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WHO and Global Health Partnerships
Discussion paper

World Health Organization

WHO and Global Health Partnerships

Discussion Paper for Regions

- The creation of new global health partnerships (GHPs) has increased steadily in the last decade. These partnerships, representing many different arrangements among stakeholders, provide many benefits and opportunities, but they also introduce challenges for how countries and the international community coordinate their efforts in line with national plans and priorities to achieve desired health outcomes.

- This discussion paper provides an overview of the landscape of current formally structured global health partnerships, as well as WHO's interaction with them. The paper outlines a set of issues relating to harmonization between partnerships and to WHO's future work with partnerships for consideration, discussion and guidance of Member States. The aim is to use the input from this process to finalise a policy paper which will guide WHO's work with global health partnerships.

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Purpose

1. This discussion paper provides an overview of the landscape of a number of formally structured global health partnerships, as well as WHO's interaction and engagement with them. The paper raises a number of current issues confronting the international community and countries regarding how best to coordinate action of these partnerships to achieve desired health outcomes, as well as for WHO in its relationship to partnerships. The paper ends with a set of questions for consideration and discussion across regions. It is a preliminary step to develop more precise WHO internal guidance on the issue as well as for broader discussion with Member States.

Background: An Evolving Development Landscape

2. Few successful health initiatives now depend on a single organization. Effective collaboration is no longer simply a valuable asset; it has become a critical necessity for the achievement of public health goals. Society no longer looks upon the production and maintenance of health as the role of health professionals and institutions alone. It has become everybody's business and thus the complexity of multisectoral engagement and a dynamic marketplace of stakeholders introduce new needs for engagement. Worsening health conditions in some parts of the world have become intolerable in the global conscience and the intensification of the effort to respond has accelerated the establishment of several GHPs to raise visibility and provide common platforms for working together.

3. Yet, there are dichotomies in the creation of Global Health Partnerships (GHPs) with some development partners (including Member States) advocating for harmonization and alignment with the aim to decrease vertical, fragmented and donor-driven development aid on one hand, and on the other hand continue to develop new GHPs, each with its own administration, rules and business cycles. Additional motives may also include; increasing the voice of under-represented sectors, desire for new means to rapidly channel funds to countries, influencing the use of funds, and possibly avoiding additional funding to international organizations

4. Although widely used, the term "partnerships" refers to many types of collaborative arrangements among participating stakeholders. These range from formal, legally incorporated entities to much more informal collaborations without independent governance arrangements. The nature of the participating partners also varies considerably involving public sector entities, non-governmental organizations, academic/research institutions, commercial sector, and civil society.

5. The recent dramatic increase in new collaborative mechanisms such as networks, alliances, and partnerships for health reflects renewed political and financial commitment to health. With over 100 global health partnerships of all types, the increasing numbers of organizations and stakeholders also result in a complex health architecture, with new challenges and expectations for member states and for WHO. Providing leadership on partnership issues, including strategic approaches for their engagement, and hosting for some partnerships, is therefore a core function for WHO[1]; and a core competence for WHO staff.[2] Most recently, WHO has estimated that 85 partnerships (of several different types) are associated with WHO in hosting or non-hosted arrangements. WHO hosts approximately 30 partnership secretariats

[1] WHO Core Function 1: Providing leadership on matters critical to health and engaging in partnerships when joint action is needed

[2] WHO core competence 10: 'Building and promoting partnerships across the organization and beyond'

(representing different partnership arrangements). As some of these partnerships are funding entities, and others not, their annual budgets vary considerably.

6. GHPs are a highly diverse group of initiatives and entities established to improve the effectiveness of the global health community in accelerating the achievement of specific health goals, often combining the different strengths of the public sector, private sector and civil society.[3] GHPs seek to scale up health interventions in a rapid, flexible and focused way; mobilize new and significant resources; develop and introduce innovative technological solutions where public, academic and market forces fail to mobilize the necessary research and development; enhance coordinated and synergistic action, and widen the range of partners working towards a common goal. Annex 1 contains a WHO typology of partnerships based on their structure and legal status.

7. Another possible typology pf partnerships focuses on their functions and mission, representing GHP's principal mission : a) those that **finance** developing countries health programmes and goals, with a view to scaling up coverage of certain interventions (e.g., over $4 billion per year by just the Global Fund to Fight AIDS, TB, and Malaria, GAVI and UNITAID), b) those that **coordinate** the actions of many disparate partners and **advocate** for addressing given conditions and, c) those dedicated to developing new **products** (e.g., medicines, vaccines, diagnostics, etc) and **research**. A number of GHPs act in all three fields.

8. These dimensions of focus and function influence the type of structure of the partnership arrangement. Those partnerships with a significant financing element tend to require a more formal governance structure, with clear accountability for funding decisions. Those with primarily a coordinating role often function most effectively with a less formal governance structure. Task focused networks (loosely unstructured confederation of organizations retaining their independent status but agreeing to work together to exchange information and coordinate activities) are usually the preferred option in coordinating functions, as they can be highly effective and efficient in achieving partnership goals, provide greatest flexibility, and limit the 'transaction costs' often associated with formal structures and governance mechanisms. A majority of GHPs (notwithstanding the product oriented PPPs) are hosted by another established organization (including by WHO). Hosting normally involves WHO providing a legal identity to a partnership's secretariat, provision of administrative support systems such as human resources, financial management, contracting frameworks, as well as physical office space and equipment.

Benefits and Opportunities

9. Overall, GHPs have contributed much to global health. Highlights include: raising the profile of target diseases; advocating/providing large-scale new and enhanced predictability of funding; introduction of novel new ways of working; greater civil society and private sector participation; building consensus and coordination around key technical and operational strategies; accelerating progress; supporting global public goods; securing economies of scale; and increasing innovation. Not all of these benefits accrue to each partnership and not all health conditions benefit from partnerships as GHPs mirror development trends and priorities.

10. Some positive examples of partnership actions are helpful to consider demonstrating increased resources, refined policy frameworks, stronger national planning capacity, improved transparency, and coordinated technical assistance:

[3] A fuller list of WHO partners includes non-governmental organizations, civil society organizations, faith based organizations, private commercial sector and non-state health providers, academic institutions, multilateral agencies and development banks, foundations, and others

- The **Global Fund to Fight AIDS, TB and Malaria (GFATM), Global Alliance for Vaccines and Immunisation (GAVI), and UNITAID** have raised considerable sums for transfer to countries to support programming (over USD 4 billion per year). They have served to mobilize resources as well as multi-partner engagement in government-led programming.
- **Health Metrics Network** has initiated work with GHPs and others to rely on partner countries' results-oriented reporting and monitoring frameworks.
- **Stop TB, Rollback Malaria, the Global Alliance for Improved Nutrition (GAIN),** and a number of other disease specific partnerships have demonstrated positive experiences in raising awareness and advocacy for their diseases, coordinating technical assistance of participating partners, and coalescing multisectorial partner (i.e., civil society, NGOs, private sector) interest in achieving specific outcomes.
- The **Global Polio Eradication Initiative** presents useful lessons for formulating a large scale informal, multi-partner effort that does not have an independent governance structure, but does have clearly defined responsibilities for each partner united by WHOs dedicated team (across all levels). Similar efforts have been launched with the Measles Partnership.
- The **Global Health Workforce Alliance, the Alliance for Health Policy and Systems Research, the Global Forum for Health Research, and the Council on Health Research for Development** have effectively marshaled a number of stakeholders to further specific health policy objectives and/ore research efforts.
- Product oriented public-private partnerships (PPPs) have been instrumental in advancing innovation for new products, such as **Malaria Medicines Venture, Global TB Drug Alliance, Drugs for Neglected Diseases Initiative, Foundation for Innovative New Diagnostics, the International Partnership for Microbicides** and many others. These tend to be disease specific requiring an additional level of synergy across them.
- Some partnerships have created new avenues for non-traditional donors or innovative sources of financing (e.g. the solidarity levy or the international finance facility) to become engaged in health development
- Within the UN, the **Joint Programme on HIV/AIDS (UNAIDS**) illustrates many positive lessons in how different cosponsoring UN agencies collaborate to maximize their respective comparative advantages in tacking the HIV/AIDS pandemic. This involves understanding of division of labor among the agencies.

11. Examples of successful WHO engagement with partnerships include:
    - WHO working closely with GAVI, GFATM, as well as with the Global Alliance for Health Workforce, Heath Metrics Network, and other partnerships to spearhead renewed interest, support, and joint planning for health systems development.
    - WHO norms and standards being used by GHPs such as HIV, TB, or malaria drug selection policy, use of WHOs prequalification program for selecting drugs, selection of vaccines, or health systems frameworks.
    - WHO anticipates that requests for WHO assistance to help manage the complex policy dialogue surrounding partnerships, documenting best practice, as well as ensuring that its norms and guidelines are utilized will increase.

Challenges and Issues

12. In hand with possible benefits, the growth of GHPs has created several challenges, including the risks of duplication of effort, high transaction costs (to government and partners), varying accountability, variable country ownership, and lack of alignment with country priorities and systems. There is a recognized need for harmonization and efficiency in resource mobilization, resource allocation, governance, technical assistance, monitoring and cross cutting approaches.

13. More specifically, the large number of independent GHPs poses significant challenges to countries, a selection of which include:

- Countries struggling to **absorb GHP resources** given many new rules, procedures, and expectations of each GHP.
- The need for enhanced coordination of partners and countries involved in a given partnership to deliver **better implementation technical support**.
- **Country coordination mechanisms** and forums are proliferating, each specific to a given GHP.
- Performance-based funding approaches, although a positive development, can lead to **long term uncertainty of funding flows**.
- GHPs can **bypass and undermine existing country plans and processes**, often by insisting on new rules and/or leading to uncoordinated multiple processes. This leads to possible **distortion effects** of uncoordinated funding flows and engagement by GHPs at country level as they typically favour individual diseases or aspects of the health system
- The proliferation of GHPs has led to **lack of clarity of roles and responsibilities** with multilateral and other implementing partners in general, as well as regarding partner responsibilities' towards supporting countries for GHP initiatives and programs.
- Instability of **GHP funding** leading to reluctance by countries to avail themselves of funding given perceptions that it will result in increased government commitments. For some GHPs, there is an equal risk of increased aid dependency and lack of sustainability.
- Inadequate **information flow**: Lack of communication and exchange of information (among agencies but also with countries) adds unnecessary complexity and confusion to work in this sector, including inadequate multilingual documentation. This serves to discourage countries and to require them to employ international consultants.

14. GHPs also present several specific **governance** challenges. For example;

a. **Accountability frameworks for GHPs and countries.** Questions have arisen as to whom are GHPs accountable. Whereas achieving health outcomes at country level is a shared goal, funding partnerships must weigh accountability to donors for funds. As a result, a fuller framework considering accountability to whom, by whom, and through what mechanisms would be useful.
b. **Internal governance.** Each partnership struggles with dynamics among its partners, between secretariat and board, precision of responsibilities of the secretariat vs. partner responsibilities, and with host institutions where applicable. Partnerships need to maximize the contribution of individual members rather than undermine them. Potential "mission creep" has the potential to increase tensions and transaction costs. These issues lead to a need to collect and share such experiences/practices across partnerships, including refined roles of partners in a partnership In the case of WHO-hosted partnerships, consistency from Member State messages in their capacity as partnership Board members and as WHO Governing Body member is important
c. **Representation on multiple Boards.** Many donors, multilateral agencies, developing countries, private sector, and NGO representatives now staff multiple Boards on which they sit. These present opportunities for and responsibilities of these partners to maintain an overarching set of policy frameworks linked to aid effectiveness and harmonization principles while at the same honoring the purpose of the stated partnership. Consequently, quantifying the burdens on agencies (WHO, UN, government, non-governmental organizations, civil society, etc) to staff these Boards Is a priority need and is partially addressed in the Best Practice document noted in paragraph 15.
d. **Interface of GHPs with multilateral organizations.** As the number and type of GHPs have increased and evolved, so too has confusion over respective roles and responsibilities with existing multilateral organizations. Among the key characteristics of this dynamic are: a) the implications and limitations of financing partnerships with respect to WHO and other UN agency responsibilities, b) the role and interface with normative agencies, inclusive of their operational and representational responsibilities and work, c) increasing coordination of the work of partners, and d) ensuring sufficient funding for WHO and UN agency technical support to countries associated with GHP actions.

GHP Engagement with Countries

15. Several attempts have been made to address some of these challenges and issues. The most prominent effort has been development of the 'Best **Practice Principles for the Engagement of Global Health Partnerships at the Country Level'.** These principles are primarily focused on partnerships that provide substantial financing in countries, but many are relevant for other types of partnership that involve engagement of the national government.[4] Some highlighted key elements therein are for GHPs to:

- Increase coherence of GHP activities with national development strategies to increase local ownership
- Increase alignment and harmonization among the partners, with national development strategies, and of sustainable and predictable financing
- Rely on results based management and to strengthen national capacities, along with use of streamlined reporting procedures
- Ensure timely and transparent information to countries and partners, and
- Increase broad stakeholder representation on GHP governing bodies.

WHO's Engagement with GHPs

16. The WHO Constitution[5] and many WHA resolutions provide a clear mandate to WHO for collaboration and coordination with other organizations in pursuit of the objectives of the Organization. This mandate includes engaging with stakeholders other than member states. As the directing and co-ordinating authority on international health work, WHO has always worked closely with a wide range of public, private and civil society actors active in the field of health, often through collaborative and consultative networks, alliances and forums. Where appropriate, WHO has provided hosting arrangements for health-related partnerships.

17. In the course of the past 15 years, WHO has consistently engaged with the increasing number of global health initiatives and partnerships, and their sponsors, to ensure maximum synergy with WHO objectives. However, as the number of independent initiatives has grown (as a result of better advocacy for health, as well as to reinforce such advocacy) so too has the need for increased rationalization among them increased.

18. The 11th WHO General Programme of Work 2006-2015 recognizes the increasing complexity of the global health architecture and reinforces WHO's mandate, leadership in health and engagement in partnerships where joint action is required as core functions of the Organization. The WHO Medium Term Strategic Plan for 2008-2013, along with many of WHO's Country Coordination Strategies developed in coordination with national priorities, reinforce WHOs strategic emphasis on working with partners and partnerships. Moreover, in addition to WHOs global engagement with GHPs, WHO Regional and Country offices are increasing their activity in support of countries with GHPs with a view to helping increase alignment between various partners with national priorities.

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[4] The text (quoted in full at annex 2) was developed by a Working Group on Global Health Partnerships of the High Level Forum on Health MDGs based on the Paris Declaration on Aid Effectiveness and Harmonisation. It was presented, discussed, and adopted at the High Level Forum on the Health MDGs, 14-15 November 2005 by a cross-cutting participation of developing countries, donors, and multilateral agencies. They were further reaffirmed in the Global Forum and Development pre-meeting on Aid Effectiveness in Health organized by the OECD Development Cooperation Directorate (DAC) in December 2006[4]. Partnerships such as GAVI and Stop TB have endorsed them, and a number of donors are using them to guide their engagement in GHPs (e.g, UK, Ireland).

[5] Article 2 describing the functions of WHO begins with the following two sub articles;
(a) to act as the directing and co-ordinating authority on international health work;
(b) to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate

19. With respect to the total landscape of health partnerships, the question can be raised whether WHO should, or indeed could, play a role in ensuring harmonization of GHP establishment and GHP actions. There is no grand design but WHO played a major role in initiating some partnerships, while in others, different organizations took the lead. The motivation was often to fill gaps or to overcome perceived shortcomings of existing mechanisms. Any actions by WHO in this area would need to be primarily strategic and based on mutual understanding and agreement. Whereas there are numerous declarations and resolutions on the goal to achieve greater harmonization in health aid, WHO has key roles to play at the country, regional and international level though its offices and work to support countries in the complex policy dialogue with advice, technical and political support.

20. With respect to individual global health partnerships, WHO has two possible roles?

a. Engagement as a partner at strategic and technical levels with other partners; that include coordinating activities with other partners, and providing technical guidance and support to countries and partners.

b. In certain cases, accepting responsibility for legal, administrative, and management functions in providing hosting arrangements for the partnership; including serving as host organization, providing the legal identity, providing the partnership secretariat, and support for operational aspects of the work of the partnership (e.g., trust funds and procurement).

21. These two roles are quite distinct, and though a hosting arrangement may result from a decision to engage strategically in a partnership, the Organization will not enter into a hosting arrangement without also having a strategic engagement. WHO engagement in a partnership means it will play a key role in the board or equivalent coordinating mechanism of the partnership.

22. The character of formal partnerships can provide specific challenges for WHO and other partners, particularly when WHO is called upon to serve as host organization. These include:

- partnership functions which duplicate partners mandates and activities that fall within the core constitutional mandate of WHO
- rapidly increasing demands for technical support in proposal development, implementation and monitoring
- the significant transaction costs to partners (in particular to WHO as a host organization) in setting up and supporting partnerships and their activities
- the drain of intellectual capital and resources into partnership secretariats
- appropriate 'branding' of communications, publications and events
- confusion as to whom the partnership secretariat represent (as staff of WHO and of the partnership), including reporting to partnership Boards and to the Director-General
- decision-making mechanisms which potentially cause problems with the WHO Constitution[6]
- the desire for 'independence' which could conflict with the host country agreement, and with WHO regulations, rules, and policies
- financial and reputational risk arising from WHO's assumption of legal liability and other responsibilities under hosting arrangements
- appropriate reflection of partnership budgets within the WHO Programme Budget

[6] For example, Article 37 states that "staff shall not seek or receive instructions.....from any authority external to the Organization"

- requirements of WHO staff time to provide policy analysis and prepared participation on partnership Boards and governance entities in which it participates.
- Clarity of how GHPs work with and/or through WHO country and regional offices.

23. In addition to specific challenges and considerations facing WHO listed above, WHO equally seeks to ensure that the support it provides to hosted partnerships meets mutual partnership and WHO expectations. These include enhancing administrative systems and managing more nuanced issues such as clarity over accountabilities and accounting for partnership budgets,

24. Many of these concerns can be addressed by ensuring an open consultative process in the establishment of the partnership but all need to be weighed carefully.

Discussion questions

25. Readers are invited to consider and give their views on the issues raised in this paper, including:

a. **WHO policy towards partnerships.** What are the appropriate principles for WHO to decide whether it will initiate or support particular partnerships (e.g. how partnerships demonstrate added value to the development landscape and support national development objectives, whether and how relevant stakeholders are engaged, clarity of partner roles, clarity of public health goals to be achieved, and how the partnership is organized and governed)?

b. **Increasing harmonization at country level.** What has been the impact of GHPs at country level on national priority setting, implementation of programs, and engagement of multiple stakeholders to reach national health objectives? How to increase GHP alignment with national health plans and harmonization of country operations, including how best to tie into common country planning processes and cycles? Role of cross-GHP Memorandums of Understanding? How best to simplify processes and procedures along with consideration of country size and level of development?

c. **Better alignment and division of labor**. How best can Member States review the landscape of organizational responsibilities and mandates to ensure they are honored (and to eliminate overlaps), thereby arriving at an understanding of division of labor on key thematic areas among GHPs and with multilateral organizations and others? Are there some arenas where one or more partnerships can join forces or even merge? Through what process, particularly to avoid disruptions in successes achieved to date in given fields? Specific suggestions for increasing collaboration and efficiency of action among GHPs and multilateral agencies?

d. **Country support from WHO** What do countries need from WHO concerning their work with GHPs? How can WHO increase its capacity in support of countries and to share knowledge?

e. **Review of existing partnerships: evidence.** A number of reviews have taken place or are underway.[7] These include a focus on how can partnerships learn from each other; what more can be done to increase the evidence base; assessments/review of governance and hosting systems and load for agencies, as well as opportunities to increase synergy of positions and articulation of health goals; and, whether certain types of GHPs more suitable for specific diseases and/or systemic issues. What are suggestions for more efficient transmittal of information to countries on these topics and engagement of national institutions?

[7] Examples include the High Level Forum on Health MDGs in 2005, ongoing OECD/WHO work on harmonization and alignment, Brookings Institute work on innovative financing, and ongoing GAVI and Stop TB partnership evaluations

f. **Improving accountability frameworks.** How can accountability to Member States be strengthened by GHPs? Are there issues with representation of various sectors on GHPs?

g. **Ensuring better sustainability and predictability of GHP financing.** How can donors and national governments ensure that country financing needs are identified and that GHP resources are maximally coordinated, and that longer term funding commitments are attained?

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Annex 1: WHO typology: classification of collaborative arrangements based on structure and legal Status, and acronym glossary

		Scope	Structure	Legal Status	Participants	Example
COLLABORATIVE ACTIVITIES	**Project Collaboration**	Technical project Time-limited	Established in a project agreement by participants No secretariat or host Arrangement	Contractual activity managed by parties themselves.	WHO and public or private sector. Commercial participants on scrutinized basis.	Drug donations, studies, technical cooperation, project implementation at the local level
	Joint (Advocacy) Campaign	Specific advocacy Objective Short term	Established in action plan by organizers No secretariat or host Arrangement	Coordinated activity formulated and managed by organizers	WHO and public or private sector. Commercial participants on a selective basis	National Breastfeeding Awareness Campaign, Global Epilepsy Campaign
	Task Force or Forum	Specific purpose Time-limited	Established in TOR by organizers No secretariat or host arrangement.	Working group or discussion group formulated by organizers / undertaken by participants	Depends on specific purpose	Cancer Advisory Committee to the Director General, task force on influence of tobacco industry
PARTNERING ARRANGEMENTS ("PARTNERSHIPS")	**Network**	Loosely structured, Exchange of information; coordination of strategies or partner activities. Long term	Limited secretariat, *CCB or Advisory body, may have sub-committee, working groups.	Semi-formal group of organizations who coordinate activities in a given area. Not a legal entity	Public and private (commercial and non commercial) sector	HINARI, GOARN, VPA, RSC, GARD, IMPACT GAEL, GCBS, SIGN, GCDPP, VPA, Polio Initiative
	WHO Programme with External Commitment	Structured programme with external participation Long term, not permanent	Advisory body, WHO secretariat with *RO and supporting staff	WHO programme	Public and private (commercial and non commercial) sector	World Alliance for Patient Safety, GBUI, CDD
	Alliance	Formally structured and coordinated alliance Long term	*SC (or "board"), subcommittees and technical working groups, * ES and secretariat	Non-juridical association; one partner serves as host organization. Not a legal entity	Public and private (commercial and non commercial) sector	Stop TB, Roll Back Malaria, PMNCH, HMN, GWA, GAVI, UNITAID, IFCS
	Partnership Organization	Separate legal entity Operates as collaboration Mechanism Long term	Board, standing committees, technical advisory groups, secretariat	Separate legal entity, Usually non-profit or private charity	Public and private (commercial and non commercial) sector	Medicine for Malaria Ventures, Global Fund for AIDS, TB and Malaria, GAELF, GHI, Global Reporting Initiative
	UN Joint Programme or Cooperative Arrangement	Cooperative arrangement of organizations, agencies, Funds or UN programmes	Management committee and secretariat with EO and supporting staff	Inter-organization facility. Usually not a separate legal entity One partner serves as administering organization	JP operates semi autonomously, CA is coalition of partner agencies	TDR, HRP, UNAIDS, IPCS, SCN, IOMC, MNT

*CCB - Central Coordinating Body *RO – Responsible Officer *SC - Steering Committee *ES -Executive secretary

NOTE: A given initiative may possess characteristics of one or more categories. This typology is only one way of classifying types of collaborations, and is primarily intended for legal and certain administrative uses.

Acronym Glossary (Exemplary and not a complete list)

APHSR	Alliance for Health Policy and Systems Research
APOC	African Programme for Onchocerciasis Control
DNDi	Drugs for Neglected Diseases Initiative
FIND	Foundation for Innovative New Diagnostics
GAEL	Global Alliance for the Elimination of Leprosy
GAELF	Global Alliance to Eliminate Lymphatic Filariasis
GAIN	Global Alliance for Improved Nutrition
GARD	Global Alliance against Chronic Respiratory Diseases
GAVI	Global Alliance for Vaccine and Immunization
GBUI	Global Buruli Ulcer Initiative,
GCBS	Global Collaboration for Blood Safety
GCDPP	Global Collaboration for Development of Pesticides for Public Health
GDF	Global TB Drug Facility
GET 2020	Alliance for Global Elimination of Blinding Trachoma
GLC	Green Light Committee
GFATM	Global Fund for AIDS, TB and Malaria,
GFHR	Global Forum for Health Research
GHI	Global Health Initiative
GOARN	Global Outbreak and Alert Response Network
GPEI	Global Polio Eradication Initiative
GWA,	Gender and Water Alliance
HINARI	Health InterNetwork Access to Research Initiative
HMN	Health Metrics Network
HRP	UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development, and Research and Training in Human Reproduction
IAVI	International AIDS Vaccine Initiative
IFCS	Intergovernmental Forum on Chemical Safety
IMPACT	International Initiative Against Avoidable Disablement
INFOSAN	International Food Safety Authorities Network
IOMC,	Inter-Organization Programme for the Sound Management of Chemicals
IPCS	International Programme on Chemical Safety
IPM	International Partnership for Microbicides
MMV	Medicine for Malaria Ventures,
MNT	Maternal and Neonatal Tetanus Elimination Initiative
MVI	Malaria Vaccine Initiative
PMNCH	Partnership for Maternal, Newborn and Child Health
PPC	Partners for Parasite Control
RBM	Roll Back Malaria Partnership
SCI	Schistosomiasis Control Initiative
SCN,	United Nations Standing Committee on Nutrition
SIGN	Safe Injection Global Network
STB	Stop TB Partnership
TDR	UNCIEF/UNDP/World Bank/WHO Special Programme for Research and training in Tropical Diseases
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNITAID	International Drug Purchasing Facility
VPA,	Violence Prevention Alliance
WAPS	World Alliance for Patient Safety
WSSCC	Water Supply and Sanitation Collaborative Council

Annex 2: BEST PRACTICE PRINCIPLES

BEST PRACTICE PRINCIPLES FOR ENGAGEMENT OF GLOBAL HEALTH PARTNERSHIPS AT COUNTRY LEVEL	
Global Health Partnerships (GHPs) commit themselves to the following best practice principles:	
OWNERSHIP	
1	To respect partner country leadership and help strengthen their capacity to exercise it. GHPs will contribute, as relevant, with donor partners to supporting countries fulfill their commitment to develop and implement national development strategies through broad consultative processes; translate these strategies into prioritised results-oriented operational programmes as expressed in medium-term expenditure frameworks and annual budgets; and take the lead in coordinating aid at all levels in conjunction with other development resources in dialogue with donors and encouraging the participation of civil society and the private sector.
ALIGNMENT	
2	To base their support on partner countries' national development and health sector strategies and plans, institutions and procedures. Where these strategies do not adequately reflect pressing health priorities, to work with all partners to ensure their inclusion.
3	To progressively shift from project to programme financing.
4	To use country systems to the maximum extent possible. Where use of country systems is not feasible, to establish safeguards and measures in ways that strengthen rather than undermine country systems and procedures. *Country systems in this context would include mechanisms such as sector-wide approaches, and national planning, budgeting, procurement and monitoring and evaluation systems.*
5	To avoid, to the maximum extent possible, creating dedicated structures for day-to-day management and implementation of GHP projects and programmes *(eg Project Management Units)*
6	To align analytic, technical and financial support with partners' capacity development objectives and strategies; make effective use of existing capacities; and harmonise support for capacity development accordingly.
7	To provide reliable indicative commitments of funding support over a multi-year framework and disburse funding in a timely and predictable fashion according to agreed schedules.
8	To rely to the maximum extent possible on transparent partner government budget and accounting mechanisms.
9	To progressively rely on country systems for procurement when the country has implemented mutually agreed standards and processes; and to adopt harmonized approaches when national systems do not meet agreed levels of performance[1]. To ensure that donations of pharmaceutical products are fully in line with WHO Guidelines for Drug Donations[2].
HARMONISATION	
10	To implement, where feasible, simplified and common arrangements at country level for planning, funding, disbursement, monitoring, evaluating and reporting to government on GHP activities and resource flows.

[1] Countries themselves may choose to take advantage of procurement pooling mechanisms or third-party procurement, in order to obtain economies of scale

[2] see http://www.who.int/medicines/library/par/who-edm-par-99-4.pdf

11	To work together with other GHPs and donor agencies in the health sector to reduce the number of separate, duplicative missions to the field and diagnostic reviews assessing country systems and procedures. To encourage shared analytical work, technical support and lessons learned; and to promote joint training, *(eg common induction of new Board members).*
12	To adopt harmonized performance assessment frameworks for country systems.
13	To collaborate at global level with other GHPs, donors and country representatives to develop and implement collective approaches to cross-cutting challenges, particularly in relation to strengthening health systems including human resource management.
MANAGING FOR RESULTS	
14	To link country programming and resources to results and align them with effective country performance assessment frameworks, refraining from requesting the introduction of performance indicators that are not consistent with partners' national development strategies.
15	To work with countries to rely, as far as possible, on countries' results-oriented reporting and monitoring frameworks.
16	To work with countries in a participatory way to strengthen country capacities and demand for results-based management, including joint problem-solving and innovation, based on monitoring and evaluation.
ACCOUNTABILITY	
17	To ensure timely, clear and comprehensive information on GHP assistance, processes, and decisions (especially decisions on unsuccessful applications) to partner countries requiring GHP support.
GOVERNANCE The governance principles are intended for larger partnerships with formalized governance arrangements. Partnership activities must be consistent with the regulatory framework of their host arrangements	
18	To make clear and public the allocation of roles and responsibilities within the management structure of the partnership or fund. The governing board or steering committee should have broad representation and a strong developing country voice.
19	To make clear and public the respective roles of the partnership and relevant multilateral agencies, including how the partnership relates to the host organization.
20	In the interest of public accountability, to ensure that GHP purpose, goals and objectives are clear; procedures are transparent; and timely and comprehensive information is provided publicly.
21	There should be a strong commitment to minimizing overhead costs and achieving value for money; each partnership should have an evaluation framework.
22	To be subject to regular external audit. For hosted partnerships, the auditing procedures of the host UN organization would apply. A copy of the relevant portion of the external auditors certification of accounts and audit report should be made available to the partnership board.

PRINCIPES DE BONNES PRATIQUES APPLICABLES À LA MOBILISATION DES PARTENARIATS MONDIAUX POUR LA SANTÉ DANS LES PAYS	
Les Partenariats mondiaux pour la santé s'engagent à respecter les principes de bonnes pratiques suivants :	
APPROPRIATION	
1	Respecter le leadership du pays partenaire et aider ce dernier à renforcer sa capacité à l'exercer. Les Partenariats s'emploieront, le cas échéant, avec les donateurs partenaires, à aider les pays à respecter l'engagement qu'ils ont pris d'élaborer et d'appliquer des stratégies nationales de développement à travers un large processus consultatif ; à traduire ces stratégies en programmes d'opérations axés sur les résultats et conformes aux priorités définies, tels qu'ils figurent dans les cadres de dépenses à moyen terme et les budgets annuels ; et à diriger la coordination de l'aide à tous les niveaux, avec d'autres ressources de développement, en concertation avec les donateurs, en encourageant la participation de la société civile et du secteur privé.
ALIGNEMENT	
2	Aligner leur aide sur les stratégies et les plans, ainsi que les institutions et les procédures, mis en œuvre par les pays partenaires à l'appui de leur développement national et de leur secteur de la santé. Lorsque ces stratégies ne reflètent pas suffisamment les priorités sanitaires les plus urgentes, collaborer avec tous les partenaires pour faire en sorte qu'elles soient prises en compte.
3	Faire évoluer progressivement cette aide du financement de projets vers le financement de programmes.
4	Utiliser le plus possible les systèmes nationaux. Si ce n'est pas possible, prendre des mesures de sauvegarde et des dispositions qui viennent renforcer et non affaiblir les procédures et les systèmes nationaux. *Dans ce contexte, les systèmes nationaux comprennent des mécanismes tels que les approches sectorielles et les systèmes nationaux de planification, de budgétisation, de passation des marchés et de suivi-évaluation.*
5	Éviter le plus possible de créer des structures spécifiques pour l'exécution et la gestion quotidienne des projets et des programmes de partenariats mondiaux pour la santé *(comme les Cellules de gestion de projet).*
6	Aligner le soutien analytique, technique et financier sur les objectifs et les stratégies de renforcement des capacités des partenaires ; utiliser efficacement les capacités existantes ; et harmoniser en conséquence le soutien au renforcement des capacités.
7	Donner des engagements indicatifs fiables de l'appui financier qui sera fourni dans un cadre pluriannuel et décaisser les fonds à temps et de façon prévisible, selon le calendrier convenu.
8	Se fonder le plus possible sur des mécanismes budgétaires et comptables transparents du gouvernement partenaire.
9	Faire appel progressivement aux systèmes nationaux de passation des marchés lorsque le pays a mis en place des normes et procédures convenues d'un commun accord ; et adopter des démarches harmonisées lorsque les systèmes nationaux ne sont pas conformes aux niveaux de performance convenus[1]. S'assurer que les dons de produits pharmaceutiques respectent les Directives de l'OMS sur les dons de médicaments[2].

[1] Les pays eux-mêmes pourront choisir de se prévaloir des mécanismes de passation en commun des marchés ou de la procédure d'achat pour le compte de tiers, afin de réaliser des économies d'échelle.
[2] Voir http://www.who.int/medicines/library/par/who-edm-par-99-4.pdf

HARMONISATION	
10	Adopter, lorsque cela est possible, des dispositions communes simplifiées au niveau des pays pour la planification, le financement, les décaissements, le suivi-évaluation et la communication au gouvernement d'informations concernant les activités et les flux de ressources des Partenariats mondiaux pour la santé.
11	Collaborer avec les autres Partenariats et bailleurs d'aide au secteur de la santé pour réduire le nombre de missions sur le terrain qui font double emploi et le nombre d'études diagnostiques sur les procédures et les systèmes nationaux. Encourager la mise en commun des travaux analytiques, du soutien technique et des enseignements tirés et promouvoir les formations conjointes *(par exemple, formation conjointe des nouveaux membres des conseils d'administration).*
12	Adopter des cadres d'évaluation des résultats harmonisés pour les systèmes nationaux.
13	Collaborer au niveau mondial avec les autres Partenariats, donateurs et représentants des pays pour élaborer et mettre en oeuvre des démarches collectives qui permettent de s'attaquer aux problèmes intéressant plusieurs secteurs, en particulier pour renforcer les systèmes de santé, notamment la gestion des ressources humaines.
GESTION AXÉE SUR LES RÉSULTATS	
14	Lier les programmes pays et les ressources à l'obtention de résultats qui cadrent avec des mécanismes permettant d'évaluer effectivement la performance du pays, en évitant d'imposer des indicateurs de performance qui ne soient pas conformes aux stratégies nationales de développement des partenaires.
15	Collaborer avec les pays pour utiliser, autant que possible, les cadres nationaux de suivi et de rapport axés sur les résultats.
16	Travailler en concertation avec les pays pour renforcer les capacités nationales et favoriser une gestion axée sur les résultats, en particulier en encourageant la recherche conjointe de solutions et l'innovation, sur la base d'activités de suivi et d'évaluation.
RESPONSABILISATION	
17	Fournir aux pays partenaires qui sollicitent leur soutien une information rapide, claire et complète sur l'aide apportée par les Partenariats, leurs procédures et leurs décisions (notamment en cas de décision de rejet de demande).
GOUVERNANCE Les principes de gouvernance visent les partenariats d'envergure, dotés d'une structure administrative formelle. Les activités du Partenariat doivent être conformes aux règles régissant la structure d'accueil.	
18	Clarifier publiquement la répartition des rôles et des responsabilités au sein de la structure de gestion du partenariat ou du fonds. Les parties prenantes doivent être largement représentées au sein du conseil d'administration ou de l'instance de direction, et les pays en développement doivent pouvoir y faire entendre fortement leur voix.
19	Clarifier et rendre publics les rôles respectifs du Partenariat et des institutions multilatérales concernées, ceci incluant le type de relation entre le Partenariat et la structure d'accueil.
20	Conformément à l'obligation de transparence, faire en sorte que les Partenariats aient une mission et des objectifs clairement définis, appliquent des procédures transparentes et mettent des informations complètes et actualisées à la disposition du public
21	Les Partenariats doivent s'engager à réduire le plus possible leurs frais généraux et à assurer la rentabilité de leurs opérations; chaque partenariat doit disposer d'un cadre d'évaluation.
22	Se soumettre à un audit extérieur à intervalles réguliers. Pour les Partenariats abrités dans des structures de l'ONU, les procédures d'audit applicables seront celles de la structure d'accueil de l'ONU. Une copie de la partie pertinente du rapport de certification des comptes et du rapport d'audit devra être mise à la disposition du conseil d'administration du Partenariat.