

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 2021, the Alliance for Health Policy and Systems Research was reviewed.² In 2022, Unitaids is proposed for review.³

3. The Thirteenth General Programme of Work, 2019–2023, which was 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.

MAJOR DEVELOPMENTS IN WHO-HOSTED PARTNERSHIPS

Alliance for Health Policy and Systems Research

4. In 2021, the Alliance for Health Policy and Systems Research launched its 2021–2025 strategic plan.⁵ Under the new strategic plan, the Alliance will continue to work on strengthening the six traditional building blocks of health systems while also looking beyond those building blocks to explore how health systems can support health and well-being more broadly, including in the context of

¹ See document EB132/2013/REC/1.

² See document EB149/6.

³ For the outcome of the review, see document EB151/6.

⁴ See resolution WHA71.1 (2018).

⁵ More information about the 2021–2025 strategic plan is available at <https://ahpsr.who.int/publications/i/item/broadening-horizons> (accessed 1 April 2022).

emergencies. The strategic plan brings the Alliance's activities into even closer alignment with WHO's triple billion targets and the WHO Science Division's strategy and objectives.

5. The Alliance's work to generate policy-relevant knowledge included the implementation of research programmes focused on improving the delivery of immunization services in Ethiopia, Indonesia, Nigeria and Uganda, in collaboration with UNICEF and Gavi, the Vaccine Alliance. The Alliance for Health Policy and Systems Research is also collaborating with the WHO regional offices for South-East Asia, the Eastern Mediterranean and the Western Pacific to undertake more than 50 case studies on the status of primary health care systems and country responses to the pandemic of coronavirus disease (COVID-19). This work and other collaborations with the WHO Special Programme on Primary Health Care are critical steps towards achieving universal health coverage.

6. The Alliance launched its flagship report on pathways to progress for learning health systems.¹ The report develops a scientifically robust framework for understanding how learning occurs in complex health systems and suggests different ways in which health systems can improve their learning functions. It outlines the benefits of learning health systems and the actions needed to build such systems, providing concrete examples of how Member States have successfully integrated learning into their health systems.

7. The Alliance has enhanced its focus on health systems strengthening in health emergencies, partnering with WHO's field office in Gaziantep (Turkey) to strengthen the use of evidence as a way of supporting the integrated health service delivery network in north-west Syrian Arab Republic. Analysis undertaken by the Alliance improved understanding of how the provision of an essential package of health services in Idlib, north-west Syrian Arab Republic has contributed to improving health in the region. The Alliance also worked with the field office to conduct a study of the quality of care in facilities supported by the network, contributing to learning on how care services can be further improved.

8. The Alliance worked with the World Bank and the Global Financing Facility for Women, Children and Adolescents on generating health systems research evidence to strengthen the implementation of innovative health financing arrangements in Myanmar. Through this collaboration, health systems research is used to strengthen the implementation of ongoing health financing reforms in the country, at a time when the World Bank is supporting the implementation of new strategic purchasing arrangements to improve the quality of care provided by non-State providers.

9. In collaboration with the WHO Regional Office for the Eastern Mediterranean, the Alliance launched a new report on achieving health equity by the Commission on the Social Determinants of Health in the Eastern Mediterranean Region. In addition, three institutions joined the Alliance-supported learning platform on the health-related Sustainable Development Goals, namely: the Ministry of Planning, Monitoring and Administrative Reform (Egypt), the High Health Council (Jordan), and the National Observatory for Human Development (Morocco). The platform further extended its partnership with the League of Arab States' Directorate for Sustainable Development and International Cooperation, the Arab Science and Technology Network for Sustainable Development, and the Middle East and North Africa Research on Ageing Healthy network. The platform also provided small grants to support knowledge production on priority themes linked to the health-related Sustainable Development Goals, including social determinants of health and health equity; health systems performance and governance; universal health coverage; and COVID-19 preparedness, control,

¹ Learning health systems: pathways to progress. Flagship report of the Alliance for Health Policy and Systems Research. Geneva: World Health Organization; 2021 (<https://ahpsr.who.int/publications/i/item/learning-health-systems-pathways-to-progress>, accessed 1 April 2022).

mitigation and consequences. In Jordan, partners have built on their platform-funded work to develop policy briefs on increasing hospital capacities by purchasing services from the private sector.

10. In partnership with Wilton Park and the Government of Sweden, the Alliance hosted a series of global dialogues to improve understanding of healthier populations. These dialogues explored the social, economic and environmental determinants of healthy societies, the promotion of cross-sectoral approaches for better health and the prioritization of health in other sectoral policies and settings as part of WHO's goal of improving the health and well-being of one billion people around the globe by 2023. The Alliance will put together a special issue of the *British Medical Journal* to document and disseminate the outcomes of the dialogues.

European Observatory on Health Systems and Policies

11. In 2021, the European Observatory on Health Systems and Policies mirrored Member States' efforts to respond to the ongoing pandemic; sustain essential health services; and begin harnessing post-COVID-19 opportunities. It worked particularly closely with the WHO Regional Office for Europe in support of the European Programme of Work, 2020–25, and the Thirteenth General Programme of Work, 2019–2023, as well as with the European Commission.

12. The Observatory provided countries with support on how to analyse and understand health information and use evidence to inform policy and deliver impacts. The COVID-19 Health Systems Response Monitor¹ was delivered jointly with the WHO Regional Office for Europe and the European Commission. It provided a rolling set of updates on how the health systems of 51 countries in the European Region were dealing with the pandemic and shared cross-cutting analysis and examples of innovative practices in different European contexts. In conjunction with the Organisation for Economic Co-operation and Development, a set of 29 Country Health Profiles were prepared for the European Commission's Directorate-General for Health and Food Safety, covering all Member States of the European Union, as well as Iceland and Norway. The profiles indicate the latest health policy challenges for, and developments in, each country's health system; they also assess each health system's effectiveness, accessibility and resilience, put into the perspective of a cross-European Union comparison. A new series of Health System in Action Insights was developed with the Regional Office's Division of Country Health Policies and Systems. The insights, which support Member States of the European Region that are not part of the European Union, set out key information and data on health systems succinctly; outline the country context in which European Programme of Work initiatives are set; establish a baseline for comparisons over time; and flag progress and challenges, health system by health system.

13. The Observatory continued to support countries in strengthening their health governance capacities, providing in-depth evidence to meet concrete policy needs. The Observatory tailored its analytic and health systems performance work to reflect countries' strategic concerns and to make the evidence usable. Highlights include: a special issue of *Eurohealth* that explores the opportunities COVID-19 creates to strengthen health systems governance; a policy brief that provides information on the sources of support for improving health and care systems in Europe; a major study on health systems resilience that sets out strategies and lessons that Member States can use to build back better; and an evidence review for the Pan-European Commission on Health and Sustainable Development, which rigorously informed the European Region's new strategy for health and sustainable development.

¹ More information about the COVID-19 Health Systems Response Monitor is available at <https://eurohealthobservatory.who.int/monitors/hsrm/> (accessed 1 April 2022).

14. The Observatory is a cohesive and sustainable partnership of 17 Member States and organizations, although the World Bank has been obliged to withdraw because there is no longer a mechanism to allow it to contribute. All of the Observatory's work is done in close collaboration with academic and policy-maker networks. It also works closely with the WHO Regional Office for Europe and with the European Commission and shares ideas and approaches with the Asia Pacific Observatory on Health Systems and Policies, with the African Health Observatory – Platform on Health Systems and Policies and with WHO headquarters. Through the Observatory's Steering Committee, its partners enhance understanding of real policy challenges and of how evidence can inform decision-making. They ensure that its work responds to country needs and fits with WHO and the wider environment.

Partnership for Maternal, Newborn and Child Health

15. Throughout 2021, the Partnership for Maternal, Newborn and Child Health supported WHO in its Thirteenth General Programme of Work, 2019–2023 by equipping and bringing together 1250 stakeholders from across its 10 constituencies¹ to advocate for better policies, improved financing, and greater and more equitable access to and updating of health services for women, children and adolescents. In 2021, the Partnership's revitalized and streamlined governance structure enabled partners to combine their assets to ensure more effective advocacy and increased action through knowledge synthesis, partner engagement, and campaigns and outreach, including through the use of digital technologies. Importantly, the governance reform has put young people at the centre of the Partnership's mission, with 20 people under the age of 30 represented in the Partnership's leadership structure across working groups, committees and constituencies. In 2021, the Partnership saw membership increase by 25%, bringing the total number of member governments and organizations to 1250.

16. In line with its ambition of increasing partner coherence and joint action, in 2021 the Partnership developed far-reaching digital platforms to synthesize and disseminate knowledge on women's, children's and adolescents' health and well-being. For example, in the context of COVID-19, a self-care video series produced in collaboration with WHO, UNICEF and other stakeholders has had more than 115 million views to date. The series, made available in the six official languages of the United Nations and others, included animated films on adolescent mental health, responsive caregiving, mitigation of violence against women and children during COVID-19, and breastfeeding. Additionally, seven knowledge-to-action briefs were launched to support countries in implementing the commitments made in the Call to Action on COVID-19, providing an evidence base for mitigation strategies that can be employed to respond to the pandemic. As part of the focus on equity in its 2021–2025 Strategy, the Partnership has developed an important programme on evidence and advocacy to promote women's, children's and adolescents' health in humanitarian and fragile settings.

17. One of the Partnership's most important collaborations in this area has been with the BRANCH Consortium (Bridging Research and Action in Conflict Settings for the Health of Women and Children). In conjunction with the Consortium, the Partnership supported the launch of the *Lancet* Series on Women's and Children's Health in Conflict Settings in January 2021, together with the development of five knowledge briefs and three policy briefs in English, Arabic and French. To build on the contextualized evidence generated by the BRANCH Consortium, it also supported three multi-stakeholder regional workshops, organized for Afghanistan and Pakistan, the

¹ The 10 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)".

Eastern Mediterranean Region (with representatives from Jordan, Lebanon Syrian Arab Republic and Yemen taking part) and western Africa (with representatives from Mali and Nigeria) at the end of 2021.

18. Much of the Partnership's efforts in 2021 were focused on partner engagement and capacity-building, which involved strengthening partners' knowledge, skills and capacities for joint advocacy and accountability, including through multi-stakeholder policy dialogue. The Partnership, working through the H6 partnership (which includes WHO), implemented capacity-building and partnership-enhancing grants in 12 countries to support multi-stakeholder platforms on a range of issues relating to women's, children's and adolescents' health. More specifically, to ensure the meaningful engagement of young people in the use of evidence relating to young people's health and well-being, the Partnership brought its partners together through a series of one global and eight regional consultations to solicit inputs on the Adolescent Well-being Framework. More than 340 adolescents and young people from over 100 countries participated in the consultations, building on the work of the United Nations H6+ Technical Working Group on Adolescent Health and Well-being, which included representatives from the Partnership and WHO, as well as from other entities of the United Nations system. In addition, a set of 15 technical papers on adolescent well-being were developed, in response to the recommendation of the Call to Action for Adolescents to "[g]o beyond the health sector, launching a powerful multi-sectoral response".¹

19. The Partnership also worked extensively with WHO Member States in the development and roll-out of the Call to Action on COVID-19, aimed at supporting women's, children's and adolescents' health during the pandemic. Written commitments have been received from more than 20 countries, focusing on ensuring the prioritization of women's, children's and adolescents' health and well-being during COVID-19 response and recovery efforts. Countries have made financial pledges totalling US\$ 32 billion, in line with the seven-point Call to Action agenda.² To support these efforts, the Partnership organized and hosted a number of virtual events to share knowledge and spread messages on the impact of COVID-19 on women's, children's and adolescents' health, and explore mitigating strategies. Across its campaign and outreach activities, the Partnership's media efforts have had an estimated potential reach of up to 2.8 billion people per month and up to three million people are estimated to have been reached through social media in a single month.

Unitaid

20. Despite the COVID-19 pandemic, Unitaid's portfolio of investments performed well in 2021, and Unitaid worked closely with partners to recalibrate projects as necessary. Unitaid is a co-lead of the therapeutics pillar of the Access to COVID-19 Tools (ACT) Accelerator, 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.

21. Unitaid's tuberculosis portfolio has reached more than US\$ 300 million, covering prevention, diagnosis and treatment, and other cross-cutting areas. Diagnosis, which is the weakest link in tuberculosis care, was a high priority in 2021. In May, Unitaid launched a call for proposals and funded two new projects that are focused on tuberculosis diagnosis and aim to improve tuberculosis detection among those in the general population who often elude detection by the health system. The projects

¹ See <https://www.adolescents2030.org> (accessed 1 April 2022).

² See <https://pmnch.who.int/news-and-events/campaigns/pmnch-call-to-action-on-covid-19/country-commitments> (accessed 2 May 2022).

focus on the introduction and implementation of decentralized diagnostics for tuberculosis detection using non-sputum samples that can be adapted and used for tuberculosis screening.

22. Due to the pandemic, preventive services worldwide were deprioritized to allow countries to tackle more immediate crises, and health systems struggled to meet new demands. Despite significant hurdles, Unitaïd, with its grantees, reached more than a quarter of a million women with screening for cervical cancer, one fifth of whom were women living with HIV. Unitaïd is on track to treat over one million women by the end of 2022. These early results demonstrate that Unitaïd's interventions are succeeding, that its tools are appropriate for low- and middle-income countries and that it is on course to transform the response to cervical cancer.

23. Unitaïd's ground-breaking work in HIV self-testing has shown that self-care tools can reach people who would otherwise not be diagnosed. The COVID-19 pandemic has further reinforced the value of simple, self-care tools such as HIV self-testing in ensuring people can access care despite limited contact with health care facilities. Closing the testing gap through the scale-up of HIV self-testing is critical to achieving global targets by 2030. To date, Unitaïd has invested over US\$ 100 million in HIV self-testing, generating evidence that HIV self-testing can reach more first-time testers and facilitate effective linkage to care for populations who were previously considered beyond reach.

24. In October 2021, WHO recommended wider routine use of the RTS,S malaria vaccine – the first vaccine of its kind. The malaria vaccine is a welcome new tool that, when used in combination with existing interventions like bed nets, has the potential to drive down malaria and extend protection to children across Africa. The WHO's game-changing recommendation is based on data gathered through the malaria vaccine implementation programme, which took place in Ghana, Kenya and Malawi over two years, and a clinical trial focusing on seasonal delivery of the vaccine in Burkina Faso and Mali. Unitaïd, alongside Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria, committed nearly US\$ 70 million to fund these pilots.

25. Unitaïd has continued its support for the WHO prequalification programme, with funding approved in 2018 to cover the 2019–2021 period. It collaborated 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 Well-being for All and a member of the accelerator on research and development, innovation and access, which is chaired by WHO.

26. The development of Unitaïd's strategy for 2022–2026 was a priority in 2021. This work was informed by comprehensive stakeholder consultations conducted in the first phase of this process, which included the Unitaïd Strategy Review 2017–2021 conducted by the consultancy firm Itad. The new strategy, including the strategic framework, programmatic priorities for the next strategic period and related operational implications, will be presented to the Unitaïd Executive Board for endorsement in June 2022.

PERIODIC REVIEW OF WHO-HOSTED PARTNERSHIPS

27. The review of Unitaïd was undertaken in accordance with the framework for periodic review of hosted partnerships,¹ with inputs from both the hosted partnership and the Secretariat providing relevant perspectives. The report of the review summarizes the contribution of Unitaïd to improved health outcomes, the harmonization of its work with the relevant work of WHO and the Secretariat's interaction with Unitaïd.²

ACTION BY THE EXECUTIVE BOARD

28. The Board is invited to note the report.

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¹ See document EBPBAC19/8.

² See document EB151/6.