WHO's arrangements for hosting health partnerships and proposals for harmonizing WHO's work with hosted partnerships

Report by the Secretariat

1.   In May 2012, the Sixty-fifth World Health Assembly, in decision WHA65(9), requested the Director-General, inter alia, to present a report to the Executive Board at its 132nd session on WHO's hosting arrangements for health partnerships and proposals for harmonizing work with hosted partnerships.[1]

2.   WHO-hosted partnerships pursue public health objectives convergent with and complementary to those of WHO involving multiple stakeholders. They derive their legal personality from WHO and are subject to the Organization's Rules and Regulations. They have a formal governance structure, separate from that of the WHO governing bodies, in which decisions are taken on direction, work plans and budgets; and their programmatic accountability frameworks are also independent from those of the Organization. WHO-hosted partnerships have not been established by WHO governing bodies.

3.   WHO-hosted partnerships are to be distinguished from United Nations Joint Inter-Agency programmes,[2] inter-organizational facilities,[3] secretariats hosted in WHO pursuant to an international convention such as the WHO Framework Convention on Tobacco Control (WHO FCTC) and WHO cosponsored programmes. The cosponsored programmes are integral to core WHO activities and are part of the WHO programmatic accountability framework, but are financially and/or programmatically cosponsored by a number of other agencies.[4] WHO-hosted partnerships also differ from informal

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[1] In decision WHA65(9), the Health Assembly further decided that in developing the report the Director-General should be guided by the following principles: (i) the intergovernmental nature of WHO's decision-making remains paramount; (ii) the development of norms, standards, policies and strategies, which lies at the heart of WHO's work, must continue to be based on the systematic use of evidence and protected from influence by any form of vested interest; (iii) the need for due consultation with all relevant parties keeping in mind the principles and guidelines laid down for WHO's interactions with Member States and other parties; (iv) any new initiative must have clear benefits and add value in terms of enriching policy or increasing national capacity from a public health perspective; (v) building on existing mechanisms should take precedence over creating new forums, meetings or structures, with a clear analysis provided of how any additional costs can lead to better outcomes.

[2] United Nations Joint Inter-Agency Programmes include UNAIDS.

[3] Inter-organizational facilities include the United National International Computing Centre (UNICC).

[4] Cosponsored programmes include the Special Programme on Research and Training in Tropical Diseases (TDR); the Special Programme of Research, Development Research and Training in Human Reproduction (HRP); the African Programme for Onchocerciasis Control (APOC), the Codex Alimentarius Commission and the Global Polio Eradication Initiative (GPEI).

WHO networks and alliances that have been established by the Organization to assist it in implementing its programmatic activities. WHO networks and alliances have no formal governance structure and are predominantly led and managed by WHO.

4.   Eight initiatives[1] currently hosted by WHO fit this description, namely:

- International Drug Purchase Facility (UNITAID)

- Partnership for Maternal, Newborn and Child Health

- Stop TB Partnership

- Health Metrics Network

- Alliance for Health Policy and Systems Research

- Global Health Workforce Alliance

- Roll Back Malaria Partnership

- European Observatory on Health Systems and Policies

5.   This report contains: (i) an overview of the partnerships currently hosted by WHO; (ii) an outline of the contributions made by hosted partnerships to global public health and to WHO's work and opportunities generated by them; (iii) a description of what hosting a partnership entails and the rationale for such hosting; (iv) challenges emanating from the hosting relationship; and (v) suggested courses of action for improving harmonization between WHO and hosted partnerships.[2]

OVERVIEW OF THE PARTNERSHIPS CURRENTLY HOSTED BY WHO

6.   This section provides an overview of hosted partnerships; a more detailed description of each of them, provided by the partnerships concerned is contained in document EB132/INF./2.

7.   Table 1 sets out details of the mandate for each of the health partnerships hosted by WHO, together with information on the year of its creation, its staff numbers, its budget for the biennium 2012–2013 and its governance structure and membership.

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[1] Of the eight health partnerships currently hosted by WHO, one is located in the European Region and seven are at headquarters.

[2] In preparing this report, the Secretariat consulted the executive directors of the hosted partnerships as well as their boards through the respective partnership board chairs.

Table 1. WHO-hosted partnerships: basic details

Mandate and year created	Staff numbers	Budget for biennium 2012–2013 US$ million	Governance and membership
1. International Drug Purchase Facility (UNITAID)			
UNITAID is an innovative financing initiative for global health, established to provide sustainable, predictable and additional funding to significantly impact market dynamics to reduce prices and improve access to high quality medicines, diagnostics and related commodities for the treatment of HIV/AIDS, malaria and tuberculosis, primarily for populations in low-income and lower-middle income countries. Created: 2006	58	450	Board composed of Member States, nongovernmental organizations, intergovernmental organizations, foundations and communities living with the diseases. WHO is a non-voting Member.
2. Partnership for Maternal, Newborn and Child Health			
Works as the only platform that brings together all of the many partners in the global health community focused on improving the health of women and children and promoting the "Continuum of Care" for reproductive, maternal, newborn and child health. The Partnership enables partners to share strategies, align objectives and resources, and agree on interventions to achieve more together than they could have done individually. Created: 2005	9	26	Board composed of representatives from seven constituencies, including: (i) academic, research and teaching institutions; (ii) donors and foundations; (iii) health care professionals; (iv) multilateral agencies; (v) nongovernmental agencies; (vi) partner countries; (vii) private sector. The Board is supported by an Executive Committee and a Finance Committee. The Partnership has more than 450 members. WHO is a full Member.
3. Stop TB Partnership			
Serves every person who is vulnerable to tuberculosis and ensures that high-quality treatment is available to all who need it. Fosters implementation of tuberculosis control in countries and research in support of new tools. New strategic directions for 2013–2015 are in development. Created: 2000	51	170	Board composed of Member States, nongovernmental organizations, intergovernmental organizations, foundations and private commercial entities. WHO is a full Member.
4. Health Metrics Network			
Strengthens health information systems and increases the availability of information in support of decisions to improve health outcomes in countries. Created: 2005	5	7	Board composed of experts in their individual capacity. Member States, nongovernmental organizations, intergovernmental organizations and foundations. WHO is a full Member.

Mandate and year created	Staff numbers	Budget for biennium 2012–2013 US$ million	Governance and membership
5. Alliance for Health Policy and Systems Research			
Promotes the generation and use of research in support of health policy and systems as a means to improve the health systems of developing countries. Created: 1999	12	22	Board composed of Member States, nongovernmental organizations, intergovernmental organizations and foundations. WHO is a full Member.
6. Global Health Workforce Alliance			
Identifies and implements solutions to support the resolution of the health workforce crisis. Focuses on the development of human resources for health through collaboration with WHO and other global stakeholders. Created: 2006	13	15	Board composed of Member States, nongovernmental organizations, intergovernmental organizations, development agencies, civil society, professional association, private sector entities and foundations. WHO is a full Member.
7. Roll Back Malaria Partnership			
Implements coordinated action against malaria, mobilizes for action and resources, and forges consensus among partners. Created: 1998	30	28	Board composed of Member States, nongovernmental organizations, intergovernmental organizations, foundations and private commercial entities. WHO is a full Member.
8. European Observatory on Health Systems and Policies			
Supports and promotes evidence-based health policy-making through comprehensive and rigorous analysis of the dynamics of health-care systems in Europe. Created: 1998	26	12	Board composed of Member States, intergovernmental organizations, academic institutions and other health system players (a regional government, a social health insurance umbrella organization). WHO is a full Member.

HOSTED PARTNERSHIPS' CONTRIBUTIONS TO GLOBAL PUBLIC HEALTH AND TO WHO'S WORK, AND THE OPPORTUNITIES THEY GENERATE

8.   WHO-hosted partnerships have made significant contributions to the global health agenda and architecture by advancing global health priorities, maximizing outreach and advocacy, and informing policy-making. It is a basic premise of the decisions made to engage in partnerships, that the shared public health objectives can be better met through acting in partnership than alone. WHO-hosted partnerships have been particularly successful in raising the profile of certain critical public health issues on policy agendas through their communication and brand-building efforts. Hosted partnerships have strengthened advocacy efforts by harnessing the contribution of a diverse range of stakeholders and focusing attention on specific issues central to the mandate of the partnership. They have also provided broader platforms that facilitate the participation and engagement of a variety of stakeholders including governments, intergovernmental organizations, nongovernmental organizations, civil society and the private sector. Furthermore, they have successfully mobilized funding commitments to public health initiatives and have galvanized indirect forms of support to WHO programmes. Hosted partnerships whose main area of focus is financing and procurement of medicines and diagnostics have been very effective in increasing access to such products to the communities that need them. Through public–private initiatives, hosted health partnerships have been a catalyst for product

innovation and have promoted accountability for resources and results. Hosted partnerships have also played a critical role in the management of health information and knowledge brokering. In this regard, hosted partnerships have generated opportunities that have contributed to the success of many WHO initiatives. Table 2 summarizes the major accomplishments of each of the eight hosted partnerships.

Table 2. WHO-hosted partnerships: major accomplishments

Major accomplishments
1.   International Drug Purchase Facility (UNITAID)
• Procurement of critical drugs for HIV/AIDS, tuberculosis and malaria at lower prices   • Improved access to drug treatment through price reductions   • Market shaping   • Improved quality of treatments through the support to prequalification efforts
2.   Partnership for Maternal, Newborn and Child Health
• Facilitated the United Nations Secretary-General's Global Strategy for Women's and Children's Health   • Increased commitment to the Every Woman Every Child Strategy from multiple stakeholders   • Greater engagement on the part of the private sector in the Partnership   • Fostering of a movement in support of Millennium Development Goals 4 and 5 and supporting the accountability processes for commitments to the Global Strategy
3.   Stop TB Partnership
• Increased resource mobilization for the prevention and control of tuberculosis   • Greater engagement of civil society, communities and the private sector   • Increased access to the diagnostics and treatment of tuberculosis through the Global Drug Facility contributes directly to the increase in tuberculosis cases diagnosed and treated and introduction of innovations in tuberculosis care delivery through TB REACH   • Increased visibility, advocacy for tuberculosis on the global health agenda
4.   Health Metrics Network
• Development of comprehensive framework for health information systems   • Health information systems assessments and strengthening plans at country level   • Establishment of three regional networks of partners to strengthen country civil registration and vital statistics (CRVS)   • Training of regional and country facilitators in CRVS assessment and planning   • Development of a package of tools for country CRVS strengthening
5.   Alliance for Health Policy and Systems Research
• Increased visibility of research in support of health systems and policy on the global health agenda   • Engagement with a wide range of partners   • Scaled up operational research for informing policy-making
6.   Global Health Workforce Alliance
• Engagement with a wide range of partners from other multiple constituencies and sectors, beyond health ministries, in national human resources for health coordination, planning and development; increased visibility of human resources for health issues on the global health agenda, through advocacy at United Nations High Level Meeting, G8, Second global forum on human resources for health   • Increased advocacy and policy dialogue on priority workforce issues, including leadership, education, financing and migration.

Major accomplishments
7. Roll Back Malaria Partnership
• Engagement with a wide range of partners from multiple sectors
• Increased visibility of malaria on the global health agenda
• Increased resource mobilization for the prevention and control of malaria
• Increased engagement on the part of the private sector
8. European Observatory on Health Systems and Policies
• Innovative approaches to knowledge brokering developed and rolled out (policy dialogues, policy briefs and summaries)
• Analysis for policy decision making on major public health and health system issues (health system financing/sustainability, professional mobility, chronic care, economics of prevention, performance, intersectoral governance amongst others)

WHAT HOSTING A PARTNERSHIP ENTAILS AND THE RATIONALE FOR WHO'S PARTNERSHIP HOSTING

9.   In hosting a partnership, WHO lends its administrative, fiduciary and legal framework to the partnership secretariat. In this regard, the secretariats of WHO-hosted partnerships derive their legal status from WHO and share the same obligations, benefits and status as the host organization. When WHO-hosted partnerships transact with third parties, it is WHO – as the legal entity behind them – that enters into the contracts and makes commitments on the partnerships' behalf. Employees in the secretariats of WHO-hosted partnerships are WHO staff members and adhere to the WHO Staff Rules and Financial Regulations.

10.   The Policy on WHO engagement with global health partnerships and hosting arrangements (the "Partnerships Policy") endorsed in 2010 by the Sixty-third World Health Assembly (in resolution WHA63.10) emphasizes the importance of ensuring that the overall mandate of a WHO-hosted partnership is consistent with WHO's constitutional mandate and principles and that it 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 accountability framework. Moreover, the Policy states that hosting of a partnership by WHO goes beyond the provision of administrative services, and that the activities of the partnership should be in alignment and be synergistic with the WHO technical norms and policies, and calls for ensuring that ***"the function of the [partnership] secretariat be, and be seen as, part of the functions of WHO"***.

11.   The Partnerships Policy listed ten criteria for assessing WHO's engagement in future partnerships and guiding its relationship with existing ones.[1] Hosting by WHO may be appropriate in certain contexts, however, other organizations may be more suitable hosts depending on the needs and mission of the partnership. In addition, as part of reviewing existing hosted partnerships or contemplating new ones, consideration should be given to whether an independent legal entity should

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[1] In summary, the criteria were as follows: (a) the partnership demonstrates a clear added value for public health; (b) the partnership has a clear goal that concerns a priority area of work for WHO; (c) partnerships are guided by the technical norms and standards established by WHO; (d) the partnership supports national development objectives; (e) the partnership ensures appropriate and adequate participation of stakeholders; (f) the roles of partners are clear; (g) transaction costs related to a partnership must be evaluated, along with the potential benefits and risks; (h) pursuit of the public-health goal takes precedence over the special interests of participants; (i) the structure of the partnership corresponds to the proposed functions; (i) the partnership has an independent external evaluation and/or self-monitoring mechanism.

be established, whether a separate architecture is desirable; or whether it is preferable to expand the mandate of existing organizations and institutions.

12.   The rationale for WHO to host a health partnership has included one or more of the following aspects:

> (a)   The mandate of the health partnership is closely related to WHO's mandate and priorities in the relevant technical areas, contributes to common objectives, entails complementarity, adds value, and does not represent duplication or competition.

> (b)   WHO's convening power and institutional and administrative structures are seen by the membership of the partnership, including WHO, as being necessary for the rapid establishment of the health partnership.

> (c)   The health partnership is deemed to be a useful mechanism for engaging more effectively with a wider group of stakeholders.

> (d)   The health partnership platform is viewed as a more suitable one for channelling resources to implementing partners, undertaking resource mobilization and advocating for a global public health cause.

CHALLENGES EMANATING FROM THE HOSTING RELATIONSHIP

13.   The hosting relationship entails challenges that are inherent to a situation where two separate entities with distinct governance processes coexist under the same institutional umbrella. In this regard, WHO's decision-making processes and those of the boards of hosted partnerships may not always be convergent. The tensions resulting from this dual governance can increase the risk of conflicting mandates and blur accountability. In addition, unlike other partners in a hosted partnership, WHO has a dual role, i.e. that of a partner and that of host organization. In view of this, the role of WHO is unique in that its responsibilities as a host as well as that of technical partner require a deeper engagement and a more structured participation. In this regard, WHO representation in the board of a hosted partnership cannot be considered as the sole avenue for WHO's engagement.

14.   The challenges resulting from dual governance and a dual WHO role can be grouped into three main categories: (a) programmatic, (b) governance and (c) administrative. The following paragraphs summarize those challenges and identify possible solutions.

(a)   Programmatic challenges

> (1)   A review of the mandates of the WHO-hosted partnerships shows that some of them have functions that overlap with the Organization's programmatic mandates. This can lead to fragmentation and duplication of international cooperation on specific subject areas and to competition for funding.

> (2)   There is currently no mechanism to ensure adherence to the principles contained in the Partnerships Policy, that there are no overlaps and that no conflicting messages or divergent policy advice are given to countries from several entities perceived by national counterparts as all being WHO.

(3)   At the country and regional level, the work of hosted partnerships with that of WHO is not adequately coordinated. Furthermore, the nature of the relationship in this area is not clearly defined thereby generating a disconnect that in turn may lead to confusion among Member States and other stakeholders. This increases as WHO-hosted partnerships expand their work into technical cooperation areas and as their activities in some cases may be undertaken in a way parallel to WHO activities.

(4)   In their interactions with WHO, hosted partnerships find that WHO has inconsistent views on the policy and technical areas that relate to their activities. Such inconsistencies are perceived as contributing to the lack of programmatic coordination between WHO and its hosted partnerships. Informed and coherent WHO participation in the hosted partnerships governance structures is essential in this regard.

(b)   Governance challenges

(1)   Currently there is little or no interaction between hosted partnerships and WHO's governing bodies. WHO's engagement with hosted partnerships is not subject to scrutiny and review by its governing bodies, which have therefore expressed the need to exercise greater oversight of the Organization's engagement with hosted partnerships.[1]

(2)   Many Member States sit on partnership boards yet the views they express in such settings are, in some cases, inconsistent with positions taken by them when they participate in WHO's governing bodies.

(c)   Administrative challenges

From an administrative perspective, the hosting of partnerships gives rise to a number of issues, primarily in the areas of human resources, finance, cost recovery, communications/branding and legal matters. From the perspective of hosted partnerships, it has been stressed that their operating and financing model necessitates a degree of flexibility and agility in relation to human resources recruitment and termination, contracting with third parties, and communications, that WHO's rules and regulations do not cater for. That said, the need for such flexibility has to be balanced with the importance of ensuring a coherent and robust implementation of WHO's administrative system. Some of the most salient administrative issues can be summarized as follows:

(1)   **Human resources.** The staff assigned to the secretariats of WHO-hosted partnerships are subject to WHO's Staff Rules. However, over the years a number of inconsistencies relating to the application of the Staff Rules and human resources policy have arisen, notably in the following areas:

• the role of the partnership's board in the selection and performance appraisal of the Executive Director of a hosted partnership secretariat;

• the reporting line for partnership Executive Directors and their delegation of authority;

• the gender balance and geographical distribution policies in relation to recruitment of partnership secretariat staff;

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[1] See documents EBSS2/2, EB130/5 Add.4 and A65/5.

- the reassignment rights of partnership secretariat staff to positions within WHO as well as reassignment of WHO staff to partnership secretariats as part of WHO departmental restructurings;

- the speed of recruitment and the length and cost of re-profiling exercises.

(2) **Finance and cost.** The WHO Financial Rules and Financial Regulations are a pivotal component of WHO's accountability framework yet their application to hosted partnerships has given rise to difficulties. Specifically:

- Some partnership boards allocate funding to certain institutions or persons in relation to commissioned work as part of the implementation of a board-approved partnership strategy or workplan. This often means that the selection of the entity or person is not being carried out on a competitive basis, thereby leading to conflict with WHO's Financial Rules.

- WHO bears ultimate legal and financial liability for claims made against the hosted partnership as well as for its acts and omissions. Therefore, when a partnership secretariat does not systematically accrue reserves to cover its liabilities in relation to staff, claims or other matters, WHO is obliged to shoulder the burden.

- Partnerships engage in significant resource mobilization activities. In this respect, greater collaboration, coordination and transparency between hosted partnerships and WHO is required in order to reduce competition over resources and confusion among donors. The absence of such coordination could also lead to inappropriate engagement with private commercial entities giving rise to conflicts of interest and reputation risks to both WHO and the partnerships it hosts.

- WHO devotes considerable effort and resources to supporting hosted partnerships' operations and in some cases does not recover all the associated costs, which go beyond the overheads charged to the contributions received for financing their operations. In this respect, WHO's governing bodies have repeatedly stressed the need to ensure that WHO does not subsidize partnership activities.

(3) **Communications/branding.** Pursuant to the Partnerships Policy, the secretariats of hosted partnership are required to follow WHO's guidelines and administrative procedures for publications, and internal and external communications. In this regard, the use of partnership brands/logos in association with the logos of third parties or with the WHO emblem in the context of joint collaborative initiatives can, without appropriate review and clearance by WHO, give rise to reputational and political risks for the partnership concerned as well as for the Organization. WHO has noted a number of issues in this domain, specifically:

- In line with WHO's obligations to the host government, hosted partnerships must in all external communications, promotional material and visual identifiers reflect the hosting relationship with WHO. This is important so as to not mislead the authorities and the public in relation to their legal status.

- Hosted partnerships, especially in the course of their outreach and advocacy activities, are expected to interact with the media. However, often the scope of such interactions and the communications by partnership secretariats are not systematically handled in consultation and coordination with WHO's communications department or in accordance with accepted protocols. The lack of such consultation and coordination not only weakens the efficacy of such initiatives but can also lead to confusing, conflicting or duplicated messages.

• Hosted partnerships are increasingly appointing high-profile personalities as "ambassadors" or "champions" for a diverse range of causes. However, due diligence and consultation with WHO in connection with such appointments is not regularly conducted, nor sufficient in scope.

SUGGESTED COURSES OF ACTION TO IMPROVE HARMONIZATION BETWEEN WHO AND HOSTED PARTNERSHIPS

15.   The analysis of modalities for improving WHO's involvement in partnerships and the oversight thereof have been discussed during the last year by WHO's governing bodies in connection with the WHO reform agenda. Member States have suggested that the governing bodies define and play a stronger oversight role in this regard.[1] Furthermore, in resolution WHA63.10 the Health Assembly requested the Director-General, inter alia, to submit to the Executive Board any proposals for WHO to host formal partnerships for its review and decision.[2] In the same resolution, the Director-General was also requested to create an operational framework for WHO's hosting of formal partnerships and to apply the partnerships policy "to the extent possible and in consultation with the relevant partnerships, to current hosting arrangements with a view to ensuring their compliance with the principles embodied in the policy".

16.   In view of the foregoing, the following courses of action are being suggested to improve harmonization between WHO and hosted partnerships from a governance, programmatic and administrative perspective:

(a)   To ensure the continued relevance and effectiveness of WHO's engagement in hosted partnerships, the Programme, Budget and Administration Committee of the Executive Board could periodically review WHO's interaction with individual hosted partnerships and their harmonization with WHO's work on a case by case basis. The recommendations stemming from those periodic reviews would provide guidance for a decision on whether WHO should seek modifications in the hosting relationship, or in its engagement with them, or terminate the relationship.

(b)   In order to address WHO's role as the host organization and to foster harmonization and create synergies with the work of hosted partnerships, an internal joint committee should be established, combining the secretariats of both WHO and the partnership. This joint committee would serve as a forum where coordination on programmatic and administrative issues impacting the hosting relationship can be addressed as a complement to the direct line management responsibilities of the respective WHO officials.

(c)   Results of independent evaluations on the performance and activities of hosted partnerships conducted under the auspices of their respective boards should be communicated to WHO's governing bodies as part of the Secretariat's reporting on hosted partnerships.

(d)   Guidelines for coordinating the regional and country activities of hosted partnerships with those of WHO programmes and for better informing WHO's engagement in the partnerships boards should be elaborated and referenced in the hosting terms for partnerships.

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[1] See decision EBSS2(2) and the Chairman's summary in the summary record of the seventh meeting of the Executive Board in January 2012, document EB130/2012/REC/2.

[2] It is noteworthy that since the adoption of WHA63.10, WHO has not hosted any new partnership.

(e)   The WHO Secretariat should bring to the attention of Member States inconsistencies that may exist between their positions in WHO governing bodies and in the boards of hosted partnerships.

(f)   In consultation with its hosted partnerships, the WHO Secretariat should complete the development of, and roll out, generic hosting terms for WHO-hosted partnerships. The hosting terms will in essence serve as an operating framework designed to foster a shared understanding of what it means to be hosted by WHO, and provide greater administrative clarity and consistency across all hosted partnerships. The hosting terms would also identify flexibilities in WHO rules and practices in recognition of partnerships' diverse missions and purposes thereby contributing to an atmosphere of greater harmonization and alignment. They will also underscore the importance of adhering to the Organization's accountability framework and emphasize the need for hosted partnerships to work in a manner that is synergistic with WHO.

(g)   Hosted partnerships could be required to accrue and set aside reserves to meet potential liabilities.

(h)   A study is being undertaken by the General Management Group within the WHO Secretariat, focusing primarily on Programme Support Costs. This study will look into the costs that WHO incurs when it hosts partnerships, from the perspective of human resources, legal, audit, finance and other administrative functions. Based on the outcome of such an analysis, a more realistic and equitable costing framework could be introduced.

(i)   The recommendations of the Independent Expert Oversight Advisory Committee to develop a risk matrix for hosted partnerships should be pursued.

ACTION BY THE EXECUTIVE BOARD

17.   The Board is invited to consider the proposed actions contained in paragraph 16 above and give further guidance.

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