

Evaluation: update and proposed workplan for 2020–2021

Initial evaluation of the Framework of Engagement with Non-State Actors

Executive summary

Report by the Secretariat

1. The Sixty-ninth World Health Assembly, in resolution WHA69.10 (2016), adopted the Framework of Engagement with Non-State Actors. Further, the Health Assembly requested the Director-General to conduct an initial evaluation in 2019 of the implementation of the Framework and its impact on the work of WHO, with a view to submitting the results to the Executive Board in January 2020, through its Programme, Budget and Administration Committee. The terms of reference and proposed approach for this initial evaluation were presented to the 145th session of the Board (2019) for its consideration.¹

2. In accordance with the modalities of this initial evaluation, the Evaluation Office is submitting the executive summary of this independent evaluation² to the 146th session of the Executive Board (see Annex).³

ACTION BY THE EXECUTIVE BOARD

3. The Board is invited to note the report.

¹ See document EB145/6, paragraphs 40 to 49.

² This evaluation was commissioned by the WHO Evaluation Office and conducted by an external independent evaluation team, IOD PARC.

³ The full report of the initial evaluation of the Framework of Engagement with Non-State Actors is available on the website of the Evaluation Office: see www.who.int/evaluation, accessed 12 December 2019.

ANNEX

INITIAL EVALUATION OF THE FRAMEWORK OF ENGAGEMENT WITH NON-STATE ACTORS

EXECUTIVE SUMMARY

Introduction

1. The Framework of Engagement with Non-State Actors (FENSA) was adopted by the Sixty-ninth World Health Assembly on 28 May 2016 (resolution WHA69.10). The FENSA aims to promote and enhance strong engagement with non-State actors while managing risk through strengthened protection of WHO from potential conflicts of interest and undue influence. As the first comprehensive framework developed by an agency within the United Nations system that covers all types of interaction with four categories of non-State actors, FENSA is precedent-setting.
2. When the FENSA was adopted, Member States agreed that an initial evaluation of its implementation would be conducted following the two-year timeframe set for full operationalization. This evaluation was commissioned in July 2019 as one of the corporate evaluations included in the 2018–2019 biennial evaluation workplan.
3. The objective of this initial evaluation was to assess the status of implementation of the FENSA and its impact on the work of the Organization. The evaluation:
 - documents key achievements, best practices, challenges, gaps and areas for improvement in the implementation of the FENSA since its adoption in May 2016; and
 - makes recommendations on the way forward to enable the full, coherent and consistent implementation of the FENSA.
4. In recognition of the complexity of the intergovernmental negotiations required to agree on the FENSA, the intrinsic sensitivity of the topic at hand, the number and diversity of engagements involved, and the time, effort and resources invested to develop and maintain these relationships, the evaluation did *not* assess the FENSA as a framework in itself but rather the *implementation* of the FENSA.¹
5. The evaluation was undertaken in a participatory, utility-focused and rigorous manner: it provides robust evidence from multiple data sources, identifies learning opportunities and frames practicable recommendations for course correction. In this vein, it is important to underscore the formative nature of the evaluation: although it is too early to fully assess the impact of the implementation of the FENSA, the evaluation does come at a juncture when conditions for impact can be considered. Its findings can help to inform and strengthen application by WHO as it moves towards full implementation of both the FENSA and the associated operating procedures. *In this sense, the gaps and challenges identified in the*

¹ This aspect of the scope was set forth in the evaluation terms of reference and was subsequently confirmed at the procurement and commissioning stage with the WHO Evaluation Office and documented in the evaluation inception report.

report are intended to be viewed constructively as an early opportunity for the Organization as a whole to learn and improve its approach to implementation moving forward.

6. In order to ensure a clear shared understanding of the evaluation topic and thus guide and structure the evaluation, a theory of change was retrospectively constructed during the inception phase in collaboration with staff from the specialized unit responsible for performing standard due diligence and risk assessment, as well as the WHO Evaluation Office.¹

7. The evaluation applied a mixed-methods approach, combining several sources of qualitative and quantitative evidence, including: (i) a review of over 120 key documents; (ii) face-to-face and virtual interviews and focus groups with 150 key stakeholders (WHO senior management; those staff most closely associated with the implementation of the FENSA and other relevant technical staff within WHO across the three levels of the Organization, such as designated focal points for the FENSA and designated technical officers); (iii) focus groups with 56 FENSA focal points in Geneva-based missions; (iv) a global survey of all Member States; (v) a survey of non-State actors in official relations with WHO (entities serving as Collaborating Centres were also surveyed in relation to the FENSA, as part of a wider concurrent evaluation of Collaborating Centres, and a limited sample of non-State actors not yet eligible in their bid for official relations with WHO was also consulted); and (vi) a survey of WHO representatives. The survey response rates were as follows: 17.5% of Member States; 26.1% of non-State actors in official relations with WHO; and 18.1% of WHO representatives.

8. In line with the standards of the United Nations Evaluation Group, the evaluation report contains further details on the evaluation methodology, including a summary of methodological limitations.

Evaluation findings

9. The evaluation identified the following findings, organized according to the United Nations Evaluation Group evaluation criteria, highlighting both implementation achievements and gaps in the implementation of the FENSA to date.

Relevance

10. The FENSA constitutes a coherent and integrated framework compared to previously separated and discrete engagement policies for different non-State actors.² It is the first comprehensive framework within the United Nations system that covers interaction with four categories of non-State actors, including nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions, along with specific policies for each category. In this respect, the existence of the FENSA is a significant accomplishment in its own right and a precedent for the wider United Nations system.

11. That said, there is an absence of a comprehensive, actionable strategy and associated implementation plan to achieve the overall aims of the FENSA at all three levels of WHO. In response to requests by the Independent Expert Oversight Advisory Committee, an implementation plan was approved on 21 December 2017. The use and value of this document has been limited, however, and it not a sufficiently actionable plan to guide coherent and systematic implementation of the FENSA due

¹ The theory of change graphic can be found within the Methodology section of the full report.

² The Framework of Engagement with Non-State Actors replaced the “Principles governing relations between the World Health Organization and nongovernmental organizations” (adopted in resolution WHA40.25) and the “Guidelines on interaction with commercial enterprises to achieve health outcomes” (document EB107/20, Annex).

to the 18-month lag time from the resolution's adoption to the approval of the draft plan, coupled with the limited communication and use of the plan as an instrument for implementation. The timeframe for WHO to fully implement the FENSA and operating procedures appears to have been overly optimistic in light of WHO's capacity and capability to institute change effectively – a challenge exacerbated by the fact that a phased approach to implementation had not been included in the adopted resolution despite a recommendation to this effect having previously been identified in an external audit of the implications of the FENSA's implementation conducted in 2016 (i.e. just prior to the resolution's adoption).

12. This lack of an overarching engagement strategy – one that is comprised of specific, concrete actions to be undertaken to situate and calibrate the FENSA as a framework and translate its broad goals into a concrete, actionable and well-phased plan to guide the Organization's engagement with non-State actors – represents a significant gap. As a result of this gap, downstream actions to implement the FENSA have been fragmented and not supported by a coherent communication and information dissemination strategy. The absence of effective communication and information dissemination plans to support the implementation of the FENSA among audiences internal and external to WHO has compromised roll-out. Staff and partner needs have mainly been addressed in a responsive and reactive manner rather than proactively. Where communications activity has taken place, this activity has not kept pace with changing staff and partner needs in the dynamic FENSA implementing context.

Efficiency

13. Given the absence of a comprehensive FENSA implementation strategy or plan, activities and outputs were clustered into the following tiers for the purposes of this evaluation to enable systematic and structured assessment, as well as an exploration of the interconnectedness between activities and outputs:

- Tier 1: Strengthening understanding, ownership and management of the risks and benefits of engagement;
- Tier 2: Specializing and applying nuanced application (technical and contextual);
- Tier 3: Expert technical advice and institutional memory for standardized procedures. Escalation point for exceptional cases. Oversight.

14. Despite the lack of an overarching strategy that would establish guideposts for maximally efficient and effective implementation of the FENSA, the evaluation team notes that, as a testament to the considerable efforts of staff, WHO has succeeded in initiating (if not completing) implementation on all aspects required by resolution WHA69.10. Within each of the three tiers, a number of key outputs were delivered within the two-year implementation timeframe. This significant achievement forms a solid foundation for the FENSA's further implementation. Nonetheless, these actions have been undertaken in an ad hoc, fragmented and unsystematic manner across the Organization and implementation was not sufficiently resourced.

15. However, more limited progress has been made in other important areas, such as full functionality of the Register of non-State actors through the inclusion of all non-State actors; coordinated staff training across all three levels of the Organization; the development of electronic workflows on the now-paused Global Engagement Management system and the active convening of the FENSA Proposal Review Committee, which appears to have convened infrequently. A number of significant delays were observed between the immediacy of implementation requested in the resolution and actual delivery timescales. Furthermore, the evaluation team noted evidence of a greater weighting of the risk management goals of the FENSA in the implementation of its activities rather than in its promoting and engagement-enhancing goals. While this progress to date offers WHO a solid platform on which to build, moving forward there is a need to ensure that the dual objectives of the FENSA are equally emphasized.

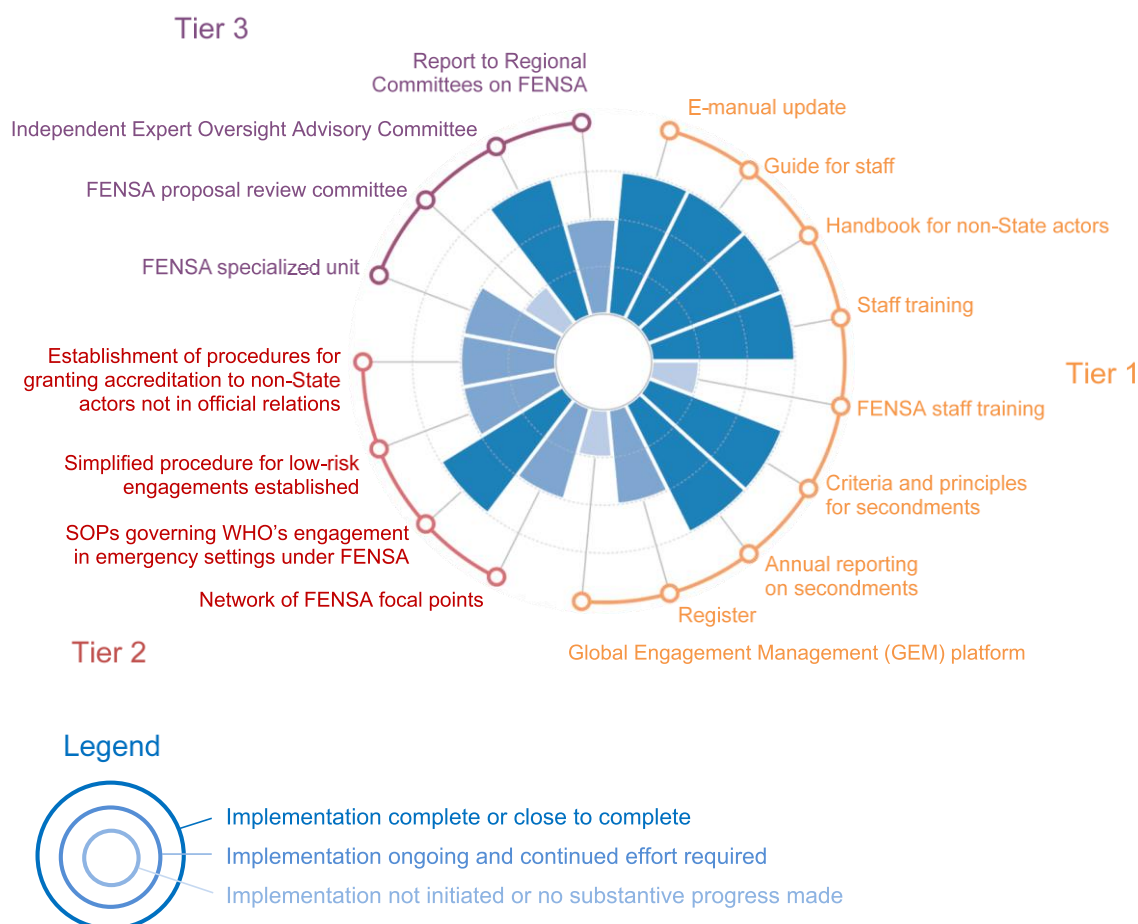
16. Furthermore, owing to the dynamic organizational context in WHO, some activities and outputs completed to date are now in need of further iteration, development or require supporting actions. Examples include (i) review of the FENSA guides and guidance to include updates regarding the Register of non-State actors, electronic workflows and the composition of the FENSA Proposal Review Committee; (ii) strengthening and delivery of training materials to include lessons learned and practical examples; and (iii) ongoing maintenance of the FENSA focal point network.

17. Recognizing the achievement of the short-term results of implementation activities and outputs, sequencing and delivery delays have nonetheless impacted on the achievement of the coherent and consistent implementation of the FENSA across all three levels of the Organization,¹ which would lead to the comprehensive achievement of identified outcomes.²

18. The overall implementation status of FENSA outputs and activities is summarized in the Figure. As illustrated in this figure, eight key activities and deliverables have been fully completed or are near completion; six are ongoing with continued effort required; and three are in need of immediate attention to either initiate or accelerate.

¹ See resolution WHA69.10, paragraph 3(2).

² (i) Increased clarity on how to work with non-State actors at country, regional and global levels; (ii) enhanced transparency both internally and externally through the Register of non-State actors; (iii) enabling more strategic engagements with non-State actors; (iv) protecting WHO from affiliations that could jeopardize the credibility of its work; (v) ensuring coherence and consistency in WHO's engagements with non-State actors; and (vi) allowing learning, information-sharing and improvement on how to structure engagements. These are taken from the WHO Guide for staff on engagement with non-State actors and are what we understand to be the intended outcomes of FENSA.

Fig. Summary output-level achievements associated with FENSA implementation

19. It is not possible to accurately quantify the cost of implementation, as there is no evidence of effective budget tracking or financial monitoring available to the evaluation beyond the costing of resolution WHA69.10 and estimates provided in the implementation plan (approved in December 2017). Insufficient resources appear to have been allocated to FENSA implementation, a gap that was felt acutely during implementation. A lack of resources was cited as being a significant constraint to implementation across the Organization. In addition, no financial monitoring of the explicit or hidden costs of implementation has taken place.

Effectiveness

20. A significant majority of stakeholders, both internal and external to WHO, are of the opinion that the FENSA has at least to some extent been successful in achieving its immediate objectives. The FENSA has generally brought greater clarity for both WHO and non-State actors around the requirements and standards for engagement. That said, translating policy into practice for different kinds of engagement appears less clear, especially among WHO staff and Member States. The delegation of accountability for managed risk is not well understood.

21. Stakeholders likewise believe that the FENSA has more generally brought greater coherence and consistency in WHO's engagement with non-State actors. However, implementation planning and roll-out has been insufficiently coordinated or integrated across the Organization, resulting in inconsistent application of the FENSA.

22. While the FENSA has contributed to demystifying the principles of WHO's engagement with non-State actors, the inconsistent implementation of the FENSA and the shortcomings of the Register of non-State actors have affected the perceived transparency of the process.

23. The FENSA has to some extent encouraged WHO staff and non-State actors to think more strategically about their engagement, especially when entering into official relations. It is less evident for other types of engagement, while *risk aversion* (as opposed to *risk awareness* and *risk management*) might be leading to missed opportunities for positive engagement.

24. It is likely that the FENSA has, by design, protected WHO from engaging with non-State actors that could jeopardize the credibility of its work. At the same time, there is a sense among some stakeholders that the FENSA has amplified organizational risk-averseness, with the result that it may inadvertently be preventing otherwise positive engagements from occurring. Limited systematic training, information-sharing and knowledge management to support the implementation of the FENSA have taken place. Information-sharing on the FENSA within WHO remains largely informal and ad hoc. As a key FENSA stakeholder group, Member States report that they are not sufficiently informed about implementation and the difference it is making – despite routine updates to Member States by WHO – as this reporting is primarily geared towards an account of activities and outputs.

25. Given data paucity challenges, including the lack of an effective monitoring and evaluation mechanism as recommended in 2016¹ to ascertain whether intended benefits and results have been achieved as set out, it is challenging to reliably assess sustainability or impact at this early stage of FENSA's implementation. Nonetheless, based on the assessment of relevance, efficiency and effectiveness, the evaluation team concludes that *enabling conditions* for sustainability and impact² are increasingly present.

26. Implementation has already resulted in positive change, and while it has perhaps not yet reached the level planned or intended, there is considerable potential for further benefits if the full package is well implemented. Longer-term impacts will not be visible until full implementation has taken root.

Conditions for impact and sustainability

27. Notwithstanding the gaps and areas for improvement cited in the evaluation report, the conditions for future impact and sustainability otherwise appear to be in place. These include increasing levels of commitment to the FENSA from WHO's senior management and Member States; a recognition that increasing resources are needed to fully implement the FENSA; and a gradual, steady and explicit shift toward greater tolerance for risk, particularly at senior management levels, resulting in increased risk management. It is additionally noted that the FENSA yields mutual benefit for stakeholders; that it is easier to engage under the FENSA; and that clarity has improved on how to work with non-State actors

¹ Report of the External Auditor on the implications for WHO of the implementation of the framework of engagement with non-State actors, March 2016 (document A/FENSA/OEIGM/4).

² Promoting and engaging strong engagement with non-State actors; and managing risk through strengthened protection of WHO from conflicts of interest and undue influence.

at country, regional and global levels. At the same time, the burden of FENSA implementation is being significantly felt within WHO, posing potential risks to its impact and sustainability moving forward.

Coherence

28. Residual issues related to the coherence of FENSA's implementation remain, both from a policy coherence perspective – in particular related to the FENSA's implications for procurement – and in terms of coherence with key reform initiatives, notably the transformation agenda, where further coherence through integration and alignment is needed.

29. WHO's internal and external operating context has contributed to the challenges encountered during implementation. These factors associated with its operating context include the following:

- the realities of implementing change in a decentralized structure – and the nature of implementing change where there exists shared institutional responsibility across the levels of the Organization but no clear accountability;
- the need for organizational discipline to implement changes in behaviour, set against the risk of institutional non-compliance with administrative processes; and
- the nascent state of several enabling conditions, identified in the factors affecting implementation as set out below, which has limited the achievement of outcomes.

Factors affecting implementation

30. Despite considerable effort being exerted by WHO staff, who have worked hard to translate policy into practice, a number of key factors affecting implementation are identified in the evaluation. These include the following:

31. *The perception that senior management's endorsement and support was initially lacking and that senior management had communicated mixed messages in the early implementation phase.* This perceived lack of high-level support limited the catalytic conditions necessary for change and muted mechanisms for buy-in across the Organization.

32. *The absence of an overarching Organization-wide actionable implementation strategy for engagement,* comprised of specific, concrete actions to be undertaken in a phased way for translating the broad goals of the FENSA into a concrete, actionable plan for the Organization's engagement with non-State actors; and for situating and calibrating the FENSA as a framework. This factor is, as noted above, a significant gap in the overall implementation of the FENSA. As such, it represents a critical linchpin affecting all other aspects of implementation and is thus worth emphasizing as a significant factor affecting all subsequent aspects of implementation, namely in the following ways:

- A comprehensive overview of what implementation would entail (scope) at the “global/enterprise level” was ill-defined and the roll-out of implementation actions was insufficiently aligned, coordinated or integrated across all three levels of the Organization;
- The timeframe for a full and complete implementation of both the FENSA and the operating procedures was overly optimistic about WHO's capacity and capability to institute change effectively;

- There was insufficient recognition of, and resourcing to meet, the challenges of enacting change within WHO's decentralized structure, nor was implementation geared to capitalize on this structure by having coordinated action universally and uniformly applied across the three levels of the Organization – recommendations from a 2016 external audit on the implications of implementation in this regard do not appear to have been fully enacted;
- Inter-dependencies between key mechanisms and tools to support implementation were underestimated, with implications for efficiency and cost-efficiency; limited progress in one area substantially affected progress in others (e.g. electronic workflow for the internal management of engagement using the Global Engagement Management system; or delays in delivery of guides, handbooks and training).

33. *The absence of an accompanying change management and communications strategy.* Only limited outreach activities have been undertaken, while a coordinated process of harvesting feedback and disseminating implementation success stories and lessons (i.e. what has worked in various settings and why or how) has been lacking. This absence has further reduced opportunities for sensitization, familiarization and staff buy-in into the FENSA and its implementation.

34. *Limited absorptive capacity in the Organization due to the ongoing transformation (change fatigue).* In addition to (and as a result of) the aforementioned factor of resource limitations limiting the capacity to implement, there has been no dedicated capacity for FENSA's implementation beyond the specialized unit responsible for performing standard due diligence and risk assessment, which constitutes only one facet of implementation. Moreover, the organizational structural changes as a result of the transformation agenda have affected the roles and responsibilities of those designed to implement the FENSA (e.g. the composition of the FENSA Proposal Review Committee and Steering Committee; alongside FENSA focal points). Staff perception is that WHO is increasingly paralysed due to resolutions, rules, regulations and frameworks without prioritization and that the FENSA as a major organizational endeavour has been somewhat buried under a larger set of changes.

35. *Insufficient resources to support implementation.* While initial, indicative cost estimates were provided for implementation of the FENSA resolution, limited resources were ultimately made available for implementation. In addition, no financial monitoring of the explicit or hidden implementation costs is taking place. Resource constraints persist: resources are not proportionate to the significant tasks associated with implementation, and the limited resources that are available are targeted to "doing" rather than strengthening organizational capacity "to do".

36. *Focus on reporting requirements at output and activity level, rather than on the effects of implementation.* While progress reporting on implementation status has been provided through regular reporting requirements, this reporting has predominantly been at the level of output and activity rather than on the intended effects of the FENSA. The absence of an overall monitoring and evaluation mechanism to ascertain whether intended benefits and results are achieved has been a limiting factor. As a result, there has been little systematic discussion or space for learning, or of adaptation and fine-tuning of implementation approaches. Accordingly, conclusions and findings in the present evaluation represent the first such reflective juncture on the extent to which intended results of the FENSA have been achieved at this early stage of implementation.

37. *The availability of instruments and information in all official languages of the Organization has been a constraint for staff and non-State actors alike where English is not a first language.*

Lessons

38. Alongside the aforementioned findings, the evaluation generated several lessons to help guide future implementation. These lessons relate to:

- ensuring that a coordinated implementation strategy and plan are established early in the process and within the overall timeframe for delivery;
- ensuring that the implementation strategy is signed off and “sponsored” at a sufficiently senior level to secure endorsement and buy-in across the three levels of the Organization;
- ensuring the implementation strategy is clearly and widely communicated (e.g. through roadshows, townhall meetings, brown bag lunches or lunch-and-learn sessions, outreach and familiarization events);
- setting realistic timeframes for delivery of the implementation plan based on available resources, ensuring full analysis of underlying assumptions and possible follow-on effects of interlinked activities and outputs;
- bringing strong project management and change management knowledge, skills and experience to bear on implementation, as these are technical, professional disciplines in and of themselves that are complementary to the professional disciplines for which WHO is respected;
- putting in place a strong oversight mechanism and team that are able to generate buy-in across the Organization (bearing in mind that proper oversight by WHO management and governance structures rests on a clear implementation plan and a results framework);
- regularly monitoring – and adjusting as necessary – administrative procedures and processes in order to ensure that the balance between competing priorities and characteristics is weighted proportionately. With the FENSA, setting up due diligence and risk assessment procedures requires a balance of competing priorities: a system that is quick and easy, requiring minimal resources, will likely not assure safeguards for the interests of WHO to the levels required; on the other hand, a system that is slow and rigid might offer increased protection of the reputation and integrity of the Organization but would require significant time and resources to perfect and institutionalize the system through tried and tested operational procedures. Likewise, if the balance is struck disproportionately, WHO will have to carefully manage the risk of unintended consequences, whereby engagements are either not assessed with sufficient scrutiny or the burden and time taken for completion encourages workarounds in the interest of merely authorizing engagements swiftly – or, more seriously and consequentially, it encourages the outright bypassing of administrative procedures. While the evaluation finds that no compelling evidence of this risk has materialized to date, continued vigilance in this matter is advised to avoid possible adverse behaviours.

39. Recognizing the complexity of the intergovernmental negotiations required to agree on the FENSA and the considerable effort exerted by WHO staff to implement the FENSA in the spirit of, and in alignment with, the principles it embodies, which forms a solid foundation moving forward, the FENSA’s continued implementation should take account of the following recommendations.

Recommendations

40. In summary, at this early stage of the FENSA's implementation, WHO has striven to implement the FENSA and has made considerable strides in most key mandated areas to this end, despite a number of factors affecting its ability to do so fully. Although the enabling conditions for future impact and sustainability otherwise appear to be in place, action to address key gaps will help to maximize the likelihood that implementation will be as successful moving forward.

41. Informed by the analysis, assessment and findings set out in this report, the evaluation makes six recommendations that are focused on improving and increasing communication; strengthening capacity; establishing better monitoring, evaluation and learning mechanisms; and developing an engagement strategy with non-State actors.

Recommendation 1: Enhance communication on the FENSA.

42. There is a clear, expressed and urgent need to substantially increase communication both internally and externally. Communication should be coordinated and multi-channel to ensure coverage with consistent messaging in order to demystify the FENSA and reduce or remove persistent "myths", supported by effective signposting to existing materials and sources of further information. In order to raise awareness of the FENSA and sensitize staff to the practicalities of its implementation, with the aim of improving buy-in and preparing the groundwork for consistent application, WHO should:

- develop a light-touch plan to enhance communication of the FENSA;
- ensure that communication is tailored and adopted to key audiences, for example, technical officers;
- conduct a coordinated series of outreach activities, such as roadshows; townhall meetings; brown bag lunches or lunch-and-learn sessions; and familiarization with the FENSA as part of the new-staff induction process.

Recommendation 2: Strengthen understanding, ownership and management of risks and benefits of engagement.

43. There is a clear, expressed and urgent need to support capacity-building to strengthen the consistent application of the FENSA rules and procedures. Actioning the following points will help further mainstream and "stabilize" the application of the FENSA:

- A fully-costed training plan and delivery schedule should be developed, with human and financial resources made available to support preparation and delivery. Training should be informed by analysis of training needs and the identification of a hierarchy of priority recipients, in order to ensure that sufficient numbers of staff across the Organization have a shared understanding and common interpretation (critical mass). Training should be coordinated, with effective mechanisms for monitoring quality. In this vein, it will be necessary to ensure that training evolves iteratively, based on feedback and experience from participants. A training-of-trainers approach should also be considered and workshops for heads of WHO country offices and training materials for e-learning should be included.
- Updates of guides, guidances and handbooks should be undertaken to ensure that meaningful and up-to-date guidance is provided. Periodic reviews and updates should then be established

and undertaken to ensure ongoing relevance and applicability. Guides and handbooks should be available in all the official languages of WHO. Feedback on guides and handbooks should periodically be sought to ensure that assets remain fit-for-purpose and are improved based on user experience (for example, enhancing the clarity of criteria to route engagements through the simplified or standardized procedural track).

- Clarity on simplified procedures should be made more widely available to ensure a common understanding of what may be classified as simplified and what may not.
- Electronic workflows and the full establishment of the Register of non-State actors, in line with paragraph 38 of the FENSA, should be expedited to allow effective documentation and coordination of engagements with all non-State actors and facilitate knowledge management by supporting the retrieval of reference material for staff. Mechanisms for maintaining the Register of non-State actors need to be established. Electronic workflows are needed to support effective implementation of the FENSA, aligning the FENSA and its systems with the transformation agenda. Data provided by non-State actors on the Register should be routinely reviewed and updated.¹ Procedures for granting accreditation should be universally established.

Recommendation 3: Enhance access to specialized knowledge and apply expert technical advice.

44. There are several existing mechanisms that need further strengthening or revitalizing, including:

- Active and routine engagement with FENSA focal points in regions and technical units is needed. The management, coordination and support of this important network and community of practice will ensure that a critical mass of FENSA focal points is maintained, mitigating turnover and rotation challenges. Developing this network will provide enhanced understanding of FENSA's application to be accessed closer to the point of need (region, country or technical unit) and allow the dissemination and sharing of good practices and innovative approaches to FENSA's application across the three levels of the Organization.
- Reactivation is warranted of the FENSA Steering Committee, including overall senior management sponsorship for continued implementation as an oversight body to continue to monitor progress, as well as reactivation of the FENSA Proposal Review Committee. These bodies have been underutilized to date and offer a useful support mechanism to the specialized unit.
- A redefinition and clarification of the role and responsibilities of the specialized unit responsible for performing standard due diligence and risk assessment is needed to protect it from routine due diligence and risk assessment, which lead to systemic overload. The focus should be redirected, inter alia, to:
 - the conduct of in-depth due diligence and risk assessment on high-risk and complicated engagements that may give rise to conflict of interest or acceptance of significant resources from non-State actors;

¹ Ensuring that paragraphs 39–41 of the FENSA are enacted and that self-reported data is monitored.

- the provision of increasingly specialized knowledge for exceptional cases (“navigating the grey areas”), based on extensive institutional memory;
- the proactive support and maintenance of guides, handbooks, guidances, training, the FENSA focal point network and the Register of non-State actors.

Recommendation 4: Strengthen the data environment by establishing a systematic monitoring and tracking mechanism.

45. There is a need to establish an effective monitoring mechanism, at different levels of implementation, in order to ensure both accountability and ongoing learning and improvement. This includes the following:

- Systematic documentation and tracking of all engagements with non-State actors across the three levels of the Organization, where the Register of non-State actors or electronic workflows do not presently allow this. This would include consistent tracking of the due diligence and risk assessments undertaken.
- Routine spot checks to ensure consistency of application (quality assurance).
- Establishment of a monitoring and evaluation mechanism to capture lesson-learning and ascertain whether intended benefits and results are achieved.
- Continued annual reporting to the Executive Board on engagement with non-State actors, including tracking of secondees. Routine reporting to Regional Committees is also advised.

Recommendation 5: Enhance learning.

46. The lack of lesson-learning and knowledge exchange was identified through the evaluation. Based on an improved data environment and linked to enhanced communication activity, enhancing learning could include:

- Learning exchange, facilitated by the FENSA focal points network to support the replication of good practice and exploit opportunities for learning by harvesting pockets of good practices and innovation to break silos. Currently learning exchange is based on institutional memory rather than systematic capture and dissemination, which leaves learning processes vulnerable to the impact of turnover and rotation. A learning mechanism/platform is needed to share exemplars.
- Identification, capture and dissemination of unique/innovative applications of the FENSA, on a precedent/case study basis (using the FENSA Proposal Review Committee).
- Annual synthesis circulated to all staff (as part of communication strategy) to show the learning from, and benefits of, the FENSA: sharing successes of engagement while protecting WHO and supporting global public health.

Recommendation 6: Develop, finalize and implement an engagement strategy with non-State actors.

47. Recognizing the increasing prominence of partnerships, which is explicit in the Thirteenth General Programme of Work, 2019–2023, and the Sustainable Development Goals, there is a need to clearly articulate an overall engagement strategy that sets out the objectives for WHO’s engagement with non-State actors and specific, concrete actions and associated resourcing and communication plans to be undertaken in a phased way. This would ensure that the FENSA is appropriately situated and calibrated as a framework within the wider approach of the Organization to engagement. Furthermore, the strategy should:

- allow senior management to amplify the Organization’s maturing position on engagements between WHO and non-State actors;
- sharpen congruence between what is espoused and what is enacted; and ensure that staff have an equally constructive yet risk-aware approach towards engagement by encouraging them to seek engagements with non-State actors while preserving WHO’s reputation and mandate;
- be relevant and applicable across the three levels of the Organization, with such relevance and applicability being defined through participation and consultation;
- include the designation of a senior-level steward to oversee implementation of the FENSA, who will ensure the application of rigorous project management principles and practices.

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