
Hosted health partnerships

Report by the Secretariat

1. In January 2013 the Executive Board adopted decision EB132(10), in which it decided that WHO-hosted partnerships should be included as a standing item on its agenda. A first report under this item was submitted in January 2014.¹ However, in view of the priority-setting linked to the outbreak of Ebola virus disease, the reports due to be submitted to the Programme, Budget and Administration Committee of the Executive Board at its 21st meeting and to the Executive Board at its 136th session in January 2015 were postponed. This report updates the Committee on major recent developments concerning WHO-hosted partnerships and gives a summary of noteworthy issues impacting hosting relationships.

2. This report also provides updated information on the implementation of various components of decision EB132(10), notably the review by the Committee of WHO's arrangements with hosted partnerships; modalities to ensure full cost recovery; the establishment of a joint committee of WHO-hosted partnerships; the management of liabilities; reporting on the outcome of independent evaluations commissioned by WHO-hosted partnerships; coordination of the work of hosted partnerships with WHO regional and country activities; the development of generic hosting terms, and a risk management framework.

MAJOR DEVELOPMENTS AND KEY ISSUES

STOP TB Partnership

3. Further to a decision taken by the Stop TB Partnership Coordinating Board in July 2014, the Partnership secretariat ceased to be administered by WHO as of 31 December 2014 and is now administered by the United Nations Office for Project Services. The secretariat transfer process was conducted in a collaborative manner and has not resulted in any liabilities for WHO. While no longer involved in administrative matters relating to the Partnership, WHO remains a committed and active partner of the Stop TB Partnership.

Roll Back Malaria Partnership

4. The Roll Back Malaria Partnership continues to make progress towards achieving the objectives of the Global Malaria Action Plan. The Secretariat and the other mechanisms in the Partnership have

¹ Document EB134/42.

been redesigned since May 2014 to focus on three main functions: global advocacy for malaria control and elimination; effective management of support to partners; and coordination of country support for access to and efficient utilization of available resources. Following the release of a WHO policy recommendation on seasonal malaria chemoprevention, a coordination mechanism has been set up to support its adoption and expansion in countries of the Sahel subregion in Africa. Many partners and research institutions are now involved.

5. The outbreak of Ebola virus disease has been another occasion for the malaria community to unite efforts and work with WHO and affected countries. In addition, the Partnership has successfully supported countries in accessing resources through the new funding model of the Global Fund to Fight AIDS, Tuberculosis and Malaria and hence in securing the allocation of resources for malaria. It continues its extensive advocacy efforts through organizing high-level events and summits and building successful subregional partnerships in the African, South-East Asian and Western Pacific regions. It also works synergistically and regularly with the WHO Global Malaria Programme on key annual opportunities, including promotion of the *World Malaria Report*, organization of activities and dissemination of messages related to World Malaria Day, reporting to the United Nations General Assembly, and other advocacy events and activities.

6. For the past 18 months the Partnership and the WHO Global Malaria Programme have worked closely together on development of a WHO global technical strategy for malaria¹ and the second-generation Global Malaria Action Plan “Action and Investment to defeat Malaria (AIM)”. The two documents, fully aligned with the post-2015 sustainable development agenda, are seen as companion documents: they share the same vision, objectives, targets and time frame (2016–2030). The Action Plan reflects the collective effort of partners to support implementation of the Global Technical Strategy. It will be submitted to the next meeting of the Board of the Partnership in May 2015 for adoption. In addition, the Partnership is reviewing its architecture and governance system to facilitate implementation of the Action Plan. This review also includes the current hosting arrangement at WHO.

Global Health Workforce Alliance

7. The Global Health Workforce Alliance is maintaining the momentum generated through the Third Global Forum on Human Resources for Health (Recife, Brazil, November 2013). The Recife Political Declaration was endorsed by the World Health Assembly in May 2014 (resolution WHA67.24), and the Health Assembly requested the Director-General to develop a new global strategy for human resources for health. The Alliance continues to coordinate a broad-based global consultation aimed at collating the evidence for a contemporary agenda (Health workforce 2030) in support of the WHO strategy, including a focus on future skills, health employment and economic growth.

8. Under the leadership of a new Executive Director since July 2014, the Alliance is committed to successfully completing its 10-year mandate (2006–2016) and transitioning to new modes of multisectoral engagement and collaboration that support the role and functions of WHO. Successful completion will document the catalytic value of the Alliance during the period of its mandate and inform future arrangements to strengthen multisectoral policy dialogue, advocacy and communications, and measurement and accountability.

¹ Document A68/28.

Alliance for Health Policy and Systems Research

9. The Alliance for Health Policy and Systems Research continues to stimulate the generation and synthesis of policy-relevant health systems knowledge, along with advocating for that field of research in general. The Alliance supported over 60 research projects in the biennium 2013–2014. Along with WHO, the Alliance played a key role in organizing the Third Global Symposium on Health Systems Research (Cape Town, South Africa, 30 September – 3 October 2014), which brought together nearly two thousand researchers and decision-makers from 125 countries.

10. A 2014 external review of the Alliance emphasized the benefits of continued and closer engagement with WHO. The Alliance's commitment to this is reflected through its engagement with the Department for Health Systems and Innovation at WHO headquarters.

11. The Alliance has undertaken a wide range of activities to implement the WHO Strategy on Health Policy and Systems Research. In this regard, the Alliance has collaborated with the regional offices for the Eastern Mediterranean and South-East Asia and the Pan American Sanitary Bureau on a research programme investing US\$ 1.5 million in this area. Reflecting the emphasis placed on encouraging demand-driven research in the Strategy, the Alliance is collaborating with UNICEF and the GAVI Alliance to support a unique research programme, the first ever to be led by decision-makers.

12. The Alliance has also contributed to methodological innovations in the field of health policy and systems research, including through the recently released report *Medicines in health systems*,¹ developed with the Department of Essential Medicines and Health Products, and a methods reader on participatory action research, produced with the civil society group EQUINET and the International Development Research Centre, Canada.²

Partnership for Maternal, Newborn and Child Health

13. The Partnership for Maternal, Newborn and Child Health reaches its tenth anniversary in 2015, and the recent (2014) external evaluation identified important next steps to promote greater visibility for women's, children's and adolescent health emerging as part of the post-2015 development agenda, including through the development of a new global strategy for women's, children's and adolescents' health under the United Nations Secretary-General's "Every Woman Every Child" movement.

14. The Partnership supports WHO in reaching a large variety of non-State actors, bringing together 650 members, including the H4+ agencies in the multilateral constituency (UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank), alongside donors and foundations, partner countries and four constituencies of non-State actors: nongovernmental organizations, the private sector, health care professionals and academics.

15. The Partnership supported WHO by involving a range of partners in developing the global review, *Essential interventions, commodities and guidelines for reproductive, maternal, newborn and*

¹ Bigdeli M, Peters DH, Wagner AK, eds. *Medicines in health systems: advancing access, affordability and appropriate use*. Geneva: World Health Organization; 2014.

² Loewenson R, Laruell AC, Hogstedt C, D'Ambuoso L, Schroff Z. *Participatory action research in health systems: a methods reader*. Harare: TARSC, AHPSP, World Health Organization, IDRC Canada, EQUINET; 2014.

child health.¹ The document has become the landmark reference cited in technical and political documents and has been used as a basis for global programmes, contributing to shaping the H4+ High Burden Country Initiative and the work of the United Nations Commission on Life-Saving Commodities for Women and Children, as well as guiding country programming.

16. The Partnership led the consultation on the Global Strategy for Women's and Children's Health in 2010 and is doing the same for the updated global strategy in 2015, already reaching more than 4 550 organizations and individuals who are discussing the strategy and providing input to the writing team, led by WHO.

UNITAID

17. UNITAID's mission is to contribute to the global response against HIV/AIDS, tuberculosis and malaria by bringing new, better, faster and more affordable medicines, technologies and systems to those in need. In the first two years of implementing its strategy (2013–2014), UNITAID investments led to significant results, enabling innovative and more effective HIV, tuberculosis and malaria treatments and diagnostics to be delivered in low-income countries faster, more affordably and with greater efficiency. The 40% reduction in the price of GeneXpert cartridges for a highly effective tuberculosis test has so far generated nearly US\$ 60 million in cost savings for global purchasers, including Brazil and South Africa. The GeneXpert and EXPAND TB testing initiatives, significantly supported by UNITAID, led to a 30% increase in annual global detection of multidrug-resistant tuberculosis in 2013. Price reductions for key second-line HIV medicines, which have continued since UNITAID's initial investment in 2007, will lead to a cumulative saving of US\$ 1–2 billion for global funders over ten years. Its current investment in seasonal chemoprevention will deliver fourfold economic returns for malaria by 2020.

18. In December 2014 the Executive Board of UNITAID endorsed the efforts of the new Executive Director to strengthen UNITAID's grant management and key partnerships, with the goal of developing higher-quality proposals that can be implemented more rapidly and deliver interventions that clearly demonstrate value for money and UNITAID's distinct role in the broader global health landscape. In addition, the Board approved changes to the organizational structure, senior leadership and operating model, in order to strengthen and enable UNITAID's core business areas in grant management and strategic partner engagement.

19. Finally, the Secretariat aims to physically relocate from the WHO campus to sub-leased premises in Geneva in June 2015; however, this will not impact the legal and administrative hosting relationship with WHO.

European Observatory on Health Systems and Policies

20. The European Observatory on Health Systems and Policies has continued to support the Regional Office for Europe with analytic country profiles (the Health Systems in Transition series of publications), online updates (through the innovative web platform Health Systems and Policy

¹ Essential interventions, commodities and guidelines for reproductive, maternal, newborn and child health. A global review of the key interventions related to reproductive, maternal, newborn and child health. Geneva: Partnership for Maternal, Newborn and Child Health; 2011.

Monitor)¹ and a comparative study of trends in countries that are members of the Commonwealth of Independent States. It has also published ten studies, providing evidence to support the Regional Office's core strategies and closely aligned with the WHO European Region's Health 2020 agenda, including on: the economics of disease prevention and health promotion; paying for performance; public health; European Union health policies; primary care; chronic care; and the economic crisis and responses to financial pressures. The Observatory also cooperated closely with the Regional Office to support work in countries on: the public health workforce; integrated care; the economic crisis and influencing health behaviours; public reporting; and cross-border care. It has played a knowledge-brokering role in policy dialogues; evidence briefings and presentations, and through the Venice Summer School. The Observatory has continued to work closely with the Regional Office to ensure its work is synchronized with and complements that of the Office.

21. The Steering Committee of the Observatory has agreed on a governance manual, which clarifies the role of WHO as host and partner. The Observatory has worked for the first time outside the WHO programme budget.

African Programme for Onchocerciasis Control

22. The legal instrument establishing the African Programme for Onchocerciasis Control, which is a WHO-hosted entity but not a hosted partnership, foresees that the Programme will close on 31 December 2015. This decision was confirmed by the main governing body of the Programme, the Joint Action Forum, in December 2014. While recognizing the success of the Programme in onchocerciasis elimination, the main stakeholders considered that increased efforts were required in Africa in support of preventive chemotherapy for selected neglected tropical diseases. WHO is currently organizing consultations with main partners to review possible options for establishing a new entity on such diseases, while ensuring the continuation of essential onchocerciasis elimination activities.

IMPLEMENTATION OF EXECUTIVE BOARD DECISION EB132(10)

23. At its nineteenth meeting the Programme, Budget and Administration Committee approved the framework for periodic review of hosted health partnerships² 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. In this regard, the Secretariat has identified the Partnership for Maternal, Newborn and Child Health and the Global Health Workforce Alliance as the first hosted partnerships to undergo periodic review and has begun work on this matter, with the aim of submitting a report for the Committee's consideration at its twenty-third meeting.

24. WHO has initiated studies on modalities to ensure full recovery of the costs associated with the partnerships that it hosts. Following consultation with the Independent Expert Oversight Advisory Committee, it is proposed to initially discuss with hosted partnerships the principles and criteria for ensuring full cost recovery. Thereafter, discussion will take place on actual costs and possible deductions, based on functions that some of the entities perform themselves. Any significant cost recovery measures would be implemented over several years in a phased approach. In addition, it is

¹ See <http://hspm.org>.

² Document EB/PBAC19/8.

evident that the approach developed will ultimately also need to apply to all other WHO-hosted entities.

25. Since its establishment in late 2013, the Joint Committee of WHO-Hosted Partnerships has met four times. Guided by the partnerships policy that was endorsed by the World Health Assembly in 2010,¹ the Joint Committee serves as a forum where coordination of programmatic and administrative issues impacting the hosting relationship is discussed and through which recommendations on such matters are made to the Director-General.

26. Work on the development of generic hosting terms for WHO-hosted partnerships was put on hold owing to the outbreak of Ebola virus disease. This work has now resumed and a work plan has been discussed with the Joint Committee. These terms will define the legal and administrative basis for the relationship between WHO and the relevant hosted partnership. While taking into account the specific mandate of each hosted partnership, the hosting terms will set out standard and harmonized requirements premised on WHO policies, rules and regulations on matters such as the need for programmatic alignment with WHO's work, human resources, finance and cost recovery, communications, liabilities and governance. Hosted partnerships have been included in the Organization-wide roll-out of the WHO risk management framework.

ACTION BY THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE

27. The Programme, Budget and Administration Committee is invited to note this report.

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¹ Resolution WHA63.10.