and more strongly focused on progress/results achieved across each contributor's portfolio. BCs often combine very high level with very technical discussions in one single meeting without appropriately linking them through a strategic investment dialogue. Many of the contributor and WHO participants interviewed highlight that they missed adequate time in the FD BCs for these strategic discussions, e.g. around approaches/challenges in achieving results. Pointing out that technical detail took up too much meeting time one contributor said, "We want that dialogue to be strategic and not too detailed – in terms of programmatic detail". And a WHO senior staff member commented: "We are not speaking the same language. They want to have an overarching resource mobilisation view, where they are looking in [the] context of other donors as well. We do not provide that". As a result, contributors say that BCs in the context of the FD have had limited influence on their confidence that WHO can consistently deliver results. To more strongly make the case for investment in WHO, contributors would like to see metrics (and other more qualitative evidence from their own networks) on financing and performance (delivery) at the regional and country levels. To enable a more strategic discussion on results achieved across their respective portfolios, some also point out that they would like to see a more meaningful participation from the regions. Many would also have welcomed greater clarity about what WHO would ask of them. In addition, as the FD BC is considered just one piece of a necessarily multi-faceted "mosaic" of interactions and impressions of WHO's performance, success will also depend on the extent to which these meetings become successfully embedded in a holistic engagement strategy for each contributor, with a key focus on WHO's value added and results achieved.

For FD BCs to play a more "catalytic" role in encouraging action towards increased funding and/or to align with FD principles they must be integrated into a broader contributor engagement strategy and, indeed, into a sharpened, overarching organizational resource mobilisation/communications

approach. A key point emphasized by contributors is that for FD BCs to make a difference in encouraging action towards increased funding/better alignment with the FD principles they must extend beyond one meeting with representatives of a contributor's administration and become a fundamental component of a broader contributor advocacy and communications strategy, optimised in their timing. The occasion of the FD BC should be evolved to include coordinated dialogue with parliamentarians, civil society and the media, and be complemented by strengthened communication of WHO's unique value proposition, and of results it has achieved.

In the next two sections we address findings in more detail, structured according to the top two levels of the review's analytical framework: Outputs and Activities, and Outcomes.

3.2 Key findings: Activities and Outputs

In the analytical framework, 'Activities and Outputs' applies to all the elements that relate to the set-up of the FD BCs, including format, preparation, participation, execution, documentation and follow-up.

[a] Less than 60% of WHO's top 20 contributors have participated in a specifically FD-related BC. The desk review revealed that only 11, or 55%, of the 20 highest-ranked had a BC hosted by WHO's CRM Department in the context of the 2015 FD. Those that have not had such a meeting include Canada and Germany (the fifth- and seventh-ranked contributors of AC and VC combined, respectively), as well as Italy, China, Republic of Korea, and the Russian Federation. Conversely, one Member State (Japan) participated in two BCs in the context of the 2015 FD.

[b] The FD BCs do not (yet) have a distinct 'identity' associated strongly enough with the FD objectives. The BCs' frequency, focus and format varied significantly, as did WHO's implementation of the standardised FD BC objectives. Regarding the format of the BCs that did occur, broadly two types have emerged: (1) shorter, 'dedicated' high-level briefings focusing on the FD, contributor priorities, WHO reform, and PB (about a third of the BCs reviewed, and along the lines of the FD BC objectives and agenda document updated in September 2015[29]) and (2) longer and more technical BCs (about two thirds of the BCs reviewed). This latter type is largely similar to bilateral meetings unrelated to the FD in that agendas were focused on topics stipulated by framework agreements, with a high-level presentation about the FD added as a relatively short agenda item. Importantly, while contributors did not express dissatisfaction about this, they simply did not, in many cases, think of their 2015 FD BC as distinct from a regular progress review with WHO. As one interviewee expressed it: "For us, the BC was a discussion of how our contributions are spent […], the FD was not really an objective of the consultation". Or as another interviewee stated: "The FD-specific objective was more implicit than explicit". Yet another said: "It was not clear that it [the BC] was about financing". Many interviewees therefore wanted more clarity on the distinct role and objectives of the BCs in relation to the FD.

For the most part, during both types of BCs, discussion on the FD was limited to an overview of the FD-to-come or FD-just-been, including a high-level presentation of the FD process, its context and objectives, and an update on the WHO PB 2016-2017 and financing of the 12th General Programme of Work period. This included challenging areas and a comparison of funding status of WHO's top contributors, and progress on the FD principles, specifically progress on the web portal, related to the principle of transparency. There was also a review of existing collaboration between the two entities,

including highlights of contributor priority geographies and categories/areas of work, opportunities and challenges. The shorter FD-related BCs were coupled with a general political discussion, comprising the contributor's political priorities and WHO reform, and a summary of follow-up steps, while the longer BC added these FD-related elements to a more technical agenda with multiple components relating to contributors' portfolios.

[c] Preparation: Contributors were mostly content with their interaction with WHO in preparation of the FD BC; however, internal WHO preparation and follow-up could be significantly improved in order to better align all WHO parties on meeting objectives/results, and to facilitate more strategic discussion. Most contributors felt satisfied with WHO's approach to working with them in preparing the BCs, commenting that it had gone smoothly and had benefitted from existing relationships ("It was very easy as we've done this for several years", one contributor said.) Timing and scheduling were highlighted as challenging in some cases when BCs were held too close to the FD; a BC, for example, two weeks ahead of the FD does not allow for long-term strategic discussion nor for absorption of advance materials.

A key finding both of the desk review and WHO staff interviews is that WHO's internal preparation of the FD BCs needs to be strengthened. While contributors repeatedly recognized the hard work and effort of the CRM Department to organize the consultations and of technical teams that presented their work, WHO participants acknowledge a lack of consistency around preparation processes and a lack of clarity on objectives and roles. BCs are not routinely preceded by internal preparatory meetings to ensure that all participants are aware of – and aligned on – meeting objectives/approach and roles of participants (not just the logistics around who will present, in what sequence and for how long). There was also no routine prior discussion to brief participants on potentially sensitive issues for the contributor or recent relevant political developments or events influencing the contributor's decision-making environment. In addition, communication between CRM and DGO could be improved, especially regarding feedback from contributor-DG/DGO meetings (even if ostensibly not 'funding'-related) that may be contextually relevant for CRM. This lack of internal cohesion was at times recognized by contributors, with one reporting that, "the technical units didn't necessarily have [the same] expectations for, or understanding of, the consultations, which was additional work [presumably for CRM] to bring them round".

Meeting materials lack consistency and follow-up documentation is scarce, which further undermines internal cohesion of WHO. Apart from the presentations on the FD adjusted in part for each contributor and a briefing note provided to the DG/ADGs for BCs they attended, there are no additional standard briefing materials designed for coordinated internal preparations (such as a contributor briefing, a mapping of WHO's cross-organizational relationships with a given contributor, briefing notes on likely topics of interest or contention). In addition, for the vast majority of meetings there are no detailed meeting notes, or documented follow-up actions with assigned responsibilities and timeframes.

As a result, participants of FD BCs from WHO technical units and regional offices (ROs) reported sometimes feeling unclear about the BCs purpose and outcomes, as internal access to relevant preparatory information was not reliably accessible. "What would be important is that the ones doing the donor engagement engage the technical units on the plan – what they want [out of the BCs]," one WHO interviewee said, "instead of which, we are in the dark." Enhanced exchange of information and

knowledge by CRM with staff participating in these consultations is a necessary condition for coordinated resource mobilisation. It will not only help strengthen dialogue and collaboration around, and alignment to, the objectives of the BCs, but also inform a more unified corporate front during the meetings.

[d] Participation: High-level WHO participation is highly valued but regional representation could be strengthened. Contributors that had high-level participation from WHO (DG/DDG, EXD DGO, ADGs) in their BCs called out seniority as a specific asset of the dialogue, saying that it enabled a more strategic discussion. One contributor whose BC benefitted from the presence of several ADGs said, appreciatively, "If you want to discuss strategy, there should be good involvement from ADGs – as many ADGs as possible". Of the contributors that were interviewed for this report, five had the DG/DDG, six had the Executive Director of the DGO (EXD DGO), and one had both the DG/DDG and the EXD DGO in attendance. This high-level engagement was also highlighted by various contributors as useful in putting the Organization's strengths into current context, underlining WHO's value-add. As one contributor noted, "the EXD DGO's explanation of Ebola's impact on the Organization and its ability to deliver here was very much appreciated". The success of starting and ending FD BCs with, for example, the Executive Director of the Director-General's Office (EXD DO) suggests that maintaining the practice of high-level WHO representation is an important element in ensuring contributors' buy-in to WHO's priorities.

Contributors commend representation of the regions in BCs and encourage their more meaningful participation. Many contributors interviewed have drawn attention to WHO's commitment to better operational alignment across the three levels of the Organization. They highlight that regional participation for them is evidence of this coordination and strongly commended it where it occurred. As one contributor commented: "To make that [messaging about 'one WHO'] a reality, it really helps to have regional participants so that 'one WHO' gets the same message from 'one [contributing agency]' – it's very important for achieving coherence". However, though regional representatives were present in 11 of the 12 BCs reviewed, these were mostly from the funder's region, not always from the funded regions (only 8 out of 12 FD BCs had representation from the funded regions).[30] Some contributors therefore missed hearing from regions where their funding and interests were focused, especially hearing regions describe their own results and challenges as a core part of the meeting: "A representative who is knowledgeable and can talk, not just someone for the sake of it," one contributor specified.

[e] Quality of meeting dynamics and content of FD BCs: Positive meeting dynamics and quality of dialogue are appreciated, but could be further improved by elevating the dialogue to a more strategic level and placing a greater focus on results. Contributors broadly highlight the positive meeting atmosphere and candid dialogue in the BCs and appreciate the possibility of robust 'push' and 'push-back'. One contributor who praised the openness commented that while organizations are often reluctant to discuss challenges at the risk of donors' cutting future resources, WHO's willingness to do this is positively viewed as a means of strengthening their work: "To WHO's eternal credit, they were very open to all aspects of discussion".

Interviewees and available documentation suggest that the quality of dialogue in the FD BCs could be further improved with a clearer set of meeting objectives, fewer agenda items, and more time for strategic discussion (rather than lengthy presentations). Expressing the view of several, one contributor

said they would have wanted "more of the specifics of what to tackle, and how, on the table" in relation to financing, adding that they would have welcomed straightforward discussion of "numbers": "If we're not explicit about funding gaps, then it's difficult for us to make the case to our capitals [to change funding behavior], and also maybe to push our fellow Member States".

As mentioned above, a key point made by contributors is the need to elevate discussions in the BCs to more of a strategic level, rather than staying very technical. While technical information is sometimes required on programmatic priorities of contributors, technical discussions were often felt to have been too numerous or too long, and to have 'crowded out' the strategic dialogue on progress (and challenges) towards achieving agreed objectives, WHO's investment case, and the role of contributors. One interviewee described this as "the 'rotating chair' issue of having technical teams come and present in 20-minute slots while the donor and regions sit for a whole day, also forcing the donor to re-clarify their priorities/issues each time". Even the more technical discussions should *always* be framed in the context of the FD (e.g., "why are we having this discussion", with linkages to results or challenges in achieving them) - otherwise they should be moved to side meetings. Elevating the strategic element of the conversation is connected also to regional (and country) participation and the systematic inclusion of high-level WHO representation (ADG and/or DG/DDG, EXD DGO). As one contributor commented on having very senior WHO representation in FD BCs, "The quality and clarity of the discussion and the dialogue is more important". Another explained their perspective: "It's important for [contributors] that [are] very active on a number of issues that we get that [high-level] space".

3.3 Key findings: Outcomes

It is clear from contributors that the FD and the associated BCs are already widely considered to be a constructive approach to WHO's discussion of financing with its Member States and non-State Actors, and have had a positive effect on contributors' attitudes to WHO and its Emergency and Governance reforms. The 'outcomes' findings of this review examine to what extent the BCs specifically have further advanced the aims of the FD, and how interviewees feel they could better do so.

[a] FD BCs have generally contributed to increasing contributors' understanding and appreciation of the FD, WHO's Global Programme of Work, and WHO's resource needs. Contributors commented that while they were aware of the FD and its principles, and in some cases were quite engaged in WHO's reform process, the FD BCs have more notably given them an opportunity to discuss these and other issues in an informal setting, where topics and opinions could be voiced more openly than potentially in a formal meeting (such as the FD meeting itself). However, in doing so, some indicated, these meetings have helped increase their understanding of the FD as a critical element of financing reform, as well as of reform in general. "Before the [BC] I thought the FD was important, but now I think it is the lynchpin of the reform work that is being undertaken in that organization – I think it's critical," one contributor said. Further, for many contributors, discussion of emergency and governance reforms figured importantly in their increased understanding – a very favorable outcome of the BCs, given that the success of the reform agenda is for many contributors a crucial building block in increasing their confidence in WHO.

[b] For some large contributors, FD BCs were catalytic in understanding the total picture of their own funding to WHO. For WHO's larger contributors with many different actors involved in funding highly

earmarked activities at program or even project level, and have as a result their own internal coordination challenges, the BC offers an opportunity to get a 'bird's eye view' of their total funding to WHO. In doing this, it also provided these contributors with an opportunity and a forum to discuss their funding to WHO within a bigger-picture approach: "We learned how much money was going to WHO from different parts of [our government] – which was very important; useful in finding all the small pockets of funding for WHO". These contributors said this would likely not have happened without the FD BC.

[c] FD BCs are seen as valuable in the continuous building/strengthening of the WHO-contributor relationship, providing an opportunity for focused exchange and interaction for all participants. The opportunity afforded by the BCs for strengthening existing and creating new inter-organizational relationships is one of the most common elements in contributors' assessments of the value the BCs deliver to them. It was pointed out that though the kind of trust needed "to be able to pick up the phone" often exists between interlocutors at technical officer level, this is not always the case at very senior levels; the FD BC provides an opportunity for connections to be established and incrementally developed at these higher levels, as well. Even a contributor that has been a longtime supporter of WHO and expresses great trust in their longstanding relationships with staff in different units and at different levels of the Organization still says: "We need this meeting – it contributes a lot to keeping our relationship strong. It's an important arena for our bilateral relationship".

[d] However, despite these achievements the FD BCs have not yet succeeded in significantly increasing (or shifting) contributors' confidence in WHO's ability to deliver strong results in a cost-effective manner. A key missing condition pointed to by contributors in the interviews is further increased transparency on funding flows and on results achieved on a portfolio basis. One contributor said, "As long as we do not get information on improvements at country level and how this improved financing trickles down we are in a difficult situation – we can't easily convince our hierarchy that this is money well spent".

Transparency on funding flows: In the interviews, contributors expressed appreciation of WHO's progress in transparency, specifically of the creation of the PB web portal and WHO's commitment to sign up to the International Aid Transparency Initiative (IATI) by the end of 2016. Since the review interviews were conducted, transparency on funding flows has been further increased via the new version of the web portal (2.0), which was launched in early May 2016. This version now enables users to obtain the kind of 'drill-down' they had missed, to the funding of programme areas (not just categories of work) at regional and country office level (under the 'Funding Flow' tab), as well as by contributor (under the 'Contributors' tab).[31]

Transparency on Results: WHO is undertaking two major improvements on transparency on results, the web portal (already launched in its 2.0 version, described above) and the streamlining of reports sent to individual contributors. A number of contributors indicated a wish that WHO take improvements in transparency to the next level by providing information on results achieved across their own portfolios, including performance at regional and country level. A few also expressed some dissatisfaction with WHO's previous ability to demonstrate its 'results chain' – connecting resources/funding flows to specific areas of the PB, and then to the results achieved in that area – on a portfolio basis, in bilateral meetings before the 2015 FD BCs. Since the review interviews took place, an overview of programmatic

achievements for the 2014-2015 biennium has been made available on the web portal, but detailed, customizable results chains are not yet available through this channel.

For the contributors that explicitly made the link between results and delivery at country and regional level, evidence that WHO's delivery and coordination are improving at regional and country level underpins the credibility of WHO's results at a global level - and they want this to be corroborated by what they are hearing from their own overseas contacts. One contributor said: "We want to have our own overseas networks coming back and saying that things are really changing – this trickle-up feedback is what will make the difference, way more than a meeting on the Financing Dialogue".[32]

[e] Overall, it appears that the FD BCs' impact on strengthening contributors' support for WHO's investment case and on their decision-making for funding WHO has been limited. Since the launch of the FD in 2013, there have been improvements in WHO's financing situation, though overall these have been modest, and it is difficult to attribute these changes directly to the FD, to the BCs, or to a combination of these and other factors. Contributors commented that the BC did not "move the needle" in relation to their decision-making, but that this also could hardly be expected: "There may be a significant level of confidence among the individuals we're talking about", said one contributor, "but confidence in the Organization is a more complex issue".

They emphasized the point that the FD BC is, in the end, just one – if important – meeting amongst a range of other interactions between contributors and different WHO interlocutors, including technical units, ROs, and country offices (COs). BCs by themselves cannot effectively make the case for WHO's comparative advantage without being embedded in a broader donor engagement strategy that includes a clear and consistent definition of WHO's unique value proposition (alongside strengthening and streamlining its results reporting). In the context of a global health landscape that has changed dramatically since the 1990s, contributors' perceptions of WHO's value proposition have changed, but (some say) WHO's own positioning has not: "There is still an assumption among WHO that 'we are **the** global health organization – of course people will fund us!' But that is not the case anymore! WHO needs to use the information generated by the FD to follow up on 20 different fronts". Another contributor expanded on this, saying, "WHO thinks that if you publish in a peer-reviewed magazine you have the funds; for a diplomat that is only the beginning! WHO is only slowly making the links with decision-makers".

Further, some contributors' contributions are determined well in advance of their 'usual' BCs, so even if the FD BCs were to have a dramatic effect on contributors' decisions for a given FD, it may be hard to "move the needle", at least in the short term, without closer linkages to contributors' budget cycles. The 2015 FD BCs' dates were not linked to contributors' budget cycles, and contributions may in any case be predetermined by framework agreements or by other drivers necessitating decisions that cannot be influenced by the FD BC (e.g., contributors' own externalities, such as the 2015 European migration crisis, negatively impacting many nations' development budgets). Several contributors said that the only difference the FD BC might make would be if something negative occurred during the meeting to make them change their minds about a prior commitment: "We prepare the budget from much earlier and then see how our portfolio looks – so it would have needed to be something very drastic in order to make us make any changes". In this context, the FD BC serves merely to 'tick the box' of having held a bilateral meeting to confirm such decisions, or to review the FD and its principles.

[f] However, the FD BCs could be more "catalytic" than they are now if they were to be positioned as part of a tailored engagement strategy for each donor, within a global WHO resource mobilisation, advocacy and communications strategy. Many contributors highlighted that it is necessary to embed the FD BC in a holistic, tailored engagement strategy for each contributor. As one contributor said, "We get the sense that WHO is trying to accomplish something with one tool, which needs to be done with a strategy". Contributors have also emphasized that an important success factor of such an approach would be improved donor intelligence—WHO's capability to understand their contexts and funding landscapes better. This could be achieved with better 'intelligence' on specific contributors, a need that is confirmed by some internally within the Organization (and which WHO has already recognized in aiming to create contributor profiles)[33]. It would also require expanded interactions with political influencers such as civil society and the media (as a senior official within WHO said: "We are talking to the wrong people"). Creating broader engagement strategies would mean broadening and deepening relationships beyond the long-standing, known connections in MOH (who tend to be advocates for WHO, and responsible for AC) and ministries of development cooperation (who are largely responsible for VC, and who may still need more convincing from their own networks). "Making sure that ministries of health are briefing congress/parliaments is important, but WHO has to do more", one contributor noted.

Strengthening strategic advocacy and communications to mobilise influencers and engage relevant decision-makers in parliament is likely to be crucial in encouraging those decision-makers to alter their funding behavior. The FD BC could be a catalytic/pivotal event to implement this kind of advocacy, with side events (in contributor capitals, for example) choreographed around the FD BC to interface directly with partners who are important in influencing contributors. A contributor proposed: "Success requires mobilisation of intermediaries: get NGOs to advocate for WHO". Leveraging and developing new partner relationships for advocacy would also shift the perception among some contributors that WHO is not seen as proactive enough in its donor engagement. As one contributor described, *"*[The BC] has impact but it is part of a much broader package, and that package contains all the interactions we have with the organization and our perception*s* of its performance".

[g] For this, current capacity is unlikely to be sufficient and would need to be increased, but many contributors think there is no alternative to this approach. The current CRM Department consists of only seven professionals, including the Director *(ad interim),* who manage a broad range of contributor portfolios and have other responsibilities. Broader advocacy and outreach – to capitalize on FD BCs as occasions for advocacy events in contributor capitals and to demonstrate WHO's unique value proposition – would require increased capacity, in addition to the Coordinator to be recruited in 2016, with specialized skills in particular markets, overseen and coordinated by the CRM Department. CRM might be able to draw on existing skills of individuals in other programs and regions, but would need to request their time, negotiate their potential roles, and closely coordinate their involvement. This underscores the need for a strengthened overall external-relations strategy and organizational model, with clearly defined roles and appropriate resourcing to achieve stated objectives.

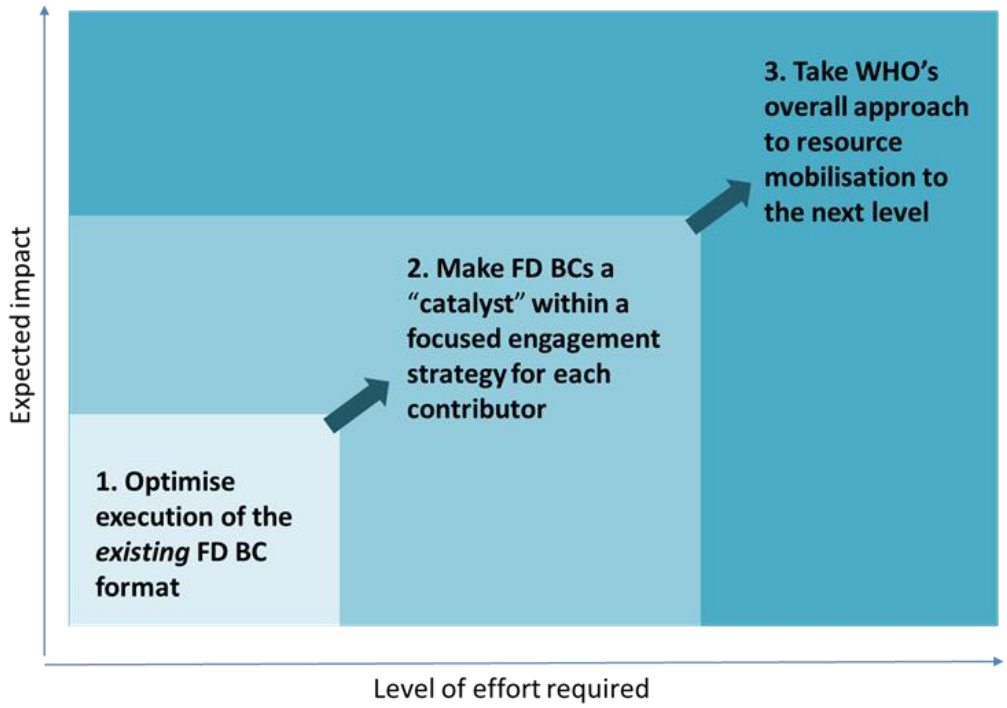
Chapter 4: Recommendations

This review of WHO's BCs in the context of the 2015 FD finds that the BCs are a helpful component of the overall FD process, but there is potential to further strengthen their effectiveness in supporting the FD objectives. The review also showed that while it is possible and important to optimise the preparation and execution of the FD BC as an individual intervention, to fully exploit its potential, the BC should not be viewed in isolation (despite the fact that the FD BC was the entry point and key unit of analysis for this review). Instead they need to be conceptualised and optimised as part of an integrated engagement strategy WHO has for each key contributor. And even these individual contributor engagement strategies will necessarily be limited in impact unless they, in turn, become integrated into a strengthened, organization-wide resource mobilisation and communications strategy.

4.1 Three 'horizons' of aspiration

It is with this background in mind that in this section, we formulate our recommendations at three levels or horizons of aspiration. As depicted in Figure 3 below, these horizons are distinguished by the level of effort required to implement them and by the impact they are expected to have on reaching the Organization's strategic and financial objectives.

Figure 3: Maximising FD BC effectiveness: Three horizons of aspiration



Horizon 1: Optimise the format and implementation of the existing FD BC

The first horizon focuses on optimising the format and execution of the BC as a 'stand-alone' intervention with the aim of achieving some 'quick wins' with little incremental effort. Recommended

actions at this level focus on honing the BC format, agenda, internal coordination, timing, regional participation, documentation, and follow-up. While mostly tactical/operational in nature, implementation of these recommendations would already go some way to increasing the effectiveness of the FD BC through a more rigorous approach to its preparation. They thus form the foundation of more ambitious recommended actions outlined in horizons 2 and 3. The GRMCT could be the leadership vehicle to ensure that new standard procedures are consistently communicated and enforced across the Organization.

Horizon 2: Evolve FD BC to be catalytic within a holistic contributor engagement strategy

Building on the tactical improvements in horizon 1, recommendations in horizon 2 begin to take a more systemic view. The BC is not viewed as a stand-alone intervention but is reconceptualised as an integral, and potentially catalytic part of a more fully-developed engagement strategy for each contributor. The key recommendation in horizon 2 is to invest in the development of tailored engagement approaches for each key contributor. In addition, the FD BC should be much more clearly positioned as part of the FD with a distinct 'identity' focused on financing for results.

The implementation of horizon 2 actions should be coordinated and led by the CRM Department in collaboration with colleagues from the programmes, regions, and the communications and partnerships teams. The development, and even more so the implementation, of targeted contributor engagement plans is likely to require strengthened capacity (both skills and resource levels) and strengthened collaboration between CRM and other stakeholders in the Organization, which is likely to require changes in current practices. Strong ownership of this approach by the GRMCT and well-communicated commitment by WHO leadership will thus be essential. If WHO's commitment to horizon 2 is successful, the potential impact of embedding FD BCs in a comprehensive contributor strategy is also expected to be significantly higher than that of horizon 1.

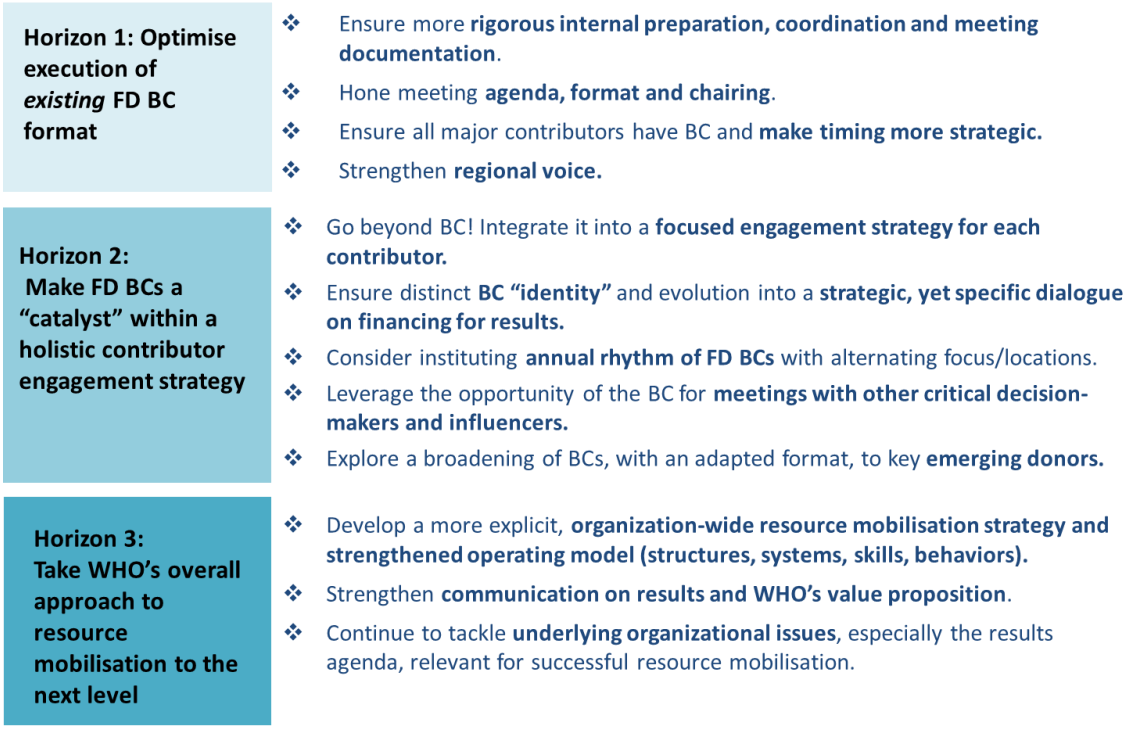
Horizon 3: Step up WHO's overall approach to resource mobilisation

Horizon 3 furthers expands the perspective and posits that to really achieve systemic change WHO needs to invest in developing a clear, Organization-wide resource mobilisation strategy and operational model for its implementation. The exercise of developing such an integrated strategy and operational model offers an important opportunity to catalyse needed internal dialogue and change, and to build the ownership needed across the Organization's levels/departments to ensure adherence. This in turn will be critical to build confidence in WHO's ability to deliver at all levels of the Organization.

Taking on horizon 3 would require a more substantive effort involving key stakeholders across the Organization. Given the need to rethink current approaches, roles and responsibilities, it would also necessitate the involvement of senior organizational leadership. While these are major considerations for the Organization, a large majority of contributors see no alternative to it. They encourage a more ambitious, strategic resource mobilisation approach that will enable WHO to reach its strategic and financing objectives in the short-, medium- and longer term.

Figure 4 (below) summarises the review's recommendations:

Figure 4: Review Recommendations



The following sections describe in more detail recommended actions at each level of aspiration.

4.2 Recommendations in detail

Horizon 1 Recommendations

The recommendations within horizon 1 all focus on becoming more rigorous about all aspects of BC 'hygiene' – internal preparation, coordination and communication, meeting management, scheduling and documentation, agendas and discussion formats, and to strengthen regional meeting participation.

[a] More rigorous internal preparation, coordination and meeting documentation. To truly hone the effectiveness of the FD BCs to support the FD and operationalise its principles within WHO as well as outside the Organization, enhanced internal coordination is essential. A preparatory meeting, with mandatory participation of all WHO participants, should be held ahead of every BC, by video- or teleconference, if necessary. CRM has already initiated this in some instances but should make it a routine part of preparation. The purpose of the preparatory meeting would be to align on WHO's objectives and agenda for the meeting and to agree on meeting roles and on the framing of presentations. Efforts to improve internal coordination should also include addressing the current disconnect between CRM-instigated meetings with contributors and other high-level meetings that happen between contributors and DGO, as well as between contributors and programmes and/or regions.

In addition, CRM should ensure the availability and use of standardised templates for meeting materials, and ensure that these are available in a central repository for each meeting (currently they are not reliably accessible for all meeting participants). It should also take a more proactive role in reviewing presentation drafts with technical units to ensure that their work is framed appropriately, with strategic objectives for the contributor in mind. Importantly, CRM should circulate internally an up-to date contributor 'profile' (contributor profiles are currently in development)[34] ahead of each BC to inform preparation, including an overview of the contributor's current political landscape, strategic priorities in health, an assessment of the contributor's funding possibilities (and constraints) and other important or contentious issues that could come up.

[b] Hone meeting agenda, format and chairing. To optimise meeting management, set the tone appropriately and allow adequate time for discussion, FD BC meeting agendas should be fine-tuned to have shorter presentations, allow more time (relatively) for discussion, and ensure that all FD BCs start and end with a high-level session. Contributors have seen this not only as "being taken seriously" by WHO but also as a powerful way to draw their attention to WHO's priorities, as one contributor described: "It's good to start off a dialogue with a very high-level attendance because then we're much more on their [WHO's] agenda". Fewer topics on the agenda would provide time for dialogue about what has worked well between WHO and the contributor in the period between their FD BCs, and what could be improved.

Elements of such an agenda might include: (1) a high-level session (DG/DDG/ADG) to set an 'elevated' (strategic) tone for the meeting; (2) a review of the contributor's financing portfolio, including results and progress made (or challenges) on implementation, looked at from a global level but also (depending on the contributor's portfolio) on a regional level, bringing in the regions' own presentation of their results, progress and challenges; (3) a return to WHO's financing situation, starting with needs at a global level, results (against benchmarks) and current status; (4) turning to the contributor's financing behavior/actions; (5) ending the discussion with specific suggestions regarding contributor's potential actions possibly to increase their financing and/or change their behavior in terms of greater alignment and flexibility of their funding. The FD BC should conclude with a clear articulation of next steps, and should detail follow-up actions that can be facilitated, with assigned responsibilities.

[c] Make timing and sequencing more strategic. Though WHO has so far succeeded in scheduling BCs with a majority of top contributors within six months before or after the biennial FD meeting, it will be important to start 'early engagement' with contributors on scheduling the FD BCs to (a) ensure that an FD BC actually happens with each of WHO's top 20 contributors, and (b) find a mutually convenient meeting date (where possible) that is far enough in advance of the FD meeting to accommodate possible influences on contributors' funding decisions relative to their budget and political cycles/events.[35] Related geopolitical events such as the G7 summit and other organizations' global resource mobilisation and advocacy efforts should also be taken into consideration. For the FD for the 2018-2019 biennium, WHO has visibility far enough ahead to enable more strategic early engagement on scheduling.

[d] Strengthen WHO's regional voice. Making regions more integral to the preparation of and participation in the BC would have two positive effects on the FD BCs: (1) To represent to contributors WHO's greater coherence and coordination across the three levels of the Organization ('one WHO'), and (2) to give regions a stronger voice in representing their own work, which would be especially valued by

contributors with specific regional funding priorities. While cost-effectiveness must be considered, the in-person presence of regional representatives would be strongly recommended over participation by video-conference link, given its negative impact on quality of dialogue, the feeling of there being "no meeting dynamic" (as one video-conference-linked participant observed) for those not physically present in the meeting room, and malfunctioning video-conferencing in the past.

Horizon 2 Recommendations

[a] Go beyond the BC! Integrate it into a focused engagement strategy for each donor. The key recommendation within horizon 2 is to invest in the development of tailored engagement plans for each key contributor. Currently such plans do not exist. The starting point should be rigorous contributor analytics (including assessment of strategic priorities, funding patterns, decision-making processes and stakeholders). Based on this, the engagement plans should articulate both clear objectives for the next FD period and a systematic approach to achieving them, including (but not limited to) how the FD BC will be strategically timed in the contributor's annual cycle and used so that its impact is maximised. This process should be led by CRM and should draw in relevant colleagues from the regions, the programmes, as well as the communications and partnerships teams.

The joint development of a strategic engagement plan for each key contributor has great potential to ensure internal alignment on the Organization's corporate objectives and contributor relationship; it would help clarify roles and responsibilities, and as a result ease the collaboration of the different organizational levels involved in the contributor dialogue. Making contributor engagement a strategic, coordinated, collaborative cross-organization effort has the potential to set up a 'virtuous circle' where regular internal meetings on FD BC preparation act as a catalyst for internal discussion about engagement approaches with specific contributors, and activities/roles of different internal stakeholders. This would also help to identify information gaps relating to individual contributors, facilitating better donor intelligence.

Beyond this main recommendation on developing tailored engagement strategies, a set of other key changes to the framing of the FD BCs should already be implemented across contributor settings to maximize their impact.

[b] Ensure the BC has a distinct identity and is transformed into a strategic, yet specific, dialogue on results and financing. While a certain variation of meetings agendas is normal and desirable, all BCs should be much more clearly positioned as an element of the FD, with a distinct 'identity' focused on financing for results (rather than just a regular meeting with an FD 'add-on'). It will be essential to make the meetings more specific than just a general discussion of the FD but to also avoid the other extreme of diving too deeply into technical details. The meeting should be reframed to occupy the productive middle ground between these pitfalls and be set up as a "strategic portfolio review" of the contributor's (in the context of overall) investments in WHO. This should focus on where the money is going, what it is achieving (overall and linked to the contributors' funding streams) and on what needs to happen to strengthen results even further (the voice of the regions will be key here). Based on such a strategic review and dialogue, the agenda should then move to proactive and strategic discussion of WHO's future resource needs, a review of the contributor's financing levels and practices, and a concrete discussion of what it would take for the contributor to increase or improve the quality of financing. All meetings

should include a concrete ask of the contributor, and should conclude with a synthesis session on agreements reached and specific next steps to be taken, at which senior leadership should be present.

To allow for such a strategic financing-for-results dialogue, the FD BC should privilege 'quality' of discussion over 'quantity' of topics covered. Detailed technical discussion should be moved to side meetings that would complement this strategic financing-for-results dialogue.

[c] Consider instituting an annual rhythm of FD BCs with alternating focus, and possibly locations. FD BCs have so far, for most contributors that have had one, occurred every two years, tied to the biennial event of the FD meeting. Instituting an annual FD BC would allow WHO to systematically alternate the focus and location of FD BCs (one year in the contributor's capital, focusing mainly on portfolio-based results, the alternate year in Geneva, focusing mainly on WHO's financial needs), further refining the focus of the meetings and situating them within the FD process. In addition, alternating locations could help WHO develop broader contributor buy-in as a result of increased engagement with more high-level contributor representatives when the FD BC is held in contributor capitals. The increased frequency would also deepen the mutual understanding and relationship-development aspects of the WHO-contributor relationship. Several contributors strongly support this idea.

[d] Leverage the opportunity of the BC for other meetings with critical stakeholders and decision-makers. When BCs are held in contributor capitals, WHO should leverage the presence of senior WHO leadership at the FD BCs for meetings with key decision makers and influencers. This should include briefings for key parliamentarians/parliamentary committees, discussions with local civil society organizations (as potentially powerful advocates for WHO), media representatives, and an event for the interested public (e.g., a panel discussion hosted by a local think tank, NGO or a parliamentary group). As one contributor stated, "Making sure that ministries of health are briefing parliament/congress is important, but WHO has to do more. Success also requires mobilisation of intermediaries". Broadening the dialogue and communication of WHO's results achieved, financing needs/principles and support needed, is a key element of any contributor strategy, and the BC could become a catalyst to build broader support for WHO within the contributor's own context.

[e] Explore a broadening of BCs, with an adapted format, to key emerging donors. To meaningfully reduce WHO's financial vulnerability, it will be important for WHO to continue working towards broadening the contributor base, as existing contributors have made clear. Many contributors interviewed suggested that WHO should consider broadening the scope of the FD BCs to include key emerging contributors (from all sectors). One major contributor assumed that FD BCs were already being held with emerging donors, stating: "I'd be astonished if you told me [BCs] weren't held with them". Taking a long-term view of reducing funding vulnerability, WHO should begin to establish and cultivate in prospective contributors the kind of trust and mutual understanding that the Organization has developed over time with current key contributors interviewed for this review. An adapted version of the FD BC format could be a powerful tool in this regard, and should be integrated into a consistent strategic approach for emerging donors.

Horizon 3 recommendations

The third horizon represents a yet more ambitious vision. While strengthening FD BC execution and integration into a tailored engagement approach for each key contributor is necessary, it is clear from

the research conducted for this review that these will be insufficient to sustainably shift contributors' financing behaviors and to take WHO's internal capacity to the next level.

[a] Develop a more explicit, integrated strategy to resource mobilisation across the Organization. To achieve this kind of systemic change, the key recommendation within horizon 3 is to go beyond the BC and even beyond the FD, to develop a holistic resource mobilisation and external communications strategy. Currently, WHO's approach to resource mobilisation is highly decentralized and there does not appear to be an organization-wide resource mobilisation strategy, nor a well-defined operational model with clear roles and responsibilities for delivering.

Such a strategy should ideally take a multi-year horizon (potentially linked to the first term of the incoming DG) and should be based on a rigorous diagnostic of WHO's current position in the external (funding) environment, as well as on the strengths and weaknesses of its internal resource mobilisation approach and capacity, as benchmarked against other actors. It should articulate forward-looking projections and financing requirements for the Organization, as well as clearly articulated strategic priorities. Most importantly, it should lay out a unified approach that WHO will take to achieve these objectives and identify necessary organizational changes, concerning not only structures, processes, and skills but also mindsets and behaviors. The FD (and the FD BCs) would be one core element within such a strategy, among others (such as the Organization's approach to achieve increased AC), based on a clear articulation of WHO's value proposition.

The exercise of developing such an integrated strategy and operational model offers an important opportunity to catalyse needed internal dialogue and change, to build the ownership needed across the Organization's levels/departments, and to professionalise and increase the effectiveness of WHO's resource mobilisation efforts.

The process to develop such a strategy would require a task team with representation from DGO (including CRM, communications and partnerships), technical programs, regions, and would likely need additional external expertise and support. The task team should report to a steering group consisting of the senior leadership from across the Organization, committed to drive for required change.

[b] Strengthen communication on results and WHO's value proposition. WHO needs to ensure that its fundamental role as a technical and normative agency and its comparative advantage relative to other global health organizations in the current global health ecosystem is more effectively communicated. One important instrument is strengthened performance and results reporting across the Organization to highlight WHO's technical strengths and normative role in the global health and development ecosystem. It is encouraging to know that work in this area is well under way. To further support this CRM should fast-track its work with the OECD on developing progress indicators for the FD. WHO's ability to show contributors their own 'results' and as well as progress and challenges in terms of the FD principles will be critical to stimulate contributors' internal discussion, improve engagement, and ultimately encourage action.

Additionally, WHO needs to communicate recent successes more effectively, and on an ongoing basis. As one contributor advised: "Make sure that PR around the big wins is working". In the context of WHO having come under intense scrutiny around management of the Ebola crisis and the subsequent focus in 2015 by many contributors on Emergency reforms, it is a propitious time for WHO to invest in

broadcasting these 'big wins' more widely. Under DG Chan, communications capacity at WHO was restructured from being largely decentralized across the Organization (with a small unit in the DGO), much like CRM today, to a larger, more integrated, corporate structure housed within the DGO, which coordinates among the departments and clusters of WHO. While this transformation has successfully raised the profile of WHO, more strategic collaboration between communications and the CRM Department is needed, not only in terms of messaging for resource mobilisation overall, but also for specifically tailored approaches for individual contributors. WHO will likely require added external relations and strategic communications expertise to deliver on this recommendation.

[c] Tackle underlying organizational issues undermining more successful resource mobilisation. As identified by WHO itself and noted by contributors during this review as critical 'confidence' issues, WHO's complexity and related concerns about internal coordination across organizational levels must be addressed if new resource mobilisation approaches are going to succeed. Though these issues extend beyond the scope of resource mobilisation, resolving them will be critical as a foundation for WHO's achieving more – and more aligned and flexible – funding.

As mentioned above, a key priority in this regard is a relentless organizational focus on performance and results, including further improved (and streamlined) reporting on results across programmes and contributor portfolios. It is encouraging to know that WHO's work in this area, led by PRP, is well under way.

Taking on horizon 3 would require significant effort from key stakeholders across the Organization, including the direct involvement of senior organizational leadership. It is understood that the change in WHO's leadership in July 2017 is an important contextual factor in its decision about what it is willing or able to take on in the way of change before June 2017. While an important consideration for the Organization, a large majority of contributors see no alternative to working towards horizon 3. They strongly support and encourage a more ambitious, strategic resource mobilisation approach that will enable WHO to reach its strategic and financing objectives in the short-, medium-, and longer-term.

Annexes

Annex 1 – Terms of Reference

Terms of Reference

Review of bilateral meetings between WHO and contributors as part of the Financing Dialogue 2015

Background

The Financing Dialogue aims at ensuring WHO has the resources to deliver the agreed results by the World Health Assembly, that is a fully funded Programme Budget. It was launched in 2013 with each biennium being preceded by a Financing Dialogue meeting. The most recent was held in November 2015. As part of the preparation for the meeting and its follow up, a number of bilateral meetings are held with key contributors with the objective to review overall collaboration between the contributor and WHO, progress in operationalizing the dialogue's principles and identify engagement next steps, including contributions projections.

The timing is now opportune to reflect on WHO's engagement with contributors through the bilateral meetings and on necessary adjustments as we move forward in the changing global health arena.

Objective and scope

The objective of this review will be to assess the effectiveness of the bilateral meetings held in the lead-up and following the Financing Dialogue 2015 meeting and to extract lessons learnt. In fulfilling its objective, the review will map strengths and weaknesses of the various bilateral meetings, identify good practices, assess the overall approach and make recommendations to the Secretariat at the policy and process levels.

For the Financing Dialogue 2015 the bilateral meetings were conducted as follows:

- The location, seniority of participation, format and content were as much as possible adjusted to the needs of each contributor (in Geneva or the capital of the contributor, at political, high or working level, etc.)
- The programme was established jointly with the contributors and all included WHO providing general information on the financing dialogue and on underfunded programme areas
- Regional offices were more systematically involved in person or by video-conference
- The dates were chosen in accordance with the contributors political cycle

The review will address the following questions:

- Have the bilateral meetings supported achieving the main objective of the Financing Dialogue 2015, including ensuring a fully funded PB 2016-2017 and operationalizing the dialogue's principles of predictability, alignment, flexibility and transparency?
- Are the contributors satisfied with the bilateral meeting and do they contribute to strengthen WHO's image among key actors within the administration of the contributor.
- What are the strengths and gaps of the current bilateral meetings' plan?
- How can the bilateral meetings be improved, in general terms and as well as for each key contributor?
- How can bilateral meetings support a behaviour change among contributors in line with the dialogue's principle or a increase in funding levels?

- Are there any other important contributors that should be added to the bilateral meetings plan?

Methodologies and timelines

The review will be conducted by external and senior consultants with extensive knowledge and experience in the subjects of resource mobilisation, engagement with contributors and evaluation. It will include a desk review as well as interviews with senior level official of selected contributors, including from Ministries of Health, Ministry of Foreign Affairs, Development agencies and Geneva-based missions.

The review will be conducted during the first quarter of 2016 and the final report will need to be ready by end of April 2016.

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Annex 3 – Contributions payable for biennium 2014-2015 across types (assessed contribution [AC], voluntary contribution [VC], core voluntary contribution account [CVCA]) for contributors interviewed by SEEK Development (in US dollars)[1,2]

Contributor	AC	VC, inclusive CVCA	CVCA
Australia	19,268,400	55,276,453	34,188,275
BMGF	0	435,479,031	0
European Commission	0	102,320,499	0
France	55,609,600	21,740,688	4,246,345
Germany	66,345,260	52,241,513	0
Japan	100,645,700	60,878,391	0
Netherlands	15,366,600	31,468,829	11,961,957
Norway	7,906,720	83,870,934	14,759,122
Sweden	8,919,340	64,328,276	49,818,804
Switzerland	9,727,560	28,660,531	6,912,899
UK	48,116,600	324,094,122	46,144,461
USA	230,282,000	604,333,495	0

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[2] In this table, the following categories of VC and CVCA were included: "Voluntary contributions – specified"; "Core voluntary contributions account"; "Other voluntary contributions – core".

Annex 4 – Interviews conducted (Contributors and WHO staff)

Interviewee type	Names and Affiliations	#	Notes
Contributors	**Australia:** Simon Cotterell (MOH); Renee Deschamps (MFA) **BMGF:** Steve Landry, Tom Hurley (Multilateral Partnerships) **European Commission:** Canice Nolan, Walter Seidel, Matthias Reinicke, Jean-Baptise Le Bras **France:** Charles Tellier (MFA) **Germany:** Björn Kümmel (MOH) **Japan:** Mitsuhiro Ushio (retired – MOH) **Netherlands:** Herbert Barnard, Pieter de Coninck (MOH) **Norway:** Steffen Kongstad, Kjetil Aasland (Geneva Miss.); Siv Cathrine Moe (MFA) **Sweden:** Andreas Hilmersson (Geneva Miss.); Christina Larsson, Pia Engstrand (Sida) **Switzerland:** Tania Dussey-Cavassini (MOH) **United Kingdom:** Kathryn Tyson (MOH); Terri Sarch, Magali Girod, Nicola Watt (DfID) **United States:** Jimmy Kolker (HHS); Ariel Pablos-Mendez (USAID)	17	12 contributors (10 countries, EC, BMGF) 26 individuals **Grouped interviews:** BMGF; DfID; European Commission; Netherlands MOH; Norway Geneva Miss.; Sida
WHO leadership and staff	• Guitelle Baghdadi-Sabeti, TO, CRM • Sussan Bassiri, Director, Planning, Resource Coordination and Performance Monitoring • Corinne Capuano, Executive Officer, WPRO • Bernard Dizier, TO, CRM • Amine Kebe, TO, CRM • Ed Kelley, Director, Service Delivery and Safety • Marie-Paule Kieny, ADG, Health Systems and Innovation • Yumi Kisaka, Ext. Rel. Officer, CRM • Etienne Krug, Director, Violence and Injury Prevention • Chris Maddock, TO, CRM • Leen Meulenbergs, Executive Manager Strategic Partnerships, EURO • Mario Raviglione, Director, Global TB Programme • Elil Renganathan, DG Rep. for Evaluation and Organizational Learning • Gaudenz Silberschmidt, Director a.i., Coordinated Resource Mobilization • Ian Smith, Executive Director, DGO	15	2 ADG-level 1 Executive Officer 7 Director-level
Total	**Contributors + WHO Staff**	**32**	

Annex 5 – Alphabetical list of interviewees

Last name	First name	Country/Organization	Title
Aasland	Kjetil	Norway	Minister-Counsellor, Health Issues, Permanent Mission, Geneva
Baghdadi-Sabeti	Guitelle	WHO	Technical Officer, Coordinated Resource Mobilization
Barnard	Herbert	Netherlands	Director, International Affairs Department, Ministry of Health, Welfare and Sport
Bassiri	Sussan	WHO	Director, Planning, Resource Coordination and Performance Monitoring
Capuano	Corinne	WHO	Executive Officer, WPRO
Cotterell	Simon	Australia	Assistant Secretary, International Strategies Branch, Department of Health
de Coninck	Pieter	Netherlands	Senior Advisor, International Affairs Department, Ministry of Health, Welfare and Sport
Deschamps	Renee	Australia	Director, Health Policy Section, Department of Foreign Affairs and Trade
Dizier	Bernard	WHO	Technical Officer, Coordinated Resource Mobilization
Dussey-Cavassini	Tania	Switzerland	Vice-Director General, Ambassador for Global Health, Federal Department of Home Affairs, Federal Office of Public Health, Division of International Affairs
Engstrand	Pia	Sweden	Lead Policy Advisor for Health, Swedish International Development Cooperation Agency (Sida)
Girod	Magali	United Kingdom	Policy Advisor, WHO – Global Funds Department, UK Mission to the United Nations – Geneva, Department for International Development (DFID)
Hilmersson	Andreas	Sweden	Counsellor, Health and Development, WHO, UNAIDS, Global Fund to Fight AIDS, Tuberculosis and Malaria, GAVI, Permanent Mission, Geneva
Hurley	Tom	Bill & Melinda Gates Foundation	Deputy Director, Multilateral Partnerships Group
Kebe	Amine	WHO	Technical Officer, Coordinated Resource Mobilization
Kelley	Ed	WHO	Director, Service Delivery and Safety
Kieny	Marie-Paule	WHO	Assistant Director-General, Health Systems and Innovation

Kisaka	Yumi	WHO	External Relations Officer, Coordinated Resource Mobilization
Kolker	Jimmy	United States	Assistant Secretary for Global Affairs, U.S. Department of Health and Human Services
Kongstad	Steffen	Norway	Ambassador – Permanent Representative to the UN and other International Organizations, Permanent Mission, Geneva
Krug	Etienne	WHO	Director, Violence and Injury Prevention
Kuemmel	Bjoern	Germany	Deputy Head of Division, Global Health, Federal Ministry of Health
Landry	Steve	Bill & Melinda Gates Foundation	Director, Multilateral Partnerships Group
Larsson	Christina	Sweden	Programme Manager, Global Programme Unit, Department for Development Cooperation, Swedish International Development Cooperation Agency (Sida)
Le Bras	Jean-Baptiste	European Commission	Unit DEVCO B4 - Education, Health, Research and Culture
Maddock	Christopher	WHO	Technical Officer, Coordinated Resource Mobilization
Meulenbergs	Leen	WHO	Executive Manager Strategic Partnerships, EURO
Moe	Siv Cathrine	Norway	Deputy Director, Section for Global Initiatives, Ministry of Foreign Affairs
Nolan	Canice	European Commission	Senior Coordinator for Global Health, Deputy Head of Unit D1 – Strategy and International, Directorate General for Health and Food Safety – DG SANTE
Pablos-Mendez	Ariel	United States	Assistant Administrator for Global Health, United States Agency for International Development
Raviglione	Mario	WHO	Director, Global TB Programme
Reinicke	Matthias	European Commission	Health Sector Advisor, Unit DEVCO B4 - Education, Health, Research and Culture
Renganathan	Elil	WHO	Director-General Representative for Evaluation and Organization Learning
Sarch	Terri	United Kingdom	Senior Responsible Officer, Global Funds Department, UK Mission to the United Nations – Geneva, Department for International Development (DFID)
Seidel	Walter	European Commission	Head of Health Sector, Unit DEVCO B4 - Education, Health, Research and Culture
Silberschmidt	Gaudenz	WHO	Director, a.i., Coordinated Resource Mobilization

Smith	Ian	WHO	Executive Director, Director-General's Office
Tellier	Charles	France	Head of Global Affairs, Reforms & Budgets Department, UN & Multilateral Organisations Directorate, French Ministry of Foreign Affairs & International Development
Tyson	Kathryn	United Kingdom	Director, International Health and Public Health Delivery, Department of Health
Ushio	Mitsuhiro	Japan	Former Assistant Minister for Global Health, Ministry of Health, Labour and Welfare
Watt	Nicola	United Kingdom	Global Health Policy Adviser, Department for International Development (DFID)

Annex 6 – Sample interview questionnaire

Interview Guide: Review of Bilateral Meetings as part of WHO's Financing Dialogue 2015

[Interviewee name, title, affiliation]

Thank you very much for taking the time to participate in this interview to inform the external review of bilateral consultations that WHO has held with major contributors over the past year, in the context of WHO's 2015 Financing Dialogue (FD). The review assesses the effectiveness of these bilateral consultations in engaging contributors in a substantive discussion of WHO's priorities, progress in achieving agreed results and, ultimately, the role of contributors in ensuring WHO has the necessary resources to deliver. Its key objective is to extract lessons learned with a view to optimizing WHO's approach to donor engagement and dialogue going forward.

The purpose of this interview is to hear your feedback on the bilateral consultation with WHO in which you participated on [date], 2015, in [place] and to discuss how the approach to conducting these consultations could be further strengthened to maximize their usefulness as a key element of the broader FD.

Please note that your opinions, insights and recommendations will not be attributed in SEEK's report to WHO, and we hope you will feel free to be as frank as possible in this interview.

Questions for our conversation

To begin, could you please give us a brief overview of your role and your interactions with the WHO to date, including your involvement in the FD? How would you describe, in your own words, the FD's purpose/objectives?

In this context, what is your understanding of the objectives of the bilateral consultations with key contributors, and specifically of your own bilateral consultation with WHO? Were these objectives discussed in advance, clearly articulated and understood by all participants?

To what extent were you (or your colleagues) involved as contributors in the preparation of the consultation (selection of timing, agenda items, meeting format and participants)? Is there anything about meeting planning/preparation that you would want to see changed?

What were the key issues discussed at the consultation? From your perspective, were these the right issues for such a consultation taking place in the context of the FD? To what extent did you speak explicitly about opportunities and challenges for you as a contributor in implementing the FD principles?

In your view, how well was meeting participation (level, type and number) matched with the objectives of your bilateral consultation (both from your side and from WHO's)?

How would you describe the meeting dynamics and quality of dialogue? What, if anything, could be improved in relation to the approach to/format of the conversation?

From your perspective, what were the key achievements and concrete outcomes of your bilateral consultation? Were concrete next steps identified for 2016-17 support to WHO taken? Were you satisfied with this outcome?

To what extent did the bilateral meeting contribute for you to a better/deeper understanding of

The FD in the context of WHO's reform process;

WHO's programme of work and resource needs (especially underfunded categories of work and programmes);

How you as a contributor can play a role in achieving the FD's objectives;

9) To what extent did the bilateral consultation contribute to building your trust/confidence in WHO's ability to deliver results in an internally well-coordinated manner? Do you feel more convinced that WHO has a strong investment case worth supporting after the consultation?

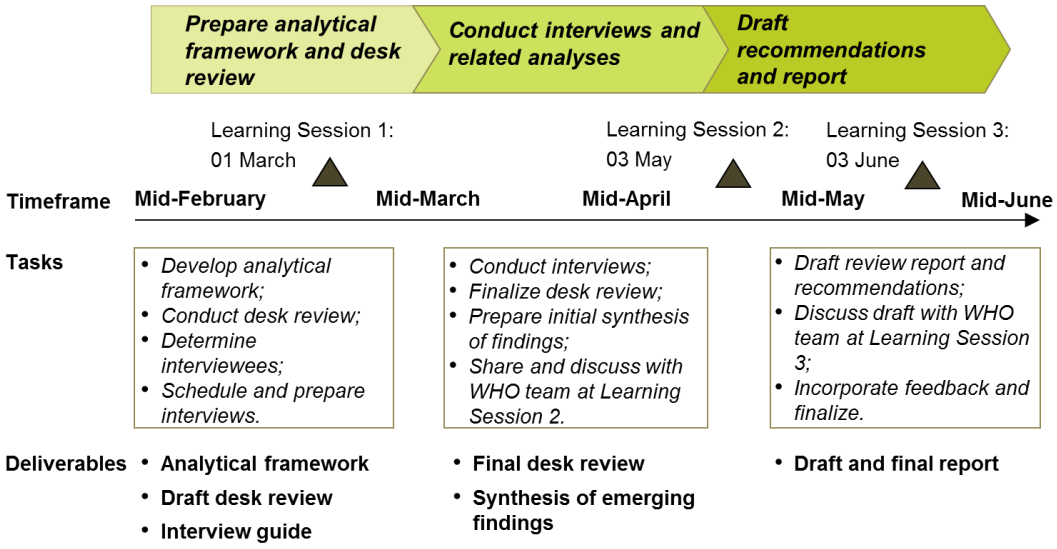
10) To what extent has the bilateral consultation contributed to a strengthened relationship with your WHO interlocutors and an intensified ongoing dialogue?

11) How relevant was the bilateral consultation to your decision-making in relation to future financing of WHO? Did you take any action with a view to increasing or more strongly aligning your support with the FD principles as a direct/indirect result of the bilateral consultation?

12) Had the bilateral consultation not happened would anything be different?

13) If you were able to keep three things and change three things about the bilateral consultations to maximize their usefulness to you and to WHO what would they be?

Annex 7 – Bilateral Consultations Review timeline



[1] WHO Executive Board (2011), Special session on WHO reform provisional agenda item 3, Financing of the World Health Organization, WHO Executive Board, EBSS/2/INF.DOC./2, October 2011, http://apps.who.int/gb/ebwha/pdf_files/EBSS/EBSS2_ID2-en.pdf.
[2] WHO, About WHO, Voluntary Contributions, http://www.who.int/about/funding/volcontributions/en/ (accessed 1 June 2016).
[3] WHO, Web Portal, Overview of financing, Funding of the 12th General Programme of Work, http://extranet.who.int/programmebudget/Biennium2016/Financing (accesssed 30 May 2016); WHO (2013), *Regional Committee for Europe, Provisional agenda item 5(h), Financial situation of the WHO Regional Office for Europe*, EUR/RC63/Inf.Doc./4, 26 July 2013,http://www.euro.who.int/__data/assets/pdf_file/0008/196388/63id04e_Financial-situation.pdf?ua=1.
[4] WHO, WHO reform process, Landmark events of the WHO reform process from initial consultation on the future of financing for WHO, http://who.int/about/who_reform/process/en/.
[5] This reform is organized across three dimensions of the Organization: health **priorities**; improved **governance** to ensure greater coherence in global health; and better **management** to create a fit for purpose organization.
[6] The official 'reform presentation' calls financing one of the "key elements of the Programmatic reform ".
[7] WHO (2014), *Sixty-sixth World Health Assembly, Provisional agenda item 11, WHO reform, Financing of* WHO, A66/48, 13 May 2013; WHO (2014), *Handbook for the induction of Heads of WHO Offices in countries, territories and areas*, WHO/CCU/14.02, April 2014. "Phase 1: Approval of the biennial Programme Budget (PB) by the WHA; Phase 2: Financing Dialogue including bilaterals with major contributors and two meetings, with the objective of securing 70% of PB financing before the start of the biennium; Phase 3: Coordinated and targeted organization-wide resource mobilisation to fund remaining shortfalls for the PB and beyond", http://apps.who.int/iris/bitstream/10665/136490/1/HandbookforInductionofHeadsofWHOoffices_en.pdf.
[8] WHO, *Proposals to improve WHO's financing, PBAC of the Executive Committee, Second extraordinary meeting*, EBPBAC/EXO2/2, 23 November 2012; WHO (2013), *Sixty-sixth World Health Assembly, Provisional agenda item 11, WHO reform, Financing of WHO,* A66/48, 13 May 2013, http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_48-en.pdf. (The PBAC recommended that the entire budget should be approved by the WHA, that a financing dialogue should be established to finance the budget and that the Organization should explore ways of broadening the donor base in December 2012).
[9] WHO, About WHO, WHO's financing dialogue 2015, http://www.who.int/about/finances-accountability/funding/financing-dialogue/en/. "The financing dialogue meeting objectives are threefold: (i) to highlight WHO's role in contributing to the Sustainable Development Goals as we transition from the Millennium Development Goals; (ii) to examine progress and future plans on some key priority areas such as emergency reform and coordination of resource mobilisation effort; and (iii) to review progress towards full funding of the 2016-2017 Programme Budget and improving the implementation of the Dialogue's guiding principles".
[10] The Director-General established this Task Force on Resource Mobilisation and Management Strategies in 2012, which was co-chaired by the Deputy Director-General and the Regional Director for the WHO European Region in order to review WHO's financial situations and to propose a strategy and clear action plan moving forward to fully finance the PB. WHO (2013), Task Force on Resource Mobilisation and Management Strategies, Final Report.
[11] WHO internal documents, FD2015_Bilaterals Objectives and Agenda_2015.09.13; PwC (2014), WHO Financing Dialogue Evaluation, Final Report, 2014, http://www.who.int/about/resources_planning/financing_dialogue/FD_EvaluationFinalReport.pdf.
[12] WHO (2016), *Sixty-ninth World Health Assembly, Provisional agenda item 20.2, Financing of Programme budget 2016-2017,* A69/48, 11 March 2016, http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_46-en.pdf; WHO (2015), *Executive Board 137th session, Provisional agenda item 5*, EB137/3, 20 May 2015, http://apps.who.int/gb/ebwha/pdf_files/EB137/B137_3-en.pdf. Consultations were originally suggested by the Director-General's 2010 Task Force on Resource Mobilisation and Management Strategies as a potential driving force behind improved coordinated resource mobilisation across the organization, and an essential instrument to advancing the objectives of the Financing Dialogue. Subsequently, the Secretariat identified them as an important activity in its four-pillar strategy to address remaining challenges in financing of WHO in a report to the WHA in March 2016. http://apps.who.int/gb/ebwha/pdf_files/EB137/B137_3-en.pdf.
[13] WHO (2013), Task Force on Resource Mobilisation and Management Strategies, Final Report. (The Task Force recommends that a global network - global secretariat and regional counterparts- should meet annually to monitor budget implementation, performance and resources and to advise the DG and the GPG accordingly. This is an iteration of another resource mobilisation advisory group introduced in 2005: Originally, following the development of a comprehensive framework for resource mobilisation in 2005, a resource mobilisation service was created to provide service-oriented coordination and support to offices and staff at each level to enable them to interact more effectively with donors. An advisory group of individuals from senior management was intended to provide guidance, set objectives and targets, while training and capacity-building would be available to all staff.)
[14] WHO (2015), *Executive Board 137th session, Provisional agenda item 5*, EB137/3, 20 May 2015, http://apps.who.int/gb/ebwha/pdf_files/EB137/B137_3-en.pdf.
[15] Ibid; WHO (2016), *Sixty-ninth World Health Assembly, Provisional agenda item 20.2, Financing of Programme budget 2016-2017,* A69/48, 11 March 2016, http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_46-en.pdf.
[16] PwC (2014), WHO Financing Dialogue Evaluation, Final Report, 2014, including by helping to contextualize the dialogue process itself and operationalize the principles on a donor-to-donor basis.
[17] WHO, Web Portal, Overview of financing – 2016, http://extranet.who.int/programmebudget/Biennium2016/Flow.
[18] WHO, About WHO, WHO's leadership priorities, http://www.who.int/about/who_reform/change_at_who/leadership_priorities/en/#.V1oyafmLSVM .
[19] To further advance alignment, the DG, following consultations with the GPG for the Programme Budget 2014–2015, adopted a strategic approach to the allocation of flexible resources grounded in a systematic analysis of financing gaps in order to ensure that all programmes were operational. This resulted in a high level of alignment at the category level.
[20] WHO (2015), *Sixty-eighth World Health Assembly, Provisional agenda item 21.1, Annex to the Financial Report for the year ended 31 December 2014, Voluntary contributions by fund and by contributor*, A68/INF./1, 1 May 2015; WHO (2014), *Sixty-seventh World Health Assembly, Provisional agenda item 20.2, Annex to the Financial Report for the year ended 31 December 2013, Voluntary contributions by fund and by contributor,* 17 April 2014.
[21] WHO (2016), *Sixty-ninth World Health Assembly, Provisional agenda item 20.2, Financing of Programme budget 2016-2017,* A69/48, 11 March 2016; WHO (2015), *Executive Board 137th session, Provisional agenda item 5*, EB137/3, 20 May 2015.

[22] Ibid.
[23] WHO (2014), internal documents, Matrix of top contributors. This includes **Bill & Melinda Gates Foundation**, **France**, **Japan**, **USA**, **Netherlands**, Belgium, **UK**, Finland, **European Commission**, Luxembourg, **Sweden**, **Norway**, United Nations Foundation, **Switzerland**, **Australia**, New Zealand. (Those in bold were also interviewed by SEEK.)
[24] The top 20 contributors to WHO (AC + VC, CVC inclusive) excluding UN entities are by rank: USA, Bill & Melinda Gates Foundation, UK, GAVI Alliance, Canada, Japan, Germany, Rotary International, Australia, European Commission, Norway, Sweden, France, Netherlands, African Development Bank Group, China, Republic of Korea, Italy, Switzerland, and the Russian Federation.
[25] SEEK interviewed representatives from: USA, Bill & Melinda Gates Foundation, UK, Japan, Germany, Australia, European Commission, Norway, Sweden, France, Netherlands, and Switzerland.
[26] Ibid.
[27] This latter group includes the European Commission and the Bill & Melinda Gates Foundation, which only provide VC to WHO.
[28] WHO internal documents, FD2015_Bilaterals Objectives and Agenda_2015.09.13.
[29] Ibid.
[30] WHO (2014-2016) internal FD BC documents. (Five of these were in-person, and of these five two were at regional director level, while three were at the level of officer.)
[31] WHO, Web Portal, Overview of financing, Funding of the 12th General Programme of Work, http://extranet.who.int/programmebudget/Biennium2016/Financing (accessed 30 May 2016).
[32] In relation to reports sent to individual contributors, WHO estimates that currently 3000 financial and technical reports are submitted to contributors annually, and that systems to establish quality control of these reports as well as linkages to programme budget (PB) outputs need to be established. WHO's Planning Resource Coordination and Performance Monitoring Department (PRP) has begun to streamline outputs and results reporting; for the first time, this year WHO has published a joint financial and programmatic report on the 2014-2015 biennium, and presented this to the 69th WHA, an important step in the Organization's linkage of funding with results.
[33] WHO (2015), Global Resource Mobilisation Coordination Team, *Plan for Resource Mobilization,* GPG 150512 4.1b, item 30.
[34] Ibid.
[35] This may be a challenge for WHO to implement for the next Financing Dialogue cycle (FD 2017) because the new Director-General will assume office on 1 July 2017, just four-to-five months before the FD 2017 meeting.