
Global health partnerships: progress on developing draft policy guidelines for WHO's involvement

Report by the Secretariat

1. The debates in the Programme, Budget and Administration Committee at its seventh meeting, in January 2008, highlighted the importance and complexity of partnerships, particularly with regard to global trends in health and the need to consider coordination and harmonization among the various parties concerned. The Committee requested the Secretariat to begin to produce draft policy guidelines for WHO's involvement in global health partnerships for consideration by the Executive Board. The following week, the Board at its 122nd session considered the many benefits and challenges of global health partnerships. Members commented on the need: for WHO to play a stronger coordinating role; for global health partnerships to add value to existing structures; and to build stronger national partnerships within the context of national plans and policies. The Board noted the Secretariat's report and accepted the Committee's request for guidelines.¹
2. The debate on the role of health partnerships is closely related to discussions on how efforts at country level to increase both the quantity and quality of aid and technical support for health may be managed so as to bring them into line with national priorities, enhance national planning, decrease transaction costs for governments and other stakeholders, and ultimately to improve health.
3. Discussions at global and regional levels are focusing on congruence and policy coherence among the many initiatives, partners, processes and events concerned. These include regular meetings of eight large international health organizations and programmes (WHO, UNICEF, UNFPA, UNAIDS, World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the GAVI Alliance and the Bill & Melinda Gates Foundation), with a view to increasing mutual accountability for more harmonized country action. WHO's involvement in United Nations reform, together with the Secretary-General's MDG Africa Initiative, contributions to G8 and other summit meetings, and the third High-Level Forum on Aid Effectiveness (scheduled to be held in Accra, 2–4 September 2008) further provide opportunities to increase coordination among the many development stakeholders.
4. In response to the Board's request the Secretariat has begun drafting policy guidelines. As a first stage it has drawn up the draft principles outlined below for consideration by the Board. Subject to the Board's agreement, wider consultations will be held, including participants in health partnerships, in order to prepare a document to be submitted to the Board at its 124th session in January 2009.

¹ See document EB122/2008/REC/2, summary record of the eighth meeting, section 2.

Proposed principles on WHO's involvement in partnerships

General provisions

5. WHO takes part in many forms of collaboration, both formal and informal, however, the policy guidelines are intended to cover its involvement in formal partnerships that have independent legal status and/or individual governance structures, budgets and secretariats. As the Secretariat noted in its report to the Board at its 122nd session,¹ WHO in its involvement with partnerships has two primary roles, namely: to provide strategic and technical leadership and support; and, in some cases, to serve as host organization. Even though interrelated, these two roles have distinct implications for WHO, which are reflected in the following principles.

6. The Organization should also follow a general principle of promoting policy coherence across formal partnerships (including, as appropriate, streamlining global health structures) with the principal aim of reducing management burden on national administrations, the risks of confusion over respective roles and technical advice, and the multiplicity of governance arrangements. Aspects of this work could be considered by the Health Assembly with a view to obtaining policy guidance.

Purpose of the partnership

7. The partnership should demonstrate added value. The justification for new partnerships or the continuation of existing ones should be that they respond to needs that are currently unmet by WHO and/or other collaborative arrangements, and that the focus and function of the partnership clearly add value in terms of mobilizing partners and resources, applying knowledge, and creating synergy in order to reach a public health goal that would otherwise not be achieved and that contributes to the global health agenda set out in the Eleventh General Programme of Work 2006–2015. In such cases, WHO will work with key partners on setting the partnership agenda, and identifying gaps and opportunities for joint action.

8. The partnership has a goal that is consistent with WHO's strategic objectives. In this regard, WHO's involvement should be an extension of WHO's core functions and policies, making best use of its relative strengths and reinforcing the quality and integrity of its programmes and work.

9. The partnership should support national development objectives. It should help to build country capacities. It should support or strengthen the principle of government stewardship for public health, and be aligned with the Best Practice Principles for Global Health Partnership Activities at Country Level.² Some exceptions to this principle may be considered for partnerships related to the development of global public goods, such as new vaccines or other health products.

Methods of work of the partnership

10. Partnerships should in general be guided by the technical norms and standards established by WHO.

¹ Document EB122/19.

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).

11. Partnerships should not impose, either directly or indirectly, additional workloads on the Secretariat without provision of resources commensurate with the additional work involved. Recent experience with global health partnerships, and in particular those providing financing to countries, has shown that countries are increasingly requesting the Secretariat to support their applications to global health partnerships, provide technical support in implementation, assist with monitoring and evaluation, support capacity building to enable them to manage multiple partnerships, and help to ensure broader accountability in the health sector. These requests may have substantial resource implications for the Secretariat.

12. The roles of partners should be clear. The nature of partnerships is determined by the identities and strengths of the partners and therefore the introduction of parallel systems must be avoided. Partnerships must be in harmony with WHO's mandate and core functions, and must not duplicate or compete with them.

13. The partnership should ensure adequate participation of stakeholders. The legitimacy of the partnership is ensured through active participation of all relevant stakeholders (including beneficiaries, civil society and the private sector) and respect of their individual mandates. Partnerships can benefit from the contribution of organizations and agencies outside the traditional public health sector. Where appropriate, WHO encourages partnerships with cross-sectoral relationships.

14. Pursuit of the public health goal should take precedence over the special interests of participants. Each partnership should do the following: identify risks and responsibilities inherent in public-private partnerships; respond to these as appropriate; and establish mechanisms to deal with members' conflicts of interest. With regard to partnerships hosted by WHO, whenever private (commercial, for profit) companies are considered as potential partners, WHO's guidelines on collaboration with the commercial sector must be followed.

15. The structure of the partnership should correspond to the proposed functions. The structure of the partnership should be determined by its focus and functions. Loose networks are often more effective and efficient than formal partnership structures.

16. The partnership should have a self-monitoring mechanism. The time frame, purpose and objectives of the partnership should be regularly reviewed and modified as appropriate. The operations of a given partnership and its place in the broader sphere of international health should be part of such an evaluation. It would be equally desirable to include "sunset clauses" in new partnership agreements. Such clauses would require the question of a partnership's continuing beyond a finite time to be given active consideration.

WHO hosting of the partnership

17. If WHO is requested to host the partnership, the latter's secretariat should operate within WHO's accountability framework and operational platform (legal, financial and administrative), and according to procedures for the use of WHO's name and brand and for safeguarding its reputation. Partnerships should be made aware of the implications of Article 37 of the Constitution and of the Headquarters Agreement between WHO and Switzerland. Before agreeing to serve as the host organization of a partnership, WHO should identify whether its normal mechanisms can serve to convene partners, perform advocacy, and mobilize resources.

18. A full cost assessment of WHO's hosting of the partnership should be made, including all the administrative, legal, financial management, and technical support implications. These arrangements should be periodically reviewed. The potential for diversion of time and resources from the Secretariat, countries, and other entities to interact with the partnership needs to be identified. The Proposed programme budget submitted to the Health Assembly should indicate those partnerships that WHO hosts, and clearly specify those that are consolidated within the budget submitted.

ACTION BY THE EXECUTIVE BOARD

19. The Executive Board is invited to note the report and to offer any guidance it may deem appropriate for the next phase of work on the policy guidelines.

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