

ANNEX

**PARTNERSHIPS OUTSIDE
THE PROGRAMME BUDGET 2010–2011 ENVELOPE**

As the demand for international public health assistance has grown, so too has the donor community. Now, in addition to Member States financing international public health, national overseas development assistance programmes are playing a greater role, and contributions from other multilateral organizations, development institutions and private foundations are growing.

As a result, the international health and development community increasingly works through partnerships. Often WHO has a key role in these partnerships, yet they have their own governance structure and WHO has no managerial control of their budgets or workplans.

The relationship established between these partnerships and WHO reflects the synergies and coordination that are necessary to the achievement of the strategic objectives in the Medium-term strategic plan 2008–2013 and the Proposed programme budget 2010–2011.

The list of such partnerships provided below is not exhaustive and WHO has close collaboration with many other entities, for example the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as the International Health Partnership. The list does, however, include those partnerships that were specifically mentioned in the Programme budget 2008–2009.

This Annex is not intended to be included in the final version of the Programme budget 2010–2011 that will be submitted to the Health Assembly, rather, it has served to support the process of the budget segmentation.

**BIENNIAL BUDGETS OF PARTNERSHIPS
OUTSIDE THE PROGRAMME BUDGET 2010–2011 ENVELOPE**

	Partnership	Strategic objective principally supported	Budget (in US\$ thousand)
1	Alliance for Health Policy and Systems Research	10	10 000
2	Global Health Workforce Alliance	10	30 000
3	Health Metrics Network	10	22 400
4	Partnership for Maternal, Newborn and Child Health	4	30 000
5	Roll Back Malaria Partnership	2	50 000
6	Secretariat of the Framework Convention on Tobacco Control	6	7 000
7	Stop TB Partnership	2	32 500
8	Global Drug Facility	2	86 250
9	United Nations Standing Committee on Nutrition	9	7 301
10	Water Supply and Sanitation Collaborative Council	8	61 410
	TOTAL		

ALLIANCE FOR HEALTH POLICY AND SYSTEMS RESEARCH

Strategic objective to which the work of the partnership contributes

10: To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research

Strategic approaches the partnership will focus on

The Alliance for Health Policy and Systems Research focuses on the following strategic approaches, to support the achievement of strategic objective 10:

- (i) stimulating the generation and synthesis of policy-relevant health systems knowledge, encompassing evidence, tools and methods,
- (ii) promoting the dissemination and use of health policy and systems knowledge in order to improve the performance of health systems, and
- (iii) facilitating the development of capacity for the generation, dissemination and use of health policy and systems research knowledge among researchers, policy-makers and other stakeholders.

Scope of the partnership's work during the biennium 2010–2011

During the biennium 2010–2011, the Alliance will identify, and build consensus around, high-priority research questions in the health policy and systems field, and support both strategic, multicountry studies and the synthesis of existing knowledge. The Alliance will continue to invest in mechanisms at country and regional levels that promote the use of evidence in policy, and will evaluate the effectiveness of different innovative knowledge translation mechanisms. The Alliance will support the teaching of health policy and systems research as part of post-graduate courses, the strengthening and dissemination of health policy and systems research methodologies, and will implement and evaluate strategies to enhance policy-makers' capacity to use evidence in policy-making. The strategies will be implemented primarily through calls for proposals and the competitive award of grants to developing country institutions.

Coordinating with WHO

The Alliance's programme of work both benefits from WHO's work on health systems and services (for example in terms of identifying research priorities) and contributes to that work (for example in terms of summarizing and synthesizing available evidence on health systems). The Alliance's programme of work clearly links with WHO's strategic objectives, yet the Alliance works primarily through developing country research institutions, thereby engaging a set of actors complementary to WHO's member states.

Partnership's projected budget for contributing to the achievement of the strategic objective during the biennium 2010–2011

US\$ 10 000 thousands

GLOBAL HEALTH WORKFORCE ALLIANCE

Strategic objective to which the work of the partnership contributes

10: To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research

Strategic approaches the partnership will focus on

The Alliance will, through the coordinated actions of its members, support the development of evidence-based, comprehensive and coherent country-level approaches and significant scaling up of country, regional and global actions necessary to ensure universal access to motivated and skilled health workers.

Scope of the partnership's work during the biennium 2010–2011

The Alliance operates as a global focal point for workforce development, enhancing access to information, knowledge, best practices, and institution resources for all stakeholders.

Its work will focus on the following three priorities:

- accelerating country work and capacity development through promoting and facilitating partnerships within countries
- harmonizing actors for workforce alignment to strengthen priority programmes and broader health systems
- building knowledge and stimulating learning as a global public good.

Coordinating with WHO

The Alliance aims to stimulate work that brings extra value beyond the activities and productivity of current institutions, including WHO. Work that is prioritized must be catalytic, ensuring complete systems for health workforce development globally.

The Alliance will collaborate with existing institutions and bodies, avoiding duplication or competition, supporting work that is consistent with the partners' mandates, compatible with their capabilities, and linked to the transparency and accountability of their actions.

Partnership's projected budget for contributing to the achievement of the strategic objective during the biennium 2010–2011

US\$ 30 000 thousands

HEALTH METRICS NETWORK

Strategic objective to which the work of the partnership contributes

10: To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research

Strategic approaches the partnership will focus on

The Health Metrics Network has a single strategic goal: to increase the availability and use of timely and accurate health information by catalysing the joint funding and development of core country health information systems.

Scope of the partnership's work during the biennium 2010–2011

In support of strategic objective 10, the partnership will pursue its three interrelated objectives:

- to create a harmonized framework for country health information systems, that describes standards for health information systems;
- to strengthen country health information systems by providing technical and catalytic financial support to apply the framework; and
- to ensure access to, and use of, information by local, regional and global constituencies.

Coordinating with WHO

The Health Metrics Network will continue to work closely with the WHO Secretariat in the area of health statistics and informatics in an effort to accelerate the work on standards development that will be crucial to the next version of the framework. The Network will continue to work with WHO regional offices and focal points at the country level to advance country activities to strengthen health information systems.

Partnership's projected budget for contributing to the achievement of the strategic objective during the biennium 2010–2011

US\$ 22 400 thousands

PARTNERSHIP FOR MATERNAL, NEWBORN AND CHILD HEALTH

Strategic objective to which the work of the Partnership contributes

4: To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals

Strategic approaches the partnership will focus on

The Partnership for Maternal, Newborn and Child Health focuses on the following work areas: global, regional and country-level political advocacy for maternal, newborn and child health; accelerating and facilitating country action; harmonizing relations with partners and increasing aid effectiveness; tracking progress both towards achieving Millennium Development Goals 4 and 5 and with regard to feeding. Core functions are also included in the annual work plan. These include regular Board meetings, supporting working groups and the WHO Secretariat.

Scope of the Partnership's work during the biennium 2010–2011

The Partnership will continue its advocacy work through the following activities: mapping advocacy messages and tools; developing common messaging platforms; implementing advocacy drives; increasing the Partnership's media visibility; and tracking political commitments and media coverage. In support of countries the Partnership will: provide technical support for national planning and budgeting processes; improve access to useful models for integrated components for maternal, newborn and child health in national health plans; publish best practices; and develop in-country capacity. The Partnership will also exercise leadership in incorporating maternal, newborn and child health into new global health initiatives and in catalyzing effective national coordination mechanisms, as well as in building platforms for strengthening existing measurement mechanisms. The Partnership will also be active in assessing progress by holding stakeholders at all levels accountable in meeting their financial and policy commitments.

Coordinating with WHO

The Partnership for Maternal, Newborn and Child Health will coordinate its identification and analysis of specific countries' constraints in order to avoid duplicating efforts that may be undertaken by WHO. Recognizing the additional resources the Partnership can bring to bear, it will supplement WHO's work in the area of maternal, newborn and child health.

Partnership's projected budget for contributing to the achievement of the strategic objective during the biennium 2010–2011

US\$ 30 000 thousands

ROLL BACK MALARIA PARTNERSHIP

Strategic objective to which the work of the partnership contributes

2: To combat HIV/AIDS, tuberculosis and malaria

Strategic approaches the partnership will focus on

The Roll Back Malaria Partnership's Global Malaria Business Plan and the annual Partnership-wide harmonized workplans serve to coordinate global actions for malaria control by all partners. The strategic objective is well aligned with both the Business Plan and the workplans. The following activities will also be critical to success: promoting universal access to essential interventions for prevention, treatment, care and support in order to halt disease transmission and reduce morbidity and mortality; ensuring sustained political commitment and more effective partnerships, including coherence and harmonization of operations with partners at all levels; and advocating for concerted efforts.

Scope of the partnership's work during the biennium 2010–2011

The work of the Roll Back Malaria Partnership focuses on supporting countries to (i) scale up rapidly in order to reach targets for rolling back malaria by the year 2010; (ii) sustain disease control through scaling up; and (iii) move towards transmission reduction and regional elimination.

Coordinating with WHO

The Partnership coordinates its activities through the Partnership-wide workplans, in which the WHO Secretariat is operationally involved across departments and at multiple levels. Accountability is ensured through the Roll Back Malaria Partnership Board.

Partnership's projected budget for contributing to the achievement of the strategic objective during the biennium 2010–2011

US\$ 50 000 thousands

(Proportion of estimated budget in direct support of the strategic objective is currently unknown. This figure is based on the 2008 harmonized workplan)

SECRETARIAT OF THE FRAMEWORK CONVENTION ON TOBACCO CONTROL

Strategic objective to which the work of the partnership contributes

6: To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.

Strategic approaches that the partnership will focus on

- providing global leadership, coordination, communication, collaboration and advocacy for health promotion in order to improve health, reduce health inequalities, control major risk factors and contribute to national development objectives;
- supporting the establishment of multisectoral partnerships and alliances within and among Member States, and building international collaboration for the generation and dissemination of research findings; and
- providing direct technical assistance for the implementation of the WHO Framework Convention on Tobacco Control, including provision of support to strengthen the tobacco-control policies outlined in the MPOWER package.

Scope of the partnership's work during the biennium 2010–2011

Based on the provisions of the WHO Framework Convention on Tobacco Control and the priorities and strategies identified by the Conference of the Parties, the work of the Conference and the Convention Secretariat will promote the development of internationally agreed instruments for the implementation of different articles of the Convention. The Convention Secretariat will also focus on raising awareness of and disseminating the different instruments, and on helping Parties in their use in the process of implementing the Convention. The work of the Convention Secretariat will include the provision of support to Parties in complying with their reporting obligations, as well as the preparation of annual summary reviews on progress made in implementing the Convention internationally. Coordination with relevant international and regional intergovernmental organizations, particularly those accredited as observers to the Conference of the Parties, engaging their expertise in support of the implementation of the Convention, will constitute another important area of work.

Coordinating with WHO

Ensuring synergy and complementarity with the work of WHO, particularly the Tobacco Free Initiative, is an important strategy of the Conference of the Parties and the Convention Secretariat. This work will focus on the following: treaty-specific issues; further development of treaty instruments; intergovernmental negotiations and processes; utilizing the legally binding character of the treaty for promoting whole-government commitment and action in the implementation of the treaty; and utilizing the opportunities provided by international obligations of the Parties to promote global and regional coordination and action. At the country level the principal activities will involve promoting access to internationally available resources; providing assistance in treaty-specific and legal matters; profiling and utilizing the political and intergovernmental dimension and potential of the treaty in supporting global and national action against tobacco; supporting Parties in their engagement in the work of the Conference of the Parties and its subsidiary bodies; and supporting the use of and utilizing the information provided through the reporting instrument for promoting the exchange of experiences and the use of best practices available in Parties. Every effort will be made to avoid duplication with the work of the Tobacco Free Initiative and other departments of the WHO Secretariat, which will continue to lead the technical work, advocacy, surveillance and capacity building in countries, and which will contribute to the work of the Conference of the Parties and the Convention Secretariat through the provision of their considerable technical expertise and knowledge.

Partnership's projected budget for contributing to the achievement of the strategic objective during the biennium 2010–2011.

The budget for the biennium 2010–2011 has not yet been drafted and discussed. However, the Convention Secretariat envisages that workplan components corresponding to nearly US\$ 5000 thousands from voluntary assessed contributions and nearly US\$ 2000 thousands from extrabudgetary contributions will directly contribute to the achievement of the strategic objective.

STOP TB PARTNERSHIP

Strategic objective to which the work of the partnership contributes

2: To combat HIV/AIDS, tuberculosis and malaria

Strategic approaches the partnership will focus on

The Stop TB Partnership will focus on the following approaches to realize its objectives:

- expanding and strengthening the coalition of organizations involved in tuberculosis control and research by, for example, increasing community and private sector involvement;
- broadening the agenda for tuberculosis control and research, increasing consensus thereon by means, inter alia, of the Global Plan to Stop TB 2006–2015, and the strengthening of guidance, for example, through the activities of the relevant working groups (the DOTS Expansion Working Group, the Multidrug-resistant Tuberculosis Working Group and the Green Light Committee);
- expanding the reach and increasing the impact of global advocacy by, for example, conducting high-level missions to countries;
- coordinating and supporting partner activities in key areas including technical assistance to countries, some of which have already benefited other functions and disease programmes in countries' health systems;
- improving tuberculosis control in countries, both directly, via, for example, the Global Drug Facility and the Green Light Committee, and indirectly through the Partnership's other activities, such as advocacy.

Scope of the partnership's work during the biennium 2010–2011

During this period work will focus on:

- expanding the network of partners further and directing their energy towards better tuberculosis control;
- enhancing global communications;
- targeted advocacy, communication and social mobilization efforts in order to build support for tuberculosis control at various levels;
- building national partnerships;
- supporting the work of civil society in generating support at the grass roots level for tuberculosis control;
- monitoring the Global Plan to Stop TB 2006–2015; and
- Stop TB Partnership's Technical Assistance Mechanism in order to relieve bottlenecks in the implementation of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Coordinating with WHO

The Stop TB Partnership will align its activities closely with the WHO Secretariat and will supplement the latter's work. The Partnership will actively support WHO's six-pronged Stop TB strategy, and will support the work of the three implementation working groups mentioned above, which are hosted in the WHO Secretariat. In this way, the duplication of efforts can be avoided, and the impact of different initiatives optimized. In undertaking its work the Partnership will follow all the rules and regulations of WHO.

Partnership's projected budget for contributing to the achievement of the strategic objective during the biennium 2010–2011

US\$ 32 500 thousands

GLOBAL DRUG FACILITY

Strategic objective to which the work of the partnership contributes:

2: To Combat HIV/AIDS, tuberculosis and malaria

Strategic approaches the partnership will focus on:

- a grant service whereby first-line antituberculosis drugs are granted to eligible and approved countries that require donor support to meet their drug needs;
- a direct procurement service for governments, donors and nongovernmental organizations to purchase drugs for use in programmes in countries that have sufficient finances but which lack adequate procurement capacity, including a robust quality assurance system; and
- a technical support service whereby the grant and direct procurement services are combined with technical assistance for in-country drug management and monitoring. The Global Drug Facility supports global efforts to improve antituberculosis drug quality assurance, primarily through the WHO-managed prequalification programme for priority essential medicines. The Facility combines these core services with in-country monitoring of the management of the drugs it supplies. Monitoring teams, composed of tuberculosis and drug management experts, work with programmes to identify strategies that will strengthen drug management, and ensure rational drug use and effective distribution. The Global Drug Facility provides a comprehensive catalogue of the antituberculosis drugs and supplies needed to diagnose and treat adults and children, covering both patients infected with drug-sensitive tuberculosis and those with the drug-resistant form of the disease.

Scope of the Global Drug Facility's work during the biennium 2010–2011

During this period the Facility will:

- maintain an effective grant service for tuberculosis drugs, including a transparent and rigorous applications review process;
- ensure growth of the direct procurement service for countries or donors wishing to use their own resources to purchase tuberculosis drugs via the Facility;
- supply approximately two million patient treatments via the grant and direct procurement services;
- increase supply of diagnostic kits for smear microscopy via the direct procurement service;
- maintain and improve the electronic order management system to (1) allow the Facility to electronically place order requests for countries, (2) enable countries to track and trace their tuberculosis drug consignments, and (3) permit the Facility to generate performance reports related to supply chain efficiency;
- ensure that the Facility's operations continue to be supported by a comprehensive unified internal quality management and information system that is ISO 9001:2000 certified;
- maintain strategic rotating stockpiles of first- and second-line tuberculosis drugs;
- provide the WHO-managed prequalification programme with technical and financial support in order to increase the number of tuberculosis drugs achieving prequalification;
- provide, facilitate and broker technical assistance to all countries using the Facility (supported via both the grant and direct procurement services) in order to improve drug management;
- maintain timely delivery of the drugs it grants, including rapid lead times for emergency procurements; and
- contain average drug cost per additional patient cure and reduce prices for certain categories of product by pooling procurement to maintain optimal economies of scale for supply partners, and by coordinating effective forecasting initiatives and keeping abreast of market dynamics to successfully engage industry with respect to product price optimization, assured product quality and sufficient capacity.

Coordinating with WHO

The Global Drug Facility will coordinate its activities relating to procurement and management of the aforementioned products with WHO country programmes, the DOTS Expansion Working Group, the Multidrug-resistant Tuberculosis Working Group, the Stop TB Partnership's Technical Assistance Mechanism, the Green Light Committee and other key WHO partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the International Drug Purchase Facility (UNITAID) in order to avoid duplicating efforts and optimize investments in initiatives for drug (and diagnostics) management.

Partnership's projected budget for contributing to the achievement of the strategic objective during the biennium 2010–2011

The projected biennial budget is US\$ 86 250 thousands. The bulk of this figure is for expenditures on procurement of drugs and diagnostics, with the remainder for operational costs including technical assistance, monitoring and evaluation and salaries.

UNITED NATIONS SYSTEM STANDING COMMITTEE ON NUTRITION

Strategic objective to which the work of the partnership contributes

9: To improve nutrition, food safety and food security, throughout the life-course and in support of public health and sustainable development.

Strategic approaches the partnership will focus on

The Standing Committee will focus on the following strategic approaches to support the achievement of the strategic objective: promoting, disseminating and monitoring coordinated international activities in food and nutrition.

Scope of the partnership's work during the biennium 2010–2011

The work of the Standing Committee in support of this strategic objective will focus on.

- communication, advocacy and partnership-building campaigns aimed at reducing hunger and the double burden of malnutrition;
- promoting coherent national food and nutrition policy and programme frameworks that are agreed to, integrated into national poverty reduction programmes, and scaled up; and
- promoting monitoring and evaluation frameworks for reducing hunger and malnutrition.

Coordinating with WHO

The Standing Committee will coordinate its activities with WHO through the United Nations Standing Committee on Nutrition Steering Committee, of which several United Nations agencies are members (including FAO, WHO, UNICEF and WFP), as well as representatives of bilateral agencies and civil society. The work of the Steering Committee is to promote coordination across agencies and avoid the duplication of effort.

Partnership's projected budget for contributing to the achievement of the strategic objective during the biennium 2010–2011

US\$ 7301 thousands

WATER SUPPLY AND SANITATION COLLABORATIVE COUNCIL

Strategic objectives to which the work of the partnership contributes:

8: To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health

The Council's work has implications for other strategic objectives since improved sanitation and hygiene reduce diarrhoeal diseases – major killers, especially of children. Sanitation services reduce the burden of communicable diseases (strategic objective 1), reduce morbidity and mortality of children (strategic objective 4) and improve nutrition (strategic objective 9). Advocacy and policy work on sanitation tackle the underlying social and economic determinants of health (strategic objective 7).

Strategic approaches the partnership will focus on:

The Council's organizational objective is to accelerate the provision of sustainable water, sanitation and waste management services to all people. During this planning period, the Council will continue to concentrate its energy on sanitation and hygiene, rather than on water. It will also pursue its three-part strategic approach, comprising:

- networking and knowledge management
- advocacy and communications
- grants management (the Global Sanitation Fund)

Scope of the partnership's work during the biennium 2010–2011:

The Council's national coalitions (which are not hosted by WHO) will be active in approximately 40 countries, and the Council's secretariat (which is hosted by WHO) will coordinate networking and knowledge management at the global level. The Council will carry out advocacy and communications work at national and global levels, and the Global Sanitation Fund will provide grants to organizations to carry out sanitation and hygiene services in approximately 20 countries.

Coordinating with WHO:

Although planning and implementing their work independently, WHO and the Water Supply and Sanitation Collaborative Council intend their activities to be complementary and will pursue cooperation when the benefits achievable are significant. Collaborative work is expected to include joint publications, joint meetings, the exchange of professional views and knowledge, and committee work. WHO's mainly normative, technical, evidence-based work and the Council's mainly practical, outgoing, people-centred activities are mutually complementary.

There is no duplication between the Council's work and that of WHO.

Partnership's projected budget for contributing to the achievement of the strategic objective during the biennium 2010–2011

US\$ 61 410 thousands