12.4 Hosted health partnerships

Contents

In focus

In decision EB132(10) (2013) the Executive Board requested the Programme, Budget and Administration Committee of the Executive Board, inter alia, to ensure that the arrangements for hosted health partnerships are regularly reviewed.

This report (EB138/47) presents a general update on hosted partnerships and the first reviews thereof, which concern the Global Health Workforce Alliance (EB138/47 Add.1) and the Partnership for Maternal, Newborn and Child Health (EB138/47 Add.2).

Background

Hosted partnerships

EB132/5 Add.1 describes WHO relationships as including:

- WHO-hosted partnerships:
    - GHWA,
    - PMNCH,
    - UNITAID,
    - RBM,
    - HPSR
- United Nations Joint Inter-Agency programmes (eg UNAIDS),
- UN Inter-organizational facilities (eg UN International Computing Centre),
- Secretariats hosted in WHO pursuant to an international convention such as the WHO Framework Convention on Tobacco Control
- WHO cosponsored programmes (integrated within WHO programme and accountability arrangements but are financially and/or programmatically cosponsored by a number of other agencies): include the
    - Special Programme on Research and Training in Tropical Diseases (TDR);
    - the Special Programme of Research, Development Research and Training in Human Reproduction (HRP);
    - the African Programme for Onchocerciasis Control (APOC),
    - the Codex Alimentarius Commission and

    - the Global Polio Eradication Initiative (GPEI)
- Informal networks and alliances established by WHO to assist it in implementing its programmatic activities (have no formal governance structure and are predominantly led and managed by WHO).

The Dec 2014 list of partnerships and collaborative arrangements here includes a number of collaborative arrangements which are not hosted by WHO and in which WHO is simply a member. (This group includes IMPACT which is no longer listed as a 'hosted' partnership but whose website continues to be hosted by WHO. See Shashikant 2010 for more on IMPACT.)

The Policy on WHO engagement with global health partnerships and hosting arrangements (the "Partnerships Policy") was adopted in 2010 by the Sixty-third World Health Assembly (in resolution WHA63.10).

Decision WHA65(9) is an omnibus decision on WHO Reform. Para 9(c) requests a report to the EB132 on hosted partnerships and lists the principles that should guide the DG in managing such partnerships. EB132/5 Add.1 responded to this requests.

Decision EB132(10) (2013) requested the PBAC to arrange for regular reviews of WHO hosted partnerships.

Two previous reports have been submitted under this mandate: documents EB134/42 (Jan 2014) and EBPBAC22/2 (May 2015).

GHWA

EB138/47 Add.1 provides useful background on the origins and work of the GHWA. It was established in 2006 with a ten year mandate. Significant changes are anticipated in 2016, more below.

For more background see:

- About the Alliance
- The Alliance Board
- Full list of members and partners
- Partners

The Alliance's main strategies have been advocacy, knowledge brokerage and convening. It has convened three Global Fora on global health workforce: 2008, 2011, and 2013.

The GHWA was closely involved in the development of (what became) the WHO Code of Practice on the International Recruitment of Health Personnel adopted in 2010 in resolution WHA63.16. More recently, the GHWA convened a number of working groups on HRH in 2014/15 which culminated in a synthesis paper which informed the development of the current draft global strategy.

An external evaluation of the GHWA was undertaken in 2011. The report of this evaluation describes the work of the Alliance and comments on the costs and benefits of the partnership with WHO.

Para 10 of EB138/47 reports that the Board of the Alliance will complete its present mandate in 2016 and that discussions are proceeding with a view to 'a new network mechanism for global engagement, alignment and coordination of the health workforce agenda'. The 'mechanism' will include a HRH 'network' to be hosted by WHO. It is expected that the new 'mechanism' will support the implementation of the new draft global strategy.

Partnership for MN&CH

EB138/47 Add.2 provides useful background information about the PMNCH. Further useful information is contained in the Independent External Evaluation undertaken in 2013.

Among the programmes and activities of the Partnership have been the production of knowledge summaries; the partners' forums, and the involvement of the Partnership in strengthening the accountability of funders and other partners in relation to the Global Strategy for Women's Children's and Adolescents' Health (Every Woman Every Child).

The emphasis on accountability is an outstanding feature of the Global Strategy for Women's Children's and Adolescents' Health. The UN Commission on Information and Accountability (coordinated by WHO) created a framework for strengthening the accountability of funders, countries and other players in the MNCAH space. Responsibility for monitoring the implementation of these recommendations was shared between the independent Expert Review Group, the Partnership for MNCH and Countdown to 2015 and the OECD (see Three New Reports, and also Accountability Event 2015).

The shared responsibility for tracking and driving accountability under the Commission recommendations is now recognised as a weakness (see 2013 External Evaluation report) and from 2016 a new Independent Accountability Panel (to be hosted by the Partnership) will assume responsibility for the full task (see Chapter 9 of the Global Strategy 2016-2030).

Para 27 of EB138/47 Add.2 mentions the new Partnership Strategic Plan and Operational Plan but provides no details.

PHM comment

Hosted partnerships and other relationships

Clearly it is essential for WHO to be able to build relationships with a wide range of players with commitments in particular policy areas. The most appropriate arrangements will vary according to the field. In some cases formal 'partnerships' (hosted with WHO or otherwise) will be appropriate; in some cases informal networks managed by the WHO secretariat might be more appropriate.

The review of hosted partnerships in EB138/47 points to some of the strengths of such networking.

The GHWA demonstrates the role of partnerships in *advocacy* to bring issues onto the global and national agenda and in *constituency building* through providing a common platform and meeting opportunities.

The MNCH Partnership demonstrates another benefit which is in *strengthening accountability*. The UN Global Strategy 'Every woman, every child' differs from many WHO programs in that a strong emphasis on accountability was built into it from the start, including accountability of donors for their commitments, accountability of intergovernmental organisations such as WHO, and most importantly the accountability of countries for implementing agreed reforms.

The role of the PMNCH in supporting accountability in relation to Every Women was shared with the Expert Review Group. It is significant that under the new arrangements the accountability function will be unified with the new 'Independent Accountability Panel' being established under the new (UN) Global Strategy for Women's, Children's and Adolescents' Health. The civil society member and partners in the PMNCH will still have an important role in applying leverage to drive implementation based on the findings and reports of the Independent Accountability Panel.

It is evident that the GHWA has been somewhat weaker in terms of supporting accountability in relation to the Code and the various WHA resolutions on HRH. It appears that the GWHA will be replaced by a more informal network managed by the Secretariat. It is possible that bringing the networking function more closely into the ambit of the Secretariat will further weaken the accountability function of the network.

Given the resistance of WHA Member States to any form of peer state accountability and the repeated mantra of MS sovereignty it appears that the partnership form may have advantages in that it distances the advocacy and potential criticism from the Secretariat. Civil society at the national level has a powerful role to play in holding national and subnational governments accountable for implementing public health principles endorsed through the WHA but WHO's regional and country offices face significant constraints in terms of their relationships with civil society locally. Partnerships can help to strengthen the local constituencies for public health and in doing so strengthen the accountability of governments.

However, partnerships can also undermine the sovereignty of the World Health Assembly if the partnership is dominated by a particular clique of donor states and/ or private sector entities with commercial interests in the directions that health policies take. This risk was exposed clearly in the case of IMPACT (see Shashikant 2010). See also our comments in relation to Item 6.5 at this EB and WHO's close relationship with the roads lobby through the FIA.

Where the interests of certain member states and commercial sectors run counter to the commitments of the WHA there is a risk that 'partnerships' become platforms for caucusing and strategising in the pursuit of vested interests. Clearly WHO should not endorse or legitimise such 'partnerships' through hosting or membership.

It is obvious that hosted partnerships such as the GHWA and the PMNCH also include members and partners who have specific interests which are not always fully aligned with the policy directions mandated through the WHA. However, such conflicts of interest can be managed within an engaged policy community with transparency, and appropriate safeguards.

The risk is heightened when particular players have much greater power than others, either through finance or access to knowledge and technologies. This applies particularly to partnerships which are dominated by donors and by rich northern universities.

Donor funding of partnership programmes is part of a larger problem; namely the donor chokehold over WHO. The direct funding of partnership programmes while refusing to untie funds to WHO and refusing to increase assessed contributions is part and parcel of donor control and the disempowerment of the governing bodies.

The funding of the PMNCH to produce 'knowledge summaries' may be an illustration of this. The knowledge summaries appear to be informative, reliable and strategic but this kind of knowledge brokerage is one of the core functions of WHO. There is no reason why WHO itself should not be doing this work.

EB138/47 and the two more focused reviews appear to fulfill the letter of the original EB decision (EB132(10)) but they are not very critical in terms of the kinds of issues canvassed above. They appear to have been written by people closely associated with the hosted partnerships.

GHWA

The GHWA is closing down. It seems it will be replaced by some kind of HRH network managed directly by WHO. Presumably the new 'network' will have a continuing capacity for advocacy and constituency building; in view of the new global strategy on HRH such advocacy and constituency building will be critically important.

However, it will be particularly important to ensure that the accountability function of the new global strategy is significantly strengthened (for example in relation to the implementation of the Code) .

In developing the accountability function for the new HRH network there is much to learn from the experience of the Global Strategy for Women's, Newborn, Children's and Adolescent's Health.

PMNCH

The PMNCH has a new Global Strategy and WHO is developing a new operational plan under the strategy (see Item 7.3 on this agenda).

It will be important to build on the work that the Partnership has done with respect to accountability. While the functions of tracking, and evaluation of implementation will be

vested in the new Independent Accountability Panel there will be a continuing need for advocacy, publicity and constituency building at the country level to drive implementation.

It i s not clear whether the Partnership will continue to produce knowledge summaries. These summaries were positively commented upon in the 2013 Evaluation. Nonetheless, this function would clearly belong to the WHO Secretariat if WHO was properly funded.

Notes of discussion at EB138

Item commenced Fourteenth Meeting (pm of Day 6, Sat 30 Jan)

Secretariat document EB138/47,

EB138/47 Add.1: Review of the Global Health Workforce Alliance

EB138/47 Add.2: Review of Partnership for Maternal, Newborn and Child Health

See also PBAC report EB138/3 paras 22-27

DRC: (for AFRO): welcome reports; nref to rec of costs ass with hosted partnerships; principles; req Sect to continue working on terms of hosted partnerships; take note of the outcome of the review of the PMNCH; take note of RBM partnership;

Chair: Bd takes note of the report

12.4 concluded