

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 This report provides updates on the main findings and recommendations of the periodic review of hosted partnerships and major developments in partnerships hosted by WHO.

2. 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 2019, the European Observatory on Health Systems and Policies was reviewed.² This year, the Partnership for Maternal, Newborn and Child Health is proposed for review, the outcome of which is to be found in a separate document.³

3. The Thirteenth General Programme of Work, 2019–2023, approved by the Health Assembly in 2018,⁴ highlights the importance of partnership, noting that WHO can only accomplish its ambitious goals with the support of partners. As implementation of the General Programme of Work continues, the work of the hosted partnerships should contribute to its outcomes and impacts and will be reflected in future reports to the Executive Board. In addition to the hosted partnerships, the Secretariat is also maintaining a list of health partnerships and collaborative arrangements with WHO involvement.⁵

MAJOR DEVELOPMENTS IN WHO-HOSTED PARTNERSHIPS

Alliance for Health Policy and Systems Research

4. The Alliance for Health Policy and Systems Research has strengthened its relationship with WHO in support of the Thirteenth General Programme of Work, 2019–2023 at all three levels of the Organization. At headquarters, the Alliance is working on a programme of work on migration and health with the Special Programme for Research and Training in Tropical Diseases, the Special Programme of

¹ See document EB132/2013/REC/1.

² See document EB145/8.

³ See document EB147/7.

⁴ See resolution WHA71.1 (2018).

⁵ See <https://www.who.int/about/collaborations/partnerships/en/>, (accessed 9 March 2020).

Research, Development and Research Training in Human Reproduction and the Pan American Health Organization. Collaboration with WHO has also led to a joint publication “Ethical considerations for health policy and systems research”.¹

5. At the regional level, collaboration with the WHO Regional Office for the Eastern Mediterranean has included the launch of a Regional Commission on Social Determinants of Health for achieving health equity in the Region, and the establishment of a learning platform for the health-related Sustainable Development Goals to identify policies, approaches and interventions contributing to achieving the health-related Sustainable Development Goals in countries of the Region.

6. At country level, the Alliance for Health Policy and Systems Research collaborated with WHO country offices in eight countries to support research on strengthening health systems.

7. The Alliance has continued to contribute to new knowledge on critical topics for health policy and systems research. Notable among these are a special issue of *Globalization and Health* on “Health in the SDGs: Intersectoral Action for Health”, and a special *British Medical Journal* issue on “Global Health Strengthening Primary Health Care Through Research: Prioritized knowledge needs to achieve the promise of the Astana Declaration”.

8. Capacity strengthening for research generation and use remains a priority for the Alliance for Health Policy and Systems Research. It supported 10 early-career women to publish their first journal articles, and is supporting 20 fellowships either on gender analysis or health policy analysis. The Alliance is also working to build institutional capacity among research institutions and in government ministries in 14 countries spread across all WHO regions.

European Observatory on Health Systems and Policies

9. The European Observatory on Health Systems and Policies continues to serve as a knowledge broker – generating and diffusing evidence to meet Member States’ policy needs so that decision-makers can take better-informed choices. It does this, inter alia, through developing methods and tools such as policy briefs and policy dialogues and through its Summer School, which in 2019 was on skills mix. It works closely with the WHO Regional Office for Europe and its country offices, and increasingly with WHO headquarters, to ensure its efforts to bridge the evidence policy gap align with the Thirteenth General Programme of Work, 2019–2023. It is also seeking to share and adapt its model on knowledge brokering with other regions, mirroring an ongoing project with the WHO Regional Office for Africa on the African Health Observatory Platform.

10. The European Observatory on Health Systems and Policies has delivered analysis on different topics to support Member States as they move towards universal health coverage. These include: primary care, in particular on ways of effectively integrating primary care and public health; workforce case studies on nursing, and on skills mix and innovations in primary and chronic care; governance using the transparency accountability, participation, integrity and capacity (TAPIC) framework; access; and healthcare quality strategies for choosing the right investments.

11. Analysis addressing priority issues for the European Region has also benefited other WHO Regions. For example, the European Observatory’s research into the economics of health explored and expelled fears that health expenditure related to ageing was an uncontrolled growth area that threatened

¹ Ethical considerations for health policy and systems research. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/bitstream/handle/10665/330033/9789241516921-eng.pdf?ua=1>, accessed 20 April 2020).

the future of welfare states. Its results fed not only into thinking on ageing and the silver economy within Europe, but contributed to the work of the WHO Regional Office for the Western Pacific on health and active ageing. Similarly, the work of the European Observatory on antimicrobial resistance, as well as on digital health, disruptive transformation and refugee health, has relevance beyond the European Region.

12. The European Observatory on Health Systems and Policies also contributes to country monitoring. It delivered, jointly with the Organisation for Economic Co-operation and Development, Country Health Profiles for the European Commission second round of State of Health in the European Union series, and developed a series to show that health systems contribute to national economies. It is continuing its analytic and comparable descriptions of country health systems through the Health Systems in Transition series, which parallels the model used in the Asia Pacific Observatory on Health Systems and Policies. The European Observatory is collaborating with WHO to develop a consistent approach to health systems performance assessment that will work globally, enabling countries to better capture progress towards universal health coverage goals.

13. During 2019, the Observatory Board was joined by a new member, the Health Foundation, a UK charity committed to better health and health care.

Partnership for Maternal, Newborn and Child Health

14. Throughout 2019, the Partnership for Maternal, Newborn and Child Health worked with WHO, in line with the Thirteenth General Programme of Work, 2019–2023, to advocate for increased attention in terms of policies, resources, and activities promoting women's, children's and adolescents' health globally, regionally and nationally. Over the year, the Partnership brought its 10 constituencies together to strengthen their alignment to advocate that action to achieve universal health coverage and the Global Action Plan for Healthy lives and Well-being for All¹ should continue to prioritize and deliver for women, children and adolescents, and especially those that are the most vulnerable.

15. The Partnership for Maternal, Newborn and Child Health has utilized its position within the global health landscape to make its advocacy heard. Through active participation in major global events such as the World Health Assembly, the United Nations General Assembly, the Inter-Parliamentary Union Assembly and the International Conference on Population and Development, it has worked to ensure that women's, children's and adolescents' health is included in documents concerning universal health coverage, that adolescents' well-being and issues related to sexual and reproductive health and rights are particularly visible, and that action is undertaken to align efforts to improve and protect women's, children's and adolescents' health in humanitarian and fragile settings.

16. Building on the work already done, the Partnership for Maternal, Newborn and Child Health continued to be the unifying accountability platform for the community focused on improving and safeguarding the health and well-being of women, children and adolescents, for example by holding its Annual Accountability breakfast during the United Nations General Assembly. It also operated as a catalyst for the inclusion of civil society organizations in relevant processes at national, regional and global levels. In that connection, it contributed towards streamlining global reporting on the United Nations Every Woman Every Child Global Strategy, which led to less piecemeal reporting and

¹ Stronger Collaboration, Better Health: Global Action Plan for Healthy Lives and Well-being for All. Geneva: World Health Organization; 2019 (<https://www.who.int/sdg/global-action-plan>, accessed 20 April 2020).

culminated in the January 2020 publication of the *British Medical Journal* series: “Leaving no woman, no child, and no adolescent behind”.

17. In 2019, Ms Helen Clark, former Prime Minister of New Zealand and the first female United Nations Development Programme Administrator, was appointed as the Board Chair of the Partnership for Maternal, Newborn and Child Health for 2019–2021.

18. In 2019, the Partnership for Maternal, Newborn and Child Health underwent an external WHO-led audit. The resulting recommendations for adjustments have been addressed. The Partnership was also subject to other external evaluations, including an independent external evaluation which made several important observations and recommendations related to its mandate and role, functions, governance and internal accountability. While there is expected to be a management response to the independent external evaluation, it is foreseen that the findings from these reflective processes will feed into the discussions and development of the next phase of the Partnership and into its 2021–2025 strategy.

19. As noted in paragraph 2 above, in accordance with decision EB132(10) (2012) the Partnership for Maternal, Newborn and Child Health is the subject of a review presented in document EB147/7.

Unitaid

20. During 2019, Unitaid’s Executive Board approved grant awards to ten new projects, with a value of US\$ 206 million. By the end of 2019, the value of Unitaid’s total project portfolio had reached US\$ 1309 million, up by 15% from 2018, and from 45 to 49 grants over the same period. In 2019 alone, Unitaid launched calls for project proposals on accelerating the impact of long-acting technologies in low- and middle- income countries; better tools for the diagnosis and treatment of *Plasmodium vivax*; preventing deaths from cervical cancer in low- and middle- income countries; and intermittent preventive treatment in infants.

21. Unitaid is increasingly focusing its support on integrated approaches to disease management, which now account for more than three quarters of its grant portfolio. These include investments to make available affordable, quick and accurate diagnostic devices at the frontlines to identify critically ill children rapidly and ensure their referral; and the delivery of a US\$ 1 screen-and-treat solution for cervical cancer, by deploying improved screening tools; introducing new portable devices for treatment, and advancing easy-to-use artificial intelligence-based tools for screening of precancerous lesions.

22. Unitaid has continued its support to the WHO prequalification programme with funding approved in 2018 to cover the 2019–2021 period. It collaborates closely with other WHO departments to provide evidence generated from its projects to support normative guideline development and promote country adoption and scale-up. Unitaid’s technical partnership with WHO is operationalized and underpinned by the WHO enabler grants, under which Unitaid provides grant funds to WHO to give technical support to Unitaid projects. Unitaid also works closely with WHO as a signatory of the Global Action Plan for Healthy Lives and Wellbeing for All and as a member of the working group on research and development, innovation and access, which is chaired by WHO.

23. In 2019, Unitaid and the Global Fund conducted a joint analysis of the potential impact of a sub-set of innovations (supported by Unitaid) in the areas of HIV, tuberculosis and malaria. This analysis concluded that without the innovations supported by both organizations over time, it would take the global response three years longer to achieve the impact it aims for. Innovations supported by Unitaid

and the Global Fund are projected to reach more than 100 million people each year between 2021 and 2023.

24. In 2019, Unitaid conducted a mid-term review of its 2017–2021 strategy, which confirmed that strategy delivery was on track. The findings from the review will inform Unitaid’s next steps in 2020 and 2021. The review revealed that scalability and agility were areas of particular strategic importance. To ensure that innovative products can be rapidly adopted and scaled up at country level, Unitaid grants systematically map out what is needed to ensure that the conditions for scale-up are in place and that specific activities are undertaken to achieve this. In addition, to identify and support high-potential innovations that are at an early stage of research and development, Unitaid put in place a framework for an agility mechanism to complement its current model. The mechanism will seek to leverage new ideas for innovations or innovative products. Unitaid will be piloting this new funding mechanism in 2020 and has recently launched a new call for the UnitaidExplore proposal in February 2020, focusing on increasing access to oxygen therapy.

PERIODIC REVIEW OF WHO-HOSTED PARTNERSHIPS

25. The review of the Partnership for Maternal, Newborn and Child Health was undertaken in accordance with the framework for periodic review of hosted partnerships,¹ with inputs from the secretariat of the hosted partnership and with WHO Secretariat providing relevant perspectives. The report of the review summarizes the contribution of the Partnership to improved health outcomes, the harmonization of its work with the relevant work of WHO, and WHO Secretariat’s interaction with the Partnership.

ACTION BY THE EXECUTIVE BOARD

26. The Board is invited to note the report.

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¹ See document EBPBAC 19/8 – Periodic review of WHO-hosted partnerships (http://apps.who.int/gb/pbac/pdf_files/Nineteenth/PBAC19_8-en.pdf, accessed 16 April 2020).