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**WHO'S WORK ON RESOURCE MOBILIZATION THROUGH STRENGTHENING
PARTNERSHIPS TO BETTER SUPPORT MEMBER STATES**

Report of the Secretariat

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BACKGROUND

1. One of the core functions of WHO is to strengthen existing partnerships and engage new partners, to mobilize resources in support of efforts by Member States to address regional and global public health priorities. Furthermore, WHO needs strategic partners and partnerships to assume its leadership in the health sector in the African Region and to better position itself to fulfil its unique role and comparative advantage in providing support to countries. Past resolutions and recommendations of the Regional Committee have included a specific request to the Organization to build partnerships and mobilize additional resources to address various health priorities.¹
2. In February 2015, the Regional Office embarked on the Transformation Agenda (TA), a programme to accelerate the implementation of the WHO reform agenda in the African Region. The Transformation Agenda aims at ensuring that WHO is more responsive and interacts better with Member States to achieve universal health coverage and the Sustainable Development Goals. Accordingly, strengthening strategic partnerships through more effective engagement and communication is one of the key focus areas of the Transformation Agenda.
3. Strengthened partnerships will facilitate WHO's work to support Member States, particularly for the required increased funding in the areas of Health Emergencies and Health Systems Strengthening. This growing need for funding is set against the backdrop of an increasingly competitive resource mobilization environment, at a time when Development Assistance for Health (DAH) is plateauing. In this regard, the Sixty-sixth World Health Assembly established the WHO financing dialogue² on the financing of the programme budget.
4. The financing dialogue aimed at increasing “the predictability and transparency of WHO's financing before the implementation of the biennial budget begins. It is a transparent mechanism to allow contributors to enhance the alignment of resources with outputs agreed by Member States. It is intended to contribute to the full funding of WHO's programme budget”.³
5. In the last biennium, voluntary contributions accounted for over 86% of funding to the African Region of which over 80% was earmarked. It is therefore not surprising that the financing dialogue highlighted the importance of adherence to the principles of alignment, predictability, flexibility and transparency to underpin engagement with donors and partners.
6. WHO is working to ensure that its programme budget is adequately financed and that resources are aligned with the priorities and health needs of its Member States in the African Region. This report shows the progress made since the last two bienniums (2014-2015 and 2016-2017) in strengthening partnerships and improving resource mobilization in the African Region, and proposes the next steps.

¹ WHO Regional Committee for Africa resolutions AFR/RC65/R2, AFR/RC64/R3, AFR/RC63/R6, AFR/RC62/R1.

² World Health Assembly resolution WHA66(8) on Financing of WHO (http://apps.who.int/gb/ebwha/pdf_files/WHA66-REC1/A66_REC1-en.pdf#page=81, accessed 8 May 2018).

³ World Health Assembly document A66/48 on WHO reform: Financing of WHO (http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_48-en.pdf, accessed 8 May 2018).

PROGRESS MADE

7. The financing dialogue resulted in an increase in funding for the programme budget (PB) from 71% in PB2012-2013 (before the financing dialogue) to over 80% in the last two bienniums (88% for PB2014-2015 and 87% for PB 2016-2017). The significant increase in funding to the Region was partly due to the Ebola virus outbreak and other emergencies. Contributions to the Global Polio Eradication Initiative (GPEI) accounted for about 42% of the funds mobilized in 2014-2015 and about 40% in 2016-2017.

8. All budget centres succeeded in securing over 70% of their allocated programme budget in the last two bienniums. The top ten contributors accounted for over 75% of contributions, with a significant proportion coming from Member States and partners outside the Region.⁴ Contributors from within the Region include the African Development Bank, the African Field Epidemiological Network, the Nigerian National Primary Health Care Development Agency, the Nigerian National Malaria Elimination Programme, the West African Health Organisation (WAHO) and a number of Member States. A significant proportion of these funds is earmarked for GPEI and WHO's work in emergencies.

9. To address calls by Member States and donors alike, WHO is strengthening its reporting and internal control systems, and implementing a regional framework that underpins programmatic implementation for results. In recognition of the need for strengthening partnerships, key performance indicators (KPIs) were developed on this as part of enabling functions. The KPIs related to strengthening partnerships include assessing the Organization's participation in partnerships and coordination platforms, tracking funds mobilized per budget centre (country offices and clusters at the Regional Office) and ensuring timely and quality reports to partners.

10. A report monitoring system was launched in March 2016 to improve the technical and financial reports to partners. This system has significantly reduced the number of overdue reports. There is a decrease in the backlog from over 300 to fewer than 50 reports. Efforts are underway to ensure that WHO reaches zero reporting delays and improves the quality of the reports.

11. WHO has continued to ensure that its relationship with key partners is more strategic and focused on areas where political traction is most needed. The Regional Director and the Executive Management Team (EXM) have embarked on extensive discussions and visits with partners. They made visits to the African Development Bank, the African Union Commission, China, the East African Community (EAC), the Economic Community of Central African States (ECCAS), Germany, South Korea, the Southern African Development Community (SADC), Kuwait, the United Kingdom and the United States, among others. The aim of these visits was to further strengthen collaboration and understanding of priorities between the WHO Regional Office for Africa (AFRO) and its partners.

12. During the 2016-2017 biennium, senior officials from the African Union Commission (AUC), the United Kingdom (Ministry of Health, Department for International Development and Public Health, England), the United States (Department of Health and Human Services, the United States Agency for International Development and CDC), the Bill and Melinda Gates Foundation, the African Leaders Malaria Alliance, the Organization of Africa First Ladies against HIV/AIDS

⁴ WHO Programme Budget Portal (<http://open.who.int/>, accessed 8 May 2018).

(OAFLA), WAHO, the International Telecommunication Union (ITU) and GAVI, the Vaccine Alliance made visits to the Regional Office in Brazzaville. These dialogue efforts have resulted in the signing of a number of cooperation agreements and the development and review of the implementation of joint workplans with key organizations (including regional economic communities, UN agencies and NGOs). Agreements were signed with WAHO (in December 2016), ITU (in November 2017), OAFLA (in January 2016) and a revised MoU was also signed with the UN Economic Commission for Africa (in March 2016). Collaboration was also enhanced with other regional economic communities and NGOs.

13. A framework for cooperation between WHO and the African Union Commission on the establishment and operationalization of the Africa Centre for Disease Control was signed in August 2016. A Declaration to accelerate the implementation of the International Health Regulations (IHR 2005),⁵ which was drafted with inputs from WHO, was endorsed by the AU Heads of State Summit in July 2017, with the Declaration calling on WHO and the African Union Commission to work together to support its implementation, monitoring and reporting back to subsequent summits. WHO supported the development of key AUC health policy instruments, including the Africa Health Strategy 2016–2030, which were endorsed at an AU Health Ministers meeting (May 2016) hosted by WHO on the margins of the World Health Assembly. WHO and the African Union Commission also organized the first ever Ministerial Conference on Immunization in Africa in February 2016 which resulted in a Declaration⁶ signed by Ministers of Health, Finance, Education and Social Affairs.

14. The Regional Director convened the first ever Africa Health Forum in Kigali, Rwanda in June 2017 on the theme “*Putting People First: The Road to Universal Health Coverage in Africa*”. The aim was to consult with a broad range of partners and stakeholders within and outside the Region on strategic plans and joint programmes of work around the Africa Agenda for Health. The Forum was attended by over 700 stakeholders from Member States, nongovernmental organizations, including civil society and youth organizations, the private sector and academic institutions. Participants reaffirmed their “commitment to putting people first, promoting synergies and coordination and engaging all stakeholders behind the goal of achieving UHC, while leaving no one behind”.⁷ The deliberations of the Forum culminated in a “*Call to Action*” – *Putting People First: The Road to Universal Health Coverage in Africa*, which pledged a renewed determination by Member States, in partnership with the private Sector, WHO, other UN Agencies and partners to support the attainment of the Sustainable Development Goals (SDGs) and universal health coverage (UHC).

15. In 2016, on the 10th anniversary of the Harmonization for Health in Africa (HHA) mechanism, a partnership hosted in the WHO Regional Office for Africa, an independent review of the mechanism was carried out, after which HHA partners renewed their commitment to the shared HHA goals in the new era of the SDGs. HHA partners agreed on strategic directions to revitalize and reposition the mechanism in the context of the implementation of the SDGs in Africa. A joint action plan (2017–2019) has been developed and the regional directors signed a joint letter to countries giving new guidelines to country offices for improving cooperation in the health sector.

⁵ Assembly of the Union, 29th Ordinary Session: Decisions, Declarations and Resolutions (https://au.int/sites/default/files/decisions/33559-assembly_au_dec_642_-_664_xxix_e_1.pdf, accessed 8 May 2018).

⁶ The Addis Declaration on Immunization (<http://www.afro.who.int/news/historic-commitment-african-heads-state-advance-immunization-africa>, accessed 8 May 2018).

⁷ Report of the First WHO Africa Health forum (<http://www.afro.who.int/publications/first-who-africa-health-forum-report>, accessed 8 May 2018).

16. A public-private partnership project – ESPEN- was established to tackle neglected tropical diseases amenable to preventive chemotherapy through harnessing the value of medicine donations from pharmaceutical companies, funding from philanthropic institutions and collaboration with NGOs and bilateral partners.

CHALLENGES

17. Despite the progress made in strengthening partnerships and improving resource mobilization in the African Region, several challenges have emerged. The ramp down of the GPEI will have significant implications on funding to the Region and on the programme areas that depend on polio structures such as routine immunization, laboratories, and surveillance, among others. The overall budget for WHO in the African Region is reliant on 10 contributors for over 75% of all voluntary contributions, mainly from partners outside the Region.

18. There is a growing need for increased funding in the areas of UHC, Health Systems Strengthening and health emergencies. While Member States have recognized the need for additional funding for emergencies with the creation of the African Public Health Emergency Fund (APHEF) through Resolution AFR/RC60/R5,⁸ contributions from Member States remain suboptimal and often continue to be delayed (Annex 1).

NEXT STEPS

Member States should:

19. **Support the funding of the 13th General Programme of Work (GPW 2019-2023):** Ensure support for the funding requirements of the WHO Programme Budget, guided by the principles of flexible and predictable financing.

20. **Honour commitments to the African Public Health Emergency Fund:** Member States should make timely payments of APHEF assessed contributions to improve the functionality and sustainability of the Fund. This is in line with the revised assessed contributions endorsed by RC67 (Annex 2). In addition, countries should submit activity and financial reports on time after utilizing APHEF funds.

WHO and partners should:

21. **Continue efforts in strengthening partnerships:** The multifaceted approach to partnership will be further strengthened to ensure the successful implementation of the 13th General Programme of Work. WHO will continue to promote and demonstrate its programmes with partners and work on increasing and diversifying funding in line with the principles of the Financing Dialogue and guided by the Framework of Engagement with Non-State Actors.⁹ This will include the use of innovative approaches to reach out to philanthropic organizations and the private sector within the Region.

⁸ WHO Regional Committee for Africa resolution AFR/RC60/R5 (http://www.afro.who.int/sites/default/files/sessions/resolutions/afr_rc60_r5_the_african_public_health_emergency_fund.pdf, accessed 8 May 2018).

⁹ WHO's Framework of Engagement with Non-State Actors (<http://www.who.int/about/collaborations/non-state-actors/en/>, accessed 8 May 2018).

22. **Implement a Financing Campaign:** Embark on a financing campaign in 2018 aimed at taking the Financing Dialogue to the next level (moving it from a single meeting to a year-round resource mobilization process) to enable the Organization to deliver on the 13th General Programme of Work. The financing campaign consists of making the case for investment, developing and implementing strategies to engage priority partners more effectively and strengthening advocacy and communications. The pledging conference is scheduled to be held in October 2018 in Germany.
23. **Undertake reforms that** professionalize and integrate resource mobilization, communications and advocacy at all levels; exploit resource mobilization opportunities at country level to ensure that the 13th General Programme of Work's strategic shift of strengthening WHO's work in countries is properly resourced; and strengthen staff capabilities and capacity at all levels to deliver effectively on resource mobilization.
24. **Implement measures to mitigate the consequences of the GPEI ramping down:** WHO Regional Offices for Africa and the Eastern Mediterranean developed a Business Case for WHO Immunization on the African Continent to mitigate the consequences of a substantial reduction in resources. The Business Case will be used to communicate and promote WHO's work and to raise resources for WHO to continue supporting countries to achieve the commitments of the Addis Declaration on Immunization.
25. **Convene the Second WHO Africa Health Forum:** To continue engaging with key stakeholders on common strategies to achieve the SDGs, the Second Africa Health Forum will be held on 26-28 March 2019, in Cabo Verde.
26. The Regional Committee is invited to take note of this report and endorse the proposed next steps.

ANNEX 1: Status of Member States' Contributions and Disbursements as of 26 June 2018

	Member State	Revised Scale of Assessment (%)	Expected (Yearly) Assessment (US\$)	Contributions Received							Disbursements						
				2012	2013	2014	2015	2016	2017	Total	2012	2013	2014	2015	2016	2017	Total
1	Algeria	19.59	5 877 900							0							0
2	Angola	3.70	1 110 000	1 750 590						1 750 590					289 386		289 386
3	Benin	0.86	257 500			1 014 203				1 014 203							0
4	Botswana	1.90	570 800							0							0
5	Burkina Faso	0.81	244 000							0							0
6	Burundi	0.13	37 700							0			148 360				148 360
7	Cameroon	3.42	1 024 800							0			68 700			135 700	204 400
8	Cabo Verde	0.21	64 000							0							0
9	Central African Republic	0.17	52 300							0			279 723				279 723
10	Chad	0.39	116 400			183 555				183 555							0
11	Comoros	0.13	37 700							0							0
12	Congo	0.85	255 900							0							0
13	Cote d'Ivoire	3.26	978 300							0							0
14	Democratic Rep of the Congo	0.13	37 700	5 000						5 000			346 100			328 620	674 720
15	Equatorial Guinea	0.82	245 300							0							0
16	Eritrea	0.13	37 700	5 000		9974	5000	5000	32 700	57 674							0
17	Ethiopia	0.13	37 700	4 975						4 975					143 276		143 276
18	Gabon	1.53	460 000				382 577			382 577							0
19	Gambia	0.13	37 700			36 403				36 403							0
20	Ghana	1.88	564 400							0							0
21	Guinea	0.45	134 000						134 000	134 000			140 440				140 440
22	Guinea-Bissau	0.13	37 700							0							0
23	Kenya	3.90	1 171 000							0							0
24	Lesotho	0.35	106 300				167 625			167 625							0

25	Liberia	0.13	37 700			14 950		18 332		33 282			100 150				100 150
26	Madagascar	0.67	201 200							0							0
27	Malawi	0.13	37 700							0			359 564				359 564
28	Mali	0.84	252 300							0							0
29	Mauritania	0.41	122 700							0							0
30	Mauritius	1.34	402 500				25 000			25 000							0
31	Mozambique	0.68	202 600							0							0
32	Namibia	1.52	457 300							0							0
33	Niger	0.13	37 700							0			99 500				99 500
34	Nigeria	20.00	6 000 000							0							0
35	Rwanda	0.13	37 700	4975	4961					9936							0
36	Sao Tome and Principe	0.13	37 700							0							0
37	Senegal	1.82	545 700							0							0
38	Seychelles	0.18	52 600			4650				4650							0
39	Sierra Leone	0.13	37 700							0			169 439				169 439
40	South Africa	20.00	6 000 000					600 000	600 000								0
41	South Sudan	0.72	215 400							0			523 200				523 200
42	eSwatini	0.55	165 400							0							0
43	Tanzania, United Republic of	1.98	595 000							0							0
44	Togo	0.26	77 000							0							0
45	Uganda	1.37	410 900					54 000	54 000								0
46	Zambia	1.35	404 600							0							0
47	Zimbabwe	0.57	171 800							0			65 500				65 500
	Grand Total	100.00	30 000 000	1 770 540	4 961	1 263 735	580 202	23 332	220 700	3 863 470	0	0	1 841 612	459 064	432 662	464 320	3 197 658

ANNEX 2: Scale of assessment and reduced yearly contributions by Member States to APHEF

No.	Member State	Pre-RC66 Scale of Assessment		RC66 Scale of Assessment		RC67 Reduced Contribution US\$
		%	Annual Contribution US\$	%	Annual Contribution US\$	
1	Algeria	19.74	9 870 000	19.59	5 877 900	2 938 900
2	Angola	3.50	1 750 000	3.70	1 110 000	555 000
3	Benin	0.81	405 000	0.86	257 500	128 700
4	Botswana	1.80	900 000	1.90	570 800	285 400
5	Burkina Faso	0.77	385 000	0.81	244 000	122 000
6	Burundi	0.01	5 000	0.13	37 700	18 900
7	Cameroon	3.23	1 615 000	3.42	1 024 800	512 400
8	Cabo Verde	0.20	100 000	0.21	64 000	32 000
9	Central African Republic	0.16	80 000	0.17	52 300	26 100
10	Chad	0.37	185 000	0.39	116 400	58 200
11	Comoros	0.07	35 000	0.13	37 700	18 900
12	Congo	0.81	405 000	0.85	255 900	127 900
13	Cote d'Ivoire	3.09	1 545 000	3.26	978 300	489 100
14	Democratic Rep of the Congo	0.01	5 000	0.13	37 700	18 900
15	Equatorial Guinea	0.77	385 000	0.82	245 300	122 600
16	Eritrea	0.01	5 000	0.13	37 700	18 900
17	Ethiopia	0.01	5 000	0.13	37 700	18 900
18	Gabon	1.45	725 000	1.53	460 000	230 000
19	Gambia	0.07	35 000	0.13	37 700	18 900
20	Ghana	1.78	890 000	1.88	564 400	282 200
21	Guinea	0.42	210 000	0.45	134 000	67 000
22	Guinea-Bissau	0.01	5 000	0.13	37 700	18 900
23	Kenya	3.69	1 845 000	3.90	1 171 000	585 500
24	Lesotho	0.34	170 000	0.35	106 300	53 100
25	Liberia	0.01	5 000	0.13	37 700	18 900
26	Madagascar	0.63	315 000	0.67	201 200	100 600
27	Malawi	0.01	5 000	0.13	37 700	18 900
28	Mali	0.80	400 000	0.84	252 300	126 100
29	Mauritania	0.39	195 000	0.41	122 700	61 300
30	Mauritius	1.27	635 000	1.34	402 500	201 200
31	Mozambique	0.64	320 000	0.68	202 600	101 300
32	Namibia	1.44	720 000	1.52	457 300	228 600
33	Niger	0.01	5 000	0.13	37 700	18 900
34	Nigeria	22.00	11 000 000	20.00	6 000 000	3 000 000
35	Rwanda	0.01	5 000	0.13	37 700	18 900
36	Sao Tome and Principe	0.01	5 000	0.13	37 700	18 900
37	Senegal	1.72	860 000	1.82	545 700	272 800
38	Seychelles	0.17	85 000	0.18	52 600	26 300
39	Sierra Leone	0.01	5 000	0.13	37 700	18 900
40	South Africa	22.00	11 000 000	20.00	6 000 000	3 000 000
41	South Sudan*	-	-	0.72	215 400	107 700
42	eSwatini	0.52	260 000	0.55	165 400	82 700
43	Tanzania, United Rep of	1.88	940 000	1.98	595 000	297 500
44	Togo	0.24	120 000	0.26	77 000	38 500
45	Uganda	1.30	650 000	1.37	410 900	205 400
46	Zambia	1.26	630 000	1.35	404 600	202 300
47	Zimbabwe	0.56	280 000	0.57	171 800	85 900
	Grand Total	100.00	50 000 000	100.00	30 000 000	15 000 000

South Sudan*

Assessed with effect from 2016