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# Abbreviations and Acronyms

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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADB</td>
<td>Asian Development Bank</td>
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<tr>
<td>APEC</td>
<td>Asia-Pacific Economic Cooperation</td>
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<tr>
<td>ASEAN</td>
<td>Association of Southeast Asian Nations</td>
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<td>AusAID</td>
<td>Australian Agency for International Development</td>
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<td>CCS</td>
<td>Country Cooperation Strategy</td>
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<td>DAH</td>
<td>Development Aid for Health</td>
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<td>DFID</td>
<td>UK Department for International Development</td>
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<td>DPE</td>
<td>Donors and Partners Engagement</td>
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<td>ERC</td>
<td>External Relations and Communications</td>
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<td>GAVI Alliance</td>
<td>Global Alliance for Vaccines and Immunizations</td>
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<td>Global Fund</td>
<td>The Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<td>GHWA</td>
<td>Global Health Workforce Alliance and Health Metrics Network</td>
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<td>GHPs</td>
<td>Global Health Partnerships</td>
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<td>IHME</td>
<td>Institute for Health Metrics and Evaluation</td>
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<td>IHP+</td>
<td>International Health Partnership</td>
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<td>JICA</td>
<td>Japan International Cooperation Agency</td>
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<td>KOFIHF</td>
<td>Korea Foundation for International Healthcare</td>
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<td>KOICA</td>
<td>Korea International Cooperation Agency</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>NGOs</td>
<td>Nongovernmental Organizations</td>
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<tr>
<td>OECD</td>
<td>Organization for Economic Cooperation and Development</td>
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<tr>
<td>PDE</td>
<td>Partner and Donor Engagement</td>
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<td>PIF</td>
<td>Pacific Islands Forum</td>
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<tr>
<td>PMNCH</td>
<td>Partnership for Maternal, Newborn and Child</td>
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<td>RBM</td>
<td>Roll Back Malaria Partnership</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNITAID</td>
<td>Not an acronym. An Organization cooperating with WHO and others as an “International Drug Purchasing Facility.”</td>
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<tr>
<td>WHA</td>
<td>World Health Assembly</td>
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<td>WPRO</td>
<td>WHO Regional Office for the Western Pacific</td>
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Executive Summary

The WHO Western Pacific Region — home to nearly a third of the world’s population — is renowned for the diversity of its people and their environments. Though a great strength, this diversity poses considerable challenges for public health programmes seeking to improve health opportunities for all — from nomads in northern Mongolia to fishermen in the South Pacific.

In addition, the Region’s health landscape is becoming ever more complex and crowded. Many entities — including emerging economies, multilateral agencies, global alliances, donors, the private sector, foundations and nongovernmental organizations (NGOs) — seek to play a role in addressing the health needs of countries in the Region. The emergence of new participants — many without clearly defined roles and responsibilities — has led to duplication and fragmentation in technical and financial assistance. Now more than ever, a well-coordinated approach to solving health problems is essential to achieve the sweeping public health goals of the Region.

For decades, WHO has assisted countries and areas in the Region to undertake health programmes that have saved untold millions of lives. Still, much remains to be achieved. To that end, WHO has been undergoing an Organization-wide reform process since 2010, in order to ensure the Organization meets the health challenges of the future. Since taking office in 2009, WHO Regional Director for the Western Pacific Dr. Shin Young-soo made reform a priority and focused on measurable results at the country level. He established a Donors and Partners Engagement (DPE) team within the External Relations and Communications (ERC) Unit to develop and implement the Region-wide framework for the coordination and engagement of partners (including donors), which set strategic priorities for action for the period of 2013–2019.
The Partners Coordination and Engagement Strategy enhances the Regional Office’s ability to coordinate and engage all health sector actors that are critical for achieving global health targets. The strategy coordinates all hands in the task of maximizing public health impact in the Region.

The strategy is expected to foster: (i) strengthened engagement of partners in a coordinated manner, based on national health priorities; (ii) harmonized programmes that are needs-based and results-oriented for countries; (iii) enhanced partner confidence in WHO in the Region; (iv) established principles of accountability and transparency in the Regional Office’s business practices; (v) supported regional priority programmes due to the availability of predictable and flexible funding; and (vi) improved staff capacity to engage with partners and donors.

The strategy is based on WHO’s mission and strategic agenda as well as the Paris Declaration: (i) to demonstrate clear added value for public health, (ii) to create synergies to achieve common goals, and (iii) to address country needs.

This document identifies nine different entities as partners that work with WHO. The document also explains the roles of each level of WHO — headquarters, regional and country offices — in the coordination and engagement with partners, identifying potential opportunities and challenges.

The strategy will achieve its mission by pursuing several priorities: (i) facilitating coordination to avoid fragmentation and duplication; (ii) ensuring the harmonization and alignment of programmes; (iii) pursuing results-based approaches for aid effectiveness; (iv) fostering transparency and accountability; (v) enhancing and expanding partnerships; and (vi) mobilizing resources efficiently and effectively. Mindful of the five main technical categories of work within the Region (elaborated on in section VIII), the strategy demonstrates how implementing these priorities is vital to scaling up country programmes that cover the four technical areas of work.

The strategy will be implemented in coordination with WHO headquarters, the Regional Office and country offices. The Regional Office for the Western Pacific will take the lead in coordinating health sector actors in the Region, as per its mandate. The Regional Office will coordinate partner activities to ensure harmonization and alignment in the implementation of health programmes. In the process, the Regional Office will engage partners to work on programmes that reinforce results in WHO priority areas of work.
A strong results-based monitoring and evaluation (M&E) system will be established at the regional and country levels to support the priorities of the strategy. This system will ensure that partner coordination and engagement remains true to its objectives by enabling the Regional Office and country offices to monitor progress and make adjustments as required. This control will make it easier to stop engagements do not produce meaningful results and bolster others that perform well. The action plan included in the appendices details activities to be undertaken to achieve the goal of the strategy.
I. Introduction

Context

The WHO Western Pacific Region is home to more than 1.8 billion people – nearly one-third of the world’s population. The 37 countries and areas of the Region span a vast area from China in the north and west to New Zealand in the south, and French Polynesia in the east. The countries and areas range from those that are least developed to those that are highly developed, and from those with negative population growth rates and those with high fertility rates. The Region’s diversity, coupled with weak national health systems and low-quality services, pose challenges for health sector development in the Region.

WHO’s presence and involvement in the Region has resulted in significant improvements in the health sector. The Western Pacific Region is now free from polio, leprosy is no longer a public health problem and the Region is moving towards the elimination of several other diseases, including measles, maternal and neonatal tetanus and, in some areas, malaria. The number of people who have lost their lives due to the lack of access to health services has also significantly reduced. Despite this progress, the Region still faces critical challenges. Newly emerging and re-emerging diseases are proving to be a constant threat, and noncommunicable diseases increasingly contribute to the national health burden. It is estimated that more than 30,000 deaths are caused daily due to preventable noncommunicable diseases and some 35,000 to 50,000 maternal deaths occur during child birth every year.

Many new entities, multilateral agencies, foundations and global alliances, are committed to tackling these health challenges. According to the UN Council on Foreign Relations, more than 40 bilateral donors, 25 UN agencies, 20 global and regional funds, and 90 global initiatives target health activities and assistance.1 Funding for health has also increased significantly in the past decade, nearly quadrupling between 2002 and 2009 from US$ 4.5 billion to US$ 17.2.2

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The Institute for Health Metrics and Evaluation (IHME) released a report in 2011 on past and future trends in development assistance for health (DAH), using a methodology and set of complex tools to conduct the necessary analyses. The report concludes that despite being three years into a worldwide economic slowdown, DAH and total country spending on health continue to grow. DAH has continued to rise through 2011 at a slower rate than prior to the recession, to a total of US$ 27.73 billion. DAH increased 3% from 2008 to 2009, and 4% each year between 2009 and 2011.3

Despite the accessibility of development assistance for health, fragmentation of resources, duplication of efforts and a crowded health arena remain an issue. Lack of information on the roles of various actors and the unrecorded flow of assistance have resulted in the inefficient use of health resources. A coordinated approach to make the best use of health resources is essential to achieve public health goals.

In 2010, WHO Director General Dr. Margaret Chan launched a reform process to ensure WHO remains an effective, efficient, transparent, and accountable Organization working for the interests of public health. The reforms will yield a robust WHO that will promote stronger partnerships, prioritize country needs and maintain WHO’s position as a leading authority in public health in the changing health landscape.

When Dr. Shin Young-soo became Regional Director in 2009, he initiated Fit for the Future, a consultation that led to an Organization-wide transformation, followed by Moving Forward Making a Difference supported by Member States. These initiatives aim to ensure WHO emerges as a stronger, more responsive Organization that seeks value for money. The establishment of an ERC Unit and development of a Strategy to coordinate and engage partners across the Region are outcomes of these reforms.

Rationale

The multitude of actors is making the health sector increasingly complex, raising concerns over the effectiveness of health initiatives. Donors are reviewing their aid policies to ensure value for taxpayers’ money. The recent global financial crisis has put a further spotlight on the effectiveness of aid. Most of the increased funding in health in the last decade has been channeled through Global Health Partnerships (GHPs), established to deliver aid effectively.4 Notwithstanding the emergence of other prominent actors in the global health field, WHO is the only international organization accepted globally as an impartial and authoritative entity on international health. WHO’s constitution accords it a convening power to coordinate the global health agenda. Article 2 of the WHO Constitution

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mandates it to act as the directing and coordinating authority on international health work and to establish and maintain effective collaboration with other health sector actors. It plays a convening role in bringing together parties on critical health issues and is at the forefront supporting health systems strengthening, assessing health trends and monitoring progress against the health Millennium Development Goals (MDGs).

Ever since its establishment in 1948, WHO has achieved important successes in fighting diseases, in formulating strategies promoting health for all, engaging in national policy dialogues, assisting countries in building robust national health plans and strengthening health systems. It is an undisputed global leader in producing global norms, standards and guidance, and in shaping international systems that have a significant impact on health. Furthermore, it is the only organization with the power to declare, and the authority to issue, temporary recommendations on international public health emergencies.

The 2011 Australian Multilateral Assessment of WHO states: “WHO’s role in the International Health Partnership (IHP+) is an example of its increased coordination in the health sector. IHP+ is a group of international partners who share a common interest in improving health services and health outcomes by putting Paris and Accra principles on aid effectiveness into practice. Particular credit should be given to WHO for the role it has developed at the country level in conjunction with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). WHO is an enabler, helping ministries to situate needs for Global Fund assistance in the context of national health priorities. WHO plays an important role in coordinating health clusters or sub-clusters in both immediate and protracted emergencies.”

In the Western Pacific, the Regional Office leads the regional response to public health issues toward the achievement of WHO’s global health mission. It accords high priority to building strategic partnerships with all stakeholders. With its global health mandate, its links with Member States and its convening power to reach consensus and facilitate harmonization at the country and regional levels, the Regional Office for the Western Pacific is in a distinct position to coordinate between countries and various actors involved in the effective and efficient health systems development in the Region.
II. Strategic Settings

Overarching goal

The overarching goal of the Regional Office for the Western Pacific’s Partners Coordination and Engagement Strategy is to enhance its capability to effectively coordinate and engage all health sector actors, who are critical for achieving global health targets, to maximize public health impact in the Region.

The Strategy will follow the principles of the Paris Declaration: country ownership in setting strategies, harmonization among donors to avoid duplication, alignment with country strategies and systems, management for development results, and mutual accountability for development results.

Expected results

The expected results of the Strategy include:

- strengthened engagement of partners in a coordinated manner, based on national health priorities;
- harmonized programmes that are needs-based and results-oriented for countries;
- enhanced partner confidence in WHO in the Region;
- established principles of accountability and transparency in the Regional Office’s business practices;
- supported regional priority programmes due to the availability of predictable and flexible funding; and
- improved staff capacity to engage with partners and donors.

III. Characteristics of Partners, Partnerships and Coordination

Partners in health

WHO carries out its work in collaboration with various partners. Its partners can be broadly classified into nine groups: Member States, donors (including bilateral and emerging donors, the private sector, and foundations), multilateral organizations, Regional cooperation associations, UN agencies, civil society and nongovernmental organizations (NGOs), GHPs, media and WHO Collaborating Centres.

WHO and its partners

**Member States.** Governments of WHO Member States as shareholders of WHO are the key stakeholders. WHO works with national governments to ensure its work is aligned with the countries’ priorities and in strengthening national health systems. Its supreme governing body, the World Health Assembly (WHA), comprises 194 Member States and meets on an annual basis. Its main function is to determine the policies of WHO. The WHA has established a regional organization in each Region, which consists of a Regional Committee and a Regional Office. Regional Committees are composed of representatives of Member States and Associate Members in the Region, who meet annually.
**Donors.** Donors are moving away from the traditional role of a “donor” to being partners by actively engaging with organizations and countries they support. Member States of the United Nations that provide development assistance directly to recipient countries are often referred to as “bilateral donors.” Most of the major bilateral donors are members of the Organization for Economic Cooperation and Development’s (OECD’s) Development Assistance Committee, a forum established to promote the volume and effectiveness of aid. Bilateral donors manage their official development assistance through their own agencies.

New donors, such as emerging economies, private sector and foundations, have emerged in the past two decades. Foundations are organizations or trusts set up by an individual, a family or a group of individuals, for the purpose of philanthropy. Some big private foundations have large funds allocated for health and development issues. The private sector is also increasingly involved in addressing the needs and challenges of local communities. The private sector plays a crucial role in health sector development, from the research, development and manufacturing of new health technologies, medicines and vaccines, to delivery of health care services, to financing key health activities. Some of the emerging economies, which now constitute the new donors, are former recipients of aid themselves. These include China, Russia, Brazil, Turkey, India and Saudi Arabia.

**Multilateral organizations.** Multilateral organizations consist of governments of various countries as members and have different scope and mandates. These organizations have significant resources and often play a pivotal role in mobilizing funds, providing technical assistance and donor coordination. According to an OECD report, the share of aid delivered by multilateral organizations has grown steadily over the past 20 years. In 2011, aid flows reached almost US$ 55 billion, equivalent to 40% of gross official development assistance from OECD Development Assistance Committee member countries. These organizations have significant clout in their areas due to their financial resources, skilled staff and efficiency in donor coordination.

**Regional cooperation associations.** Regional cooperation associations are formed to deal with transnational challenges. These associations are created to foster cooperation in areas of security, economics, politics and social issues within a certain geographical or geopolitical
boundary. The Association for Southeast Asian Nations (ASEAN) and the Asia-Pacific Economic Cooperation (APEC) are two of the major Regional cooperation associations in Southeast Asia and the Pacific.

**UN agencies.** The United Nations is an international organization founded in 1945 after the Second World War by countries committed to maintaining international peace and security, developing friendly relations among nations and promoting social progress, better living standards and human rights through its various agencies.

**Civil society and NGOs.** Civil society and NGOs have a clear comparative advantage at the country level from being able to take action during emergencies (epidemics, humanitarian action), alerting WHO (global, regional) when there are changes in situations, to advocacy and social mobilization campaigns. NGO’s influence is growing in public health sector with WHO’s traditional donors’ increased funding to NGOs.

**GHPs (global partnerships and funds).** GHPs pool bilateral resources and work across a wide range of countries to channel funds to the poorest countries to support national health systems and achieve MDGs. GHPs have been successful in raising the profiles of and mobilizing funds for under resourced or neglected diseases, and improving access to appropriate and affordable medicines and vaccines. Some of the prominent partnerships in the health sector are Global Alliance for Vaccines and Immunizations (GAVI Alliance), The Global Fund, Global Health Workforce Alliance (GHWA), IHP+, Medicines for Malaria Venture (MMV), Partnership for Maternal, Newborn and Child (PMNCH), Roll Back Malaria Partnership (RBM), Stop TB Partnership, UNITAID. WHO hosts eight health partnerships, one is located in the European Region and seven are at headquarters.

**Media.** Media, including radio, television, newspapers, advertisements, Internet, and social media wield tremendous influence in today’s society. Media provides instant and easy access to information and reaches a wide range of the population. It plays a major role in influencing public opinion. If handled properly, media is an ideal means of communications.

**WHO Collaborating Centres.** The WHO Director-General can designate national institutions, such as research institutes or universities, as collaborating centres. These centres are bound by a collaboration agreement and have a long history of association with WHO.

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Currently, there are over 800 WHO Collaborating Centres worldwide working with WHO in areas such as nursing, diseases, nutrition, and health technologies. Of these, 178 are based in the Western Pacific Region.

Partnerships

The paradigm of partnerships is changing over time. It is moving beyond fund-raising to influencing policy-making at national and global levels. Health partnerships are voluntary and collaborative relationships between various parties to achieve better health outcomes with shared competencies, responsibilities and resources. Partnership is an effective means to deliver results in a cost-effective and efficient manner. These partnerships vary in nature, scope and size. These can be formal partnerships with a governance structure or a loosely formed informal network; global or local; and formed to target a single disease or to support long-term interventions. Partnerships tend to fulfill one of four functions: advocacy, developing norms and standards, sharing and coordinating resources and expertise, or harnessing markets for development.11

WHO first engaged in formal partnerships in the 1970s acting as the executing agency for the first Special Programmes established to pool resources from UN agencies and governmental donors for research on priority topics – mainly tropical disease and reproductive health. WHO’s current partnerships focus on research, advocacy, strengthening health services, and improving product quality. WHO manages and/or engages in three forms of collaboration: (i) hosting of formal partnerships (those with their own governance structure), (ii) fully managing networks, alliances and other forms of collaborative arrangements as part of WHO’s governance structure, and (iii) participating in partnerships external to WHO.

Public and private sectors, UN and civil societies, bilateral and multilateral organizations are increasingly forming alliances to support developing countries in achieving health results. The rise can be attributed to the growing demands of the sector, which have not been fully met by existing actors, and the expanding reach and influence of other actors, including the private sector and civil society. These partnerships tend to focus on disease-specific and health system outcomes, such as Global Fund to Fight AIDS, Tuberculosis and Malaria, Stop TB, and Partnership for Maternal, Newborn and Child Health.

WHO uses the term “partnerships” to include a variety of organizational structures, relationships and arrangements for furthering collaboration. It defines formal partnerships as those partnerships with or without a separate legal status while having an autonomous governance structure that takes decisions on direction.

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work plans and budgets. The WHO in the Western Pacific Region works with state and non-state actors to improve the health status of the population in the Region. It has entered into separate partnership arrangements with a range of donors and has established official relations with NGOs in the pursuit to accomplish the Organization’s mission within the Region.

Health sector coordination

Health sector coordination goes beyond aid or donor coordination. To achieve significant results it has to be effectively integrated within national development planning and governance structures and systems. Coordination occurs at three stages: (i) donor coordination, which is driven by donors; (ii) aid coordination, which has more proactive engagement of government counterparts who set up the foundation of improved aid forecasting, accounting and aid management systems; and (iii) development coordination, where the government takes the lead in policy design and implementation, and sets up effective mechanisms for management of government resources and engagement between the government and the community of partners. Effective coordination is a combination of all three stages, and the relationship between donor and aid coordination with government systems.
IV. Partner Coordination and Engagement Across WHO Levels

WHO’s engagement with partners are managed at three levels: (i) headquarters, (ii) regional and (iii) country offices.

WHO headquarters is at the forefront coordinating the global health agenda in line with the convening power accorded by WHO’s Constitution. It sets policy direction and provides strategic guidance on collaboration with partners and managing partnerships. It is WHO’s main interface with other stakeholders and it manages partnerships at the global level. For partnerships having their own governance arrangement, where WHO is a member of the steering body, headquarters serves as a host organization and provides them a secretariat. Hosting is endorsed in cases where (i) the overall mandate of the partnership and its hosting are consistent with WHO’s constitutional mandate and principles, (ii) the partnership adheres to WHO's accountability framework, and (iii) the partnership does not place additional burdens on WHO.

The regional offices are the administrative organ of the Regional Committee and carry out the decisions of WHA and of the Executive Board within the Region. Additionally, they play a crucial role in coordinating regional cooperation on health by facilitating dialogue among countries to come up with a coherent and collaborative response to common health problems. They act as a catalyst and advocate for action at all levels, from local to global, on health issues of public concern. Moreover, these offices provide backup technical and administrative support to WHO country offices and assist them in coordinating health sector stakeholders by fostering effective collaboration with partners. The regional offices also coordinate Regional Office Divisions’ engagement with partners.

The country offices work with governments, namely ministries of health, to support national health policy dialogue through the development of national plans, sector monitoring and reviews, and sectoral coordination. They facilitate the development of national health policies and strategies and align various partnerships and partner activities around them. Country offices link headquarters and the Regional Office to national stakeholders and support the ministries of health in their engagement with partners.
V. Coordination and Engagement: Opportunities and Challenges

Opportunities

Coordination. Coordination helps stakeholders in knowing and understanding the work other actors perform and ensures the effective use of resources. It helps forge common strategies, adopt targeted approaches, harmonize programmes and policies, and mobilize complementary resources. In addition, effective coordination helps avoid fragmentation of assistance, reduce transaction costs, and lessen the administrative and reporting burden on countries.

Engagement. Engagement with partners benefits both WHO and its partners. While partners benefit from the WHO brand, expertise, and experience, WHO benefits in terms of increased funding and the networks that partners bring along. It provides many advantages, including synergy, complementarity and coordination. Different partners bring varying assets in collaborative arrangements, which improve the efficiency and effectiveness of a programme, while adding influence and leverage. Though WHO’s strength lies in its knowledge, reach, mandate and credibility, it could benefit from complementary strengths and the comparative advantage that partners bring in collaboration.

Collaboration with each type of actor brings along different opportunities and poses different challenges.

Donors. Traditionally, funding for WHO’s programmes came from donors, and usually from bilateral donors. Almost 50% of the WHO Regional Office for the Western Pacific’s funding comes from bilateral donors. While assessed funds are channelled through WHO headquarters, the Regional Office also raises its own resources at the regional level. The Australian Agency for International Development (AusAID), Japan International Cooperation Agency (JICA), the Republic of Korea – through aid agencies such as the Korea Foundation for International Healthcare (KOFIH) and the Korea International Cooperation Agency (KOICA) – and the US Agency for International
Development (USAID) are among the Region’s largest bilateral donors. In their reviews of aid to WHO, AusAID and UK Department for International Development (DFID) have expressed willingness to increase funding provided WHO continues with its reform programmes, and improves transparency and accountability.

The emergence of new donors in the health arena has made more resources available and created opportunities for collaboration. Some of the private foundations contribute more resources than bilateral donors. The Bill and Melinda Gates Foundation is one of the major donors of WHO and spends roughly as much a year as the WHO budget. The private sector, together with NGOs and academic institutions, contribute billions of dollars each year to global health initiatives. Collaboration with such non-state actors allows WHO to mobilize additional resources for its programmes. It also provides access to capital, skilled human resources and cutting-edge technology.

Multilateral organizations. While WHO is the leading multilateral organization in health, health features strongly in the operations of some other multilateral organizations, notably the World Bank. The World Bank looks at health as a whole and supports overall sector development rather than targeting specific diseases. It has provided US$ 26.64 billion in health-sector-specific and multisectoral programmes since 2000. Some other multilateral organizations such as the Asian Development Bank (ADB) also provide support to health sector specific programmes. Partnering with these multilateral organizations could open up additional resources and implementation partners for WHO.

Regional cooperation associations. Healthcare has been identified as a priority sector by ASEAN leaders. At the 11th Health Ministers’ Meeting, which was themed “ASEAN Community 2015: Opportunities and Challenges to Health,” the ministers brainstormed strategies to address both positive and negative health effects that could ensue following the implementation of the ASEAN Community initiative. Specifically, the three subthemes discussed were noncommunicable diseases, universal health coverage, and tobacco control.14 Since diseases transcend national boundaries, engagement with ASEAN health ministers would provide WHO a platform to tackle transboundary health issues.

UN agencies. On account of UN agencies’ broad mandate and extensive global presence, collaboration with them would allow WHO to benefit from their extensive knowledge, experience and resource base in achieving the MDGs.

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GHPs (global health partnerships). Partnering with GHPs assists WHO in its combat of specific diseases and achieving MDG targets without spending its scarce resources.

Civil society and NGOs. WHO has engaged with NGOs for advocacy, outreach, implementation of health programmes, fund-raising and in building national capacities. There are 183 international NGOs in official relations with WHO and more in informal relations. NGOs work with diverse range of stakeholders at the grassroots level and reach disadvantaged groups and neglected areas that international organizations like WHO often are unable to reach. Collaboration with civil society groups and NGOs helps WHO reach wider and marginalized populations, allowing it to benefit from the NGOs networks to improve health outcomes.

Media. Media can play the role of a conduit between WHO and its audience, including partners. Engagement with media can assist WHO in reaching a wider audience in its public health campaigns, and in advocacy and crisis communications. More importantly, interacting with Media can create awareness of WHO’s work and achievements, assist in setting the public health agenda, shape public opinion and help influence policy- and decision-makers in Member State countries.

Collaborating Centres. In engaging with Collaboration Centres, WHO gains access to top laboratories worldwide as well as the institutional capacity to support its global health work and ensure its scientific validity.

Challenges

Coordination. Health sector coordination challenges include a crowded landscape, weak country capacity, and differing priorities and processes of stakeholders. The presence of many stakeholders may hinder effective coordination by limiting the discussion and sharing of information. In addition, the unpredictability and asymmetry of power among various stakeholders discourages many from joining sector coordination.  

Engagement. Engaging with partners requires considerable effort. Principally, it is difficult and time consuming to coordinate collaboration. Once agreed on a particular policy or decision, strong political and institutional will as well as resources are required to continue engagement. Health sector priorities are generally set by donors, as a result of which collaborations on health tend to focus on donor-identified priority areas, which may or may not be aligned

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to national or regional needs and priorities. Donor-driven agendas have led to overfunding in some areas and inadequate funding in others. Seeking funding aligned to country priorities is a challenge.

Donors. Managing bilateral donors’ expectations is a challenge. Aid is becoming increasingly unpredictable with the percentage of contributions to WHO’s regular budget from Member States decreasing. In the 1990s, aid to the WHO Regional Office for the Western Pacific consisted of about 70% regular budget contributions and 30% voluntary contributions. This has reversed in the last decade to approximately 30% regular budget contributions and 70% voluntary contributions. Short-term commitment from donors is another issue. Many donors pledge annual commitments with a variation in amount pledged each year. This makes long-term planning and programming difficult.

The emergence of new donors and the resulting increment in funds have not translated into increased funding for existing programmes or the introduction of more comprehensive programmes. It has, in reality, given rise to fragmentation, and reduced the number of interventions and programmes, posing challenges to coordination and collaboration. There is now more competition for resources and new non-state donors require proposals for funding.

To avoid various levels of bureaucracy and the resultant delays associated with multilateral organizations, as well as to reduce administrative costs involved, private foundations work directly with civil society and NGOs. Engagement with the private sector poses reputational risks. Collaboration with a company may be viewed as an endorsement of its products. Pitching itself as the best and most effective partner to private foundations and taking advantage of the private sector’s expertise and resources without compromising public interest, is a major challenge for WHO.

Multilateral organizations. Multilateral organizations generally have their own offices in recipient countries and implement programmes through their offices. Multilaterals often work directly with civil society organizations and NGOs in implementing their programmes. Some provide loans and grants directly to the governments. Competition for resources from these organizations is a reality that WHO faces.

Regional cooperation associations. Regional cooperation associations are mostly driven by economic and security interests. Convincing these associations to prioritize health in times of an economic and financial slowdown requires a significant amount of investment in time and resources.
UN agencies. UN agencies are organizations composed of sovereign states, therefore, decision-making processes within these agencies can at times be bureaucratic and lengthy. Engagement with UN agencies may not be possible when programme collaboration is requested at short notice.

GHPs. As GHPs grow in size and influence, they increasingly operate independently. The proliferation of GHPs has led to poor coordination and duplication among donors, a high administrative burden on recipient countries and lack of “alignment” with country systems.17

Civil society and NGOs. Not all NGOs have the capacity to handle multilateral organizations or programmes on a large scale. Many, particularly community-based NGOs, cover limited geographical areas. Partners need to work with multiple NGOs if they are to reach larger geographical areas, which can be difficult to manage.

Media. Since media audiences comprise diverse groups of people, it is challenging to customize a message for a specific target group. Given that information is channelled through the media, there is a risk of being unable to direct its proper dissemination. Facts and figures may be oversimplified, distorted or quoted out of context.

VI. Principles for Coordination, Engagement and Partnership

The principles of the Strategy are based on WHO’s mission and strategic agenda, and guided by the Paris Declaration. WHO’s mission is to support all countries and peoples in their quest to achieve the highest attainable level of health, defined in the WHO Constitution as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” WHO strives to attain this through a six-point agenda of promoting development, fostering health security, strengthening health systems, harnessing research, information and evidence, enhancing partnerships and improving performance.

Underpinning the Strategy are the following principles:

The Strategy demonstrates clear added value for public health. WHO, as a specialized UN agency for health, possesses credibility and a strong brand. To ensure that its credibility and brand remain intact, the Regional Office will be judicious while selecting partners. It will engage in collaboration only if it brings added value for public health. The quality of a partnering organization and the benefits it will bring will be a major consideration for any engagement.

It creates synergy to achieve common goals. The WHO Regional Office for the Western Pacific will engage with partners when working alone may not produce desired results in achieving its goals. It will rely on the expertise, networks and abilities of partners by creating synergies to support common goals. Alliances that offer a comparative advantage to leverage the Office’s assistance will be sought out.

It addresses country needs. WHO accords high priority to addressing country needs. The Regional Office for the Western Pacific will engage with partners only when collaborations focus on and respond to country needs. Programmes will have to be aligned with national health priorities, plans and policies as listed in Country Cooperation Strategies (CCS). Collaborations will be formed in close consultation with countries that are the intended beneficiaries of the collaboration.

Principles for engagement and partnership

- Demonstrate Clear Added Value for Public Health
- Creates Synergy to Achieve Common Goals
- Addresses Country Needs
VII. Strategic Priorities

Coordination to avoid fragmentation and duplications

The emergence of new actors in the health arena operating independently has made the health landscape complex. It has led to parallel processes, thereby diluting the impact of assistance. Coordination of all stakeholders is critical to map health sector actors and track assistance, as well as identify the sector’s key needs and challenges. The WHO Regional Office for the Western Pacific will use its convening power to bring together all partners and lead the coordination of health assistance in line with national health priorities. The coordination work will entail the sharing of information, policy dialogue, joint planning, the development of a common framework for review and monitoring and the division of work among the relevant government agencies and external partners based on their own, individual comparative advantage.

Harmonization and alignment of programmes

More actors in the health sector have resulted in countless interventions, creating additional burden on recipient countries, in terms of human and financial resources. These programmes require individual monitoring and separate transaction costs. WHO is a signatory to the IHP+ Global Compact which, in line with the Paris Declaration on Aid Effectiveness, commits signatories to (i) support national health policies and plans as the basis for funding and (ii) avoid introducing new plans and projects that are inconsistent with national health priorities and policies. The Regional Office for the Western Pacific will give priority to engagement that focuses on harmonization and alignment of health programmes with national priorities. It will work with partners on adopting harmonized performance assessment frameworks in countries and aligning the support with partner countries’ national development and health sector strategies and plans, institutions and procedures.

18IHP+ Global Compact.
Results-based approach for aid effectiveness

Demands from the public for aid effectiveness and impact at the local level, from donors for greater visibility and clearer reporting in return for financial support and from Member States for greater transparency and accountability within WHO, have been growing in recent times. It has become imperative for health programmes to focus on delivering results. Although health outcomes depend on several external factors besides the health initiatives, the Regional Office for the Western Pacific will accord high priority to results-based approaches when engaging with partners. It will put greater emphasis on accountability, transparency, results, and monitoring and evaluation of its engagement with partners. The Regional Office will develop tools to measure progress, outcomes, and impact of the collaborations. Collaborations that do not yield desired outcomes will be discontinued. It will similarly adopt stringent criteria in evaluating, monitoring, and reporting on programmes to measure results.

Transparency and accountability

There is heightened emphasis on transparency and accountability among donors. Partners and particularly, donors, are most concerned about the effective and efficient use of funds. Maintaining transparency and accountability will be a key element of WHO’s Partners Coordination and Engagement Strategy. The Regional Office will accelerate and deepen its efforts to improve transparency within the Organization and enhance accountability. It will begin by embracing a clear disclosure policy to enhance the public’s access to information.

Enhanced and expanded partnerships

Engagement with partners is of utmost importance to achieve the desired health outcome as it helps in coordinating the work of different actors and mobilizing complementary resources in a coordinated manner. The Regional Office will work with a broad spectrum of partners from all sectors of society. It will work on (i) strengthening existing relationship with partners by reviewing the current approaches and making adjustments where required to align with its strategic priorities, and (ii) expanding its partner base by engaging with new actors, including the private sector, foundations, think tanks, NGOs and emerging donors.
Efficient and effective resource mobilization

Partners who are donors are seeking value for money, demanding results and are opting for short-term financing commitments. Reviews conducted by WHO and others have shown that while WHO is renowned for its normative role, the effectiveness and efficiency of its contribution to health development at the country level needs improvement. The emergence of new actors, unpredictability of funds, competition for resources and global financial crisis are some of the challenges facing the WHO Regional Office for the Western Pacific. The Regional Office will put in place clear and effective resource mobilization mechanisms to seek long-term commitments from donors, for greater predictability of funding.

Strategic priorities

| Coordination to Avoid Fragmentation and Duplication |
| Harmonization and Alignment of Programs |
| Results-Based Approach for Aid Effectiveness |
| Transparency and Accountability |
| Enhanced and Expanded Partnerships |
| Efficient and Effective Resource Mobilization |
VIII. Priority Areas of Work

The following are the five main technical categories of work within the Region for the period covered by the strategy:

- Communicable diseases
- Noncommunicable diseases
- Health through the life course
- Health systems
- Preparedness, surveillance and response
IX. Implementing the Strategy

This chapter broadly outlines the ways in which the strategy will be implemented. There will be inter-level cooperation and coordination between headquarters, the Regional Office and the country offices while implementing the strategy.

Coordination to avoid fragmentation and duplication

**The Regional Office for the Western Pacific**: The Regional will take a lead role in coordinating health sector actors as mandated by its Constitution. The WHO Regional Office for the Western Pacific will initiate mapping of health sector actors and prepare profiles for partner coordination and engagement purposes. Initiatives will be undertaken to convene a health sector donor coordination meeting as a first step towards overall health sector coordination.

While engaging in regional coordination, the Regional Office will assess the country level partners’ coordination and provide guidance and backstop support. Greater efforts will be made to further promote partners’ coordination and engagement at the country level. The country offices will be engaged from the onset of the process to encourage buy-in and ownership of initiatives. Additionally, the country offices will be involved in identifying national health priorities and potential areas for cooperation with partners.

**Country offices**. The country offices will take the lead in country coordination of multiple partners’ health initiatives, by convening coordination meetings in order to avoid duplication of efforts.
Harmonization and alignment of programmes

The Regional Office for the Western Pacific. Relationships with the ministers of the Pacific Island Forum (PIF) will be proactively strengthened by the Regional Office – in close collaboration with the Region’s Division of Pacific Technical Support – to assist them in setting a sub-regional health agenda, developing a sub-regional health strategy, and engaging in partners’ coordination.

Building on to ASEAN’s focus on healthcare, the Regional Office will work with the association to develop a regional health strategy, and to position health in their agenda.

The Regional Office will assist countries in the Region in coordinating harmonization meetings and developing a harmonization framework.

Country offices. The country offices will lead partner harmonization to promote national ownership and alignment at the country level. They will strengthen the capacity of ministries of health and other relevant government institutions to uphold national health priorities.

Results-based approach for aid effectiveness

The Regional Office for the Western Pacific. A results-based approach will be entrenched in the Regional Office’s partnerships. Through strengthening the capacity of the DPE team, the Regional Office will establish, track, manage and evaluate WHO’s coordination and engagement of partners in the Region. The framework will outline the expected outcomes and monitoring indicators to measure success. Records of partnerships will be maintained and a report synthesizing lessons learned and best practices will be prepared annually. A mechanism will be established for partners to provide feedback on their experience in engaging with the Regional Office, which will feed into a biennial perceptions survey report.

Country offices. The country offices will coordinate consultations for health sector priority setting and track progress of partnership at the field level. Country performance reviews will be conducted jointly with other partners to harmonize review process and reduce transaction and administrative costs.
Transparency and accountability

Transparency and accountability are key to achieving results.

The Regional Office for the Western Pacific. The WHO headquarters receives Member States’ contributions to WHO’s regular budget and routes it to regional offices, which in turn disburse funds to country offices. Approximately, 25% of the Regional Office’s funds are channelled through headquarters. To supplement the funds received from headquarters, the Regional Office engages in fundraising at the regional level. It will redouble its efforts to further promote transparency and accountability in the Organization by setting up and maintaining a financial information management system. It will accord high priority to information sharing and seek guidance and clarity on WHO’s disclosure policy from headquarters. Financial information, including funds received and disbursed annually, terms and conditions, project/programme details, and the Regional Office’s impact will be made publicly available as per the Organization’s disclosure policy.

Periodic reporting will be institutionalized and encouraged. To ensure existing donors continue supporting the Regional Office, a donor reporting system will be put in place to send regular progress reports, monitoring and evaluation reports, and any other relevant information. The Regional Office will also share the lessons learned with partners and donors and post a summary on its website.

Clarity of roles and responsibilities is important to agree on goals and targets and to foster accountability among partners. Each partner’s role and responsibilities, including decision-making process for implementation of programmes will be agreed upon beforehand. Responsibilities will be divided according to the strengths of each partner. Benefits for each partner will also be elucidated in advance to manage expectations.

Country offices. Country offices will follow the Regional Office’s approach to greater transparency and accountability. They will establish a financial information management system and proactively share information with stakeholders and the public.
Enhanced and expanded partnerships

**The Regional Office for the Western Pacific.** The Regional Office will seek guidance from headquarters on regional and country level partner engagement. It will work toward strengthening its existing partners’ portfolio and explore diversification of partners through targeted actions. The DPE team will work with other technical units and country offices in identifying technical areas that would benefit from partner involvement. Potential partners for a given technical area of work will be identified and a strategy to engage with the partners crafted, which could include developing proposals. A partners coordination and engagement toolkit/manual will be developed and talks, briefings and workshops organized to guide all staff in understanding and managing partnerships. Incentives will be provided, and staff contribution recognized for the successful engagement with partners. Visits to partner organizations and to the Regional Office will also be periodically organized.

The Regional Office will strengthen partner intelligence by creating a repository of information pertaining to various partners, in the form of profiles and a partners search engine. It will also increase staff resources for partners’ engagement. Targeted outreach activities will be conducted to connect with different partners, including communicating the reforms within the Regional Office. Campaigns highlighting the comparative advantage and achievements of WHO in the Region will be launched specifically targeting potential partners such as foundations and private companies.

**Country offices.** Partnerships will be integrated in all CCS and other planning mechanisms. The country offices will establish regular contact with the country offices of all health sector actors to proactively expand and maintain their partner base. The country offices will join partner coordination groups to explore opportunities for collaboration and document recommendations for action.

Efficient and effective resource mobilization

**The Regional Office for the Western Pacific.** While WHO headquarters plays the lead role in resource mobilization, it coordinates with the Regional Office and the country offices in the process to ensure regional and country priorities are addressed. Nonetheless, resource mobilization at the regional and country level is necessary to fill funding gaps.

The Regional Office will initiate a process for image-building and changing the way business is conducted to improve donor confidence. It will build capacity with the DPE team by appointing a
staff member to exclusively focus on mobilizing resources for the Region. As donors, especially the private sector and foundations, rely on proposals to award funds for programmes, staff from all departments will continue to be trained on proposal writing, report writing and other communications skills to enable them to raise funds for their under resourced priority areas of work.

The Regional Office will tap into innovative sources of funding, organize fund-raising forums and roundtables and conduct awareness raising campaigns. Efforts will be made to convince donors – mainly bilaterals and large foundations – to set up medium- to long-term trust funds within the Region to support programmes that are underfunded. The Regional Office will explore the creation of both single- and multi-donor trust funds and prepare concept notes for potential donors. Staff from the DPE team will be assigned as responsible officers for managing the trust funds.

Regular communications will be maintained with existing and new donors, with messages highlighting the achievements of the Regional Office for the Western Pacific. Established and potential donors will be updated on the progress of its key initiatives. A calendar of international events will be maintained and the major events will be used as a platform to raise the Regional Office’s profile.

**Country offices.** Country offices with the potential to raise funds will develop country-specific resource mobilization strategies. They will proactively network with bilateral and multilateral donors at the country level and look for collaborating and fundraising opportunities.
X. Monitoring and Evaluation

A robust results-based monitoring and evaluation (M&E) system will be established at the regional and country levels to support the strategic priorities of the strategy. The results-based approach will ensure that partners’ coordination and engagement remains aligned to its objectives by enabling the Regional Office and its country offices to monitor progress and make modifications as required. It will allow the Regional Office and its country offices to discontinue coordination and engagements that are not producing meaningful results.

A results framework outlining desired outcomes, monitoring indicators and timeframe will be developed for the Regional Office to evaluate progress and take necessary actions. The results would be measured against impact at the regional and country levels.

A comprehensive mid-term review of the strategy will be conducted in 2016 to evaluate the performance of the strategy and to assess whether strategic priorities need to be revisited.
XI. Resource Implication

Implementation of the strategy requires dedicated staff and financial resources. Partner engagement requires negotiation, benefit and risk evaluation, as well as partner engagement skills. Resources available at the regional and country offices to manage partnership programmes will be assessed. A proposal for staff assignment and a budget plan will be prepared by the first quarter of 2013. Additional staff requirements will be initially met by reallocation of staff.
XII. Conclusion

The strategy has been developed to guide the WHO Regional Office for the Western Pacific’s partners’ coordination and engagement for the next three years. The strategy requires human and financial resources for which the Regional Office will prepare a proposal for staff and budget support. Managing partners, communications and resource mobilization is interlinked. One cannot be implemented without the support of the others. This strategy will be implemented in conjunction with the Regional Office for the Western Pacific’s communications and resource mobilization strategies.

The WHO Regional Office for the Western Pacific will implement the Strategy immediately upon approval by the Regional Director.
## Annex 1

Partners coordination and engagement strategy: Draft action plan for the WHO Regional Office for the Western Pacific

<table>
<thead>
<tr>
<th>Goal</th>
<th>Action</th>
<th>Monitoring Indicators</th>
<th>Timeframe</th>
<th>Roles</th>
</tr>
</thead>
</table>
| **1. Coordination to Avoid Fragmentation and Duplications** | i. Map health sector actors  
• Compile and create comprehensive profiles of existing and emerging health sector actors.  
• Update Partners Database, based on the profiles.  
ii. Initiate Donor Coordination Meetings  
• Inviting major donors to join coordination meetings in the beginning.  
• Use the platform for sharing of information, policy dialogue and joint planning of programs.  
• Share about WPRO’s work and achievements and the funding status and request them to pledge multi-year commitments for key priority but underfunded areas.  
iii. Initiate Partners’ Coordination Meetings  
• Expand the donor coordination meetings to include other important stakeholders.  
• Convene regular meetings to review health sector collaborations, explore partners’ engagement possibilities and to coordinate health sector programmes to avoid fragmentation and duplication. | • Partners Profile created/updated.  
• Database setup.  
• Top 5 donors attend the 1st coordination meeting.  
• Meetings held annually.  
• Harmonized health sector policies and programmes at the regional and country levels.  
• Donors commit funds to support key underfunded areas.  
• Attendees include diverse stakeholders.  
• Reduction in duplication of programs.  
• Increase in joint programs. | Q1 2013  
Q1 2013  
Q1 2013  
Q1 2015  
Q1 2016 | ERC  
ERC  
ERC  
ERC  
ERC |
| **2. Harmonization and Alignment of Programmes** | i. Adopt performance assessment frameworks  
• Use the Donor Coordination Meetings as a platform to discuss and agree on the need for frameworks.  
• Support country offices in developing joint frameworks in coordination with the donors and other partners.  
ii. Involve country offices  
• Support country offices in partners’ engagement on the ground and participate meaningfully in coordination mechanisms at country level.  
• Work with country offices in identifying national priorities for health sector development.  
• Engage country offices from the beginning of the collaboration process to encourage ownership. | • Meeting agenda includes development of common performance assessment frameworks.  
• Joint frameworks initially developed for 2 countries.  
• Country-level harmonization coordination group set up.  
• Partners’ programmes are aligned with national priorities.  
• Country office staff included in all communications, including meetings. | Q4 2014  
Q4 2014  
On-going | ERC,  
ERC,  
Country Support Unit |
### PARTNERS COORDINATION AND ENGAGEMENT STRATEGY (2013–2019)

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<th>Monitoring Indicators</th>
<th>Timeframe</th>
<th>Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>iii. Work with ASEAN</td>
<td>• Proactively engage with ASEAN to build on the network’s focus on healthcare and to put health in their agenda.</td>
<td>• Regional health agenda prominently featured in PIF priorities.</td>
<td>On-going</td>
<td>RD’s Office</td>
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<tr>
<td>iv. Work with PIF</td>
<td>• Proactively network with/lobby health ministers of Pacific Island countries in getting regional health agenda included in the PIF, developing regional health strategy, and engaging in partners’ coordination.</td>
<td>• Regional health agenda prominently featured in PIF priorities.</td>
<td>On-going</td>
<td>DPS</td>
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</table>

### 3. Results-Based Approach for Aid Effectiveness

<p>| i. Build Capacity | • Train staff on engaging with partners, including assessing potential partners, making collaboration pitches, negotiating engagement deals, managing partners’ engagement, and evaluating risks. | • Impact on knowledge and number of staff trained for partners’ engagement. | Q2 2013; On-going | ERC |
| ii. Focus on results | • Engage in collaboration with partners and accept funds only for programs that have clear goals and are guided by common regional and country priorities. | Program pipeline. | On-going | ERC |
| | • Develop a Results Framework outlining expected outcomes, indicators to measure success and the timeframe. | Result Framework developed. | Q2 2013 | ERC |
| iii. Monitor progress | • Track progress of the collaboration using Results Framework. | Quarterly progress reports. | On-going | ERC |
| | • Review existing arrangements and cancel, modify or renew engagement where necessary. | Engagement not producing meaningful results discontinued; successful collaborations renewed. | Ongoing | ERC |
| | • Keep record of lessons learned. | Report synthesising what worked, what did not, and the lessons learned prepared annually. | Q1 2014; On-going | ERC |</p>
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| iv. Establish feedback mechanism | • Establish a mechanism for partners to provide feedback on their experience of engaging with WPRO.  
• Address concerns raised by staff and partners immediately to ensure all partners remain satisfied with the arrangement.  
• Conduct biennial Perception Survey. | • Questionnaires to evaluate partnership progress developed.  
• Online feedback system created.  
• Progress reports.  
• Survey reports. | Q2 2013; on-going  
Q3 2013; on-going  
Q4 2013 | ERC |
| iv. Set up financial information management system | • Establish a financial information management system to keep track of financial information, progress of each assistance, and generate reports.  
• Review disclosure policy and update it if required.  
• Make publicly available, as allowed by the organization’s policy, financial information, including funds received and disbursed annually, terms and conditions, project programme details, and its impact.  
• Establish donor reporting system to send regular progress reports, monitoring and evaluation reports, and any other relevant information.  
• Share the synthesis prepared under 2.ii with WPRO’s partners and donors and post a summary on WPRO’s website.  
• Clearly identify each partner’s roles and responsibilities, including decision-making process, for the implementation of the programme beforehand to avoid future misunderstanding.  
• Elucidate benefits for each partner in advance to ensure partners are clear about what they are getting from the arrangement. | • System developed and in use.  
• Reports.  
• Disclosure policy available on the web.  
• Information available on website.  
• Donor reports prepared and disseminated.  
• Summary posted online.  
• Roles and responsibilities clearly mentioned in the collaboration agreement.  
• Benefits clearly mentioned in the collaboration agreement. | Q3; on-going  
Q3 2013; on-going  
Q2 2013; on-going  
Q1 2014; on-going  
On-going | ERC |
| i. Promote culture of engaging with partners | • Encourage staff to think about engaging with partners, to share about partnering opportunities available in their work, and to identify partners to be approached.  
• Organize partner/donors visit to WPRO and vice-versa.  
• Develop a Partners’ Engagement Toolkit/Manual to guide all staff in understanding and dealing with partners. | • Staff Performance Evaluation Report.  
• Number of new partners engagement opportunities identified and explored.  
• Number of visits.  
• Partners’ Engagement Toolkit/Manual. | On-going  
Q3 2013 | RD’s Office  
ERC |
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<td>• Provide incentives and recognize staff contribution in successful engagement with partners.</td>
<td>• Included in the performance evaluation/promotion criteria</td>
<td>Q4 2013</td>
<td>ERC/ Training Division</td>
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<td>• Raise awareness about partners' engagement through talks, briefings and workshops. ii. Increase staff resources</td>
<td>• Increase in staff's awareness.</td>
<td>On-going</td>
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<td>• Recruit new staff to manage partners' engagement.</td>
<td>• Appointments of new staff.</td>
<td>Q2 2013</td>
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<td>• Reallocate staff for partners engagement.</td>
<td>• Internal memos.</td>
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<td>• Manage relations with bilateral donors i. Increase staff resources</td>
<td>• Recruit new staff to manage partners' engagement.</td>
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<td>• Explore all means of collaborations with bilateral donors. ii. Manage relations with bilateral donors</td>
<td>• Reallocate staff for partners engagement.</td>
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<td>• Engage in extensive networking, information sharing and dialogue on policy issue, and lobby lawmakers and policy makers for increased assessed funding by putting a strong case for the Region’s health needs.</td>
<td>• Explore all means of collaborations with bilateral donors.</td>
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<td>• Work with media that engage with WPRO’s major donors to highlight WPRO’s achievements to influence public and policy makers in the donor countries.</td>
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<td>• Explore all means of collaborations with bilateral donors. vi. Engage with multilateral organizations</td>
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### Goal Action Monitoring Indicators Timeframe Roles

#### 6. Efficient and Effective Resource Mobilization

**i. Build capacity**
- Appoint resource mobilization staff exclusively for mobilizing funds.
- Train staff from all departments on proposal writing, report writing and other communications skills to enable them to raise funds.

**ii. Keep track of awards, disbursements and shortfall of funds.**
- Establish a system to track awards and timely disbursement and use of funds; identify and flag shortfalls; and to review and identify ways to maximize efficiency and minimize cost.

**iii. Tap innovative source of funding.**
- Explore innovative source of funding, such as putting levy on industries emitting carbon-di-oxide, factories producing noise in neighborhood, restaurants and other public places where smoking is allowed, imposing health hazard fine in addition to regular fines on traffic offenders not wearing helmets or violating traffic rules etc.

**iv. Create Trust Funds**
- Convince donors, mainly bilaterals and large foundations, to set up medium to long term trust funds within WPRO to finance programs relating to underfunded health areas, and for other activities.

**v. Network proactively**
- Maintain regular communications with existing and new donors.
- Regularly update regular and potential donors on the progress of WPRO’s major initiatives.
- Maintain a calendar of international events and make use of the major events as a platform to raise WPRO’s profile.

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<th>Action</th>
<th>Monitoring Indicators</th>
<th>Timeframe</th>
<th>Roles</th>
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<tr>
<td>• Launch a campaign highlighting comparative advantage and achievements of WHO in the Region specifically targeting potential donors such as foundations and private companies.</td>
<td>• Number of campaign launched; campaign evaluation reports.</td>
<td>Q2 2013; on-going</td>
<td>ERC</td>
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<tr>
<td>• Establish contacts and regularly update them on the progress of WPRO’s major initiatives.</td>
<td>• WPRO website. • Number of contacts established; progress reports sent.</td>
<td>On-going</td>
<td>ERC</td>
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<td>• Number of staff recruited.</td>
<td>Q2 2013</td>
<td>ERC</td>
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<td>• Number of staff trained.</td>
<td>On-going</td>
<td>ERC</td>
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<tr>
<td>• Amount collected; financial reports.</td>
<td>Q4 2013</td>
<td>ERC</td>
<td></td>
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<tr>
<td>• Number of trust funds.</td>
<td>Q1 2015</td>
<td>ERC</td>
<td></td>
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<td>• Number of campaigns.</td>
<td>Q3 2013</td>
<td>ERC</td>
<td></td>
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<tr>
<td>• Record of communications.</td>
<td>Q2 2013</td>
<td>ERC</td>
<td></td>
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<tr>
<td>• Record of communications; donor reports.</td>
<td>On-going</td>
<td>ERC</td>
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<td>• Back –to-ofﬁce reports.</td>
<td>On-going</td>
<td>ERC</td>
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### 7. Monitoring and Evaluation (M&E)

**i. Establish results-based M&E system**
- Use the Results framework to monitor and evaluate the progress of engagements and partnerships.
- Make use of the feedback mechanisms to keep track of engagements and to take corrective actions as required.

**ii. Conduct mid-term review**
- Conduct a comprehensive mid-term review of the Strategy to evaluate the performance of the Strategy and to check if strategic priorities need to be revisited.

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<td>• Actions taken to modify, renew and cancels engagements.</td>
<td>Q2 2013</td>
<td>ERC</td>
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<td>• Review report.</td>
<td>Q1 2016</td>
<td>ERC</td>
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Annex 2

References


Mapping Corporate Partnership Opportunities for WHO, WHO.


Partnerships. (2010). Report by the Secretariat, 63rd World Health Assembly, Agenda item 18.1, WHO.


