

Report on hosted partnerships

Report by the Director-General

1. In accordance with decision EB132(10) (2013), the Executive Board is regularly updated on major developments and issues arising in connection with WHO-hosted partnerships.¹ WHO currently serves as the host for four formal hosted partnerships: the Alliance for Health Policy and Systems Research, the European Observatory on Health Systems and Policies, the Partnership for Maternal, Newborn and Child Health, and Unitaid. The hosted partnerships are managed according to the policy on WHO's engagement with global health partnerships and hosting arrangements,² endorsed by the Sixty-third World Health Assembly through resolution WHA63.10 (2010), which provides a framework to guide WHO's assessment of and decision to host formal partnerships and sets specific parameters for hosting partnerships.
2. The present report provides updates on the main findings and recommendations of the periodic review of hosted partnerships and major developments in the hosted partnerships.
3. In decision EB132(10), the 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; 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 2025, the Alliance for Health Policy and Systems Research was reviewed.³ In 2026, Unitaid is proposed for review.⁴
4. The Fourteenth General Programme of Work, 2025–2028, approved by the Seventy-seventh Health Assembly in 2024,⁵ underscores the importance of partnerships to enable the Organization to deliver health leadership more effectively in today's more complex global health ecosystem. One of the four WHO corporate outcomes focuses on effective WHO health leadership through convening, agenda-setting, partnerships and communications to advance the outcomes under the

¹ See document EB132/2013/REC/1.

² See resolution WHA63.10.

³ See document EB157/10.

⁴ See document EB159/7 for the outcome of the review.

⁵ See resolution WHA77.1 (2024).

Fourteenth General Programme of Work, 2025–2028, and the overarching goal of leaving no one behind.

5. As implementation of the Fourteenth General Programme of Work, 2025–2028, continues, the work of the hosted partnerships should contribute to its outcomes and impacts with progress reflected in future reports to the Executive Board.

Major developments in WHO-hosted partnerships

Alliance for Health Policy and Systems Research

6. According to information submitted by the Alliance for Health Policy and Systems Research, and reviewed by the Secretariat:

- (a) In 2025, the Alliance remained focused on delivering its 2024–2028 strategy. The Alliance adapted its work to help partners to respond to the funding crisis, safeguard equity and continue building health systems that develop and improve over time.
- (b) To contribute to WHO's goal of providing health, the Alliance advanced work to strengthen primary care and routine services. Working with WHO, the Alliance combined implementation research, policy engagement and cross-country learning across 36 immunization studies. In parallel, the Alliance launched eight implementation research projects on integrating noncommunicable disease services within primary care, working with WHO country offices and departments. Responding to shifts in the external financing landscape, the Alliance convened stakeholders in Geneva to examine health financing cliffs,⁶ laying the groundwork for a new programme in five countries to support transition to domestic financing.
- (c) To help to promote good health, the Alliance advanced engagement on health taxes and noncommunicable disease prevention, while continuing investment in climate-resilient health systems. The Alliance co-hosted a Health Assembly side event on health taxes and contributed to WHO's 3 by 35 Initiative to raise real prices on tobacco, alcohol and sugary drinks. This work promoted understanding of the political economy of health taxes, including the importance of trust, legitimacy and visible public benefit. In parallel, the Alliance supported research and learning on climate-resilient and low-carbon health systems, including participatory systems-thinking projects in two countries to inform national climate and health adaptation strategies.
- (d) To protect health, the Alliance supported evidence and learning on emergency preparedness and response from a health systems perspective. Research on sustaining service delivery in chronic conflict settings was expanded to Ukraine. The Alliance also continued its 11-country learning programme with WHO on governance of national public health agencies. Both initiatives moved into implementation, combining capacity strengthening, peer learning and policy engagement, and informed global dialogue, including a keynote panel on health and peace at the World Health Summit in Berlin.

⁶ [Sustaining coverage in the face of health financing cliffs](#). Geneva: World Health Organization; 2025 (accessed 28 April 2026).

(e) Efforts to strengthen capacity, connect evidence with decision-making and broaden engagement remained central. Work to strengthen knowledge ecosystems expanded into francophone West Africa, while new initiatives on artificial intelligence and the future of health systems positioned the Alliance to support countries navigating a rapidly changing health and technology landscape.

(f) All costs related to the Alliance were fully recovered in 2025. The sources of funding included bilateral grants, and funding from trusts and foundations.

European Observatory on Health Systems and Policies

7. According to information submitted by the European Observatory on Health Systems and Policies, and reviewed by the Secretariat:

(a) The Observatory draws out policy relevant research that supports Member State actions to promote, provide and protect health.

(b) In January 2025, a new director took up his post, and in December 2025, the Observatory's long-serving Chair handed over to a new Chair.

(c) The Observatory worked towards the Fourteenth General Programme of Work, 2025–2028, strategic objective 3 on primary care, health systems and financing, specifically on outcome 3.1.

(d) The essential health systems capacities of 29 countries are mapped in the State of Health in the European Union country profiles⁷ produced with the OECD, giving decision-makers comparative assessments of health status, health system and resilience issues as levers for improvement. The accompanying synthesis report⁸ captures reform trends so that governments can benefit from others' experiences to shape their efforts to prevent noncommunicable diseases, strengthen primary care, accelerate digital health transformation, and ensure affordable access to pharmaceuticals and innovation.

(e) The Observatory's online reform tracker⁹ – created in collaboration with the Observatory's Health Systems and Policy Monitor network – helps health leaders to mobilize evidence on developments and trends across Europe to improve governance, integration, workforce and primary care.

(f) The Observatory also works to address the priorities of the Fourteenth General Programme of Work, 2025–2028, by developing multiple analysis and knowledge-brokering outputs, including the following.

- Health system resilience testing with five countries learning from their responses to refugee influxes (with the International Organization for Migration and the European Commission's Directorate-General for Health and Food Safety).

⁷ [Country health profiles 2025](#). Brussels: European Commission; 2025 (accessed 28 April 2026).

⁸ [State of Health in the EU: Synthesis Report 2025](#). Brussels: European Observatory on Health Systems and Policies; 2025 (accessed 28 April 2026).

⁹ [Health reform tracker](#) (accessed 12 February 2026).

- Rehabilitative care policy brief and dialogue with WHO Ukraine with insights from 14 countries helping wider action on emergencies.
- Two policy briefs on greening hospitals and green skills supporting action on climate change.
- A thematic overview on “strengthening health systems through nursing”¹⁰ demonstrating nursing’s contribution and providing evidence to improve education, regulation and working conditions and inform new models of care.
- Work with 28 countries on minimum staffing levels informing workforce decisions (with the European Commission Expert Group on Health Systems Performance Assessment).
- Webinars, publications and dissemination events.

(g) All costs related to the Observatory were fully recovered in 2025. The sources of funding included core partner contributions and external project funding.

Partnership for Maternal, Newborn and Child Health

8. According to information submitted by the Partnership for Maternal, Newborn and Child Health (PMNCH), and reviewed by the Secretariat:

(a) In 2025, the Partnership continued to serve as a global convener and advocacy leader for women’s, children’s and adolescents’ health and well-being. The year marked both the conclusion of the 2021–2025 strategic cycle and a transition towards the future through the launch of the 2026–2030 strategy.¹¹ The 2026–2030 strategy emphasizes sustainable delivery of unmet commitments, equity-driven action, adolescent well-being, country leadership and collective accountability.

(b) Through its work during 2025, the Partnership contributed towards the achievement of strategic objective 4, outcome 4.2, of the Fourteenth General Programme of Work, 2025–2028. The Partnership convened 13 online workshops and educational webinars, engaging more than 3000 participants across regions and constituencies, supporting understanding of advocacy, financing and accountability for women’s, children’s and adolescents’ health. These virtual efforts were complemented by 11 in-person events in major global policy spaces, advancing dialogue with governments, multilateral agencies, civil society and professional associations. The Partnership also released a suite of advocacy and knowledge products, including results of a global “snap survey” on the impact of funding disruptions on women’s, children’s and adolescents’ health programmes, investment cases, policy briefs on noncommunicable diseases and the health workforce and an advocacy road map for 2026, as well as country-focused tools such as collaborative advocacy action plans.

¹⁰ [Strengthening health systems through nursing: thematic overview](#). Brussels: European Observatory on Health Systems and Policies; 2025 (accessed 28 April 2026).

¹¹ [New PMNCH strategy launched as world faces perilous moment for women’s, children’s and adolescents’ health and rights](#). Geneva: Partnership for Maternal, Newborn and Child Health; 2025 (accessed 28 April 2026).

(c) Communications and public engagement remained a core pillar of the Partnership's work. The Partnership reports that in 2025 its advocacy reached broad public and policy audiences. From medical journals to international media outlets, the Partnership's messages were featured in more than 45 global, regional and national outlets. Across digital platforms, the Partnership estimates that its communications reached over 10 million people on social media, that the *One Mother to Another* campaign alone was viewed by more than 13 million people, that more than 70 000 people listened to the Partnership's *Touchpoint* podcast during the year, and that over 16 000 viewers engaged with the *PMNCH On the Ground* video series.

(d) At the country level, the Partnership continued to support collaborative advocacy action plan processes in 10 priority countries across Africa, bringing together civil society, professional associations, youth networks, academic institutions and media to align advocacy priorities with national health strategies and global commitments.

(e) All costs related to the Partnership were fully recovered in 2025. The sources of funding included bilateral grants, and funding from trusts and foundations.

Unitaid

9. According to information submitted by Unitaid, and reviewed by the Secretariat:

(a) Unitaid aims to increase the effectiveness of the global health response by identifying ways to make prevention, diagnosis and treatment more efficient, effective and affordable across a range of areas, including HIV/AIDS and coinfections, tuberculosis, malaria, women's and children's health, and global health emergencies.

(b) WHO benefits from evidence generated by Unitaid's implementing partners to support policy and guideline development, working with countries to adapt these recommendations to local contexts and update national strategic plans. Such efforts enable the scale-up of improved health solutions. To date, Unitaid has provided about US\$ 200 million to the WHO prequalification programme, supporting prequalification of medicines and diagnostics for HIV/AIDS, hepatitis C, tuberculosis and malaria.

(c) Unitaid highlights the following examples of recent progress.

- Unitaid estimates that each year about 320 million people in more than 100 countries benefit from Unitaid-supported health products. Unitaid reports that its return on investment is 46:1.
- **HIV/AIDS:** The revolutionary HIV prevention tool, injectable generic lenacapavir, is expected to be available at a cost of US\$ 40 a year in 120 low- and middle-income countries starting in 2027, under a partnership supported by Unitaid in collaboration with the Clinton Health Access Initiative, Wits Reproductive Health and HIV Institute, and a generic industry partner in September 2025.
- **Malaria:** The Unitaid-funded Partnership for Vivax Elimination facilitated work to support WHO prequalification in November 2025 of two child-friendly formulations of primaquine – a highly effective medicine that prevents malaria relapse and transmission.

- **Regional manufacturing:** Unitaid invested in two regional manufacturing programmes, working with African partners manufacturing diagnostic tests and essential medicines.
- **Climate and health:** In October 2025, Unitaid launched a US\$ 10 million call for proposals to generate evidence on the risks climate change poses to essential health products. The initiative aims to inspire innovative solutions to improve heat stability of health products.
- **Oxygen:** As part of the Unitaid-supported East African Programme on Oxygen Access, Kenya and the United Republic of Tanzania are expanding their capacity to produce medical-grade liquid oxygen through new locally operated production facilities. With technical support from Japanese partners, the initiative seeks to establish three state-of-the-art liquid oxygen production facilities to be run by Kenyan and Tanzanian oxygen manufacturers.

Periodic review of WHO-hosted partnerships

10. The review of Unitaid was undertaken in accordance with the framework for a periodic review of hosted partnerships,¹² with inputs from both Unitaid and the WHO Secretariat providing relevant perspectives. The review report summarizes Unitaid's contribution to improved health outcomes, the harmonization of its work with the relevant work of WHO and the Secretariat's interaction with Unitaid.¹³

Action by the Executive Board

11. The Board is invited to note the report and to provide any comments or recommendations it deems pertinent, particularly in respect of the following question.

- Are the Member States satisfied with the hosting arrangements and reporting as described in the report?

¹² See document EBPBAC19/8.

¹³ See document EB159/7.