

Partnerships

Report by the Secretariat

1. Previous reports noted by the Executive Board¹ summarized the many benefits and challenges associated with global health partnerships,² and expressed the need for WHO to play a stronger coordinating role. At its 124th session the Board recommended that the draft policy for guidelines for WHO's involvement in global health partnerships be submitted for consideration to the Sixty-second World Health Assembly,³ but that body decided to postpone consideration of the matter to the Sixty-third World Health Assembly.⁴
2. Few successful health initiatives now depend on a single organization. Global health partnerships and numerous initiatives have been established to raise visibility of an unmet need, ensure coordination, and provide common platforms for working together by combining the relative strengths of the different stakeholders including public, private, nongovernmental organizations and civil society. The consequent multisectoral engagement and multiplicity of stakeholders have introduced new requirements for effective management of these partnerships and initiatives.
3. WHO's Constitution, the Eleventh General Programme of Work, 2006–2015 and the Medium-term strategic plan 2008–2013 all recognize and describe WHO's leadership role in health and for engaging and working with partners where joint action is required, as a core function of the Organization.
4. In order to improve global public health WHO therefore engages in a large number of broad and diverse relationships, some managed within WHO and others externally. For a subset of partnerships having their own governance arrangement, WHO has accepted to host them and, inter alia, provide their secretariats.
5. WHO has always worked through collaboration with other partners in health, but its involvement in more formal partnerships for health dates from the 1970s when the "Special Programmes" for research in tropical disease and in reproductive health were established, with WHO

¹ Documents EB122/2008/REC/2, summary record of the eighth meeting, section 2, and EB123/2008/REC/1, summary record of the first meeting, section 6.

² Most often, "global health partnership" refers to a collaborative and formal relationship among multiple organizations in which risks and benefits are shared in pursuit of a shared goal. Such partnerships have their own, separate governance body.

³ Document EB124/2009/REC/2, summary record of the eleventh meeting, section 3.

⁴ Documents WHA62/2009/REC/3, summary record of the first meeting of the General Committee and WHA62/2009/REC/2, verbatim record of the second meeting, section 2.

as the executing agency. These initial formal mechanisms were established in order to pool resources for priority research topics in health among interested bodies in the United Nations system, further supported by governmental donors. They served to avoid duplication of effort, to focus greater attention on otherwise “neglected” topics, and to boost the United Nations system’s involvement in these specific areas of work.

6. In the past decade WHO’s involvement in partnerships and similar collaborative arrangements for health has grown dramatically, and much experience has been gained. The institutional arrangements for the growing number of partnerships have become increasingly complex, involving governance issues and a diverse range of participants including governmental agencies, intergovernmental organizations, civil society and the private sector; the result is a need for a systematic approach. WHO has adapted to new challenges and provides strategic direction and coordination, often among competing interests. The Organization also focuses on results within common frameworks, strives to support country ownership of activities, convenes many meetings for national partners and sectors, and builds coalitions in support of national health goals and evaluates their impact. WHO encourages global health partnerships to adhere to the principles of the Paris Declaration on Aid Effectiveness (2005) and the Accra Agenda for Action adopted at the third High-Level Forum on Aid Effectiveness (Accra, 2–4 September 2008).

7. WHO’s current actions to support global health partnerships are wide-ranging, and follow the principles of:

- engagement with their governance
- leadership on technical and health system approaches
- joint planning with partners
- provision of cost-effective technical support to countries
- advancing broader engagement of partners in a given partnership’s theme area
- increasing coordination of partnerships dealing with similar issues.

8. In response to the growth in the number of partnerships, the Secretariat is providing support to Member States in order to develop their capabilities to enhance aid effectiveness and achieve results through effective collaboration and coordination of various partnerships and initiatives. Examples of activities include: WHO’s co-facilitation of the International Health Partnership process with the World Bank in order to help countries to negotiate with multiple stakeholders for greater coherence, harmonization and alignment; reinforcing WHO country offices’ capabilities in health-systems strengthening; and building capacity for harmonization and alignment.

REGIONAL AND COUNTRY OFFICE ENGAGEMENT

9. WHO’s regional and country offices play a vital role in support of countries’ engagement with partnerships, providing reinforcement of national capacity to manage multiple activities and financial flows (when partnerships are active at country level). WHO’s strategic contributions include, under health ministry mechanisms, helping with coordination and alignment of partners. WHO is also especially called upon by health ministries for assistance in responding to the increasing demands

placed on them for preparation of proposals and other technical support. Given that many partnerships focus on disease-specific and health-system outcomes, WHO provides support to countries in their development of holistic and participatory approaches to health systems development. National health plans, poverty-reduction strategies, other national plans and compacts, along with WHO country-cooperation strategies and the Organization's participation in the United Nations Development Assistance Framework all provide useful means to align various partnerships and partner activities at country level.

DRAFT POLICY

10. The draft policy (attached as an Annex) provides a framework guiding WHO's assessment of, and decisions concerning, potential engagement in different types of health partnerships; it also provides specific principles to be applied in cases where WHO agrees to host a formal partnership.

11. If the draft policy were endorsed by the Health Assembly, the Secretariat would report periodically to the Executive Board on its implementation, outlining the various actions it had taken in relation to the different kinds of collaboration covered by the policy and their implications for the Organization. Moreover, the Secretariat would consult with the Executive Board about proposals for WHO to host any new formal partnerships.

ACTION BY THE HEALTH ASSEMBLY

12. The Health Assembly is invited to consider the following draft resolution:

The Sixty-third World Health Assembly,

Having considered the report on partnerships;¹

Recognizing the critical need for, and contribution of, collaborative work by WHO to achieve health outcomes and the diversity of such collaborations;

Noting that WHO's Constitution, the Eleventh General Programme of Work, 2006–2015 and the Medium-term strategic plan 2008–2013 describe collaboration and coordination as core functions of the Organization;

Noting further that the growth of health partnerships and other forms of collaboration have increased greatly in the past decade;

Considering the need for WHO to have a policy governing its engagement in, and hosting of, partnerships in a manner that avoids duplication of WHO's core responsibilities in partnerships' activities.

¹ Document A63/44.

Welcoming the extensive collaboration of WHO with multiple stakeholders that creates synergies and coordination among different programmes that support achievement of global and national health outcomes and reduced transaction costs,

1. ENDORSES the policy on WHO's engagement with global health partnerships and hosting arrangements;
2. CALLS UPON Member States to take the policy into account when seeking engagement by the Director-General in partnerships, in particular with regard to hosting arrangements;
3. INVITES concerned organizations of the United Nations system, international development partners, international financial institutions, nongovernmental organizations, representatives of communities affected by diseases, and private-sector entities to enhance their collaboration with WHO, in a synergistic manner, in order to attain the strategic objectives contained in the Medium-term strategic plan 2008–2013;
4. REQUESTS the Director-General:
 - (1) to increase collaboration with concerned organizations of the United Nations system, international development partners, international financial institutions, nongovernmental organizations, representatives of communities affected by diseases, and private-sector entities in implementing the Medium-term strategic plan 2008–2013 in order to advance the global health agenda contained in the Eleventh General Programme of Work, 2006–2015;
 - (2) to create an operational framework for WHO's hosting of formal partnerships;
 - (3) to apply the policy on WHO's engagement with global health partnerships and hosting arrangements, 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;
 - (4) to consult the Executive Board on any proposals for WHO to host formal partnerships;
 - (5) to report on progress in implementing this resolution to the Sixty-fifth World Health Assembly through the Executive Board at its 129th session, the various actions taken by the Secretariat in relation to partnerships in implementing the policy on partnerships.

ANNEX

DRAFT POLICY ON WHO ENGAGEMENT WITH GLOBAL HEALTH PARTNERSHIPS AND HOSTING ARRANGEMENTS

1. This document presents WHO's draft policy that provides a framework to guide WHO's assessment of, and decision concerning, potential engagement in different types of health partnerships; it also provides specific parameters to be applied in cases where WHO agrees to host a formal partnership.
2. The set of criteria noted below aims to guide WHO's decision making about when and how to engage in partnerships, and how to develop, revise or terminate that engagement. WHO favours, as a general principle, mechanisms within WHO that facilitate collaboration without involving separate governance structures.
3. The number of global health partnerships, initiatives and other forms of collaboration has increased steadily over the past decade. The term "partnerships" is being used generically to include various organizational structures, relationships and arrangements within and external to WHO for furthering collaboration in order to achieve better health outcomes. These range from legally incorporated entities with their own governance to simpler collaborations with varied stakeholders. Diverse terms such as "partnership", "alliance", "network", "programme", "project collaboration", "joint campaigns," and "task force" may be used in the title of these partnerships, although this list does not represent a typology.
4. Examples of different partnerships include legally incorporated entities external to WHO (e.g., Global Fund to Fight AIDS, Tuberculosis and Malaria, the GAVI Alliance, the Medicines for Malaria Venture) and unincorporated partnerships within WHO with their own governance (e.g., Stop TB Partnership, Partnership for Maternal, Newborn and Child Health, Roll-Back Malaria Partnership, UNITAID, the Global Health Workforce Alliance, and the Health Metrics Network).
5. As part of its core functions, WHO manages several collaborative efforts that are fully under its managerial control and accountability and for which there are no separate governance arrangements, and are designed to provide a means to collaborate with multiple stakeholders. Examples include networks, programmes, task forces and project collaborations such as the Global Outbreak and Response Network, Global Noncommunicable Disease Network, Guinea Worm Eradication Program, Meningitis Vaccine Project, Global Polio Eradication Initiative, and the Global Task Force on Cholera Control.

Definition

6. For the purposes of this policy, the term "formal partnerships" refers to those partnerships with or without a separate legal personality but with a governance structure (for example, a board or steering committee) that takes decisions on direction, workplans and budgets. WHO currently serves as the host organization for several formal partnerships which have not been established as legal entities. WHO's decision-making process for engaging in partnerships, outlined below, applies in all cases whether or not the partnership is external to the Organization.

Criteria for WHO's engagement in a partnership

7. In all situations in which the Secretariat identifies a need for, or is asked to participate in, a partnership it will use a decision tree (see Appendix) based on the criteria below to review such requests and identify alternatives as necessary. This process applies to all forms of partnership regardless of whether WHO is hosting it, or those not hosted by WHO in which WHO seeks, or is asked, to serve as a partner at a technical level.

8. The following criteria will be used to assess future partnerships and will guide the relationship with the existing formal partnerships.

(a) **The partnership demonstrates a clear added value for public health** in terms of mobilizing partners, knowledge and resources, and creating synergy, in order to achieve a public-health goal that would otherwise not be met to the same extent.

(b) **The partnership has a clear goal that concerns a priority area of work for WHO** reflected in WHO's strategic objectives, and for which realistic timeframes are provided. Participation would represent an extension of WHO's core functions, policies, and relative strengths to other organizations, and would reinforce the quality and integrity of WHO's programmes and work.

(c) **Partnerships are guided by the technical norms and standards** established by WHO.

(d) **The partnership supports national development objectives.** In cases where a partnership is active at country level and seeks to help to build capacity in-country, WHO's engagement would help to harmonize efforts and thus reduce the overall management burden on countries.

(e) **The partnership ensures appropriate and adequate participation of stakeholders.** The agreed goals of the partnership shall be ensured through the active participation of all relevant stakeholders (including, as relevant, beneficiaries, civil society and the private sector) and the respect of their individual mandates. Partnerships may benefit from the contribution of organizations and agencies outside the traditional public-health sector as relevant.

(f) **The roles of partners are clear.** In order for WHO to participate in a partnership, the latter must clearly articulate the strengths of the partners, avoid duplication of WHO's and partners' activities, and the introduction of parallel systems.

(g) **Transaction costs related to a partnership must be evaluated, along with the potential benefits and risks.** Expected additional workloads for WHO (at all levels) shall be assessed and quantified.

(h) **Pursuit of the public-health goal takes precedence over the special interests of participants.** Risks and responsibilities arising from public-private partnerships need to be identified and managed through development and implementation of safeguards that incorporate considerations of conflicts of interest. The partnership shall have mechanisms to identify and manage conflicts of interest. Whenever commercial, for-profit companies are considered as potential partners, potential conflicts of interest shall be taken into consideration as part of the design and structure of the partnership.

(i) **The structure of the partnership corresponds to the proposed functions.** The design of the structure of the partnership should correspond to its function. For example, those with a significant financing element may require a more formal governance structure, with clear accountability for funding decisions. Those whose role is primarily a coordinating one could most effectively operate without a formal governance structure. Task-focused networks can be highly effective and efficient in achieving partnership goals with maximum flexibility, and can limit the transaction costs often associated with formal structures and governance mechanisms.

(j) **The partnership has an independent external evaluation and/or self-monitoring mechanism.** The timeframe, purpose, objectives, structure and functioning of a partnership shall be regularly reviewed and modified as appropriate. Criteria for modifying or ending a partnership shall be clearly presented, along with consideration for transition plans.

Hosting arrangements

9. In some cases, WHO agrees to host a formal partnership. Hosting should be considered an exceptional arrangement that must be in the overwhelming interest of all parties.

10. For formal partnerships hosted by WHO, overarching considerations include ensuring that the overall mandate of the partnership and its hosting are consistent with WHO's constitutional mandate and principles and do 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.

11. The decision for WHO to serve as the host will depend first and foremost on WHO's participation in the partnership as a strategic and technical partner. Most importantly, WHO must be a member of, and fully participate in, the steering body of the partnership. The partnership must also recognize, be in harmony with, and complement WHO's mandate and core functions, without duplicating or competing with them.

12. WHO will ensure that its hosting of the partnership and provision of its secretariat is congruent with WHO's accountability framework¹ and operational platform (covering political, legal, financial, communication and administrative activities) and protects WHO's integrity and reputation. The consideration and implementation of hosting arrangements will be in accordance with WHO's Constitution, Financial Regulations and Financial Rules, Staff Regulations and Staff Rules, and administrative and other relevant rules ("WHO's rules"). When WHO acts as the host, the operations of the partnership's secretariat must, in all respects, be administered in accordance with WHO's rules.

13. The hosting of a partnership by WHO goes beyond the simple provision of administrative services. The secretariat of a hosted partnership is part of WHO's Secretariat and, as such, shares the legal identity and status of the Organization. In particular, the staff of the partnership will, as staff members of WHO, enjoy the applicable privileges and immunities for the protection of their functions. To this end, it is essential that the function of the secretariat be, and be seen as, part of the functions of WHO. This consideration is particularly relevant for Switzerland, the host country of WHO's

¹ With particular reference to Article 37 of WHO's Constitution which reads: "In the performance of their duties the Director-General and the staff shall not seek or receive instructions from any government or from any authority external to the Organization. They shall refrain from any action which might reflect on their position as international officers. Each Member of the Organization on its part undertakes to respect the exclusively international character of the Director-General and the staff and not to seek to influence them."

headquarters, which has granted privileges, immunities and facilities to the Organization and its staff for the performance of its constitutional mandate. In order to comply with the host agreement between WHO and the Swiss Federal Council, the functions of the partnership secretariat must be part of the overall functions of WHO and may not be seen as separate from them. The Director-General will consult with the Swiss authorities when considering the hosting of formal partnerships.

14. The Director-General shall consult the Executive Board on proposals for WHO to host formal partnerships.

Human resources

15. Although the organizational structure and specific duties of the partnership secretariat are normally determined by the steering body of the partnership, the secretariat staff are selected, managed and evaluated in accordance with WHO's rules. The staff members of the partnership secretariat will be recruited solely for service with the partnership secretariat.

16. As regards the head of a partnership secretariat, he or she will be appointed by the Director-General in compliance with WHO's Staff Regulations, Staff Rules and selection procedures and in consultation with the partnership's steering body. Similarly, the performance of the head of the partnership secretariat will be assessed under WHO's Performance Management and Development System, with an opportunity to receive feedback from the partnership's steering body.

Programme and financial management

17. Formal partnerships, where WHO's role is *not* exclusive in respect of governance, strategic and operational planning, will be outside the programme budget. This approach differentiates formal partnerships from WHO programmes. Separate accounts shall be established for each partnership so that relevant income and expenditure is recorded and reported upon in a manner separate from WHO's accounts. WHO shall invest any available balances of cash or cash equivalents in accordance with its own regulations for the use of the partnership. Although these partnerships are outside the programme budget, their work must be synergistic with WHO's respective strategic objectives.

18. Regardless of programme budget status, all payments from the respective partnership accounts must be in accordance with WHO's Financial Regulations and Financial Rules in order to enable appropriate monitoring of the financial accountability of grantees and other recipients and of progress towards programme objectives.

19. As regards financial management for formal partnerships outside the programme budget, the partnership secretariat will need to prepare separate financial statements of income and expenditure, certified by the Office of the Chief Accountant of WHO, which will be provided to the partnership's board on an annual basis. The statements will normally require a separate audit opinion from WHO's External Auditor. All partnerships are in addition subject to internal audit in accordance with WHO's Financial Regulations, Financial Rules and practices. Before the selection of a new head of a partnership secretariat, the Director-General may request an internal audit of the partnership.

20. As an exception to the above, a small number of formal partnerships exists in which WHO's role in respect of governance is not exclusive, but where the partnerships concerned contribute directly and fully to the achievement of the Organization-wide expected results and indicators as set out in the Programme budget. The work of these entities is exclusive to and follow strictly WHO's results hierarchy. These partnerships are included within the programme budget under the budget segment

“Special programmes and collaborative arrangements”. Most notable in this small group are long-established research programmes whose activities have been embedded in WHO’s work for many years.¹

21. Where WHO programmes provide direct contributions to supporting a hosted partnership, these costs shall be included in the WHO programme budget’s relevant expected results, budget and workplans.

Resource mobilization and cost recovery

22. Each hosted partnership shall be responsible for mobilizing adequate funds for its effective operation, including the costs of its secretariat and all related activities provided for in its budget and workplan. The obligation of WHO to implement any particular aspect of the partnership’s workplan will be conditional on WHO having received all necessary funding. Resource mobilization by hosted partnerships shall be closely coordinated with WHO, and those partnerships shall be required to indemnify the Organization for any financial risks and liabilities incurred by the latter in the performance of its hosting functions. Fundraising by a WHO-hosted partnership from the commercial private sector shall be subject to WHO’s guidelines on interaction with commercial enterprises.

23. Unless otherwise stated in the hosting arrangement, WHO shall be reimbursed for its programme support costs as determined by the Health Assembly and/or WHO’s internal policy. Hosted partnerships can impose heavy workloads on different parts of the Organization, including at regional and country levels. WHO will seek to be reimbursed for all administrative and technical support costs incurred in providing hosting functions for partnerships and implementing or supporting their activities. Similarly, partnerships that may have human resource implications for WHO at the regional and country levels shall be required to meet the related costs. Hosting arrangements will also require hosted partnerships to indemnify WHO for costs, expenses and claims incurred as a result of activities carried out by the partnership secretariat.

Communications

24. In order to protect the integrity of the partnership and of WHO, the partnership secretariat will follow WHO’s guidelines and administrative procedures for internal and external communications (including media products, publications, technical reports and advocacy material). Official communications by the partnership secretariat with Member States, WHO offices and staff will follow WHO’s normal channels.

Evaluation and “sunset clauses”

25. WHO’s arrangements with all its hosted partnerships will contain an “evaluation and sunset clause”, whereby an assessment will be carried out before the expiration of the hosting arrangement based on the past performance of the partnership, its relationship with WHO, the continued demand or emerging alternatives to fostering collaboration, and future expectations. Working with the partnerships, WHO will design a monitoring and evaluation framework for such an assessment.

¹ UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases and UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction.

26. Following the assessment, WHO and the partnership will discuss the results with a view to choosing one of four possible approaches, namely: (1) continuing the current arrangement for a new specified period; (2) making recommendations for changes to the partnership structure and/or purpose and for revision of WHO's hosting arrangement; (3) integrating the partnership into WHO with clear specifications for ensuring broad and inclusive collaboration with partners; or (4) separating the partnership from WHO.

27. The application and impact of this policy will be periodically reviewed and updated.

28. The Director-General will prepare guidelines and operating procedures for the implementation of this policy by the Secretariat.

Appendix

Decision tree for evaluating the criteria for WHO engagement

