World Health Organization

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Hosted health partnerships

Review of the Global Health Workforce Alliance

Report by the Secretariat

1. In accordance with the Executive Board's decision EB132(10) (2013), the Programme, Budget and Administration Committee of the Executive Board periodically reviews the arrangements for hosted health partnerships.

2. This report summarizes the contribution of the Global Health Workforce Alliance to improved health outcomes, the harmonization of its work with the relevant work of WHO, and the Secretariat's interaction with the Alliance.

3. Established in 2006, the Alliance has a 10-year mandate to act as a global convener mobilizing worldwide attention to human resources for health crises and generating political will and action for positive change. It is a partnership of national governments, civil society, international agencies, finance institutions, researchers, educators and professional associations, with a membership of over 400. It is governed by a multisectoral Board and supported by a secretariat hosted by WHO. The existing mandate of the Alliance will expire in May 2016.

4. The Alliance Board commissioned an external evaluation in 2011,[1] which concluded that the work carried out represented good value for money. The review also recognized the Alliance's contribution in advancing the health workforce agenda at global and country level. The evaluation nevertheless identified the need to better harness members' contributions in order to stabilize revenues and establish a more productive relationship with WHO. Building upon those recommendations, the Alliance Board determined a strategic direction and realigned its priorities under a renewed strategy for the period 2013–2016.

CONTRIBUTION TO IMPROVED HEALTH OUTCOMES

5. The Alliance is considered to be uniquely positioned as it provides a global independent platform for bringing together multisectoral stakeholders in policy dialogue on the development and implementation of sustainable solutions related to human resources for health. It has convened three global forums on human resources for health, leading to the adoption of the Kampala Declaration and the Agenda for Global Action and the Recife Political Declaration on Human Resources for Health, as well as new human resources for health commitments.

[1] External Evaluation of the Global Health Workforce Alliance, (see http://www.who.int/workforcealliance/about/governance/board/GHWA_ExternalEvaluation_Report.pdf, accessed 26 November 2015).

6. The Alliance supported the launch of the Health Workforce Advocacy Initiative in 2007 to drive initiatives by civil society organizations in human resources for health advocacy. The initiative has spearheaded research, policy analysis and evidence-based advocacy focused on opportunities offered by the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief, the International Health Partnership and related initiatives (IHP+) and the G8 group of countries, among others. The need for mutual accountability on health personnel is also recognized in *the Deauville accountability report: G8 commitments on health and food security: state of delivery and results*.[1]

7. The Alliance endeavours to mobilize and harness the vast potential of its regional platforms and networks in a coherent and coordinated manner, including the Asia Pacific Action Alliance on Human Resources for Health, Observatories on Human Resources in Health, and the African Platform on Human Resources for Health. Through its networks, it aims to reach key stakeholders beyond public health in Africa, including in the areas of labour, education, finance, civil society and the private sector. Lessons can be learnt on two fronts: regional alliances of network members may not be sufficient to reach and influence high-level political decision-makers on human resources for health; and multisectoral engagement beyond the health sector continues to present challenges.

8. The Alliance assists stakeholders to generate, disseminate and implement knowledge in order to strengthen human resources for health through task forces and working groups.[2] A knowledge centre is available on its website for accessing various tools, analysis papers and frameworks for human resources for health. Attention has been focused on coordinating evidence and stakeholder action on the contribution of community health workers to expanding access to primary health-care services. After 2011, the Alliance continued its support for forging links between the health workforce agenda and reproductive, maternal, newborn and child health priorities in target countries in Africa, before the WHO Secretariat took over the task of providing technical assistance to those countries.

9. Working with its wide constituency of members, the Alliance has played a valuable role in renewed health workforce developments, and, in some instances, triggered the required investment decisions by countries and international partners. After the Third Global Forum on Human Resources for Health, held in 2013, in Recife, Brazil, the Alliance conducted an "analysis of the commitments made by national governments of 57 countries" at this forum,[3] which confirmed that some of the commitments had been translated into concrete policy decisions and actions.

HARMONIZATION OF THE ALLIANCE'S WORK WITH THE RELEVANT WORK OF WHO

10. The Alliance harmonizes its activities with WHO's programme of work. Following the First Global Forum on Human Resources for Health in 2008, it facilitated a global task force proposal for a WHO Global Code of Practice on the International Recruitment of Health Personnel, which was subsequently adopted by the Sixty-third World Health Assembly in 2010. Similarly, following the Third Global Forum on Human Resources for Health, in 2014 the Sixty-seventh World Health

[1] Deauville Accountability Report (see http://www.who.int/pmnch/media/membernews/2011/20110518_accountabilityreport.pdf, accessed 26 November 2015).

[2] The Alliance task forces and working groups (see http://who.int/workforcealliance/about/taskforces/en/, accessed 26 November 2015).

[3] See http://www.who.int/workforcealliance/knowledge/resources/analysis_57countries/en/, (accessed 26 November 2015).

Assembly adopted resolution WHA67.24 on follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage, requesting the Director-General, inter alia, to develop a global strategy on human resources for health.

11. As part of the effort to rationalize its secretariat operations and seek a closer alignment and synergy with WHO, the Alliance Board undertook a strategic prioritization exercise in mid-2013, outlining a division of responsibilities, as set out below.

- The Alliance focuses on advocacy, communication, facilitation of partners in support of country actions, organization of global forums on human resources for health, collaboration with, and support to, WHO on its normative role, and keeping track of, and reporting on, human resources for health development and commitments.

- WHO focuses on convening Member States for technical meetings on human resources for health, health system strengthening and universal health coverage, normative functions, technical support to countries, supporting country-specific initiatives and application of human resources for health tools, and global monitoring and evaluation of human resources for health trends.

12. The Alliance supported WHO in collating evidence and recommendations for the development of the Global Strategy on Human Resources for Health: Workforce 2030 by convening its various partners, including the World Bank, the United States Agency for International Development, the Japan International Cooperation Agency, the German Agency for International Cooperation and the United Kingdom Department for International Development in connection with core questions that the Global Strategy needed to address, and by organizing working groups to develop key thematic background papers. Based on those papers, the Alliance Board adopted a synthesis paper and submitted it to WHO as a contribution to the development of the Global Strategy.

13. The Alliance's governance and membership structure enables it to empower and amplify the voices of its diverse members and partners through, for example, obtaining and balancing the views of civil society organizations, health care professional associations and health workers and those of governments and policy-makers, or facilitating engagement and consensus building among national health ministries and international agencies and their respective counterparts in other sectors.

WHO'S INTERACTION WITH THE ALLIANCE

14. **Human resources.** In accordance with WHO procedures, the Director-General shall appoint the head of the Alliance, in consultation with the Alliance Board. The Alliance secretariat was initially established in 2006 with two staff members. Its full-time staffing equivalent has fluctuated in line with its activities and resources. Since 2014, the Alliance secretariat has been staffed by 4.5 full-time equivalent staff members. Currently, there is one staff member under a joint WHO-Alliance Executive Director arrangement. As a hosted partnership, staff are recruited solely for work with the partnership and are not normally eligible for reassignment to positions elsewhere in WHO should those that they occupy be abolished.

15. The decision of the Alliance Board to ensure completion of the existing mandate by May 2016 has prompted planning for its closure.

16. **Programme and financial management.** The budget of the Alliance is separate from the WHO Programme budget and is approved by its own Board. The Alliance prepares and submits a brief annual financial statement, guided by its workplan, to its Board. The voluntary contributions by contributors to the Alliance are listed in the Annex of the annual Financial report and audited financial statements of WHO. No separate audit is performed by the External Auditor.

17. **Resource mobilization and cost recovery.** The Alliance mobilizes its own resources from governments and philanthropic foundations. It does not receive funds from private sector entities. WHO does not provide funding resources for the Alliance. At present, the WHO Secretariat conducts cost recovery through the mechanisms of programme support cost, post occupancy charge and specific charges for services, such as mail, meeting rooms and telephone, as is the practice for all WHO programmes.

18. **Communications.** In its branding, the Alliance incorporates and clearly reflects its hosting and administrative relationship with WHO. The hosting arrangement is mentioned in the Alliance's publications in a standardized statement, such as, "the Alliance is hosted by the World Health Organization". The Alliance currently does not have "champions" or "ambassadors".

19. **Other organizational policies.** The Alliance secretariat has systematically sent to the WHO Office of the Legal Counsel relevant contracts and agreements for customary WHO clearance. They might involve collaboration with third parties, contracts for services and donor agreements. As a result of the Board's decision to complete its mandate, the WHO Office of the Legal Counsel has been consulted on governance arrangements for a transition phase and on the possible establishment of a network.

20. WHO's accountability and internal control frameworks apply to hosted partnerships. As a hosted partnership, the Alliance must communicate the main risk factors to the Office of Compliance, Risk Management and Ethics. The main risks identified are assessed in accordance with the WHO risk evaluation criteria and are included in the risk reports. The Alliance is also bound by WHO's ethical principles, and policies on declarations of interest, whistleblowing and protection against retaliation.

CONCLUSIONS

21. To address the highly complex and evolving issues associated with human resources for health, it has been noted that coordination and coherence on the part of governments and partners can strengthen policies, programmes and implementation. There is a need for further advocacy, monitoring of developments and accountability in the context of human resources for health in order to promote country-specific and global commitments. The results indicate that both the Alliance and WHO benefit from the hosting arrangement in terms of enhancing advocacy, brokering knowledge and promoting accountability in the area of global human resources for health.

22. The Alliance has more flexibility than WHO in approaching stakeholders, and its work helps the global community to better align its human resources for health activities and perspectives. In 2011, the Alliance experienced difficulties owing to the composition of its Board, the strategic direction and the main donors rotating off the Board.

23. The Alliance secretariat is now implementing its priority activities for the period 2015–2016 to support the successful completion of its existing mandate, as decided by its Board. This includes supporting WHO in the finalization, adoption and dissemination of the Global Strategy on Human Resources for Health, continuing policy dialogue on the WHO Global Code of Practice on the International Recruitment of Health Personnel, and core advocacy and communications.

24. A review of the Alliance's contribution to human resources for health during its 10-year mandate is currently under way. Its "legacy" will be published in 2016 to inform the continuing momentum on human resources for health, including the Board's proposal for a human resources for health network hosted by WHO.

ACTION BY THE EXECUTIVE BOARD

25. The Board is invited to note this report.

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