
Hosted partnerships

Report by the Secretariat

1. In accordance with decision EB132(10) (2013),¹ the Executive Board is regularly updated on major developments and issues arising in connection with WHO-hosted partnerships.² This report provides updates on the following: the progress made in developing generic hosting terms; major developments in partnerships hosted by WHO; and the main findings and recommendations of the review of the Alliance for Health Policy and Systems Research, conducted as part of the periodic review of hosted partnerships.

2. In decision EB132(10), the Board also 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; and to make recommendations for the consideration of the Board, as appropriate, through a standing item on the subject on the Board's agenda. In 2016 the Partnership for Maternal, Newborn and Child Health and the Global Health Workforce Alliance were reviewed.³ This year the Alliance for Health Policy and Systems Research is proposed for review.

GENERIC HOSTING TERMS FOR WHO-HOSTED PARTNERSHIPS

3. In May 2010 the Sixty-third World Health Assembly adopted resolution WHA63.10 on partnerships, endorsing the policy on WHO's engagement with global health partnerships and hosting arrangements.⁴ This partnerships policy sets out a framework and criteria to guide WHO's assessment of potential engagement in, and decision to host, formal partnerships and provides specific arrangements for hosting partnerships. In the resolution the Health Assembly also requested the Director-General "to create an operational framework for WHO's hosting of formal partnerships".

¹ WHO reform: hosted partnerships. Available at: http://apps.who.int/gb/ebwha/pdf_files/EB132-REC1/B132_REC1-en.pdf#page=53 (accessed 15 March 2017).

² See also accompanying document EB141/9.

³ See documents EB138/47 Add.1 and Add.2.

⁴ See document WHA63/2010/REC/1, Annex 1.

4. Subsequently, in January 2013, the Board considered the Secretariat's report on hosted partnerships¹ and requested in decision EB132(10) the Secretariat, in consultation with hosted partnerships, to develop and apply generic hosting terms to all WHO-hosted partnerships.

5. Extensive consultations have taken place for the development of the hosting terms – both within the Secretariat and with the secretariats of partnerships through numerous sessions of the Joint Committee of WHO-Hosted Partnerships.

6. The hosting terms promulgated by the Director-General set out the operational framework for WHO's hosting and administration of formal partnerships in the context of the Constitution of the World Health Organization, WHO's Financial Regulations, Financial Rules, Staff Regulations and Staff Rules, the provisions of the WHO Manual, applicable policies, procedures and practices including WHO's technical norms, guidelines and procedures, and relevant resolutions of WHO's governing bodies ("WHO's rules").² The hosting terms reiterate that all WHO rules apply also to hosted partnerships; they specify further, in the case of certain rules, what exceptions or particularities apply for partnerships. It must be stressed that WHO's technical collaboration and interaction as a partner in a partnership, regardless of whether such partnership is hosted by WHO, remains primarily governed by the partnerships policy.

MAJOR DEVELOPMENTS IN WHO-HOSTED PARTNERSHIPS

Alliance for Health Policy and Systems Research³

7. In 2016 the work of the Alliance was performed through collaborative engagements with partners, including Member States. Similarly, its initiative on implementation research and delivery science, cosponsored with the World Bank and the United States Agency for International Development, brings greater clarity and consensus in terminology and methods through the synthesis of real-world experiences and learning by researchers, practitioners and policy-makers. The collective knowledge generated through these engagements has been shared through resources and other public goods developed by the Alliance, including a training course on systems thinking in public health, case studies on primary health care, and the flagship report on participatory leadership, which was launched in late 2016.⁴ The Alliance continues to work to embed research into decision-making through joint calls with UNICEF, the GAVI Alliance and AMRO/PAHO for research proposals to generate evidence on how limited investments and training can stimulate systems-level changes within programmes and health systems.

8. The work of the Alliance, as a hosted partnership in WHO, led to the establishment and engagement of a policy leadership group launched at the Fourth Global Symposium on Health

¹ See document EB132/5 Add.1 and the summary records of the Executive Board at its 132nd session, fifth meeting, thirteenth meeting, section 2, and sixteenth meeting (document EB132/2013/REC/2).

² The hosting terms will shortly be made available on the WHO website, under "About WHO".

³ For the review of the partnership, see also paragraphs 19–21 below and document EB141/9.

⁴ WHO, Alliance for Health Policy and Systems Research. Open mindsets: participatory leadership for health. Geneva: World Health Organization; 2016 (<http://www.who.int/alliance-hpsr/resources/publications/participatory-leadership/en/>, accessed 15 March 2017).

Systems Research (Vancouver, Canada, 14–18 November 2016).¹ The Alliance has also facilitated multistakeholders' engagement on priority issues through gatherings such as the meeting on strengthening public health practice at local districts (Bellagio, Italy, 21–25 November 2016).² That meeting aimed to support Member States, non-State actors and development partners to put into practice the Health Assembly's resolution WHA69.1 on strengthening essential public health functions in support of the achievement of universal health coverage, in which the Health Assembly called on Member States to work on ways to improve essential public health functions. A milestone for the Alliance in 2016 was the inception of its Learning Engaging and Advocating for Policy and Systems Research Forum,³ which aims to enable greater synergies among groups involved in the generation and promotion of knowledge on health policy and systems in order to improve health systems performance. A central objective of the forum is to increase the sustainability of investments and ownership of health policy and systems research by local governments.

European Observatory on Health Systems and Policies

9. Through its work the Observatory is aligned with the work of the Regional Office for Europe and contributes to improved health outcomes. The Observatory's activities on country monitoring, analytic and knowledge brokering reflect the priorities of Member States and the Regional Committee for Europe and feed into the whole Organization's strategic and country-level work. Planning for the biennium 2018–2019 is underway in light of the need to secure new synergies and sustain existing ones.

10. In December 2016, a meeting of the Observatory's Steering Committee, hosted by the European Commission in Luxembourg, provided an opportunity to inform the Observatory's partners about the generic hosting terms for WHO-hosted partnerships. The partners welcomed the greater transparency and equity of the revised policy on cost recovery and asked the Observatory's secretariat to review its governance documents to ensure consistency. Partners also reviewed financial sustainability and were reassured that the Observatory is on a more secure financial footing and had set aside sufficient reserves.

11. The Observatory's partners agreed to the commissioning of an external evaluation which will be the latest in a regular series and will support the planning for the partnership cycle for the period 2019–2023. The Observatory is working with a sub-group of partners and the evaluation unit in the WHO Secretariat to select an appropriate evaluator and expects to be evaluated in 2017.

12. The managerial collaboration between the Observatory's secretariat and the Regional Office for Europe continues to grow, with useful meetings to support good practice and resolve issues.

Partnership for Maternal, Newborn and Child Health

13. In work towards achieving the health-related Millennium Development Goals, the Partnership for Maternal, Newborn and Child Health played an important role by convening, and forming a bridge between, partners for women's and children's issues, particularly maternal and child mortality. With

¹ See <http://www.who.int/alliance-hpsr/news/2016/highlights-fourth-global-symposium/en/> (accessed 22 March 2017).

² <http://www.who.int/alliance-hpsr/news/2016/strengthening-public-health/en/>.

³ See <http://apps.who.int/iris/bitstream/10665/254752/1/WHO-HIS-HSR-17.1-eng.pdf> (accessed 22 March 2017).

the 2030 Agenda for Sustainable Development, and in line with the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030), the Partnership is adapting to further strengthen its partners' base and to embrace a multisectoral and global agenda.

14. Under the leadership of the High-Level Steering Group for the Every Woman Every Child movement, the Partnership is working closely with the movement's other members, including the Office of the United Nations Secretary-General, the Global Financing Facility initiative and the H6 partnership,¹ to harmonize and streamline approaches around a common Unified Accountability Framework, based on priority thematic areas of the overarching objectives of the updated Global Strategy: survive; thrive; and transform. The Partnership is expected to continue to play a vital role in alignment, accountability, advocacy and analysis for women, children and adolescents worldwide.

UNITAID

15. During 2016, UNITAID successfully strengthened its grant selection and management processes through the implementation of a new operating model, which places a stronger emphasis on partnerships. In this context, UNITAID has also agreed on a more structured approach to its long-standing collaboration with other sections of the WHO Secretariat, through an enabler grant approach under which UNITAID will provide financial support to WHO for its technical support to the projects. In addition, UNITAID continues to collaborate closely with and provide funding support to WHO's prequalification programme.

16. In 2016, grants for 12 new projects were approved by UNITAID's Executive Board under the partnership's new operating model, and eight were signed, with a combined value of US\$ 206 million. UNITAID also launched calls for proposals on malaria and pregnancy, for scaling up treatment for paediatric tuberculosis and expanding access to treatment for latent tuberculosis.

17. UNITAID's governance witnessed changes in June 2016, when the founding Chair and the Vice-Chair stepped down and the Executive Board elected their respective successors.

18. In December 2016, UNITAID's Executive Board approved a new five-year strategy for the period 2017–2021² that charts a clear path for UNITAID to serve the global response to the 2030 Agenda for Sustainable Development and contribute to achieving its Goals. At the heart of the new strategy are three clear objectives – innovation, access and scalability – which will guide the design of UNITAID's interventions in the years ahead.

¹ The H6 partnership is a joint initiative by UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank that aims to improve reproductive, maternal, newborn, child and adolescent health.

² Resolution EB26/2016/R1 (http://www.unitaid.org/images/Resolutions/eb26/UNITAID_EB26_2016_R1_Strategy%202017-2021.pdf, accessed 16 March 2017).

PERIODIC REVIEW OF WHO-HOSTED PARTNERSHIPS

19. The review of the Alliance for Health Policy and Systems Research¹ was conducted again within the framework² for periodic review of hosted partnerships, with input from the secretariats of both the hosted partnership and the Secretariat.

20. The review highlighted that both the Alliance and WHO have benefited from the hosting arrangement in strengthening capacity for the generation, dissemination and use of knowledge from health policy and systems research among researchers, policy-makers and other stakeholders. In this regard, the Alliance's research grants have enabled researchers to innovate, experiment and hone their skills, build institutional capacity and enable this nascent field to flourish. The Alliance's grants enabled innovative projects as demonstrated by the research on access to medicines and results-based financing as well as the introduction of novel concepts, such as promoting research led by decision-makers to ensure that research is demand-driven.

21. The review also confirmed that the platform provided by WHO as a hosted partnership gives the Alliance significant convening power among relevant stakeholders. It enables access to decision-makers at global, regional and national levels through the extensive network of WHO's regional and country offices. It provides the Alliance opportunities to promulgate its work and achievements through major events such as the World Health Assembly. Finally, the Alliance benefits from WHO's robust accounting and financial controls.

ACTION BY THE EXECUTIVE BOARD

22. The Board is invited to note the report.

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¹ For more detailed information, see document EB141/9.

² Approved by the Programme, Budget and Administration Committee, see document EB134/3.