Partnership Strategy
2010-2013
Partnership Strategy
2010-2013

WORLD HEALTH ORGANIZATION
Regional Office for Africa
Brazzaville • 2009
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Executive Summary

The countries of WHO are no doubt disproportionately burdened by diseases and health challenges. There is a real risk that the majority of countries in the Region will fail to meet the Millennium Development Goals. There is a pressing case for a concerted effort that draws on the comparative strengths and advantages of all the major players in international public health.

WHO is in a unique position to manage, lead and facilitate partnerships for health in Africa. The Regional Office plays a central role in establishing health policies; providing technical guidelines and policy advice; setting norms and standards; contributing to sustainable capacity-building; strengthening management capacity; providing health leadership; and coordinating efforts at the regional and national levels.

This document presents an analysis of current trends and Regional Office institutional set up for engaging in more and improved partnerships to overcome challenges, achieve health impacts and improve support to Member States in the Region. It suggests that emphasis should be placed on three actions: (i) developing an enabling environment for partnering, (ii) identifying and engaging in optimal partnerships and (iii) promoting partnerships for the Regional Office.

It is the intention that the Regional Office, through a series of strategic approaches and activities, will forge new partnerships and expand existing ones that will generate more actions and outcomes to benefit the African Region and support country priorities.
Abbreviations

AfDB    African Development Bank
AFRO   WHO Regional Office for Africa
AU     African Union
CCS    Country Cooperation Strategy
CEMAC  Monetary and Economic Community of Central Africa
COMESA Common Market of Eastern and Southern Africa
CRHCS  Commonwealth Regional Health Community Secretariat
CSO    Civil Society Organization
EB     Executive Board
ECA    Economic Commission for Africa
ECOWAS Economic Community of West African States
FTE    Full Time Equivalent
GAVI   Global Alliance for Vaccines and Immunization
GFATM  Global Fund to Fight AIDS, Tuberculosis and Malaria
HHA    Harmonization for Health in Africa
HQ     Headquarters
IHP+   International Health Partnership and Related Initiatives
IMCI   Integrated Management of Childhood Illness
IST    Intercountry Support Team
JAS    Joint Assistance Strategies
MDG    Millennium Development Goal
MOH    Ministry of Health
MOU    Memorandum of Understanding
NEPAD  New Partnership for Africa’s Development
NGO    Nongovernmental Organization
OCEAC  Organization of Coordination for the Struggle Against Endemic Diseases in Central Africa
PEPFAR President’s Emergency Plan for AIDS Relief
PRM    Partnership and Resource Mobilization unit
PUN    Programme on Partnerships and UN Reform
REC    Regional Economic Community
RM     Resource Mobilization
RMT    Resource Mobilization Team
RO     Regional Office
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<th>Acronym</th>
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<tr>
<td>SADC</td>
<td>Southern African Development Community</td>
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<td>SO</td>
<td>Strategic Objective</td>
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<td>SOP</td>
<td>Standard Operating Procedure</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>TOR</td>
<td>Terms of Reference</td>
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<td>UEMOA</td>
<td>West African Economic and Monetary Union</td>
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<tr>
<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<td>UNGASS</td>
<td>United Nations General Assembly Special Session on HIV/AIDS</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
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<td>WAHO</td>
<td>West African Health Organization</td>
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<tr>
<td>WB</td>
<td>World Bank</td>
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<tr>
<td>WR</td>
<td>WHO Representative</td>
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I. Introduction

“Two ants do not fail to pull one grasshopper”

African Proverb

This strategic plan was developed with cognizance of the tremendous health challenges facing the African Region. It acknowledges that WHO needs strategic partners and partnerships to overcome them, to support the work of Member States and to advance WHO’s global health agenda.

AFRO is WHO’s second largest Region in terms of countries served (46). The challenges of the continent are numerous. The continent bears 66% of the global burden of AIDS and 60% of the global burden of malaria. The prevalence of TB is 492 cases per 100 000 inhabitants, the average maternal mortality ratio is 1000 per 100 000 live births, and infant mortality rate is about 57 per 1000 live births. Adding low life expectancy at birth to the already high incidence of road accidents, cardiovascular diseases and anaemia to the already significant burdens represented by malaria, TB and HIV/AIDS, the continent carries one of the highest burdens of disease in the world.

The health challenges appear daunting and there is a real risk that the majority of countries in the Region will fail to meet the Millennium Development Goals (MDGs). Addressing and reversing the effects of the challenges cannot be accomplished by any single government or development agency. There is a pressing case for a concerted effort that draws on the comparative strengths and advantages of all the major players in the international development space. The WHO Regional Office for Africa, as the lead technical health agency on the continent, is in a unique position to manage, lead and facilitate partnerships for health in Africa. Already, the Regional Office plays a central role in establishing health policies; providing technical guidelines and policy advice; setting norms and standards; contributing to sustainable capacity building; strengthening management capacity; providing health leadership; and coordinating efforts at global, regional and national levels. However, WHO is not a funding agency; nor does it have all the human and financial resources required to provide the technical support and input required by Member States. It recognizes the importance of partnering and creating synergies with other organizations to reach common goals and objectives and support countries in scaling-up and implementing required health interventions.

WHO’s global leadership in health is also undisputed when it comes to global health partnerships, and it is imperative that the Regional Office assume the role of facilitator and honest broker as well as participate in partnerships that will help further the international health agenda, while assisting countries in the Region to succeed.

This document presents a comprehensive partnership strategy for the WHO Regional Office for Africa, based on an analysis of the current trends and institutional set up for partnerships. The aim of the strategy is to forge new and expand existing partnerships that will generate more action and outcomes in support of country priorities. A resource mobilization strategy complements this document.
2. Situation Analysis

This section includes two types of analysis: an external analysis of relevant health partnerships, including challenges and opportunities; and an internal analysis of WHO’s policies, practices and enabling environment for partnerships.

The term *Partnership* has recently become very fashionable and is used broadly to describe a wide variety of relationships and affiliations. It is also often—and misleadingly—used to describe a variety of relationships such as sponsor or donor relationships and the traditional exchange of goods or services for money. In the context of this strategy, a much narrower definition of the term *partnership* is used, and it describes the relationship between individuals or groups that is characterized by mutual cooperation and responsibility towards the achievement of a specified goal that relates to health.1

2.1 Partnership mechanisms and characteristics

2.1.1 Partnership mechanisms

There are many Partnership mechanisms at the global, regional and country levels. However, in this strategy, few of them are mentioned as examples.

**UN Reform.** Since the late 1990s, the United Nations System started implementing an overarching reform in order to work better together and deliver more effectively at country level. The UN Reform is important for Partnerships as it addresses directly the ongoing fragmentation of aid to development and effectiveness in delivering results. The ultimate goal of the UN Reform is the change “One UN” to “Delivering as One”. In this context, eight pilot countries were selected.2 According to the United Nations General Assembly Resolution,3 the Triennial Comprehensive Policy Review (TCPR) was adopted to guide operational activities of the UN System at country level, in the light of which the United Nations Development Assistance Framework (UNDAF) should be the basis for aligning the UN response to national priorities and national planning cycles. WHO is part of UN Reform through Resolution WHA58.25,4 which requests the Director-General to adhere to the international alignment and harmonization agenda.

**Paris Declaration**5 and Accra Agenda for Action (AAA)6: The Paris Declaration is the most current global recognition and a salient reminder that countries and organizations have to increase efforts in the harmonization, alignment and management of aid to achieve sustainable development. The Paris Declaration rallies country and development agency support around five key principles: ownership, alignment, harmonization, management for results, and mutual accountability. It is a continuation of other important documents, such as the Monterrey Consensus7 and Rome Declaration on Harmonization8.

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2 Albania, Cape Verde, Mozambique, Pakistan, Rwanda, United Republic of Tanzania, Uruguay and Viet Nam.
7 International Conference on Financing for Development, March 2002, Monterrey.
The Paris Forum was followed by the third High-Level Forum, held in Accra (Ghana), 2-4 September 2008, to evaluate the implementation of the Paris Declaration. As a result, the ministers of developing and donor countries responsible for promoting development and Heads of multilateral and bilateral development institutions endorsed the AAA.

**Harmonization for Health in Africa (HHA).** HHA was formally established in 2007 and is a regional mechanism comprising the Regional Directors of UN Agencies and development agencies involved in the health sector and through which collaborating partners agree to focus on providing coordinated and joint support to countries in the African Region for achieving the health-related MDGs. The Regional Directors meet at least once a year.

**International Health Partnership+ (IHP+).** The main objective of IHP+ is to accelerate the scaling-up of coverage and use of health services and improve delivery of MDG outcomes and universal access commitments. It is supported by eight global health leaders (H8) with a secretariat comprising WHO and the World Bank, which play coordinating roles. Its key instrument is the Compact, which has both global and country components.

**Regional Directors Team-Health Cluster.** The Regional Directors Teams (RDTs) serve as a coordinating mechanism for UN agencies. The primary function of the RDTs is to ensure oversight, quality assurance and technical assistance to UN Country Teams, to provide a more harmonized and coordinated support to governments. In 2008, under the guidance of the HHA Regional Directors, a Health Cluster was established in each of the two African RDTs, one for East and Southern Africa and one for West and Central Africa. WHO has been reinforcing its presence within the RDTs.

**Regional Economic Communities (RECs).** They are organizations such as CEMAC, COMESA, CEN-SAD, IGAD, ECOWAS, SADC, CRHCS and UEMOA. The relationship with the RECs has been strengthened at the subregional levels. Following WHO/AFRO decentralization policy, WHO Coordinators of Inter-Country Support Teams are now the interface between the Organization and the regional economic communities, giving an added impetus to the partnership.

### 2.1.2 Characteristics of health partnership:

The main characteristics of health partnership may be summarized as follows:

- their focus on infectious diseases;
- they tend to be managed in western societies;
- they tend to mirror priorities and strategies of the major development agencies involved in global health.

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9 It includes ADB, WHO, UNAIDS, UNICEF, UNFPA and the WB.

10 WHO, WB, UNICEF, UNFPA, UNAIDS, BMGF, GFATM and GAVI.
2.1.3 Health partners

There is an increasing number of players in health and the WHO Regional Office for Africa already interacts with a wide range of partner organizations. Given the organization's mandate, governments, especially through the ministries of health, have been the most important partners in achieving health outcomes. Other key partners are the UN agencies and development partners, such as the African Development Bank, the World Bank, the African Union with its Nepad programme, the Regional Economic Communities (RECs), the civil society, the private sector, the academia, business coalitions, foundations, public health associations. Particular efforts have been made to promote South-South cooperation.

2.2 Institutional arrangements

2.2.1 Global level arrangements

Most partnerships are forged at HQ level, guided by the following instruments:

**Eleventh General Programme of Work and the Medium-Term Strategic Plan.**

The GPW provides a global health agenda for WHO, its Member States and the international community for 2006–2015. From a broader global health agenda, it presents WHO's comparative advantages, core functions, main challenges and priorities for the future. These priorities are further developed in the six-year Medium-term Strategic Plan (MTSP), which defines strategic objectives for WHO and its Member States for 2008–2013.

The MTSP includes two strategic objectives related to partnerships:

- **SO.12**—To provide leadership, strengthen governance and foster partnership and collaboration with countries, the UN System and other stakeholders to carry out the mandate of WHO in advancing the global health agenda as set out in the 11th General Programme of Work.
- **SO.13**—To develop and sustain WHO as a flexible learning organization, enabling it to carry out its mandate more efficiently and effectively.

**WHO Report on Partnership.** Through this report a WHO Policy was presented on WHO Engagement with Global Health Partnership and Hosting Arrangements. According to this policy, WHO's engagement in a partnership is based on ten criteria. The Partnership should: (a) demonstrate a clear added value for public health; (b) have a clear goal in a priority area of WHO's work; (c) be guided by the technical norms and standards; (d) support national development objectives; (e) ensure appropriate and adequate participation of stakeholders; (f) clarify the roles of partners; (g) evaluate the related transaction costs, along with the potential benefits and risks; (h) ensure that the pursuit of the public-health goal takes precedence over the special interests of participants; (i) ensure that the structure of the partnership corresponds to the proposed functions; (j) have an independent external evaluation and/or self-monitoring mechanism.

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11 See Annex C for an illustrative list of partner organizations.
Guidelines on working with the private sector to achieve health outcomes.  
This document seeks to assist WHO staff to interact with commercial enterprises in the respect of rules regarding conflict of interest and reputation for WHO.

Role of the civil society in health. The basic document for all relations between WHO and the nongovernment sector is Resolution WHA40.25, 1987, though it is widely felt that it no longer meets all expectations and needs about partnering with the civil society. The Resolution categorizes two types of relationship that WHO can establish with the nongovernmental sector: official and non-official relationship. A range of rights are attached to the official relationship, mainly regarding the privilege of participating as observer in meetings of WHO’s governing bodies. The Executive Board is the responsible body to decide admission of NGOs into official relationship with WHO, on the recommendation of the Board Standing Committee on NGOs. Criteria and procedure for admission, privileges and responsibilities are set in the Resolution.

2.2.2 Regional level arrangements

In 2005, the Regional Office launched its own strategic orientations for the Region for the next five years. The document outlines five Strategic Orientations, one of which is the strengthening and expansion of partnerships.

Organizational set-up. The impetus of forging partnerships in the Regional Office is shared between country, ISTs and division staff and the Partnership and Resource Mobilization (PRM) Unit.

PRM has two primary objectives: (i) to advocate for and promote effective collaboration and partnerships between the Regional Office and its partners, and coordinate the implementation, monitoring and evaluation of programmes and activities developed in collaboration with partners in the African Region; and (ii) provide support to divisions and Country Offices, including Member States, upon request for resource mobilization and management of external relations, partnership and mobilized resources. A significant amount of PRM resources are devoted to managing existing, new and emerging partnerships, including development and clearance of MOUs as well as representation in and facilitation of partnership efforts such as the HHA and IHP+. Another recent focus area is strengthening partnerships with NGOs in the African Region.

At the subregional level, the Intercountry Support Teams (ISTs) are uniquely placed to help identify and support opportunities for partnering. Their regional mandate lends itself to identification and execution of cross-border and sub-regional health partnerships as well as improving the quality and cost-effectiveness of health interventions through partner efforts.

Typically, partnership opportunities present themselves at the country level, and the WHO staff, under the leadership of the WRs are responsible for identifying opportunities for partnering and ensuring that partnership relations are defined and implemented.

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13 Guidelines on working with the private sector to achieve health outcomes, Executive Board one-hundred-and-seventh session, EB107/20, 30 November 2000.
15 WHO Regional Office for Africa, 2005.
as envisaged in the agreement. It is the responsibility of the WHO country team to undertake the necessary diligence and assessment of partnership opportunities as well as bringing them to fruition.

**Partners Forum.** One of the more recent successes of the Regional Office was the Partners Forum held in Nairobi in 2007.\(^\text{16}\) The meeting brought together over 100 partners, representing governments, UN agencies, multilateral and bilateral donors, foundations, regional commissions and NGOs from the global, regional and national levels. The objective of the Forum was to engage partners in dialogue to map out solutions for a more coordinated effort to achieve the MDGs in the Region. The Forum was successful in soliciting constructive dialogue and identifying concrete ways forward (see below).

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**Areas for Action**

- Prepare clear cross-agency, cross-country communications on roles and individual responsibilities for partnerships
- Focus efforts across agencies in Africa to strengthen country capacity to lead partnerships
- Use opportunities under the UN reform to strengthen partnerships among various organizations
- Establish UN/partner peer reviews of performance and partnerships in Africa
- Develop mechanisms for pooling expertise/best practices in areas related to health MDGs
- Strengthen regular mechanisms for collaboration
- Strengthen leadership of regional directors and create stronger links across partners and sectors
- Working group on Post High-Level Forum in Africa to consider how to take forward harmonized support for scaling-up access to health services
- WHO AFRO to lead regional coordination of partners’ actions in health

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**2.2.3 Categories of Partnership**

It is important to understand the nature and types of partnerships in which WHO and the Regional Office, in particular, are involved.\(^\text{17}\)

**Informal partnerships.** These are partnerships where WHO programmes, initiatives, campaigns or networks participate as a partner with a variety of external partners sharing a common purpose. There is no independent governance arrangement and budgets and plans are developed by WHO. A Memorandum of Understanding (MOU) or other instrument will usually exist. WHO is currently involved in 18 of these partnerships.

**Independently governed partnerships.** These are initiatives for which the secretariat is hosted by WHO and for which WHO provides the legal identity. WHO will not have managerial control of funds or workplans but there will usually be synergies. WHO is currently involved in 34 of these partnerships.

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**External partnerships.** These are partnerships that reside outside WHO, but where WHO may make significant technical contributions, financial contributions or receive financial support (e.g. GAVI); the entity is completely separate from WHO. WHO is currently involved in 41 external partnerships.18

2.2.4 Internal needs assessment

To tailor this strategy to country needs, all 46 Country Offices were included in a survey. The respondents were distributed among the various staff categories as follows: WR (29%), Programme Managers (34%), Technical Staff (24%) and IST Staff (17%). The remaining 4% represented other staff categories (not specified).

The major findings were as follows:

- More than 90% indicated that it was the role of the WR to identify and pursue partner opportunities, negotiate with partners and market the Region with external partners.
- Fifty-three per cent said that they do not have or are not sure they have the capacity and skills needed for resource development.
- Fifty per cent indicated that they considered partnerships the key to enhancing Regional Office ability to succeed with its mission and objectives.
- Twenty-five per cent indicated that fundraising was the most important rationale for partnering.

**Recommendations.** In responding to what Country Offices or ISTs should do to attract or maintain donor and partner audiences, the following responses were provided:

- Proactively develop projects and partnerships.
- Undertake a proper needs analysis at country level.
- Promote WHO’s leadership role in health.
- Acknowledge and embrace the diversity of donors and partners.
- Ensure regular interaction with existing and potential partners.
- Develop stronger links to the private sector.
- Acknowledge partners and donors.

A more complete summary of the survey results appears in Annex B.

2.2.5 SWOT analysis

The results of a SWOT analysis, including some of the most frequent comments and observations made vis-à-vis Regional Office partnership experiences and partnering abilities,19 appear next.

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18 See Annex F for a list of partnerships.  
19 The SWOT analysis is based on interviews with staff at HQ, regional and country levels.
## STRENGTHS WEAKNESSES

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<tr>
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<th>WEAKNESSES</th>
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<tr>
<td>Sub-Saharan Africa’s lead organization in health</td>
<td>Insufficient knowledge, skills and/or experience in mobilizing resources</td>
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<tr>
<td>Prominent normative and regulatory role</td>
<td>Lack of coordinated efforts between HQ, regional and country levels</td>
</tr>
<tr>
<td>Presence in all Member States</td>
<td>Partnership advantages do not trickle down from HQ to regional and country levels</td>
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## OPPORTUNITIES THREATS

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<th>THREATS</th>
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<tr>
<td>Range of partners at all levels increasing</td>
<td>Inefficiencies in receiving, tracking and monitoring funding</td>
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<td>Strong platform for support to health priorities in the MDGs and the Paris Declaration</td>
<td>Significant and increasing competition from other organizations in health</td>
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<tr>
<td>Major new partner initiatives: GAVI, GFATM, PEPFAR, PMI, NEPAD</td>
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<td>Increase in harmonization efforts</td>
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### 2.2.6 Challenges

The rapid influx of funding to the development sector and creation of partnerships to help coordinate, guide and execute programmes have also resulted in increased knowledge about the many challenges surrounding health partnerships. Some of the most significant challenges are discussed below.

**Donor priorities.** Donor priorities continue to influence the health sector development agenda. Partnerships tend to aggregate around issues, themes or diseases and are not necessarily aligned with national priorities. Many partners and partnerships focus on single disease activities rather than on more comprehensive approaches such as health systems development or neglected and emerging health challenges.

**Legislative frameworks, policies and operational strategies.** Many developed countries have legislation that governs engagement with the private sector. However, in the developing world, there is a general failure to enact overarching legislation relating to public-private partnerships. As a result, such arrangements develop on an ad hoc and opportunistic basis and may have questionable credibility; thus, policies and specific operational strategies fail to develop appropriately.

**Governance structures.** Some partnerships do not appropriately ensure that partners are held accountable for the delivery of efficient, effective and equitable services. An evaluation of the Roll Back Malaria (RBM) partnership, while it was still at WHO, acknowledged the successes of the partnership in drawing global attention to the scale of the problem posed by malaria, but it also drew attention to some of the challenges relating to a very loose and largely informal structure, which was lacking in terms of accountability. As a consequence, the secretariat was separated from WHO’s Malaria Control Programme and its board was expanded and strengthened.

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**Power relationships.** Skewed power relationships are a major impediment to the development of successful partnership relations. Governments in developing countries will often assume or be assigned primary responsibility for a partnership or joint initiative. The superior role of government vis-à-vis e.g. the civil society in most countries places the latter at a disadvantage and tends to focus attention on issues introduced by the civil society.

**Sustainability.** The question of long-term sustainability is often ignored in public-private partnerships whereas it constitutes the basis for ownership by the countries.

### 2.2.7 Opportunities

There appear to be several partnership opportunities that the Regional Office can proactively pursue; the most important ones are discussed below.

**Focus on MDGs.** Along with the launch of the UN Secretary-General’s MDG Africa Initiative to mobilize financing and accelerate achievement of the MDGs, there is a renewed emphasis on the MDGs at all levels and all sectors of development. It is creating an ideal platform to engage, at the country level, with government entities and local stakeholders to support plans, strategies and partnerships focused on achieving the MDGs for the particular country.

**Coordination mechanisms.** They include, among others, the Regional Directors Team (RDT), HHA, GAVI, the Global Fund and others, which are increasingly playing a central role in staking out the strategic direction through control and management of funding. WHO is already playing a central role in partnering and collaborating with these initiatives that require substantial technical support at country level in order to succeed e.g. in the case of assisting countries in developing and submitting applications for GAVI funding. These roles and responsibilities could be expanded.

**Paris Declaration on Aid Effectiveness.** The Declaration provides an opportunity for the Regional Office to position itself centrally in leading harmonization and coordination efforts in the Region as well as leadership and support to Member States.

**Accra Agenda for Action (AAA)** to accelerate and deepen implementation of the Paris Declaration on Aid Effectiveness.

**The Ouagadougou Declaration,**22 **Algiers Declaration**23 **and Libreville Declaration**24 are results of high-level meetings convened by WHO and involving key health partners in the African Region. These new instruments witness the renewed commitment of partners to work together in a more coordinated and efficient manner to overcome health challenges and strengthening health systems.

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Intercountry Support Teams. The IST provides an excellent vehicle for detecting, forming, facilitating and managing regional and country level partnerships. The proximity to the countries served allows for more effective interaction, cross-fertilization and enhanced opportunities for collaboration.

3. Goal and Objectives

This strategy is developed with the overall goal of enhancing the ability of the Regional Office, in general, and WCOs, in particular, to respond to the needs of countries through strategic partnerships. It is expected to result in two principal outcomes: (i) better support to countries to scale-up health interventions needed to meet national and international agreed targets and (ii) advancement of WHO’s work in preventing and controlling diseases and health conditions according to its mandate.

The strategy has three major objectives:

- To create an enabling environment for partnerships at regional, subregional and country level.
- To engage in optimal partnerships.
- To promote Regional Office partnerships.

4. Guiding Principles

The strategy is developed on the basis of the following set of guiding principles.

Embracing one WHO. There is the recognition and espousal that WHO needs one corporate approach in its interaction and relations with donors and partners. Embracing one WHO requires that donors and partners get a consistent message from the various levels within WHO. It is equally important that guidelines, procedures and instructions already in place are considered and followed.

Supporting countries. Partnerships and engagements should ultimately contribute to improved health outcomes at country level.

Building adequate capacity and skills to deliver the objectives of the partnership.

Creating synergies and enhancing ability to deliver. Partnerships that are unlikely to produce a better result than the RO could achieve on its own may not merit partnering. The investment and application of resources and expertise in a partnership should be justified by its significantly larger impact, scaled-up effect or enhanced outcomes.

Country Priority. Partnership efforts should, to every extent possible, facilitate or contribute to Member States meeting the health-related MDGs; in addition, they should meet other emerging health priorities and be results-oriented.
Harmonization and alignment. WHO should strive towards optimal coordination and harmonization of efforts to avoid duplication, poor resource management and unnecessary transaction costs associated with programme execution or partnerships.

Delivering as one. The UN reform process and the commitment towards creating synergies and complementarities between the various types of support provided by UN agencies will also guide Regional Office partnership efforts.

5. Strategic Approaches

They are expected to contribute to the attainment of the above three objectives and the overall goal and outcomes.

5.1 In relation to Objective 1: Creating an enabling environment for partnerships

Promoting WHO and Regional Office partnership frameworks and principles. A clear articulation by WHO of the processes, procedures and guidelines already in place for guiding partnership efforts should be undertaken. The five key documents governing engagement with partners should be summarized and circulated widely in a compelling manner.

Establishing a Regional Office partnership and resource mobilization team. The team will serve as a think-tank that will work together to devise strategies, help identify and address issues of importance and significance as they relate to partnerships, and serve to disseminate and share information.

Developing an advocacy and communication strategy to share with partners the achievements.

Strengthening communication linkages throughout the Organization to enable detection and pursuit of partnership opportunities.

Developing a partnership toolkit. It is proposed that a partnership toolkit be developed, widely disseminated and posted on the intranet for easy access.

Strengthening internal capacity to identify, broker and execute partnerships. Training at all levels (regional, subregional and country) should focus on providing staff with essential skills to assess and evaluate potential partner organizations, prepare presentations and negotiate. Training should also provide tools to facilitate development of strategic plans and strategies. There are excellent curriculum, tools and training materials that have already been developed. These tools\(^{25}\) can be tailored and modified for specific RO needs.

Promoting partner forum for health. It is necessary to establish a high-level partners forum to review strategies and processes for collaboration in the health sector.

Organizing thematic partner roundtable conferences to mobilize, engage and coordinate efforts among partners with similar interests. These could ideally be organized in conjunction with the Regional Committee meetings or co-hosted with the regional economic communities.

5.2 In relation to Objective 2: Identifying and engaging in optimal partnerships

Placing emphasis on interpersonal relationships. Strong interpersonal relationships are important in partnering. It is important to track and seize opportunities for representing and presenting the Regional Office as a desirable value-adding partner. Meetings and events throughout the year provide excellent opportunities to meet with existing partners or explore new partnerships.

Conducting needs analysis. The best partnerships are those in which partners complement each other to achieve shared goals and objectives. A prerequisite is that the goals and objectives are known. It is recommended that a thorough needs analysis be conducted in all Country Offices and ISTs. The needs analysis should focus on detecting a comprehensive set of needs in a country, including infrastructural, human resource, financial, institutional, logistical and commodity needs. The exercise should seek to determine the vast set of needs in a country and serve as a reference for local, subregional and regional partnerships, where more country needs can be pooled. The analysis should also include a partner mapping exercise to identify organizations with profile, skills, expertise, services and geographic presence that complement or supplement health efforts at the regional or country levels.

Value adding partnership. Guidelines should be developed to assist Country Offices as well as the Regional Office in identifying organizations and partners that will complement WHO and would be beneficial as partners. The list of organizations in official relations with WHO may serve as inspiration for new organizations worthy of partnering. Some considerations have already been identified for partnering with the civil society, and they are applicable to all partnerships.26

Establishing strategic partner institutions. It is proposed that the Regional Office consolidate strategic relationships, notably with institutions in the Region or with organizations with a particular focus or attention on the Region. Such strategic partners include AfDB, AU, NEPAD, ECOWAS, SADC and ECA. It is recognized that very strong relationships have already been established and that MOUs are in place with a number of them. However, more can be done to capitalize on and create synergies with these organizations through cooperation on joint programmes, co-funding or co-hosting of events in the Region, as well as on the expertise, skills and networks of these organizations. One option to be considered for strengthening collaboration is the secondment of technical and programmatic staff for a shorter or longer period of time.

Reaching out to the private sector. The private sector represents a strategic partner in more than one dimension. Large multinationals have the technology, knowledge and infrastructure to run large-scale operations. Small and medium operations are in

many countries the backbone of the economy, access to communities and vehicles for development and behaviour change. Either end of the spectrum provides valuable experiences, tools and systems that can enhance health development goals and achieve objectives of mutual interest. It is recommended that WHO Offices in countries where business coalitions exist make initial contact and explore opportunities for collaboration. WHO Country Offices should consider organizing business round tables or briefings on health issues pertinent to business operations or development in the country.

**Partnering with international civil society.** The significance of civil society in international public health is large and growing. It is strongly recommended that a mapping exercise of the major international civil society networks in the Region as well as regional and subregional networks be identified and analysed, and outreach efforts made to establish a platform for future partnering.

**Strengthening relationships with bilateral corporations.** Most developing countries are host to a large number of foreign embassies. It is recommended that health sector development briefings, breakfast meetings or roundtable conferences be held on a frequent basis with some or all foreign representatives. The gatherings should be structured to facilitate a two-way information exchange and could include presentations of new health strategies or policies from bilateral agencies and updates on major health challenges from the host-country or WHO.

**Enhancing relationships with academic institutions.** Most prominent academic institutions have one or more associated institutes or divisions that work in all areas, from complex and operational research to implementation of programmes. Academic institutions, both in the West and in the African Region, increasingly provide research, expertise, trained personnel, know-how and adapted technologies to tackle health challenges. The Regional Office should improve existing relationships and forge new ones, especially with institutions in the Region.

**Strengthening relationships with the media.** The media are considered important strategic partners. Representatives of the media should be provided with opportunities for first-hand experience of the impact of WHO and partner work in the field. It is important to develop a contact list of prominent health correspondents and journalists, covering the Region and make deliberate efforts to engage with journalists and media, as appropriate.

**Participating in high-level international health events.** It is essential that Regional Office staff participate in regional and global events that provide a platform for highlighting the needs of Member States. It offers an opportunity to highlight WHO technical leadership and capacity, and strengthen Regional Office networking. Regional and international events should be mapped and appropriately pursued by submitting discussion papers, abstracts or electronic presentations.

5.3  **In relation to Objective 3: Promoting Regional Office partnerships**

**Increasing the use of the AFRO Website to acknowledge and inform partners.** The Website remains a premier vehicle for communicating with and acknowledging partners, and certain links should cater for their special information needs. It is equally important to assign parts of the web pages to highlight partnerships and acknowledge partners.
Providing platforms for interactions with partners. The principles of customer care apply to partners as well. It is essential that partners feel valued, that their specific needs and requirements are met and their contributions recognized. The Regional Office should also acknowledge partners at public events and appearances. Sharing speaking or media exposure platforms with partners would, in most instances, be appreciated.

Organizing partner engagement opportunities. The more the Regional Office knows about potential and existing partners and their programmes, the better the chances of identifying opportunities for collaboration in areas of mutual interest. It is recommended that the Regional Office organize official presentation meetings with existing and potential partners, starting with organizations in the country and then expanding to presentation opportunities for individuals passing through the Regional Office or Country Offices.

Developing a partnership to monitor health success. It is strongly recommended that partnerships, objectives and commitments be monitored and evaluated frequently. Mid-term evaluations should be conducted to determine whether stated health outcomes or objectives are met, partnership modality needs modification or improvement, and partners are assuming the roles and responsibilities decided from the onset. It is proposed that a “partnership for health success barometer” be developed and feature prominently on the AFRO Website to show progress of partnerships towards stated health objectives.

Developing Resource Mobilization strategy to increase resources to fill the gap and facilitating the implementation of plans of work of the Regional Office and WCOs.

6. Critical Success Factor

The single most important success factor is to thoroughly assess and determine WCO, IST and RO needs for partnerships. This will include a mapping exercise to identify where there may be gaps, for example, in technical assistance and determine what types of partnership and support are needed, such as financial support, in-kind support, contributions in the form of volunteers, infrastructure, storage capacity, IT systems, training or workshops, transportation or logistics etc.

7. Budget

The execution of this strategy requires dedicated human resource commitments. In addition to current staff capacity and expertise, other human resource commitments are proposed.

Following the trend of decentralization of donor support, strategic donor hubs have appeared in West, East and Southern Africa, which concentrate representations of all the key development partners. At least one Regional Office staff should be positioned in each hub to strengthen efforts in partnership and resource mobilization, organize and participate in events, gather information and identify opportunities, advocate and communicate with main partners.

The Regional Office should explore secondments, staff-loan arrangements or junior professional officers to increase the number of staff committed in engaging and managing partnerships in key areas.
Each Division should allocate 0.15 FTE towards regional business development and partnership efforts. Each Country Office should allocate 0.10 FTE towards regional business development and partnership efforts. In addition, a biennial budget is required (see Table 1).

**Table 1: Suggested partnership budget, 2008–2013 (US$)**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and disseminate advocacy package (incl. revisions)</td>
<td>0</td>
<td>35 000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Develop partnering toolkit</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Staff training</td>
<td>20 000</td>
<td>40 000</td>
<td>20 000</td>
<td>40 000</td>
</tr>
<tr>
<td>Organize partnership for Health forum</td>
<td>0</td>
<td>200 000</td>
<td>0</td>
<td>200 000</td>
</tr>
<tr>
<td>Organize thematic round-table conferences</td>
<td>20 000</td>
<td>20 000</td>
<td>20 000</td>
<td>20 000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct needs analysis in Country Offices and ISTs Develop guidelines</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Travel: 3 trips per year (PRM)</td>
<td>60 000</td>
<td>60 000</td>
<td>60 000</td>
<td>60 000</td>
</tr>
<tr>
<td>Travel: 1 trip per year per divisional focal point (funded through divisional budgets)</td>
<td>70 000</td>
<td>70 000</td>
<td>70 000</td>
<td>70 000</td>
</tr>
<tr>
<td>Development of “barometer”</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Monitoring and evaluation (incl. reporting)</td>
<td>25 000</td>
<td>25 000</td>
<td>25 000</td>
<td>25 000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>195 000</td>
<td>450 000</td>
<td>195 000</td>
<td>415 000</td>
</tr>
</tbody>
</table>

8. **Monitoring and Evaluation**

Monitoring and evaluation of the impact of this partnership strategy is of paramount importance. The single most important measure of success is the ability of the Regional Office to mobilize adequate resources to carry out all its planned activities in 2008-2009 and beyond through 2013.

PRM already evaluates and reports regularly on the implementation of strategies to RO executive management. PRM will refine its evaluation tool to include monitoring of progress in the implementation of this strategy. Additional milestone indicators will be introduced. Table 2 provides a summary of milestones that will be used as indicators of progress towards the partnership goal.

**Table 2: Partnership milestones (M) and indicators (I)**

<table>
<thead>
<tr>
<th>Create an enabling environment for partnerships</th>
<th>RMP team established and functional, 01 December 2008 (M)</th>
<th>Partnership manual developed and disseminated, 01 July 2009 (M)</th>
<th>__ training sessions with regional and country staff (accumulated) (I)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and engage in optimal partnerships</td>
<td>__ countries conducted needs analysis, 01 September 2009 (I)</td>
<td>__ partnerships achieved objectives (accumulated) (I)</td>
<td></td>
</tr>
<tr>
<td>Promote RO partnerships</td>
<td>__ public events shared with partners increasing from year to year (I)</td>
<td>__ meetings held with partners for exchanging information and exploring partnerships (accumulated) (I)</td>
<td>launch Partnership for Health Success Barometer, 01 September 2009 (M)</td>
</tr>
</tbody>
</table>
Bibliography

List includes documents reviewed for both the Resource Mobilization and Partnership strategies.

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11. Principal Governing Relations with Nongovernmental Organizations, WHO.
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Annex A: Organizations having signed MOUs with the Regional Office

The number of MOUs signed by the RO rose from 18 in 2004 to 45 in 2007, representing a 150% increase in four years. The following are institutions with which WHO entered into agreements in 2007 (country, institution or department listed after the name).*

AfDB—Cameroon, Chad, Mali, Nigeria, Togo
Christian Health Association of Nigeria (CHAN)—Nigeria
Embassy of the Republic of Southern Korea—Côte d’Ivoire
Global Alliance to Eliminate Lymphatic Filariasis (GAELF) Secretariat—Kenya
Government of Austria—Burkina Faso, Ethiopia, Ghana, Mali, Niger, Nigeria, Togo
Government of Canada (CIDA)—RO/RBM, Tanzania
Government of France—IST
Government of Germany (Gtz)—RO
Government of Japan (Ministry of Health, Labour and Welfare)—DPM (African Region)
Government of Luxembourg—Gabon, Mali, Senegal, Uganda
Government of Portugal—RO
Government of the UK (DFID)—Sierra Leone
Institut National de la Santé et de la Recherche Médicale—DPM/HLT
International Federation of Red Cross and Red Crescent Societies—RO
Iodine Network—Nigeria
Mectizan Donation Programme (MDP)—DDC (African Region); Sierra Leone
National Primary Health Care Development Agency (NPHCDA)—Nigeria
Republic of Ghana
Roska Stevens Limited—Nigeria
UNFPA Guinea-Bissau, Office of the Representative—Guinea-Bissau
UNICEF Guinea-Bissau, Office of the Representative—Guinea-Bissau
United Nations Office for the Coordination of Humanitarian Affairs (OCHA)—Ethiopia
USAID—DDC/ATM/DRH, Liberia
West African Health Organization (WAHO)—Guinea-Bissau
World Bank—ATM, Sierra Leone

* Information extracted from PRM database and files.
Annex B: Survey

Of the 45 Country Offices included in the survey, responses were received from 41 individuals, giving a fair representation of almost all the countries and all the subregions. The respondents were distributed among the various staff categories as follows: WR (29%), programme managers (34%), technical staff (24%) and IST staff (17%). The remaining 4% represented other staff categories (not specified).

Role of individuals in the country or subregional offices. The respondents were asked to determine what roles and responsibilities the various staff members should have. The table below summarizes the findings.

Table B1: Proportion of Country Office staff responding to required roles and responsibilities (%)

<table>
<thead>
<tr>
<th></th>
<th>Identify partnering or funding opportunities</th>
<th>Follow up on funding or partnering opportunities</th>
<th>Write proposals</th>
<th>Meet or negotiate with donors and partners</th>
<th>Monitor funding</th>
<th>Write donor reports</th>
<th>Market partnerships</th>
</tr>
</thead>
<tbody>
<tr>
<td>WR</td>
<td>93.8</td>
<td>93.8</td>
<td>28.1</td>
<td>96.9</td>
<td>65.6</td>
<td>31.3</td>
<td>93.8</td>
</tr>
<tr>
<td>Programme Manager</td>
<td>75.9</td>
<td>69.0</td>
<td>86.2</td>
<td>65.5</td>
<td>79.3</td>
<td>89.7</td>
<td>44.8</td>
</tr>
<tr>
<td>Technical Staff</td>
<td>66.7</td>
<td>60.0</td>
<td>93.3</td>
<td>26.7</td>
<td>66.7</td>
<td>80.0</td>
<td>30.0</td>
</tr>
<tr>
<td>Administrative Officer</td>
<td>43.5</td>
<td>43.5</td>
<td>39.1</td>
<td>30.4</td>
<td>100</td>
<td>82.6</td>
<td>21.7</td>
</tr>
<tr>
<td>IST Staff</td>
<td>84.2</td>
<td>73.7</td>
<td>68.4</td>
<td>63.2</td>
<td>73.7</td>
<td>73.7</td>
<td>84.2</td>
</tr>
</tbody>
</table>

Personal assessment of capacity and skills. When asked if they had the capacity or skills to be effective in engaging new partnerships, including non-traditional partners, or mobilizing resources at country or subregional level, almost half of the respondents (47%) felt that they had that capacity, 15% said that they definitely did not have the capacity and 38% indicated that they were not sure.

Reasons for partnering. Respondents were asked what they considered the most important rationale for partnering. Almost 50% responded that partnerships were the key to enhancing the ability of the RO to succeed. Nearly 25% indicated that partnering for fundraising purposes was the most important reason.
Annex C: List of Regional Office Partners

Examples of RO partner organizations (extracted from PRM database and files):

**Multilateral—IFIS**
- African Development Bank
- African Development Fund
- International Monetary Fund
- Islamic Development Bank
- World Bank

**Multilateral—others**
- European Commission
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- International Committee of the Red Cross
- Kuwait Fund for Arab Economic Development
- Organization of Petroleum Exporting Countries
- World Trade Organization

**Regional grouping**
- African, Caribbean and Pacific Group of States
- African Union
- Arab Maghreb Union
- Common Market for Eastern and Southern Africa
- Community of Sahel-Saharan States
- Economic Community of Central African States
- Economic Community of Great Lakes Countries
- Economic Community of West African States
- Indian Ocean Commission
- Inter-Governmental Authority on Development
- Southern African Development Community
- West African Economic and Monetary Union
- West African Health Organization
- Arab Gulf Programme for United Nations Development Organizations

**NGOs/FBOs**
- Save the Children
- Programme for Appropriate Technology in Health
- Christian Health Association of Nigeria
- African Muslim Agency
- Rotary International

**World Diabetes Foundation**
- World Heart Federation
- International Union against Cancer
- World Dental Federation
- American Cancer Society
- American Heart Association

**Private foundations**
- Bill & Melinda Gates Foundation
- Gertrude Hirzel Foundation
- Ford Foundation
- Bloomberg Family Foundation
- Winds of Hope Foundation
- Johnson and Johnson
- Eli Lilly and Company Foundation

**Private sector**
- Aventis Pharma S.A. & Aventis Pharma Deutschland GmbH
- ESSO Exploration and Production Inc.
- Roska Stevens Limited
- Mectizan Donation Programme
- Global Alliance to Eliminate Lymphatic Filariasis

**Academia**
- Imperial College
- International Union against Tuberculosis and Lung Disease
- London School of Hygiene & Tropical Medicine
- National Institute for Health and Medical Research
- National Primary Health Care Development Agency
Annex D: Roles of the Civil Society

The civil society plays an increasingly more important role in achieving universal access to treatment and reaching the poor or those in remote areas. Recognizing the significance of engaging and partnering with civil society, it is equally important to understand the various roles and comparative advantages that civil society organizations represent.

Table D1 provides a list of various health system functions and examples of what roles and responsibilities the civil society can assume in a partnership context. *

Table D1: Roles of civil society organizations in health systems

<table>
<thead>
<tr>
<th>Health system function</th>
<th>Roles of CSOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health services</td>
<td>Service provision; Facilitating community interactions with services;</td>
</tr>
<tr>
<td></td>
<td>Distributing health resources such as condoms, bednets or cement for toilets;</td>
</tr>
<tr>
<td></td>
<td>Building health worker morale and support.</td>
</tr>
<tr>
<td>Health promotion</td>
<td>Obtaining and disseminating health information;</td>
</tr>
<tr>
<td>and information exchange</td>
<td>Building informed public choice on health;</td>
</tr>
<tr>
<td></td>
<td>Implementing and using health research;</td>
</tr>
<tr>
<td></td>
<td>Helping to shift social attitudes;</td>
</tr>
<tr>
<td></td>
<td>Mobilizing and organizing for health.</td>
</tr>
<tr>
<td>Policy-setting</td>
<td>Representing public and community interests in policy;</td>
</tr>
<tr>
<td></td>
<td>Promoting equity and pro-poor policies;</td>
</tr>
<tr>
<td></td>
<td>Negotiating public health standards and approaches;</td>
</tr>
<tr>
<td></td>
<td>Building policy consensus and disseminating policy positions;</td>
</tr>
<tr>
<td></td>
<td>Enhancing public support for policies.</td>
</tr>
<tr>
<td>Resource mobilization</td>
<td>Financing health services;</td>
</tr>
<tr>
<td>and allocation</td>
<td>Raising community preferences in resource allocation;</td>
</tr>
<tr>
<td></td>
<td>Mobilizing and organizing community co-financing of services;</td>
</tr>
<tr>
<td></td>
<td>Promoting pro-poor and equity concerns in resource allocation;</td>
</tr>
<tr>
<td></td>
<td>Building public accountability and transparency in raising, allocating and</td>
</tr>
<tr>
<td></td>
<td>managing resources.</td>
</tr>
<tr>
<td>Monitoring quality of care and</td>
<td>Monitoring responsiveness and quality of health services;</td>
</tr>
<tr>
<td>responsiveness</td>
<td>Giving voice to marginalized groups and promoting equity;</td>
</tr>
<tr>
<td></td>
<td>Representing patient rights in quality of care issues;</td>
</tr>
<tr>
<td></td>
<td>Channelling and negotiating patient complaints and claims.</td>
</tr>
</tbody>
</table>

Annex E: PEPFAR Executing Partners

FBOs and NGOs are increasingly becoming primary contractual partners for development aid and directing health efforts. The table below indicates the distribution of contracts under PEPFAR in 2006 and shows a clear indication of the trend that an increasing number of NGOs, FBOs and academic institutions spearhead, lead, manage and execute significant health portfolios.

Table E1: Types of PEPFAR partnership, 2006

<table>
<thead>
<tr>
<th>Organization</th>
<th>No. of contractual primes</th>
<th>% of all primes</th>
</tr>
</thead>
<tbody>
<tr>
<td>FBO</td>
<td>18</td>
<td>7.41</td>
</tr>
<tr>
<td>NGO</td>
<td>82</td>
<td>33.74</td>
</tr>
<tr>
<td>Host country government agency</td>
<td>56</td>
<td>23.05</td>
</tr>
<tr>
<td>Private sector</td>
<td>31</td>
<td>12.76</td>
</tr>
<tr>
<td>University</td>
<td>36</td>
<td>14.81</td>
</tr>
<tr>
<td>Multilateral agency</td>
<td>5</td>
<td>2.06</td>
</tr>
<tr>
<td>PEPFAR or other US government agency</td>
<td>12</td>
<td>4.94</td>
</tr>
<tr>
<td>Parastatal</td>
<td>3</td>
<td>1.23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>243</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

Annex F: WHO Partnerships

The WHO Programme on Partnerships and UN Reform database include some of the major partnerships and initiatives in which the WHO Regional Office for Africa plays a significant coordinating or implementing role. Table F1 provides examples.

<table>
<thead>
<tr>
<th>Title</th>
<th>Partners</th>
<th>SO</th>
<th>Purpose</th>
<th>Initiator</th>
<th>AFRO role</th>
</tr>
</thead>
<tbody>
<tr>
<td>African Programme for Onchocerciasis Control</td>
<td>WHO, WB, Vision 2020, GRBP, OCP, SSI, HKW, IEF, OEPA</td>
<td>1</td>
<td>Eliminate the disease, improve socioeconomic conditions for all people</td>
<td>RO</td>
<td>Secretariat</td>
</tr>
<tr>
<td>Harmonization for Health in Africa</td>
<td>AfDB, UNFPA, UNAIDS, UNICEF, WHO, WB</td>
<td>12</td>
<td>Operational and capacity building support to countries to facilitate, provide evidence for and align health system strengthening</td>
<td>RO</td>
<td>Secretariat</td>
</tr>
<tr>
<td>International Health Partnership and related initiatives</td>
<td>AfDB, GAVI, Global Fund, Bill &amp; Melinda Gates Foundation, OECD-DAC, UNICEF, UNFPA, UNAIDS, WHO, WB</td>
<td>12</td>
<td>Improving health and development outcomes in developing countries to achieve the health-related MDGs</td>
<td>HQ</td>
<td>Secretariat</td>
</tr>
<tr>
<td>African AIDS Vaccine Initiative</td>
<td>WHO, UNAIDS, CIDA, SIDA, IAVI, AfricAIDS, SAA, SADC</td>
<td>2</td>
<td>Advocate and support a coordinated effort to contribute to the global HIV vaccine development goals, ensure that appropriate and affordable vaccines are developed in the shortest possible time</td>
<td>HQ</td>
<td>Implementing Agency</td>
</tr>
<tr>
<td>Measles Initiative</td>
<td>UNF, WHO, Red Cross, UNICEF</td>
<td>1</td>
<td>Reduce measles deaths globally by 90% by 2010 compared to 2000 estimates</td>
<td>HQ</td>
<td>Implementing Agency</td>
</tr>
<tr>
<td>Special Programme for Research and Training in Tropical Diseases</td>
<td>WHO, WB, Wellcome Trust, LSTM, Swiss Tropical Institute, LSHTM</td>
<td>1,2,4</td>
<td>Coordinate support and influence global efforts to combat a portfolio of major diseases of the poor and disadvantaged</td>
<td>HQ</td>
<td>Implementing Agency</td>
</tr>
<tr>
<td>Global Polio Eradication Initiative</td>
<td>WHO, CDC, USAID, UNICEF, Rotary International</td>
<td>1</td>
<td>Eradicate polio</td>
<td>HQ</td>
<td>Implementing Agency</td>
</tr>
<tr>
<td>International Partnership against AIDS in Africa</td>
<td>WHO, UNAIDS, RATN, TASO, OAFLAS, More than 749 partners including WHO, DFID, UNAIDS, ASTER</td>
<td>1</td>
<td>Scale-up efforts to curtail the spread of HIV, reduce its impact and halt the further reversal of human, social and economic development</td>
<td>HQ</td>
<td>Implementing Agency</td>
</tr>
<tr>
<td>Stop TB</td>
<td>More than 749 partners including WHO, DFID, UNAIDS, ASTER</td>
<td>1</td>
<td>Eliminate TB as a public health problem</td>
<td>HQ</td>
<td>Implementing Agency</td>
</tr>
<tr>
<td>Title</td>
<td>Partners</td>
<td>SO</td>
<td>Purpose</td>
<td>Initiator</td>
<td>AFRO role</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Roll Back Malaria</td>
<td>WHO, UNICEF, UNDP, WB, GSK, Novartis, OECD countries</td>
<td>1</td>
<td>Work together to enable sustained delivery and use of the most effective prevention and treatment for those most affected by malaria</td>
<td>HQ</td>
<td>Implementing Agency</td>
</tr>
<tr>
<td>Partnership for Maternal, Newborn and Child Health</td>
<td>WHO, Women Deliver, NORAD, Save the Children, LSHTM, Family Care International, UNICEF, UNFPA</td>
<td>4</td>
<td>Ensure that all women, infants and children remain healthy and thrive</td>
<td>HQ</td>
<td>Implementing Agency</td>
</tr>
<tr>
<td>Water Supply and Sanitation Collaborative Council</td>
<td>UNICEF, WHO, IRC</td>
<td>2</td>
<td>Improve access to water supply, sanitation and hygiene for all people</td>
<td>HQ</td>
<td>Implementing Agency</td>
</tr>
<tr>
<td>Global Health Workforce Alliance</td>
<td>WHO, DFID, AMREF, Save the Children, OXFAM, UNFPA</td>
<td>10</td>
<td>Identify and implement solutions to the health workforce crisis</td>
<td>HQ</td>
<td>Implementing Agency</td>
</tr>
</tbody>
</table>