

Hosted health partnerships

Report by the Secretariat

1. In January 2013 the Executive Board adopted decision EB132(10), in which it called inter alia for hosted partnerships to be included as a standing item on its agenda. This report lists major recent developments with regard to hosted partnerships and gives a summary of key issues pertaining to the hosting relationships that the Secretariat has deemed as being noteworthy and of interest to the Executive Board.

2. In addition, the report provides updated information on the implementation of various components of decision EB132(10), notably the review by the Programme, Budget and Administration Committee of the Executive Board of WHO's arrangements with hosted partnerships; modalities to ensure full cost recovery; the establishment of a joint committee of WHO-hosted partnerships; the management of liabilities; reporting on the outcome of independent evaluations commissioned by WHO-hosted partnerships; coordination of the work of hosted partnerships with WHO regional and country activities; the development of generic hosting terms, and a risk management framework.

MAJOR DEVELOPMENTS AND KEY ISSUES

Health Metrics Network

3. The Health Metrics Network was dissolved on 31 May 2013. WHO has not assumed any financial liabilities in connection with this process.

Roll Back Malaria Partnership

4. The external evaluation of the work of the Roll Back Malaria Partnership in 2009–2013 found that the Partnership has contributed significantly to the progress made towards achieving the objectives of the Global Malaria Action Plan. The evaluation recommended that more attention should be paid to supporting selected high-burden countries. At its forthcoming meeting the Board of the Partnership will review the recommendations from the external evaluation and focus on how the Partnership can best position itself in the post-2015 global health and development environment. This may require a review of the current “architecture” and hosting arrangements, and consideration of the need to adjust the structure of the Secretariat so that priorities can be shifted more easily.

5. In addition, the strong advocacy by the Partnership has helped to keep malaria high on the international agenda, while its support for timely and pertinent planning and for resource mobilization, as well as its technical assistance with monitoring and evaluation, have helped improve national malaria control programme efforts. Furthermore, the Partnership's platform for the exchange of ideas, strategies, best practices and progress reports continues to motivate stakeholders to look for more effective ways to push the agenda forward.

6. Current strategic directions for the Partnership include a focus on enhancing programme effectiveness and value for money through improved targeting and prioritization of available resources at country level, and on the launch of the second global malaria action plan, which will support the implementation of WHO's forthcoming global technical strategy for malaria control and elimination for the period 2016–2025 and orient countries to finance malaria control from domestic resources, rather than from aid, to complement health and malaria budgets with non-health sector financing, and to enhance the linking of malaria control and elimination.

7. There are no current specific challenges relating to the hosting arrangements with the Roll Back Malaria Partnership.

Global Health Workforce Alliance

8. The Global Health Workforce Alliance continues to play a central role in advocacy and accountability for human resources for health. In November 2013 the Alliance, in collaboration with WHO, PAHO and the Government of Brazil, convened the Third Global Forum on Human Resources for Health, attended by over 2000 participants from 93 Member States. The Forum bolstered political commitment to human resources for health as the foundation for universal health coverage: a strong political declaration was adopted, and new commitments were announced by 56 Member States and 25 other organizations and institutions. The Alliance also advanced the dialogue at a technical level, with a flagship report taking stock of progress and outlining a forward-looking agenda, while numerous articles and publications promoted evidence-based solutions in the area of human resources for health.

9. Since the departure of the Executive Secretary in the summer of 2013, and in view of the current financial difficulties faced by the Alliance, the WHO Assistant Director-General for Health Systems and Innovation is currently acting as the interim Executive Secretary. To overcome those difficulties, donors committed at the November 2013 meeting of the Alliance's Board to increase the global attention focused on the health workforce agenda and jointly to ensure the viability of the Alliance for the remainder of its 10-year expected lifespan (until 2016). Furthermore, WHO agreed to provide limited bridging funds to sustain the Alliance's operations in the short term until receipt of expected donor funds (which will be used to reimburse WHO).

Stop TB Partnership

10. Over the past 18 months, the Stop TB Partnership has commissioned several independent evaluations that led to the development of a first-ever three-year operational strategy for the Secretariat (including prioritization and strategic changes), and it has implemented a thorough governance reform under the leadership of the Partnership's Coordinating Board.

11. Through its Global Drug Facility and TB REACH grant-making mechanism, the Stop TB Partnership continues to contribute to the procurement and distribution of antituberculosis drugs, diagnostics and commodities. Furthermore, the Partnership's advocacy work has led to an increase from 16% to 18% in the proportion of the resources of the Global Fund to Fight AIDS, Tuberculosis and Malaria allocates to tuberculosis, as well as to the development of tuberculosis-specific approaches and support for their roll-out within the framework of the Global Fund's new funding model. The Partnership's work has also contributed to the development of a special platform and movement on tuberculosis in the mining sector in countries that are members of the Southern African Development Community.

12. In addition, at the request of the Partnership's Coordinating Board, a study was made of alternative institutional hosting arrangements. The study highlighted the fact that WHO hosting has provided invaluable benefits to the Stop TB Partnership, but that WHO's administrative and accountability framework imposes limits on the Partnership's ability to exercise a greater degree of freedom of action. In this respect, it was noted that the flexibility which the Partnership requires for effective implementation of its operational strategy is difficult to achieve while it is hosted in WHO. The report also noted that, in the light of the decision by WHO's governing bodies to ensure full cost recovery from hosted partnerships, WHO's hosting costs are likely to increase, and that alternative hosts would offer lower hosting costs, as well as greater flexibility for cost management and resource generation. The Coordinating Board subsequently adopted a decision¹ requesting that a written understanding is developed between the Partnership and WHO, based on the following principles:

- Board authority to make decisions on the Partnership's strategic direction as well as human and financial resources against the strategy, to be implemented by the Secretariat.
- Board authority for oversight and performance assessment of the Executive Secretary, including decision-making on hiring and termination.
- A clear identity and mandate for the Stop TB Partnership that is recognizable to all stakeholders.
- Ability of the Board, directly and through the Secretariat, to communicate with its partners.
- Efficient, flexible, and accountable administrative processes to enable the Partnership Secretariat to implement Board decisions expeditiously and in the full spirit of those Board decisions.
- Flexibility to attract a diverse set of donor resources to support the Secretariat and activities.

13. Subsequently, the Chair of the Coordinating Board in a letter to the WHO Director-General sought to explore whether WHO would be able to provide the administrative and programmatic autonomy requested by the Coordinating Board on the basis of those principles. In response, the Director-General underscored the importance of adhering to the partnerships policy endorsed by the World Health Assembly in 2010,² as well as to the applicable WHO normative policies, rules and regulations. The Director-General also expressed her personal commitment to facilitate the implementation of alternative hosting arrangements, should the Coordinating Board decide that this would be in the interests of the Partnership.

Alliance for Health Policy and Systems Research

14. The Alliance for Health Policy and Systems Research has aligned its work, mission and mandate with those of WHO and responds to the directions of the WHO reform. Through established relationships with key stakeholders in more than 44 Member States, the Alliance strives to contribute in various ways to stronger health systems by building capacities to generate and use health policy and systems research in decision-making. The Alliance is coordinating the work of an advisory group to

¹ Twenty-third Coordinating Board Meeting, decision point 23-10.

² Resolution WHA63.10.

develop a plan of action for implementation of the WHO strategy.¹ The year 2013 has also seen other major achievements, including the development of a guide on implementation research in health.

15. There are no current specific challenges relating to the hosting arrangements with the Alliance for Health Policy and Systems Research.

Partnership for Maternal, Newborn and Child Health

16. Over the past year, the Partnership for Maternal, Newborn and Child Health has focused on advocacy for women's and children's health, compilation of evidence to support that advocacy effort through improved coverage of essential interventions, and accountability processes to ensure that the commitments made are being delivered. In doing so, the Partnership has successfully advocated for women's and children's health in the context of the unfinished agenda of the United Nations Millennium Development Goals, ensuring that the relevant political commitments to those goals are strengthened (through measures such as consultation on "Every newborn" (an action plan to end preventable deaths), commemoration of World Prematurity Day, and promotion of parliamentary resolutions), and taken forward into discussions on the post-2015 development agenda (for example, a summary statement endorsed by more than 240 organizations that are members of the Partnership was submitted to the United Nations High-level Panel of Eminent Persons on the Post-2015 Development Agenda). Critical evidence has been compiled and is being disseminated on ways in which multiple stakeholders can work together in the context of the Millennium Development Goals and the post-2015 agenda to implement the necessary interventions to reduce morbidity and mortality; critical questions on what has worked and in what circumstances are being answered. The Partnership's 2013 report² expressed the aspiration of the entire community to ensure that the commitments to women's and children's health are being implemented. All of these endeavours were further strengthened when Mrs Graça Machel assumed the Chair of the Partnership in 2013.

17. There are no current specific challenges relating to the hosting arrangements with the Partnership for Maternal, Newborn and Child Health.

International Drug Purchase Facility (UNITAID)

18. In the past two years, activities have led to significant results: over 300 million subsidized malaria treatments have been distributed through the private sector in Africa with UNITAID financing. UNITAID has contributed to bringing treatment of HIV infection to over 600 000 additional children. A targeted UNITAID grant has led to a 40% reduction in the price of a new rapid tuberculosis test based on the GeneXpert platform. In addition, over US\$ 140 million has been invested in 2012 and 2013 in point-of-care CD4 and viral load testing for the surveillance of HIV treatment.

19. In October 2013, the Independent Expert Oversight Advisory Committee invited the senior management of UNITAID to present the partnership's activities and operational model. Discussion focused on the alignment and synergy of UNITAID's work with that of WHO, with emphasis on the partnership's work in the area of market dynamics. During the session, UNITAID and WHO representatives underscored the importance of the contributions made by the partnership. However, the

¹ Strategy on health policy and systems research: changing mindsets. Geneva: World Health Organization; 2012.

² The PMNCH 2013 report: analyzing progress on commitments to the global strategy for women's and children's health. Geneva: Partnership for Maternal, Newborn and Child Health; 2013.

Advisory Committee queried whether it would not be more appropriate, in view of the partnership's key function as a financing institution, for UNITAID to be hosted in an organization that has a similar mandate, or whether it has matured to such a degree that it can be established as a separate legal entity.

20. There are no current specific challenges relating to the hosting arrangements with UNITAID.

European Observatory on Health Systems and Policies

21. The European Observatory on Health Systems and Policies is hosted by the WHO Regional Office for Europe. The main achievements during the year have been: the gathering of evidence to support the development and implementation of key WHO policies and strategies, including the European health policy framework, Health 2020; research into and monitoring of the response to the economic crisis, in preparation for a meeting in Oslo, Norway in April 2013; support for a review of the Tallinn Charter;¹ operation of a central information system on health systems, including the Health Systems in Transition series of publications and the Health Systems and Policy Monitor web platform; and support to countries with policy implementation through the transfer of evidence during policy dialogues.

22. The Observatory has worked closely with the Regional Office for Europe to ensure compliance with WHO rules and regulations. In addition, the Observatory has amended its logo to emphasize the hosting relationship with WHO. It has also taken steps to ensure consistency in the treatment of all its staff who are employed by WHO and based in outposted offices. The Observatory has completed a rigorous external evaluation and has made amendments to its governance based on recommendations stemming from the evaluation.

IMPLEMENTATION OF EXECUTIVE BOARD DECISION EB132(10)

23. In decision EB132(10), the Executive Board requested its Programme, Budget and Administration Committee to ensure that the arrangements for hosted health partnerships are regularly reviewed on a case-by-case and timely basis in respect of their contributions to improved health outcomes, WHO's interaction with individual hosted partnerships, and the harmonization of their work with the work of WHO. In this regard, the Executive Board requested the Director-General to prepare an operational framework to facilitate the Committee's review. The Secretariat, in consultation with hosted partnerships, has developed a paper for the Committee describing a proposed approach for the conduct of the reviews.² Under the proposed approach, the Secretariat would work with the hosted partnership being reviewed and submit for each review a report describing: (i) the partnership's contributions to improved health outcomes; (ii) the harmonization of the partnership's work with that of WHO; and (iii) issues that have arisen relating to administrative aspects of the hosting arrangement. The report would serve as the basis for the review by the Programme, Budget and Administration Committee.

24. Modalities to ensure full recovery of the costs associated with hosted partnerships need to be premised on the development and roll-out of a coherent management and administration costs framework that will apply to the entire WHO Secretariat. In this respect, the study commissioned by the Programme, Budget and Administration Committee in late 2011 on WHO's administrative and

¹ See <http://www.euro.who.int/en/publications/policy-documents/tallinn-charter-health-systems-for-health-and-wealth>.

² Document EBPBAC19/8.

management costs was not intended to provide the level of detail required to identify all the cost drivers and metrics that would be needed to develop a comprehensive costing framework for partnerships. Further work in this area is therefore expected to be carried out in the coming months, on the basis of which a costing framework that ensures full cost recovery on a fair and transparent basis can be developed and applied to hosted partnerships as appropriate.

25. The Joint Committee of WHO-Hosted Partnerships has been established. Guided by the partnerships policy that was endorsed by the Sixty-third World Health Assembly in 2010, the Joint Committee will serve as a forum where coordination of programmatic and administrative issues impacting the hosting relationship is discussed and through which recommendations on such matters are made to the Director-General. The Joint Committee will hold its second meeting prior to the January 2014 meeting of the Programme, Budget and Administration Committee. The Joint Committee will coordinate its work with regional offices that host partnerships with an exclusively regional jurisdiction.

26. Through the Joint Committee, the Secretariat has stressed the requirement that hosted partnerships must set aside reserves to meet unforeseen staff liabilities. The Secretariat is exploring different possibilities, including establishing an internal “insurance fund” that is capitalized by hosted partnerships and which the WHO Secretariat can access in order to indemnify itself for financial losses resulting from partnership-related claims or actions that have generated a liability for WHO. The possibility of requiring hosted partnerships to subscribe to external liability insurance is also being examined. As the Secretariat conducts further work in this area, it will seek the expertise and views of the Independent Expert Oversight Advisory Committee.

27. Several hosted partnerships have conducted or are currently conducting independent evaluations of their programmatic performance and activities, under the auspices of their respective boards. A summary of the primary findings of such evaluations will be submitted to the Board at its 136th session in January 2015.

28. A working group of WHO and partnership secretariat staff has been established to formulate internal guidelines for coordinating the regional and country activities of hosted partnerships with those of WHO programmes. These guidelines will further inform WHO’s engagement in hosted partnerships.

29. Work on the development of generic hosting terms for WHO-hosted partnerships has been initiated and is being conducted through the Joint Committee of WHO-Hosted Partnerships.

30. Hosted partnerships will be included in the Organization-wide roll-out of the WHO risk management framework.

ACTION BY THE EXECUTIVE BOARD

31. The Board is invited to note this report.

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