
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 Unitaïd. The hosted partnerships are managed according to the policy on WHO engagement with global health partnerships and hosting arrangements,² endorsed by World Health Assembly resolution WHA63.10 (2010), which sets out a framework to guide WHO's assessment of and decision to host formal partnerships and provides specific parameters for hosting partnerships.
2. 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.
3. In the 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 2022, Unitaïd was reviewed.³ In 2023, the European Observatory on Health Systems and Policies is proposed for review.⁴
4. The Thirteenth General Programme of Work, 2019–2023, which was approved by the Health Assembly in 2018,⁵ highlights the importance of partnership, noting that WHO can only accomplish its ambitious goals with the support of partners. The extension of the Thirteenth General Programme of Work by the Health Assembly until 2025⁶ further emphasized the importance of working with 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.

¹ See document EB132/2013/REC/1.

² See document WHA63.10.

³ See document EB151/6.

⁴ See document EB153/8 for the outcome of the review.

⁵ See resolution WHA71.1 (2018).

⁶ See resolution WHA75.6 (2022).

MAJOR DEVELOPMENTS IN WHO-HOSTED PARTNERSHIPS

Alliance for Health Policy and Systems Research

5. In 2022, the Alliance for Health Policy and Systems Research made progress towards implementing its current strategic plan, which aims to broaden the Alliance's horizons beyond the building blocks of health systems. Although the Alliance's focus has historically been the first pillar of the WHO's Thirteenth General Programme of Work, 2019–2025 – working toward universal health coverage – it reports that it has also been strengthening its research portfolios on health emergencies and on creating healthier populations.

6. With regard to first pillar on universal health coverage, the Alliance is collaborating with the WHO regional offices for South-East Asia, the Western Pacific and the Eastern Mediterranean to undertake around 50 case studies on the status of primary health care in the context of the pandemic of coronavirus disease (COVID-19). The Alliance has also been collaborating closely with the WHO Department of Health Systems Governance and Financing on two research projects: one aimed at better engaging citizens in insurance programmes¹ and another, which also involves the International Health Partnership for UHC 2030, that has supported studies on health programmes that transitioned from donor funding to local funding.

7. The Alliance also launched two substantial research initiatives aimed at improving primary health care with a view to achieving universal health coverage. The first, in collaboration with the WHO Department of Digital Health and Innovations, looks at digital interventions that strengthen data systems for primary health care managers. The second, in partnership with the Bill & Melinda Gates Foundation, examines primary health care reforms.

8. With regard to health emergencies, in 2022 the Alliance collaborated with the WHO Regional Office for the Eastern Mediterranean and PAHO to publish a special issue of *BMJ Global Health* on the interlinkages between health and peace.²

9. To foster healthy populations, the Alliance has been supporting eight health policy analysis case studies regarding health taxes that examine how political economy factors influence and frame the design, adoption and implementation of health taxes. Additionally, in collaboration with the WHO Environment, Climate Change and Health Department, a new project has been undertaken to research health policy and systems as they relate to climate change in order to synthesize evidence to address the climate crisis and move towards climate-resilient, low-carbon and sustainable health systems. The Alliance also worked together with the WHO Sensory Functions, Disability and Rehabilitation Unit and Department for Noncommunicable Diseases to publish a thematic issue of the *WHO Bulletin* on rehabilitation using a health policy and systems research approach.³

¹ See <https://ahpsr.who.int/newsroom/news/item/16-11-2022-making-health-insurance-responsive-to-citizens>, accessed 18 April 2023.

² See <https://ahpsr.who.int/newsroom/news/item/12-10-2022-understanding-the-links-between-health-and-peace>, accessed 18 April 2023.

³ See <https://www.ncbi.nlm.nih.gov/pmc/issues/419724/>, accessed 18 April 2023.

European Observatory on Health Systems and Policies

10. The European Observatory on Health Systems and Policies has worked closely with the WHO Regional Office for Europe to support countries as they embarked on recovery from the COVID-19 pandemic as part of the European Programme of Work and the WHO Thirteenth General Programme of Work, 2019–2025. Together with its partners, it has generated evidence and brokered knowledge to improve health outcomes.

11. Countries were given access to and interacted with a broader evidence base – including country monitoring, and comparative and trends analyses – to gain insights into action taken in other countries and to inform their own health policies. Examples include:

- the new Health System in Action Insights series,¹ developed with the WHO Regional Office for Europe’s Division of Country Health Policies and Systems and country offices, offered an overview of health and health systems in non-European Union countries. The Insights series flag up challenges and set a baseline for tracking progress over time. Georgia, Israel, Montenegro and Tajikistan helped to launch the series at the seventy-second session of the Regional Committee for Europe;
- updates of the Health Systems in Transition² series for Italy, Kyrgyzstan and the United Kingdom that extensively explored the latest developments in each country;
- the Health Systems and Policies Monitor, which reported developments in countries, supported the European Commission in its health policy work and produced a review of oral health care across Europe;³ and
- the innovative Population Ageing financial Sustainability gap for Health systems (PASH) simulator tool gave policymakers a tool to model their health system’s financial sustainability gap as their populations age.

12. Countries were supported in strengthening their health governance capacity with tailored evidence to address their specific strategic concerns and policy needs. Highlights include:

- a study entitled “Skill-mix Innovation, Effectiveness and Implementation: Improving Primary and Chronic Care”,⁴ which explores the new ways in which countries are using the health workforce;
- a Eurohealth Special Issue⁵ on commercial determinants of cancer control policy tackling the impacts of the commercial and private sectors;

¹ See <https://eurohealthobservatory.who.int/publications/health-systems-in-action-insights>, accessed 18 April 2023.

² See <https://eurohealthobservatory.who.int/publications/health-systems-reviews>, accessed 18 April 2023.

³ See <https://eurohealthobservatory.who.int/publications/i/oral-health-care-in-europe-financing-access-and-provision>, accessed 18 April 2023.

⁴ See <https://eurohealthobservatory.who.int/publications/m/skill-mix-innovation-effectiveness-and-implementation-improving-primary-and-chronic-care>, accessed 18 April 2023.

⁵ See [https://eurohealthobservatory.who.int/publications/i/commercial-determinants-of-cancer-control-policy-\(eurohealth\)](https://eurohealthobservatory.who.int/publications/i/commercial-determinants-of-cancer-control-policy-(eurohealth)), accessed 18 April 2023.

- an update of the review entitled “Everything you always wanted to know about European Union health policies but were afraid to ask”, capturing changes in European Union policies, budgets and agencies and their implications for health;
- a study setting out a coherent global framework for assessing health system performance , which was launched in Geneva for all six WHO regions, with the participation of the WHO Deputy Director-General and three Ministers of Health; and
- rapid evidence responses, including support to: Austria, Belgium and Slovenia on using European Union tools to support health; Spain on primary care; the Directorate-General for Health and Food Safety of the European Union Commission on health care coverage of Ukrainian migrants; and the WHO Regional Office for Europe on governance and investment for its Small Countries Initiative.

13. Policy-makers are encouraged to access the evidence gathered by the multilevel knowledge brokering of the European Observatory on Health Systems and Policies. The Observatory hosted or co-hosted over 30 webinars, contributed to conferences, including the European Health Forum Gastein and European Public Health Conference, co-delivered the 17th edition of the Baltic policy dialogue series, and published many peer-reviewed and more accessible articles. The annual Observatory Venice Summer School brought together 31 countries to address implementing innovation and making best practices work.

14. The Observatory is a partnership of 17 governments and organizations which the Kingdom of the Netherlands has recently re-joined. All partners are committed to renewing their membership for the 2024–2028 cycle. The Observatory collaborates closely with academic and policy-maker networks, WHO and the European Commission and is linked to the Asia Pacific Observatory and the African Health Observatory Platform on Health Systems and Policies.¹ The Observatory’s partnership model ensures that it understands real policy challenges and has routes into the policy decision-making that impacts people’s health. Its partners ensure that it responds to context-specific country needs and supports WHO’s priorities, contributing to improving public health.

Partnership for Maternal, Newborn and Child Health

15. During 2022, the Partnership for Maternal, Newborn and Child Health facilitated and aligned its membership (in 2022, its membership increased by 11.5% to 1378 members in more than 130 countries) across its 10 constituencies² in order to support WHO in delivering its Thirteenth General Programme of Work. The overarching aim for the Partnership’s work was to advocate better evidence-based policies, improved financing, and greater and more equitable access to health services for women, children and adolescents. The Partnership makes a concerted effort to disseminate and amplify WHO guidelines, as well as its globally applicable norms. For example, the “Protect the promise: 2022 progress report on the every woman, every child global strategy for women’s, children’s and adolescents’ health

¹ African Health Observatory Platform on Health Systems and Policies (<https://ahop.aho.afro.who.int/>, accessed 2 May 2023).

² 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)”.

(2016–2030)”¹ was launched by the WHO Director-General at the World Health Summit in Berlin in October 2022 with the support of the Partnership.

16. The Partnership oversaw the development of or contributed to over 30 important standalone and public-facing evidence-based advocacy products to engage Heads of State, parliamentarians and policy-makers, equipping partners at the local, regional and global levels to advocate greater accountability to improve the health and well-being of women, children and adolescents.

17. The Partnership’s partners led the delivery of its 2022 workplan, which enabled them to combine their efforts and assets for effective advocacy. Bringing together a wide range of partners, the Partnership provides a platform for forging consensus, improving access to knowledge and enhancing partner engagement. It thereby strengthens advocacy of women’s, children’s and adolescents’ health and well-being through more effective campaigns and outreach, leveraged by using digital technologies.

18. As part of efforts to continue advocacy at the highest levels, the Partnership reached out to His Excellency Cyril Ramaphosa, President of the Republic of South Africa, to support him in initiating the Global Leaders Network, comprising 10 Heads of State who lead efforts in ensuring better policies, more funding and improved services for women, children and adolescents. Engagement with the Inter-Parliamentary Union is being developed to facilitate the work of parliamentarians on these issues, notably supporting their accountability function.

19. The Partnership has intensified its advocacy efforts over the years, with evidence-based messages on women’s, children’s and adolescents’ health and well-being to a variety of audiences. In 2022, its products were picked up 398 times by global and regional media outlets. Based on these media outlets’ self-reported monthly estimated audience, the Partnership estimates that its products had a potential reach of 6.9 billion² per year and an estimated social media reach of 17 million. It continues to reach a large number of audiences relevant to women’s, children’s and adolescent’s health and well-being throughout the world.

Unitaid

20. Unitaid aims to increase the effectiveness of the global response to HIV and its co-infections and morbidities, tuberculosis and malaria. Over the past 15 years, Unitaid has committed more than US\$ 3 billion to investments in solutions for safe and effective products to treat HIV, tuberculosis, malaria and other global health challenges. Partner organizations scale up these solutions and ensure their availability in low- and middle-income countries, allowing for countries and major funders to deliver universal health coverage.

21. Unitaid works closely with WHO’s technical departments, through the Enabler projects financed by Unitaid and implemented by the respective departments. Since 2016, Unitaid has invested US\$ 49.6 million in these projects to ensure that outputs from its investments in the areas of HIV, hepatitis C virus, cervical cancer, tuberculosis and malaria are translated into public health policy and have global impact. WHO’s technical departments are uniquely positioned to assume this task, given

¹ See [https://pmnch.who.int/resources/publications/m/item/2022-progress-report-on-the-every-woman-every-child-global-strategy-for-women-s-children-s-and-adolescents-health-\(2016-2030\)](https://pmnch.who.int/resources/publications/m/item/2022-progress-report-on-the-every-woman-every-child-global-strategy-for-women-s-children-s-and-adolescents-health-(2016-2030)), accessed 18 April 2023.

² Based on the data published by noted outlets, this metric is defined as the estimated sum of consumers potentially exposed to the Partnership’s media products (TV, radio and online/newspaper), not necessarily actual consumers.

the mandate, capacity and expertise of WHO in normative guidance, its linkages with health ministries in Member States, and its ability to serve as a global convener of key stakeholders.

22. To date, Unitaid has invested US\$ 176.8 million in the WHO prequalification programme to address the lack of affordable, adapted, quality-assured health products for use in low and middle-income countries which delays progress towards global health targets. This has led to prequalification of more than 200 medicines and 60 diagnostics for HIV, hepatitis C, tuberculosis and malaria, enabling access to quality-assured products to approximately 400 million more people and a large donor-funded market of about US\$ 3.5 billion of quality, safe and efficacious products.

23. In June 2022, as a result of an extensive consultative process, the Unitaid Executive Board approved a new strategy¹ for the period 2023–2027. The key foundations and objectives of the strategy are:

- its vision – equitable access to health innovations to ensure healthy lives and promote well-being for all;
- its mission – expand the reach of the best health products for those who need them most;
- strategic objective 1 – accelerate the introduction and adoption of key health products;
- strategic objective 2 – create systemic conditions for sustainable, equitable access; and
- strategic objective 3 – foster inclusive and demand-driven partnerships for innovation.

24. Underpinning the strategy are a set of programmatic priorities covering HIV and co-infections, tuberculosis, malaria, women and children’s health, the response to global health emergencies, and cross-cutting topics and technologies.

25. The report of the Unitaid Secretariat to its Executive Board in June 2022 at the closure of the strategic period 2017–2022 showed that Unitaid’s projects, which totalled US\$ 765 million in value, contributed cumulatively to accelerating equitable access to better health products and approaches in several areas. Overall, it is estimated that an additional 150 million people benefit from innovative health products and approaches supported by Unitaid within two years of respective grant closures, an additional 758 000 lives are saved, and almost 133 million additional infections or cases are averted up to five years beyond the end of Unitaid investments. Economic savings amount to US\$ 2.3 billion to date.

26. More specifically, Unitaid’s investments have ensured progress in several key areas:

- The estimate for seasonal malaria chemoprevention coverage in 2021² was 5 million children under 5 years of age, exceeding Unitaid’s projections. At this scale, malaria chemoprevention has the potential to save the lives of over 100 000 children under 5 years at high risk of malaria per year.

¹ See https://unitaid.org/assets/Unitaid_Strategy_2023-2027.pdf, accessed 18 April 2023.

² See <https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2022>, accessed 18 April 2023.

- The market for HIV self-testing is expanding and is estimated to reach 27 million test kits per year by 2025. The outcomes of Unitaid investments in this area contributed to accelerating the self-care agenda for COVID-19, hepatitis C virus and syphilis.
- Unitaid's investment in the world's first appropriately formulated, child-friendly tuberculosis treatment is now being procured by 123 countries.¹
- The Medicines Patent Pool, founded by Unitaid, which remains the main funder with a total of US\$ 94.7 million up to 2025, supports broadening access to generically manufactured medicines in over 100 countries, generating savings of an estimated US\$ 2.2 billion by 2025 and US\$ 3.5 billion by 2030.²

27. Unitaid achieved other goals during 2017–2021:

- The impact of optimal HIV regimens, including paediatric and adult dolutegravir-based regimens, which work faster, have fewer side effects and are more durable to drug resistance are projected to generate savings of more than US\$ 7 billion by 2030. This progress has been accelerated due to recent price reductions that have made adult HIV treatment available for US\$ 50 per person, per year.³
- A recent randomized controlled trial in Benin,⁴ supported by Unitaid, showed that next-generation long-lasting insecticide treated nets, which remain the primary vector control tool to prevent malaria in high burden countries, reduced malaria infections by 46% among children between the ages of 6 months and 10 years. These nets are now being considered for a WHO policy recommendation.
- Preventive tuberculosis treatment is being made more affordable and accessible in over 30 countries, through a diverse supplier base.

PERIODIC REVIEW OF WHO-HOSTED PARTNERSHIPS

28. The review of the European Observatory on Health Systems and Policies was undertaken in accordance with the framework for a periodic review of hosted partnerships,⁵ with inputs from both the hosted partnership and the Secretariat providing relevant perspectives. The report of the review summarizes the contribution of the Observatory to improved health outcomes, the harmonization of its work with the relevant work of WHO and the Secretariat's interaction with the Observatory.⁶

¹ See <https://www.tballiance.org/child-friendly-medicines>, accessed 18 April 2023.

² See <https://medicinespatentpool.org/progress-achievements/impact>, accessed 18 April 2023.

³ See <https://chai19.wpenginepowered.com/wp-content/uploads/2022/12/2022-CHAI-HIV-Market-Report-12.8.22.pdf>, accessed 18 April 2023.

⁴ See [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)02319-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)02319-4/fulltext), accessed 18 April 2023.

⁵ See document EBPBAC19/8.

⁶ See document EB153/8.

ACTION BY THE EXECUTIVE BOARD

29. 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?

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