

Partnerships

Report by the Secretariat

1. Previous reports to the Executive Board¹ summarized the many benefits and challenges associated with global health partnerships,² and expressed the need for WHO to play a stronger coordinating role. At its 123rd session the Board noted the report on progress on developing draft policy guidelines for WHO's involvement in global health partnerships.³ The Secretariat undertook to develop the draft guidelines in the light of the comments made by Board members and further consultations. The resulting draft guidelines are attached at Annex.
2. In order to advance global public health WHO engages in a large number of broad and diverse relationships, ranging from informal arrangements to formal engagement in partnerships. For a subset of these partnerships, WHO is asked to host them and, inter alia, provide their secretariats.
3. The attached guidelines form a framework for WHO to engage in different types of informal and formal health partnerships and to assess those relationships; they also provide specific parameters to be applied in cases where WHO is asked, and agrees, to host a formal partnership.
4. If the Health Assembly endorses the draft guidelines, it is proposed that the Secretariat submit to it each year a report outlining the various actions taken by the Secretariat in relation to the different kinds of collaboration covered by the guidelines and their implications for WHO. Moreover, as proposed in the draft guidelines, the Secretariat would submit to the Executive Board for its consideration proposals for WHO to host formal partnerships.

ACTION BY THE EXECUTIVE BOARD

5. The Board is invited to note the report and provide further guidance.

¹ Documents EB122/19, EB123/6 and EB123/6 Add.1.

² Most often, "global health partnership" refers to a collaborative and formal relationship among multiple organizations in which risks and benefits are shared in pursuit of a shared goal. Such partnerships have their own, separate governance body.

³ Document EB123/2008/REC/1, summary record of the first meeting, section 6.

ANNEX

**DRAFT POLICY GUIDELINES ON GLOBAL HEALTH PARTNERSHIPS
AND COLLABORATIVE ARRANGEMENTS**

1. These draft policy guidelines are divided into two parts. Part 1 focuses on conditions for WHO's engagement in partnerships and collaborative arrangements. Part 2 presents specific guidelines on WHO's institutional hosting arrangements that will be used by the Director-General to determine WHO's internal procedures.
2. The set of conditions in Part 1 aims to guide WHO's decision-making about when and how to engage in partnerships and collaborative arrangements, and how to develop, revise or terminate that engagement. WHO favours, as a general principle, mechanisms that facilitate collaboration through informal arrangements. Such engagement may also be expressed through the provision by the Secretariat of support for those arrangements and the implementation in whole or in part of their activities. WHO's hosting of formal partnerships, however, will be considered based on clear and stringent criteria. The draft guidelines in Part 2 cover formal partnerships in which WHO provides hosting arrangements and the secretariat support required to help the partnership to meet its goals while complying with WHO's constitutional requirements, rules and regulations. The application of these guidelines will improve the coherence and efficiency of the partnerships or collaborative arrangements and alleviate any burden that they may impose on the Organization at all levels.

Definitions

3. The number of global health partnerships and initiatives has increased steadily over the past decade. The term "partnerships" has been used to include a variety of organizational structures, relationships and arrangements for furthering collaboration. These range from legally incorporated entities to more informal collaborations without separate governance arrangements. Terms such as "partnership", "alliance", "network", "programme", "project collaboration", "joint (advocacy) campaign" and "task force" are used. For the purposes of these guidelines, the term "formal partnerships" refers to those with a separate governance body (e.g., a board or steering committee) that takes decisions on direction, workplans, and budgets. The informal arrangements in which there is no separate governance and which are designed to provide a means to collaborate with multiple stakeholders are referred to as "collaborative arrangements". This report refers to all these relationships as "partnerships and collaborative arrangements".

PART 1. Conditions for engaging in partnerships and collaborative arrangements

4. In all situations where WHO identifies a need for, or is asked to participate in, a formal partnership or an informal collaborative arrangement¹ it will use a decision tree to review such requests and identify alternatives as necessary. Overarching considerations include ensuring that a partnership or collaborative arrangement does not place additional burdens on the Organization, that it minimizes transaction costs to WHO, adds value to WHO's work, and adheres to WHO's

¹ WHO is using the term formal partnerships to refer to those that have their own, separate governance body. The many informal partnerships and partnering arrangements that do not have a separate governance structure are referred to as collaborative arrangements.

accountability framework. These conditions are closely linked to the following principles considered by the Executive Board.¹

(1) **The partnership or collaborative arrangement demonstrates a clear added value.** The proposed focus and function of a partnership or collaborative arrangement should represent a clear added value in terms of mobilizing partners, knowledge and resources, and creating synergy, in order to achieve a public health goal that would otherwise not be met to the same extent. Transaction costs related to a partnership or collaborative arrangement should be evaluated, along with the potential benefits.

(2) **The partnership or collaborative arrangement has a clear goal that concerns a priority area for WHO.** The partnership or collaborative arrangement should have a well-defined goal, which concerns a priority area of work for WHO, reflected in its strategic objectives, and for which realistic timeframes are provided. Participation would represent an extension of WHO's core functions, policies, and relative strengths to other organizations, and would reinforce the quality and integrity of WHO's programmes and work. Partnerships and collaborative arrangements should be guided by the technical norms and standards established by WHO.

(3) **The partnership or collaborative arrangement supports national development objectives.** The partnership or collaborative arrangement should help to build country capacity, and WHO's engagement would help to harmonize efforts and thus reduce the overall management burden on countries. The arrangement should support or strengthen the principle of government stewardship for public health, and should be aligned with the Best Practice Principles for Engagement of Global Health Partnerships at Country Level² as well as with the agreed principles of alignment and best practices in coordination related to health noted in the Paris Declaration on Aid Effectiveness: ownership, harmonisation, alignment, results and mutual accountability (2005) and the Accra Agenda for Action.

(4) **The partnership or collaborative arrangement ensures adequate participation of stakeholders.** The legitimacy of the partnership or collaborative arrangement should be ensured through the active participation of all relevant stakeholders (including, as relevant, beneficiaries, civil society and the private sector) and the respect of their individual mandates. Partnerships or collaborative arrangements may benefit from the contribution of organizations and agencies outside the traditional public health sector as relevant. Where appropriate, WHO should encourage partnering with cross-sectoral relationships.

(5) **The roles of partners are clear.** In order for WHO to participate in such arrangements, a partnership or collaborative arrangement must clearly articulate the strengths of the partners and avoid the introduction of parallel systems; it must also recognize, be in harmony with, and complement WHO's mandate and core functions, without duplicating or competing with them. Expected additional workloads for WHO (at all levels) should be assessed.

(6) **Pursuit of the public health goal takes precedence over the special interests of participants.** Risks and responsibilities arising from public-private partnerships should be

¹ Document EB123/2008/REC/1, summary record of the first meeting, section 6.

² Best practice principles for global health partnership activities at country level. Report of the Working Group on Global Health Partnerships, High-level Forum on the health Millennium Development Goals (Paris, 14–15 November 2005).

identified and addressed. The partnership or collaborative arrangement should have mechanisms to identify and resolve conflicts of interest. Whenever private commercial, for-profit companies are considered as potential partners, potential conflicts of interest should be taken into consideration as part of the design and structure of a partnership or collaborative arrangement.

(7) **The structure of the partnership or collaborative arrangement corresponds to the proposed functions.** In the design of the structure of the partnership or collaborative arrangement, form should follow function. Those partnerships or collaborative arrangements with a significant financing element may require a more formal governance structure, with clear accountability for funding decisions. Those whose role is primarily a coordinating one function most effectively with a less formal governance structure. Task-focused networks (loosely structured alliances of organizations working together to exchange information and coordinate activities) are usually the preferred option for performing a coordinating role, as they can be highly effective and efficient in achieving partnership goals; they can also provide maximum flexibility, and can limit the transaction costs often associated with formal structures and governance mechanisms.

(8) **The partnership or collaborative arrangement has an evaluation or self-monitoring mechanism.** The timeframe, purpose, objectives, structure and functioning of the partnership or collaborative arrangement should be regularly reviewed and modified as appropriate. Conditions and criteria for ending or modifying a partnership or collaborative arrangement should be clearly presented, along with consideration for transition plans.

PART 2. Guidelines for WHO as host organization for institutional arrangements

5. In cases where WHO identifies a need for, or agrees to serve as the host of, a partnership or collaborative arrangement, it will ensure that its provision of secretariat functions for the partnership is congruent with WHO's accountability framework¹ and operational platform (covering political, legal, financial, communication and administrative activities) and protects WHO's name, image and reputation.

6. The decision for WHO to serve as the host of a formal partnership depends first and foremost on WHO's participation in the partnership as a strategic and technical collaborator. Most importantly, WHO should be a member of, and fully participate in, the steering body of the partnership, and take safeguards to ensure that the decisions of the partnership are consistent with WHO's rules and policies. WHO should engage with key partners in helping to set the partnership agenda, identify gaps and opportunities for joint action. The work of the partnership – and WHO's involvement – would need to be based on alignment with WHO's strategic objectives. Hosting a partnership or collaborative arrangement cannot be seen in isolation but must be a result of WHO's technical and strategic engagement with it.

7. The consideration and implementation of hosting arrangements should always take place within the framework provided by WHO's Constitution, Financial Regulations and Financial Rules, and Staff Regulations and Staff Rules, as well as the Organization's administrative and other relevant rules and policies ("WHO's rules"). When WHO acts as the host, the partnership is required to accept that the

¹ With particular reference to Article 37 of the WHO Constitution and the WHO headquarters agreement with the host country.

operations of the partnership secretariat must, in all respects, be administered in accordance with WHO's Rules.

8. The Executive Board shall be consulted on proposals for WHO to host formal partnerships.
9. Most commonly, WHO is asked to provide (by a partnership) a number of functions as part of the hosting arrangement, including the secretariat, trust fund, and/or procurement functions. In assuming responsibility for any of these hosting functions, WHO must integrate the work of the partnership into its own broader accountability framework.
10. The hosting of a partnership by WHO goes beyond the simple provision of administrative services. The secretariat of a hosted partnership is part of the WHO Secretariat and, as such, shares the legal identity and status of the Organization. In particular, the staff of the partnership will, as staff members of WHO, enjoy the applicable privileges and immunities for the protection of their functions. This consideration is particularly relevant for Switzerland, the host country of WHO, which has granted a particular status to the Organization and its staff for the performance of its constitutional mandate. In order to comply with the host agreement between WHO and the Swiss Federal Council, the functions of the partnership secretariat have to be part of the overall functions of WHO and should not be seen as separate from them. The WHO Secretariat will consult with the Swiss authorities when considering the hosting of formal partnerships.

The partnership secretariat

11. When WHO hosts a formal partnership, the latter's expected results, workplan and budget should be clearly and transparently presented separately from WHO programmes. These may or may not be included in WHO's programme budget; they will, in any case, be identified as partnership-related activities.
12. Within the framework of the authority delegated by the Director-General, the partnership secretariat should support the pursuit of the partnership's goals and objectives and be responsible for implementing the workplan of the partnership (within the WHO's accountability framework).
13. The organizational structure and specific duties of the partnership secretariat should be determined by its head, within the overall secretariat budget and normally in consultation with the partnership's governing body. Secretariat staff are selected, managed and evaluated in accordance with WHO's rules and pursuant to the authority delegated by the Director-General, and are appointed by WHO. The paramount consideration in the appointment of partnership secretariat staff should be the necessity of securing the highest standards of efficiency, competence and integrity.
14. In light of the functions of WHO as host organization, all staff members of the partnership secretariat should be recruited solely for service with the partnership secretariat. Accordingly, unless otherwise agreed, they will not have any right to reassignment or transfer within WHO.

Programme and financial management

15. The Programme budget 2010–2011¹ will, for the first time, clearly identify and track partnerships and collaborative arrangements, including those in which WHO has an exclusive role in strategic and operational decision-making and for which the results are fully part of WHO's results hierarchy. In such cases, the expected results and budgets should be prepared and communicated in accordance with WHO's requirements; they should be reflected in WHO's performance assessment and financial reports; and they should be submitted to the Health Assembly (in total, by strategic objective). Those formal partnerships (with their own governing body) in respect of whose governance and strategic and operational planning WHO's role is considered *not* exclusive, will be outside the programme budget. This approach is consistent with WHO's introduction of the International Public Sector Accounting Standards.

16. WHO's direct contributions to supporting a partnership should be included in the programme budget and in the expected results, budget and workplans for the relevant areas of the programme budget. More specifically, details provided in these sections should reflect WHO's time and financial costs, revenue derived from partnerships, and WHO's administrative activities undertaken for partnerships funded by partners or other donors. The information concerned should indicate the financial resources needed to achieve WHO's expected results.

17. As stated in paragraph 6, all partnerships hosted by WHO are subject to WHO's rules. Consequently, separate accounts are established for each partnership so that relevant income and expenditure may be recorded and reported upon. WHO shall invest any available balances of cash or cash equivalents in accordance with its own regulations for the sole and exclusive use of the partnership.

18. The differences between the two types of partnerships and their relation to the programme budget (see paragraph 15) have implications for financial management. Partnerships and collaborative arrangements within the programme budget are subject to internal audit in the same way as all WHO's activities. For partnerships outside the programme budget, separate financial statements of income and expenditure must be prepared by the partnership secretariat, certified by the Office of the Chief Accountant of WHO, and are provided to the partnership's board on an annual basis. The statements will normally require a separate audit opinion from WHO's External Auditor. In addition to the external audit, partnerships outside the programme budget are subject to internal audit in accordance with WHO practice.

19. All payments from the respective partnership accounts must be in accordance with WHO's Financial Regulations and Financial Rules in order to enable appropriate monitoring of the financial accountability of grantees and other recipients and of progress towards programme objectives.

Resource mobilization and cost recovery

20. Each partnership should be responsible for mobilizing adequate funds for its effective operation, including the costs of its secretariat and all related activities provided for in its budget and workplan. The obligation of WHO to implement any particular aspect of the partnership is conditional on WHO having received all necessary funding (as determined in accordance with WHO's rules). Resource

¹ The draft Proposed programme budget 2010–2011 is submitted to the Board separately (documents MTSP/2008–2013 (Amended (draft)) and PPB/2010–2011).

mobilization by hosted partnership and collaborative arrangements will follow WHO's rules and should be closely coordinated with WHO. Hosted partnerships should indemnify the Organization for any financial risks and liabilities incurred by the latter in the performance of its hosting functions. In addition, fundraising by a WHO hosted partnership from the commercial private sector should be subject to WHO's guidelines on interaction with commercial enterprises.

21. Unless otherwise stated in the hosting arrangement between WHO and the partnership, WHO shall be reimbursed for its programme support costs as determined by the Health Assembly and/or WHO's internal policy. Hosted partnerships can impose heavy workloads on different parts of the Organization, including at country level. As a result, WHO will seek to be reimbursed for all administrative and technical support costs incurred in providing hosting functions for partnerships and implementing their activities.

Communications

22. In order to protect the integrity of the partnership and of WHO's association with it, including WHO's underlying provision of legal identity to the partnership and the Organization's assumption of liability for the partnership's activities, the partnership secretariat should follow WHO's guidelines and administrative procedures for internal and external communications (including identity, media products, publications, technical reports and advocacy material). Official communications by the partnership secretariat with Member States, WHO offices and staff should be conducted through normal WHO channels. The branding of the partnership, and its external communication, should adequately acknowledge that the partnership is hosted and administered by WHO.

Evaluation and sunseting

23. WHO's arrangements with all its hosted partnerships should normally contain an "evaluation and sunset clause" that states that an assessment will be carried out before the expiration of the arrangement based on the past performance of the partnership, its relationship with WHO, the continued demand within the field for the partnership, emerging alternatives to fostering collaboration, and future expectations. Following the assessment, WHO and the partnership will discuss the results with a view to choosing one of five possible approaches, namely: (a) continuing the current arrangement for a new specified period; (b) making recommendations for changes to the partnership structure and/or purpose and for revision of WHO's hosting arrangement; (c) integrating it into WHO with clear specifications for ensuring broad and inclusive collaboration; (d) separating the partnership from WHO; or (e) terminating the partnership

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