

## **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.<sup>1</sup> 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 2020, the Partnership for Maternal, Newborn and Child Health was reviewed.<sup>2</sup> In 2021, the Alliance for Health Policy and Systems Research is proposed for review.<sup>3</sup>

3. The Thirteenth General Programme of Work, 2019–2023, which was approved by the Health Assembly in 2018,<sup>4</sup> 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.

### **MAJOR DEVELOPMENTS IN WHO-HOSTED PARTNERSHIPS**

#### **Alliance for Health Policy and Systems Research**

4. During 2020, the Alliance for Health Policy and Systems Research worked to continue its mission to strengthen health systems through relevant and timely research, while also supporting activities and research that contribute to the global response to the COVID-19 pandemic.

5. Based on the priorities for COVID-19 response identified through consultation with country policy-makers, the Alliance supported case studies in 14 low- and middle-income countries on how they and subnational entities had adapted in the face of COVID-19 to (a) maintain routine health services during the pandemic; (b) reach out to particularly vulnerable populations such as those living in urban

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<sup>1</sup> See document EB132/2013/REC/1.

<sup>2</sup> See document EB147/7.

<sup>3</sup> For the outcome of the review, see document EB149/7.

<sup>4</sup> See resolution WHA71.1 (2018).

slums; and (c) make decisions related to restrictions on social and economic life for the management of the pandemic. These studies demonstrated how whole-of-government and multisectoral approaches play an important role in the response and also showcased the ingenuity of communities in supporting each other in times of crisis. The Alliance established rapid review platforms in four Member States in response to requests of policy-makers in relation to COVID-19, covering the role of front-line health workers in COVID-19 prevention and control (India); epidemic projections and policy options (Georgia); isolation and mask-wearing (Zimbabwe); and analysing regional health systems responses (Malaysia).

6. The Alliance continued to contribute to the knowledge base on universal health coverage. Primary health care has been an area of increasing focus and the Alliance collaborated closely with the WHO Special Programme on Primary Health Care to deliver the inaugural Primary Health Care Research Week. The week saw the launch of a special issue of the *Bulletin of the World Health Organization*, which focused on primary health care,<sup>1</sup> and a publication supported by the Alliance,<sup>2</sup> which featured Member States that have worked toward the vision outlined in the Astana Declaration.

7. The Alliance continued to promote embedded implementation research, with a number of demand-driven studies and the launch of a new special issue of *Health Policy and Planning*, which looked at innovations in implementation research in low- and middle-income countries.<sup>3</sup> The Alliance's partnership with Gavi, the Vaccine Alliance, and the United Nations Children's Fund focused embedded research studies on information systems for immunization. The Alliance also spearheaded the work on demand-driven research projects in India and Pakistan to better implement their national health insurance schemes.

8. The Alliance recognizes that health and well-being are influenced by a range of broader determinants and has built collaborations with relevant units at WHO. It is working with the Department of Noncommunicable Diseases, initially through the co-development of publications that advance an agenda for implementation research on noncommunicable diseases, and with the Rehabilitation Unit to develop a global health policy and systems research agenda for rehabilitation. At the regional level, the Alliance has continued to work with the WHO Eastern Mediterranean Region to support the Commission on Social Determinants of Health and a joint learning platform on the health-related Sustainable Development Goals.

9. In addition to these knowledge-generation activities, the Alliance has continued to strengthen researcher and decision-maker capacities in health policy and systems research at both the individual and institutional levels. It published a special issue of *Health Policy and Planning* featuring articles from early-career female researchers,<sup>4</sup> the result of a mentorship scheme created to support the publication of their first peer-reviewed journal articles. Institutional capacity-strengthening initiatives in all six WHO regions have also continued.

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<sup>1</sup> See Langlois, Etienne V., et al., "Advancing the science and practice of primary health care as a foundation for universal health coverage: a call for papers", *Bulletin of the World Health Organization* 97, Vol. 8 (2019):515–515A.

<sup>2</sup> Bishai, David, and Meike Schleiff, *Achieving Health for All: Primary Health Care in Action* (Johns Hopkins University Press, 2020).

<sup>3</sup> Sheikh, Kabir, et al., "Innovations in Implementation Research in Low- and Middle-Income Countries", *Health Policy and Planning* 35, Suppl. 2 (2020).

<sup>4</sup> Wiseman, Virginia, et al., "Supporting early-career mentorship for women in Health Policy and Systems Research", *Health Policy and Planning* 35, Suppl. 1 (2020).

10. The Sixth Global Symposium on Health Systems Research, co-sponsored by the Alliance and originally scheduled to be held in Dubai in November 2020, was successfully transitioned to an online event with more than 2 000 participants.

11. During 2020, the final year of the Alliance's previous five-year strategic plan, it consulted widely with its key stakeholders, including policymakers, researchers, funders and WHO colleagues on the next five-year strategic plan. The 2021–2025 strategic plan brings the Alliance into closer alignment with the WHO's triple billion targets and has been approved by the Alliance Board.

### **European Observatory on Health Systems and Policies**

12. Throughout 2020, the European Observatory on Health Systems and Policies worked closely with the WHO Regional Office for Europe in support of the European Programme of Work, 2020–2025, and the Thirteenth General Programme of Work, 2019–2023 to improve health outcomes. The Observatory also refocused its functions to align with the Regional Office for Europe in looking towards post-COVID-19 recovery.

13. In response to the pandemic, in February 2020 the Observatory mobilized its health systems monitoring platform and country networks to provide Member States with information on how countries in the region are responding to the crisis. The COVID-19 Health Systems Response Monitor<sup>1</sup> was delivered jointly with the Regional Office and the European Commission. It draws on country correspondents in academia and in WHO country offices to capture the evidence on COVID responses in terms of each of the health systems core components, preventive measures and steps in other sectors for 51 countries in the European Region and is regularly updated. The platform allows policymakers to assess their own initiatives in the wider European context and learn from each other.

14. The Health Systems Response Monitor specifically supported Member States operational and risk management by drawing out a range of national responses and highlighting examples of good practices in its cross-cutting analysis. This series of 50+ “snapshots” tackles issues such as the health workforce,<sup>2</sup> governance<sup>3</sup> and maintaining essential services.<sup>4</sup> Member States were also offered a policy brief on resilience,<sup>5</sup> which described a COVID-informed framework to assist them in building health systems that are capable of dealing with future shocks. A series of webinars<sup>6</sup> on these themes and on hospital care, health financing and subregional approaches to COVID was also organized.

15. The pandemic has made Member States more aware of underlying inequalities, yet despite the challenges, they continue to strive for universal health coverage. The Observatory has sought to enable

<sup>1</sup> See “COVID-19 Health Systems Response Monitor”.

<sup>2</sup> See <https://analysis.covid19healthsystem.org/index.php/2020/11/03/what-strategies-are-countries-using-to-expand-health-workforce-surge-capacity-during-the-covid-19-pandemic/>; <https://analysis.covid19healthsystem.org/index.php/2020/06/25/how-are-countries-compensating-health-professionals-for-income-losses-and-extra-expenses-due-to-covid-19/> (accessed 3 May 2021).

<sup>3</sup> See <https://analysis.covid19healthsystem.org/index.php/2021/01/21/whos-in-charge-and-why-centralization-within-and-between-governments/>; <https://analysis.covid19healthsystem.org/index.php/2020/06/05/what-is-the-value-of-civil-society-in-the-covid-19-crisis/> (accessed 3 May 2021).

<sup>4</sup> See <https://analysis.covid19healthsystem.org/index.php/2020/05/06/how-are-countries-reorganizing-non-covid-19-health-care-service-delivery/>; <https://analysis.covid19healthsystem.org/index.php/2020/11/24/how-have-countries-restarted-more-routine-ambulatory-care-activities-during-the-covid-19-pandemic/> (accessed 3 May 2021).

<sup>5</sup> Thomas, Steve, et al., “Strengthening health systems resilience: Key concepts and strategies” (WHO, 2020).

<sup>6</sup> See <https://www.youtube.com/channel/UCHc-Xk2PfTy32jORUHSjxdQ> (accessed 3 May 2021).

country action to reduce inequalities by providing relevant evidence of effective interventions. Examples include a study on achieving person-centred health systems,<sup>1</sup> setting out evidence-led strategies to address post-COVID re-engineering; case studies on skill mix innovation; analysis of governance; and exploratory work with Member States and the Regional Office for Europe on price transparency and pharmaceuticals. The Observatory has delivered tools to help countries to build towards post-COVID-19 recovery and reform, making health and social care central to the economy. It has also worked with the Asia Pacific Observatory on Health Systems and Policies and with colleagues in the WHO regional offices for the Eastern Mediterranean, for the Western Pacific and for Africa to exchange understanding and share approaches to knowledge-brokering in order to support countries with COVID-19 and the long-standing challenges of improving health outcomes.

16. The Observatory developed for the European Commission's Directorate-General for Health and Food Safety an approach to assess barriers to access through exploring the experience faced by vulnerable populations in seeking services. It has also continued its work on the economics of healthy and active ageing and, together with the WHO Centre for Health Development (Kobe) and the WHO Regional Office for the Western Pacific, has analysed how promoting health and reducing the disability of older working-age people can benefit the economies of the diverse set of nations in the Western Pacific Region, which hosts more than one third of the world's population aged 65 and above. Further, it collaborates with the WHO Barcelona Office for Health Systems Strengthening in its work on financial protection and contributes to the European Programme of Work flagship initiative "Empowerment through Digital Health".

17. The Observatory continues to be robust both in its integration with WHO and in terms of its sustainability. Its partners are engaged both in its governance and in the governing bodies of WHO and it has been joined by an additional co-partner, the Italian National Agency for Regional Healthcare Services (AGENAS), which together with the government of the Veneto Region ensures that the Observatory's work is informed by the perspective of subnational health systems governance.

## **Partnership for Maternal, Newborn and Child Health**

18. Throughout 2020, the Partnership for Maternal, Newborn and Child Health worked with WHO, in line with the Thirteenth General Programme of Work, 2019–2023 to bring together stakeholders from across its 10 constituencies<sup>2</sup> to advocate jointly in coordination with WHO for better policies, more resources, and greater service coverage that will lead to better outcomes for women's, children's and adolescents' health globally, regionally and nationally.

19. The Board of the Partnership responded to the advent of the COVID-19 global pandemic by approving an updated workplan for 2020 that was grounded in the six thematic focus areas<sup>3</sup> of the Every Woman Every Child commitments, focusing the Partnership's efforts on women's, children's and adolescents' health in the context of COVID-19. The pandemic has been a key driver of growing

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<sup>1</sup> See Nolte, Ellen, et al., *Achieving Person-Centred Health Systems: Evidence, Strategies and Challenges* (WHO and Cambridge University Press, 2020).

<sup>2</sup> The ten constituencies are: "Academic, Research and Training Institutes (ART)"; "Adolescents & Youth (AY)"; "Donors and Foundations (D&F)"; "Global Financing Mechanisms (GFM)"; "Healthcare Professional Associations (HCPA)"; "Inter-Governmental Organizations (IGO)"; "Non-Governmental Organizations (NGO)"; "Partner Governments (PG)"; "Private Sector (PS)"; and "United Nations Agencies (UNA)".

<sup>3</sup> "Early childhood development"; "Humanitarian and fragile settings"; "Sexual and reproductive health rights"; "Adolescent and young adult health and well-being"; "quality, equity and dignity in services"; and "Empowerment of women, girls and communities".

inequity, deepening the rift between the rich and the poor and placing women, children, young people, the disabled, migrants and minorities at higher risk of the social and economic fallout of the efforts to control it. In line with WHO's response to COVID-19, the Partnership's work has therefore focused not only on the need for strategic and effective advocacy to protect the progress achieved to date for women's, children's and adolescents' health, but also on the need to move beyond the status quo and address the emerging inequities.

20. The Partnership's Call to Action on COVID-19 of July 2020 set the direction for its advocacy efforts and was reinforced at two global e-Summits in 2020, attended by more than 4000 participants in 110 countries. At the Lives in the Balance 2 summit held in December 2020, more than US\$ 20 billion in commitments were announced from 10 partner and donor countries and the Bill & Melinda Gates Foundation. These financial and policy commitments towards preventing the COVID-19 pandemic from becoming a lasting crisis are closely aligned with the Partnership's Call to Action. The workplan for 2020 also included work on a Global Investment Framework on Preparedness and Response to guide advocacy and messaging efforts and the development of a COVID-19 Resource Compendium, which includes links to digital toolkits providing guidance on the latest evidence; advocacy and communications materials; a series of webinars; online summits; and a series of animated videos reaching more than 80 million views across different platforms.

21. At the start of 2020, an external evaluation of the Partnership was published, which reconfirmed that "advocacy" continues to be its unique contribution to the global health landscape. By August 2020, these ideas were captured in a consensus-based 2021–2025 Strategy, which marks three strategic shifts: (i) a closer thematic focus on maternal, newborn and child health, sexual and reproductive health rights and adolescent and young adult health and well-being; (ii) greater functional specialization, with advocacy as the core function, supported by knowledge synthesis, partner engagement, campaigns and outreach; and (iii) greater efficiency and reach. All this is to be underpinned by a new digital action plan, which has been developed to drive and support partner interaction and delivery of the Strategy.

## **Unitaid**

22. In 2020, Unitaid leveraged its expertise in the global response to COVID-19, launching more than 12 COVID-19 diagnostic, treatment, care and support interventions in low- and middle-income countries. Unitaid is a co-lead of the therapeutics pillar of the Access to COVID-19 Tools Accelerator (ACT-A), a global effort to ensure fair access to treatments for COVID-19, and a member of the diagnostics pillar, which works with partners to ensure that low- and middle-income countries have access to the COVID-19 tests they need. Since March 2020, efforts have delivered concrete results in all areas, notably (a) the advance purchase of nearly 3 million doses of dexamethasone to meet half of the estimated need in low- and middle-income countries; (b) making 120 million rapid diagnostics tests available for use in low- and middle-income countries, in cooperation with diagnostics pillar stakeholders; and (c) supporting partners and countries with donations of pulse oximeters and funding for personal protective equipment in the field. Unitaid is collaborating with WHO on the coordination of ongoing work on the ACT-A, including with the ACT-A hub and within the pillars, in particular the therapeutics pillar.

23. Unitaid's interventions aim to bring greater simplicity to screening, testing, treating and case management so that care is more accessible, in particular in health systems with limited resources, and countries are better equipped to provide quality services and increased adherence to more people at lower cost. Greater simplification can reduce pressure on health systems and make them more resilient, thereby bringing universal coverage within reach. To that end, Unitaid began funding work on long-acting solutions for malaria, tuberculosis, HIV and hepatitis C in low- and middle-income

countries, which would enable patients to administer medicines through patches or injections that are effective for months, removing the need for daily pill regimens and making it easier to successfully follow treatment. This approach could reduce pressure on health systems, help to combat antimicrobial resistance and stop the spread of disease.

24. There is a need to enable accelerated scale-up of health interventions and services by deploying effective tools and increasing access to quality-assured medicines and health products, including through reduced prices. With its grants, Unitaïd is supporting the introduction and scale-up of lifesaving innovations that are increasing progress in addressing the world's most deadly diseases. The 2020 agreement between Unitaïd, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the pharmaceutical company Sanofi reduced by 70% the price of rifapentine, a drug used to prevent tuberculosis, for millions of people in low- and middle-income countries, where the epidemic is at its worst. A generic manufacturer will also offer rifapentine-based 3HP treatment for the same reduced price, helping to secure supplies and meet the anticipated demand. This development will accelerate efforts to treat latent tuberculosis infection and enable the scale-up of preventive therapy as of 2021. The availability of the treatment will lead to higher completion rates, lower incidence of multidrug-resistant strains of the disease and a reduced burden on health systems.

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

26. In 2020, the Unitaïd Executive Board announced the appointment of Dr Philippe Duneton as the new Unitaïd Executive Director. Unitaïd's current strategy cycle (2017–2021) is coming to an end and the strategy development process for the next period (2022–2026) has been initiated. The first phase focused on designing the process of strategy development and framing the direction of the next strategy. The second phase, involving extensive stakeholder engagement, will continue through the process and is expected to conclude in early 2022.

27. According to the *2021 Global Health 50/50 Report*,<sup>1</sup> which reviewed the gender-related policies and practices of 201 global organizations active in global health, Unitaïd was ranked in the top 5% for promoting gender equality.

## **PERIODIC REVIEW OF WHO-HOSTED PARTNERSHIPS**

28. The review of the Alliance for Health Policy and Systems Research was undertaken in accordance with the framework for periodic review of hosted partnerships,<sup>2</sup> with inputs from both the hosted partnership and the Secretariat providing relevant perspectives. The report of the review summarizes the

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<sup>1</sup> Global Health 5050, *2021 Global Health 50/50 Report: Gender equality: Flying blind in a time of crisis*, 2021.

<sup>2</sup> See document EBPBAC19/8.

contribution of the Alliance to improved health outcomes, the harmonization of its work with the relevant work of WHO and the Secretariat's interaction with the Alliance.<sup>1</sup>

### **ACTION BY THE EXECUTIVE BOARD**

29. The Board is invited to note the report.

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<sup>1</sup> See document EB149/7.