

Partnerships

Report by the Secretariat

1. The nature of global health has changed dramatically in the past two decades, bringing in many actors with a unified approach to expand responses to global health needs, including service delivery, prevention, and research and development. Besides governmental activities, the involvement in health of nongovernmental organizations, non-state-sector providers of health, industry, faith-based organizations and civil society has increased.
2. Few successful health initiatives now depend on a single organization. The consequent multisectoral engagement and multiplicity of stakeholders have introduced new requirements for effective management of these interactions. Global health partnerships have been established to raise visibility and provide common platforms for working together by combining the strengths of public and non-state organizations and civil society.
3. The number of global health partnerships has increased steadily over the past decade. More than 100 now exist, although the term “partnerships” encompasses a large diversity of organizational structures, relationships and collaborative arrangements among participating stakeholders.

THE NATURE OF HEALTH PARTNERSHIPS AND PARTNERING

4. The spectrum of these partnerships ranges from formal, legally incorporated entities to more informal collaborations without independent governance arrangements. Terms such as “partnership”, “alliance”, “network”, “programme”, “project collaboration”, “joint (advocacy) campaign” and “task force” are used. The nature of the participating partners also varies, but usually they are intergovernmental organizations, public sector entities, nongovernmental organizations, academic and/or research institutions, the commercial sector and civil society.
5. Global health partnerships may seek to expand interventions in a rapid, flexible and focused way; mobilize new and significant resources; develop and introduce innovative technological solutions where public, academic and market forces fail to mobilize the necessary research and development; enhance coordinated and synergistic action; and widen the range of partners working towards a common goal. Underlying these efforts are shared values and goals, mutual understanding, commitment, recognition of individual organizational comparative advantages, as well as shared risk.

6. The functions and missions of global health partnerships can be used to categorize their role and opportunities for alignment, as follows:

- (a) those that primarily finance developing countries' health programmes, with a view to extending coverage of certain interventions;
- (b) those that primarily coordinate the actions of many disparate partners and focus on given diseases or health conditions;
- (c) those that are primarily dedicated to research, including strengthening capacity, and acting as a catalyst for the development of new products, e.g. medicines, vaccines, and diagnostics.

Some partnerships act in all three roles. Many concentrate on a specific health condition or disease, and fewer tackle the development of health systems comprehensively (although there are some recent new initiatives in this area).

7. These dimensions influence the structural type of a given partnership arrangement. Those with a significant financing element tend to require a more formal governance structure, with clear accountability for funding decisions. Those with primarily a coordinating role often function most effectively with a less formal governance structure. Task-focused networks (loosely unstructured alliances of organizations working together to exchange information and coordinate activities) are usually the preferred option in coordinating functions, as they can be highly effective and efficient in achieving partnership goals, provide greatest flexibility, and limit the transaction costs often associated with formal structures and governance mechanisms.

8. A special type of partnership exists within the United Nations system, where WHO works closely with a number of United Nations system agencies, funds and programmes to increase collaboration, harmonization and alignment, as also requested in a number of WHO resolutions and set out in governing body documents.¹

IMPACT AND LESSONS

9. Overall, global health partnerships have contributed much. Significant outcomes include enhanced predictability of large-scale, new funding; introduction of new ways of working, with greater participation of civil society and the private sector; consensus and coordination on key technical and operational strategies, with accelerated progress in their implementation; support for global public goods; economies of scale; and increased innovation. Not all these benefits accrue to each partnership and not all health conditions benefit from partnerships, as the partnerships mirror development trends and priorities.

10. The partnerships that are engaged in financing have had a dramatic impact on the expansion of activities aimed at specific health problems, based on multipartner engagement in government-led programming. Such support now approaches US\$ 4 000 million per year. Some have created new avenues for non-traditional donors or innovative sources of financing (e.g. the International Finance

¹ See resolutions WHA58.25 and WHA59.12, and documents A59/37 and EB120/31.

Facility for Immunisation) to become engaged in health development. They have also acted as a catalyst for the use of results-based management, and results-oriented reporting and monitoring frameworks.

11. Some disease-specific partnerships have raised awareness through advocacy for their diseases, coordinating technical assistance of participating partners, and coalescing the interests of multisectoral partners (i.e. civil society, nongovernmental organizations, and the private sector) in achieving specific outcomes.

12. Product-oriented public–private partnerships have been instrumental in advancing innovation for new products. There are many such partnerships, most of which are disease specific. Efforts are under way to increase synergies between them.

13. Global health partnerships, aside from their benefits, present challenges, including risks of duplication of effort, possible high transaction costs to governments and partners, varying accountability, variable country ownership, the inability of countries to absorb funds, a lack of alignment with country priorities and systems, and insufficient country coordination of partnerships. There is a recognized need for national and global harmonization and efficiency in resource mobilization, resource allocation, technical assistance, monitoring and cross-cutting approaches that reinforce long-term predictability and sustainability of funding and increase information flow among stakeholders. Moreover, the many partnerships devoted to specific health conditions need to be aligned with broader health system development efforts, financing and initiatives.

14. In response, countries have increased their coordination of global health partnerships active within their borders. Efforts include creating national coordinating mechanisms within health ministries that link the requirements of funding partnerships with existing national mechanisms, and ensuring that partnerships' activities and financing are linked to national plans. Some countries are also actively realigning and streamlining their country coordination mechanisms by merging several into one. Well-managed and coordinated partnerships contribute positively to countries' efforts to achieve the Millennium Development Goals.

15. Specific issues also arise concerning the governance of global health partnerships, such as competing accountabilities, high transaction costs for Member States due to having to serve on multiple boards, and the need to consider more consistent policy positions across partnerships.

16. The proliferation of global health partnerships has raised issues of lack of clarity of roles and responsibilities among various participating partners, between a partnership secretariat and participating partners, and between the partnership's participants and other partners active in a given field. Of particular relevance is the need to understand better the relationship between the functions and responsibilities of partnerships on the one hand and the functions and responsibilities of participating multilateral agencies on the other.

17. The demands on various partner agencies, including WHO, to provide support to countries for partnership initiatives and programmes needs to be further assessed. Of growing concern to WHO's Secretariat are the increasing, and at times unpredictable, demands for the Organization to scale up the provision of technical support to countries in response to rapidly increasing partnership financing. The significant additional workload is typically not supported by additional contributions to WHO.

18. Several attempts have been made to resolve these issues. The third High-Level Forum on the Health Millennium Development Goals, which was held in November 2005 in the framework of the

Paris Declaration on Aid Effectiveness: Ownership, Harmonisation, Alignment, Results and Mutual Accountability (2005), was attended by a broad range of participants, including representatives from developing countries, and multilateral agencies, and donors. A set of best practice principles for global health partnership activities at country level was developed; these principles focus primarily on partnerships that provide substantial financing in countries; however, many are relevant for other types of partnership that involve national governments as participating partners. Partnerships such as the GAVI Alliance and Stop TB have endorsed them, and some donors are using them to guide their engagement.

19. Some core elements of global health partnership activities should be:

- (a) to increase coherence of their activities with national development strategies to increase local ownership of those activities;
- (b) to increase alignment and harmonization among the partners, with national development strategies, and with sustainable and predictable financing;
- (c) to rely on results-based management and to strengthen national capacities, along with use of streamlined reporting procedures;
- (d) to ensure timely and transparent information to countries and partners;
- (e) to increase broad stakeholder representation on the governing bodies of partnerships.

WHO'S ENGAGEMENT WITH HEALTH PARTNERSHIPS

20. Throughout its history, WHO has worked with a wide range of public, private and civil society entities active in the field of health, often through collaborative and consultative networks, alliances and forums. These efforts have been crucial to helping WHO to fulfil its role as the directing and coordinating authority on international health work.

21. The Eleventh General Programme of Work 2006–2015 recognizes the increasing complexity of the global health landscape and describes WHO's leadership role in health and priority for engaging in partnerships where joint action is required, as a core function of the Organization. The Medium-term strategic plan 2008–2013 and WHO's country coordination strategies, developed in coordination with national priorities, reinforce the Organization's strategic emphasis on working with partners and in partnerships. Article 2 of WHO's Constitution and many Health Assembly resolutions support collaboration and coordination with other partners. Where appropriate, these resolutions furthermore support the hosting by WHO of health-related partnerships in pursuit of WHO's strategic objectives.

22. WHO's actions to support global health partnerships are far-ranging, through 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 concerned partners in a given partnership's theme area, and increasing coordination of the partnerships dealing with similar issues. WHO has adapted to new challenges and provides strategic direction and coordination, often among competing interests. It also focuses on results within common frameworks, strives to support country ownership, convenes many national partners and sectors, and builds coalitions in support of national health goals and evaluates their impact.

23. WHO's regional and country offices are increasing their activities in support of the work of global health partnerships in countries with a view to helping to increase alignment with national priorities, strengthen national health systems and enhance linkages with technical programmes, and build national capacity to manage the many partnerships and partnering activities. WHO plays a strategic role in helping with coordination under health ministry mechanisms, helps to align partners to national health priorities, and provides a holistic and participatory approach to health systems development.
24. In evaluating when and how to join a health partnership, WHO assesses the added value for health in terms of mobilizing partners, knowledge, resources and synergy; whether the partnership is linked to a clear WHO objective, supports WHO's objectives as well as national development objectives, and ensures adequate participation of stakeholders and clear roles of partners; and whether its operations are clearly delineated and monitored.
25. WHO has two primary roles in health partnerships:
- (a) engagement as a partner at strategic and technical levels, which includes coordinating activities with other partners, and providing health sector leadership, technical guidance, and support to countries and partners; and
 - (b) in certain cases, serving as host organization for the partnership and thus providing its secretariat. This action bestows legal identity to the partnership, whose secretariat becomes part of WHO's Secretariat and partakes of its legal status. In such cases, WHO accepts responsibility for the provision of administrative and management functions and services in support of the work of the partnership, for example, financial management, trust funds, procurement, human resources, contracting frameworks, and physical office space and equipment.
26. These two roles are distinct, and, although a hosting arrangement may result from a decision to engage strategically in a partnership, the Organization will not enter into such an arrangement without also having a strategic engagement. WHO's engagement in a partnership means it will play a key role in its board or equivalent coordinating mechanism. WHO hosts about 15 partnerships that have their own governance structures, and an additional 70 that are initiatives, programmes and campaigns managed by WHO with strong partner networks but without a developed governance structure.
27. The character of formal partnerships can present specific challenges for WHO particularly when it accepts to serve as host organization. Issues include clarity of the respective WHO and partnership purposes and mandates, ability to support the partnership, consistency with WHO's rules and regulations, interaction with the Programme budget, and clarity of how the partnerships work with and/or through WHO's regional and country offices. Meeting these challenges contributes to an approach to partnering that includes better planning, estimation of impact on resources, and consideration of when and how to engage in hosting relationships, as well as how to exit from such arrangements.

ACTION BY THE EXECUTIVE BOARD

28. The Secretariat seeks the Board's perspective on these developing trends in global health and on WHO's future role in, and work with, global health partnerships, including what WHO can do to support countries to work with and coordinate them.

29. The Board is invited to note the report.

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