

Promoting Partnerships to Advance GHI Objectives

2013

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Acronym List

AIDS – Acquired immune deficiency syndrome

ARV – Antiretroviral

CBO – Community-based organization

CDC – Centers for Disease Control and Prevention (part of HHS)

CSO – Civil society organization

DFID – Department for International Development (UK)

FBO – Faith-based organization

GAVI – Global Alliance for Vaccines and Immunization

GFATM – The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)

GHI – Global Health Initiative

HIV – Human immunodeficiency virus

M&E – Monitoring and evaluation

MDGs – Millennium Development Goals

MERS – Middle East Respiratory Syndrome

MOH – Ministry of Health

NGO – Nongovernmental organization

PEPFAR – President’s Emergency Plan for AIDS Relief

PPD– Presidential Policy Directive

PPP – Public-Private Partnership

QDDR – Quadrennial Diplomacy and Development Review

SMART – Specific, Measurable, Achievable, Realistic and Time-sensitive

SWOT – Strengths, Weaknesses, Opportunities, Threats

TB – Tuberculosis

UNAIDS – Joint United Nations Program on HIV/AIDS

UNICEF – United Nations Children’s Fund

USAID – U.S. Agency for International Development

USG – United States government

WHO – World Health Organization

Executive Summary

The Global Health Initiative (GHI) identifies partnership and strategic coordination as key principles for improving the health impact and quality of U. S. government (USG) assistance in reaching host country national health goals and priorities. Coordination, in this context, takes advantage of partners' strengths, avoids duplication, and increases effectiveness. Global aid effectiveness efforts—such as the Fourth High Level Forum on Aid Effectiveness held in Busan in 2011—recognize the important role partnerships have in sharing responsibility for reaching global health goals.

The purpose of this paper is to provide USG interagency health teams with recommendations and shared insights on building new country-specific partnerships or improving existing ones. Partnerships are formed in pursuit of a common shared goal and in the hopes of achieving sustained improvements in health status through increased effectiveness, increased efficiency, and increased stakeholder engagement and country ownership. The partnering relationship is based on trust, equality, and mutual understanding. Partnerships involve risks as well as benefits, making shared accountability critical.

This paper addresses the following key issues:

- **Why Partner**
Complex global health challenges may not be effectively addressed by any one party or organization. Global and USG policy call for the creation of working partnerships to advance aid effectiveness and to improve health impact.. There are clear benefits to health programs and their beneficiaries. USG is committed to a whole-of-government approach by advocating collaboration for impact through the promotion of partnerships to which USG involvement can add value. The value-added of partnering—increased efficiencies, effectiveness, and stakeholder engagement and ownership—are realized over time by stakeholders acting together toward common purpose.
- **How to Build an Effective Partnership**
While there is no “one size fits all” model, there are commonalities in normative behavior and group values in addition to best practices, which this paper presents. Two questionnaire tools are provided as illustrative methods to assess partnerships.
- **With Whom to Partner**
Strategic partnerships can be established at multiple levels and in various sectors. USG health teams can explore potential partnering opportunities with explicit criteria for selecting members who bring extra value to the partnership goal. A list of potential partners is provided.
- **Monitoring & Evaluating Your Partnership**

Partnerships should be measured on two levels: the quality of the partnership itself (process) and the health program area achievements (results). The partnership should bring added value to the

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implementation efforts by focused attention to increase efficiency, effectiveness, and stakeholder engagement. Monitoring short-term outputs in addition to longer-term results provides valuable feedback on how the partnership can adapt and improve.

A strong partnership is one based on common values, with common approaches, and a shared vision. Partners who are able to see the opportunity in their shared challenges and forge a strategy that shape their shared future. That's how you build a future, believing in the possibilities of investment and in the possibilities of other people coming to the table."

-Secretary of State John F. Kerry

Intent of Document

The intent of this document is to assist USG interagency country teams to develop strong and productive in-country partnerships designed to achieve GHI program area targets. Similar to all other GHI principle papers, the recommendations discussed in this paper are intended to provide *informal* guidance to USG country teams considering:

- Creating a USG-initiated public-private partnership (PPP);
- Creating a USG-initiated partnership between two or more bilaterals;
- Providing technical assistance and support to new or existing partnerships; or,
- Strengthening existing partnerships and/or promoting leadership transition to host country nationals.

The ultimate goal of USG assistance is that the host country can plan, oversee, manage, deliver, and finance a national health program response based on the needs of those living within its borders. Partnerships can be integral to achieving this goal as no one donor, organization, or partner country can address all health needs; needs are too vast and cross multiple sectors. Improving health outcomes has become a shared responsibility needing effective multi-stakeholder partnerships.

Partnerships will inevitably work differently in different settings depending on local context, size of the USG footprint in country, strength of the partners (including the host government), disease burden, and other related factors. Partnerships may gain momentum and demonstrate the potential for scale-up and/or expansion.

This document provides a common understanding for developing or strengthening partnerships. It provides a partnership definition, information to USG in-country health teams to assess partnerships, to identify possible corrective actions to improve partnerships, and to identify possible new partners or partnerships to help accomplish host government national health priorities.

This paper is intended to frame partnerships per the nature of engagement, not the acquisition or assistance mechanism by which a USG agency enters into the relationship.

Setting the Context for Partnership

Improving global health outcomes calls for strong effective partnerships. Working toward this objective provides an opportunity for the USG team to collaborate with a broad spectrum of stakeholders and accelerate progress towards achieving the United Nation’s millennium development goals (MDGs) and our own GHI targets. In this context, no single country or organization working in isolation has all the necessary resources, financial or otherwise, to achieve sustained improvements in health status. Moreover, the significant near-term budget challenges facing many governments, multilateral organizations, philanthropic foundations, and the private sector make it especially important to more effectively coordinate and leverage financial and other ‘in-kind’ resources.

Why Partner: Value-added of Partnering

The GHI seeks to achieve sustained improvements in health status, especially for women and girls. Partnering is a means to this end; it is a *way* of doing things together that adds value; “the whole is greater than the sum of its parts.”

Partner to increase efficiency: Efficiency gains are realized through leveraging the assets brought to the partnership by the various partners. Assets can be both financial and in-kind, such as intellectual property, distribution networks, innovative technologies, infrastructure, expertise, and influence, among others. Effective partnerships look to leverage partners’ strengths—*each doing what each does best*—in a complementary way; this is often referred to as “comparative advantage.” Efficiencies can be achieved in the use of staff time, reduced duplication of effort, reduced transaction costs, economies of scale, and streamlined monitoring, evaluation and reporting. Harmonizing approaches, standards, and policies among partners allows for unified and focused action (for example, around diagnostics protocol or behavior change messages to clients). In some instances, resources from multiple sources joined into one partnership enable the possibility of implementing activities of higher risk than one partner would accept individually, thus making greater risk-taking possible.

Partner to increase effectiveness: Harmonizing messaging raises the visibility and credibility of an issue through coordinated partner action – a greater number of entities supporting the same goal. Using the joint political power of many partners is often more effective in advocating for a change than were it one partner alone. Aligning policies among partners should result in more entities focusing their efforts in the same direction. Division of labor among partners based on comparative advantage facilitates program implementation. For example, one partner may have more expertise in service delivery at the facility level, whereas others might have expertise in advocacy and building political will; both are necessary for success of a public health intervention. Strengthening local leadership capabilities in program management and introducing cutting edge technical interventions may contribute significantly to increase program effectiveness and long term sustainability.

Partner to increase stakeholder engagement and ownership: Creating opportunities for varied stakeholders (the host country government, donor community, private for-profit or commercial sector, private not-for-profit sector including civil society organizations (CSOs), faith-based organizations

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(FBOs), universities, etc.) to partner spreads commitment across stakeholders, building buy-in and local representation and thus ownership. Engaging a diversity of stakeholders may facilitate entry and expanded reach of public health programs to achieve greater equity. Partnerships that establish a foothold in the community may be more likely to be sustained over time.

Policy Context

Global Policy Context

Aid effectiveness has received increasing attention globally since the beginning of the 21st century. Collaboration and partnership are key elements to aid effectiveness. The importance of these two factors is noted in documents including the Paris Declaration on Aid Effectiveness¹, the Accra Agenda for Action² and the Busan Partnership for Effective Development Cooperation³. The Paris Declaration (2005) identified a roadmap for improvements with an emphasis on five fundamental principles: country ownership, alignment with national priorities, harmonization, results focus, and mutual accountability. The Accra Agenda for Action (2008) provided an opportunity to assess progress achieved on the Paris Declaration and to set three additional areas for improvement with an emphasis on effective partnership. It also placed strong emphasis on capacity development designed to strengthen the ability of countries to manage their own future. The Busan Forum (2011) addressed inclusive partnerships: “Openness, trust and mutual respect and learning lie at the core of effective partnerships in support of development goals, recognizing the difference and complementary roles of all actors”⁴.

The USG has demonstrated its commitment to the Paris Declaration, the Accra Agenda for Action, and the Busan outcome document. The GHI advances the foci of this commitment on country ownership, donor alignment with country strategies, partnerships, and managing for results. Moreover, the USG reflects these principles in its policy frameworks⁵, including those focused on global health assistance.⁶

USG Policy Context

Presidential Policy Directive on US Global Development Policy 2010 (PPD)

President Obama signed the PPD on September 22, 2010, which elevates development, along with diplomacy and defense, as a major pillar of USG national security objectives. The PPD also identifies core objectives, an operational model, and the modern architecture needed to implement this policy. A major component of the PPD is positioning the United States to be a more effective partner and to leverage its leadership. The PPD emphasizes “partnership from policy conception through to

¹ OECD Development Cooperation and Development, www.oecd.org

² OECD Development Cooperation and Development, www.oecd.org

³ Fourth High Level Forum on Aid Effectiveness, <http://www.oecd.org/dac/effectiveness/busanpartnership.htm>.

⁴ <http://www.oecd.org/dac/effectiveness/busanpartnership.htm>

⁵ CDC Global Health Strategy 2012-2015, <http://www.cdc.gov/globalhealth/strategy/>

⁶ Trends in U.S. foreign assistance over the past decade, http://pdf.usaid.gov/pdf_docs/PNADQ462.pdf

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implementation, finding new ways to leverage our investments and to spur action by others both in Washington and the field”.

Quadrennial Diplomacy and Development Review of 2010 (QDDR)

The 2010 QDDR notes that effective assistance requires cooperation among USG agencies, between the USG and the host country government and among donors and key stakeholders. The QDDR supports:

- Strategic collaboration with other donors, including nongovernment donors, private businesses, and other partners to coordinate objectives, programs and projects, and to the extent possible, reporting processes;
- Using multilateral mechanisms (organizations and facilities) whenever appropriate, and working to strengthen multilateral capabilities; and
- Strengthening cooperation across the USG to take advantage of the specialized expertise and skills of all USG departments and agencies. This includes political and economic sections as well as Commerce, Trade and Development Agency, Export/Import Bank, and Overseas Private Investment Corporation.

Global Health Initiative 2010 (GHI)

The United States is pursuing a comprehensive, whole-of-government approach to global health through GHI to make significant health improvements while supporting sustainable country-led health programs. To achieve that goal, the USG committed to the following actions:

- Collaborate for impact;
- Promote country ownership and align USG investments with country-owned plans, including improved coordination across USG agencies and with other donors, with the aim of making programs sustainable;
- Leverage, and help partner governments coordinate, investments by other donors;
- Support increased integration among country-level stakeholders;
- Create and use systems for feedback about program successes and challenges to focus resources more effectively; and,
- Strengthen and leverage multilateral organizations, global health partnerships and private sector engagement.

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Stakeholders acting together toward a common purpose are the heart of a partnership endeavor.

No single agreed definition exists for the concept of partnership. This may be because partnerships can address such a wide variety of thematic areas and technical topics, undertake widely divergent activities and take on extremely diverse organizational forms. For purposes of this paper, we use the following operating definition of partnership:

*“Partnership is an arrangement involving two or more parties acting together to achieve a **common goal and/or objective** by bringing to bear **a set of complementary assets**. Ideally, each partner offers assets that draw on its **core institutional capabilities**. Moreover, the process of partnering produces a concrete **value-added that benefits all partners**, helping each to achieve something that no single partner could have achieved on its own. Similarly, each partner is **better able to achieve its own objectives** than it could have operating solo.”*

Partnerships and Country Ownership

Host country stakeholders (government, private commercial sector, civil society organizations, academia, and others) are responsible for meeting their country health needs, and leaders must decide upon their health strategies to meet these needs. Accordingly, one of the GHI principles supports strengthening country ownership and encourages all stakeholders to align investments with partner country plans, strategies, and platforms. The GHI principle paper on country ownerships supports the interagency health team by defining country ownership, sharing information on transitioning toward increased country ownership, and accelerating monitoring of that shift⁷. The two GHI principles, country ownership and partnership, are mutually reinforcing because both value increased stakeholder engagement – a key element of international aid effectiveness. Some best partnership and country ownership practices are:

- The vision, goal and objectives of the partnership should be clearly aligned with and support national health priorities;
- Partnerships should maximize resources through leveraging country systems;
- The partnership should encourage national investments of both people and funds to build a foundation for sustainability; and,
- The partnership should develop a transition strategy that addresses increasing national investments and reducing donor direct resources.

⁷ GHI Principle Paper on Country Ownership, www.ghi.gov

Partnership Dimensions

There are many different types of partnerships as varied as the number of different organizations that participate in them. There are PPPs, public-public partnerships, international partnerships among bi- and multilateral organizations, and local partnerships among nongovernmental organizations (NGOs), to name a few. Given this diversity, how can partnerships be typified or classified? There are common dimensions found in each type of partnerships as defined by Mitchell⁸:



- **SCOPE:**

The scope of the partnership may vary from a local level with the district hospital and surrounding community service groups up to a broad international or global level where partners may be bi- or multilateral partners, large private sector corporations, or global health focused foundations. For example, the scope of the local partnership may be very focused on increasing polio vaccination levels with a relatively small budget. The global effort to eradicate polio worldwide is supported by global health partnerships that involve developing broad strategies and mobilizing large sums of money. As Mitchell notes, these global partnerships are often quite complex in nature with detailed written agreements, financial arrangements, and institutional objectives.

⁸ Mitchell, M. *An overview of public private partnerships in health*, <http://www.hsph.harvard.edu/ihsg/publications/pdf/PPP-final-MDM.pdf>

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- ***PARTNERS:***

Much of the current literature on partnerships focus on PPPs or global health partnerships but most working partnerships are probably much more local in scope. Annex A provides a list of potential partners. Annex B provides examples of current GHI partnerships.

- ***COMMITMENT:***

The level of commitment, beyond agreement on goals and objectives, is another dimension to the type of partnership encountered. Some partnerships may involve a minimal level of commitment from each partner, but on the other end of the spectrum a partnership may require a wide range of commitment levels among partners. As Mitchell says “we can see that the level of commitment does not necessarily relate to the scope or level of the organization at which the partnership is formed. Rather it is a measure of the sharing of resources including funds, people and information.”⁹

- ***TYPE OF OBJECTIVE:***

The partnership may have a wide variety of objectives: financial, health program area output/disease specific target, expansion of services or equity in service delivery, or developing new and innovative approaches to address a specific health issue. The principle point of partnerships is that members must unite behind the objective and bring complementary assets to achieve the envisioned results.

The goal is to partner with countries for better health by collaborating for impact. GHI does not promote a “one size fits all” model. With the understanding that each partnership may vary according to these four dimensions, each interagency health team, under the leadership of the Chief of Mission, will organize to ensure effective leadership and coordination of USG efforts with host country stakeholders.

With Whom to Partner

The spark that may ignite a vibrant and robust partnership can be internal to USG or come from outside USG. Partnering opportunities can be found at the national, regional, and/or local levels. Potential partners include host-country national, regional/state, district/provincial and local governments; other country governments; commercial private sector; universities; professional organizations; CSOs including NGOs and FBOs; local community leaders; and/or private foundations. Potential partners can be health-related or can come from outside the health sector if they bring assets to a partnership endeavor that will help realize or advance goal achievement. The American Embassy Economic Office may be a useful source for information on the private sector in-country.

Each stakeholder group possesses different core competencies and can make unique contributions. The most productive partnerships are those in which the complementarity of skills, strengths, and other partner contributions has been thoroughly assessed and agreed. Understanding the

⁹ Mitchell M. <http://www.hsph.harvard.edu/ihsq/publications/pdf/PPP-final-MDM.pdf> (p. 15)

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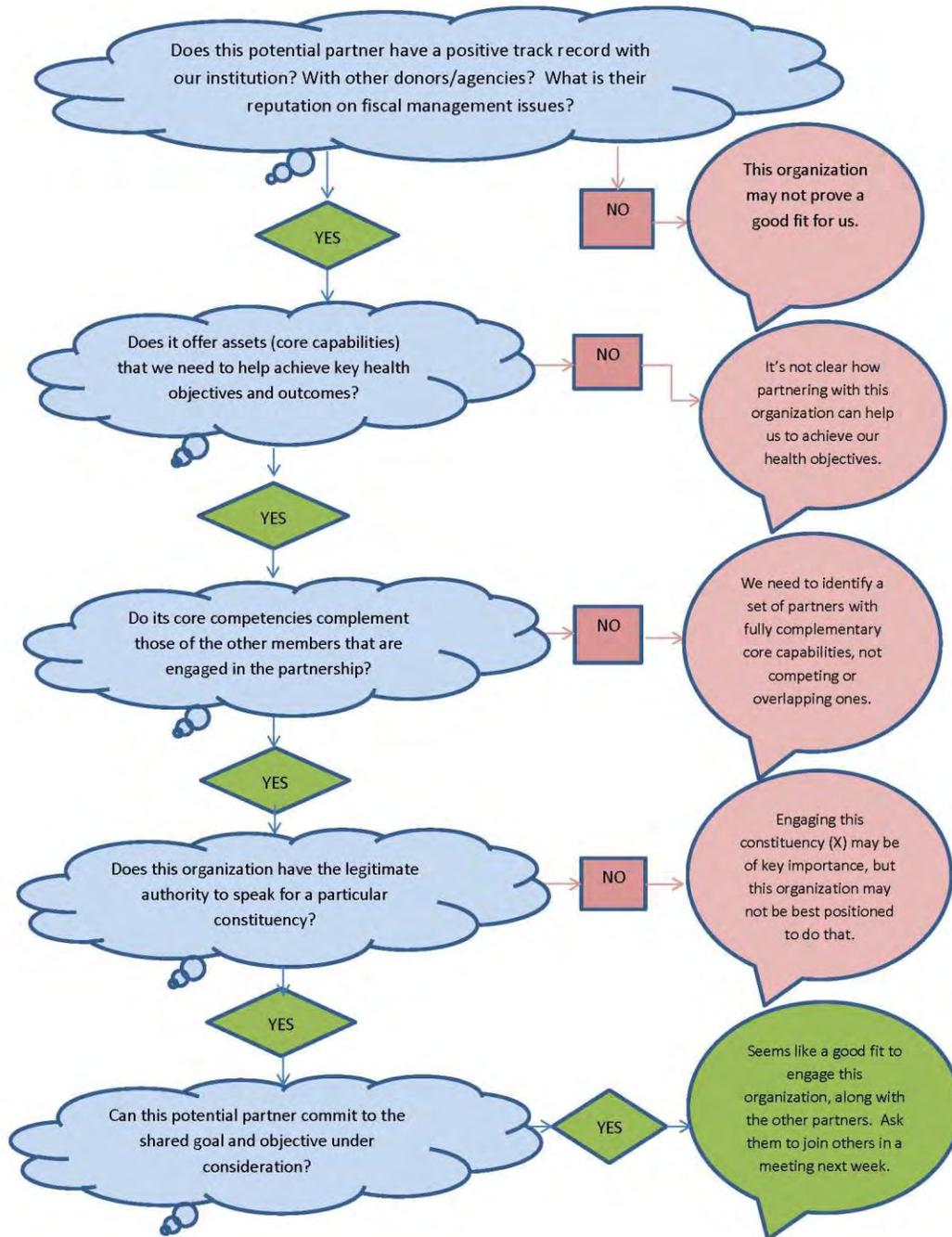
complementary capabilities brought by each partner and how these capabilities together help to achieve the common purpose underlies the strength of a partnership.

Ideally, with careful consideration and a clear concept of how complementary capabilities bolster one another, agreement will be reached about what each of the partners brings to the partnership. The following table shows just a few of the typical assets that can be brought to the table by partners in each sector and some examples of what each partner might gain via working in partnership with others. This is not an exhaustive list of potential assets and gains from partnering. Additionally, the examples noted in the table are not exclusive to a sector.

Partner by broad sector	Examples of potential assets brought to the table (complementarity TBD as partnership forms)	Examples of potential gain to partner through partnering
PUBLIC SECTOR/GOVERNMENT		
Host country government	<ul style="list-style-type: none"> • Sets policy priorities and provides leadership • Convenes bilateral, multilateral, and other stakeholders • Deep understanding of local/national priorities • Ability to influence policies and procedures for appropriate operation in-country • Ability to mobilize country resources (i.e., staff, funds, infrastructure, political will) 	<ul style="list-style-type: none"> • Access to funds, technical expertise, and other assets necessary to realize government health goals in a systematic approach. • New ideas and approaches to solve persistent problems and the opportunity to lead in delivery of solutions.
Other government (i.e., bilateral donor agencies, multilateral agencies such as United Nations (UN) organizations, international financial institutions such as the World Bank)	<ul style="list-style-type: none"> • Name and reputation/legitimacy • Financial resources • Technical health and development expertise • Worldwide convening ability • Policy influence • Global reach • Extensive field presence • High-level visibility 	<ul style="list-style-type: none"> • Access to in-kind resources that governments don't have • Access to expertise and perspectives of other partners to support achievement of government agency goals • Improved relationships with partner organizations • Access to funds to supplement/complement own funds
PRIVATE SECTOR		
Private for-profit commercial/Businesses	<ul style="list-style-type: none"> • Skills, services, products • Expertise in market-driven approaches to stimulating growth • Access to core business processes/skills (marketing, communications, forecasting, logistics, distribution, etc.) • Intellectual property • Industry sites • Strong ties to and investments in local supply chain • Human and financial resources 	<ul style="list-style-type: none"> • Increased understanding of new/emerging markets • Access to other partners' assets and perspectives • Increased employee satisfaction • Better working relationships with government counterparts • Expanded reach to new customer, supplier, provider bases • Enhanced corporate image
Private not-for-profit (i.e., NGOs, FBOs, academia, professional associations, foundations)	<ul style="list-style-type: none"> • Understanding of community concerns; credibility with local community leaders • Links to community stakeholder networks • Ability to 'get things done' on the ground • Local know-how • Independent financial resources 	<ul style="list-style-type: none"> • Access to other partners' assets and perspectives to further or achieve organization's goals • Opportunity to act as change broker and have bridging role between public and commercial

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It is critical, when choosing with whom to partner, to ask a lot of questions. *Do your due diligence!*¹⁰ The following decision tree can assist USG in thinking through which organizations/actors to approach to build or maintain a strong partnership team.



¹⁰ Community Partnerships Interagency Policy Committee. Building partnerships: A best practice guide, 2013. http://www.colorado.feb.gov/useruploads/files/white_house_-_building_partnerships_best_practices.pdf

Building Effective Partnerships

Do not underestimate the level of effort required to create, build, nurture, and manage effective partnerships; it is intense and constant over the life of the partnership. Partners may need to contribute dedicated staff time to one or more of the functions, roles and/or responsibilities necessary for an effective partnership. This includes significant upfront staff time and costs required to negotiate partnerships.

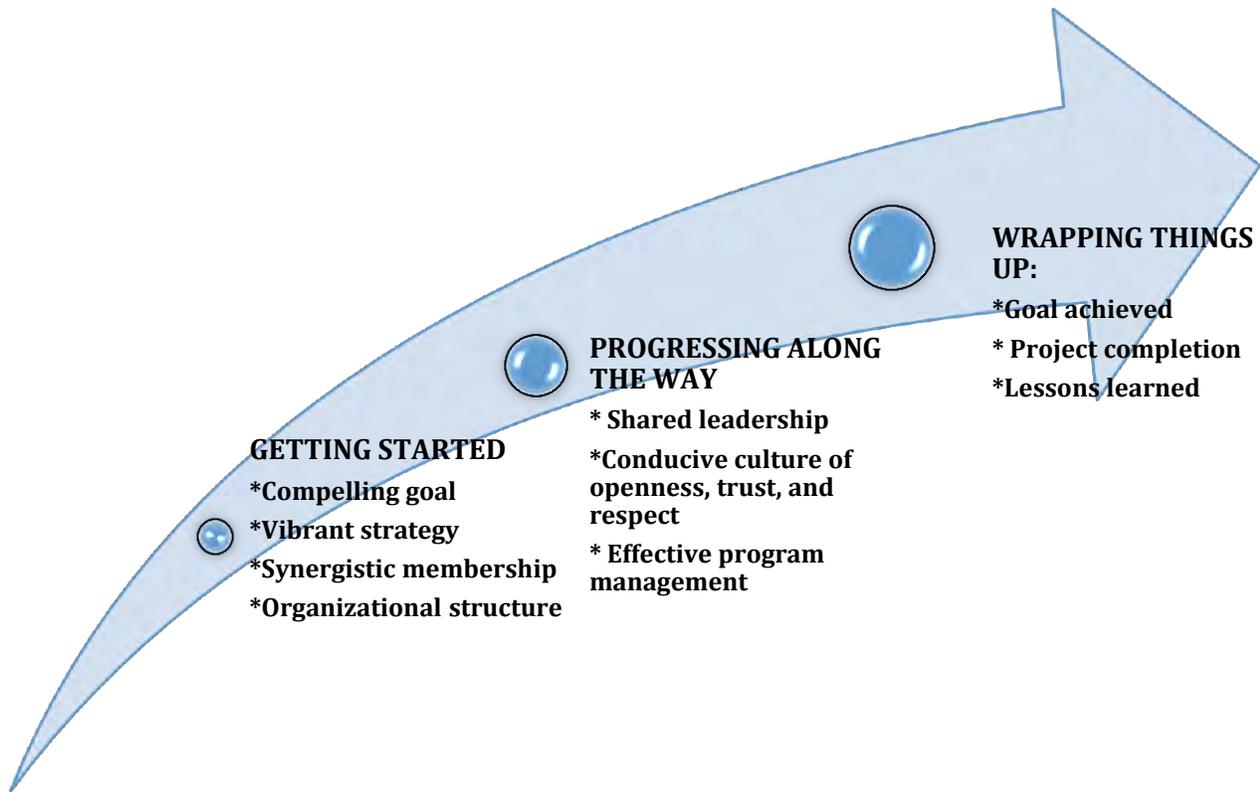
Diversity of partnership members may provide valuable opportunities to bring in new ideas, perspectives, and innovations. This diversity may also bring different working styles, different “language” (i.e., business, development, medical), and incentive structures. Having a comprehensive understanding of different partners’ cultures and the beneficiary population is also crucial. Developing mutually understood language around the shared vision, goal, and objectives is important. The effectiveness of the highly diverse constituencies “depends much more on ‘soft power’ whose defining characteristics are attraction as opposed to force, persuasion instead of regulation, convening rather than requiring others to follow, and the power of complex information systems as opposed to rules-based systems.”¹¹ Partnerships must be flexible and members should be willing to negotiate fairly when conflicts arise.

There is a simple framework that identifies common elements of successful partnering. Partnerships have the best chance for “success when members lay the foundation in the first mile for the last mile success and take mutual responsibility along the journey for leadership, management, and culture within the partnership”.¹²

¹¹ Rosenberg, M. L., et al. *Real collaboration: What it takes for global health to succeed*. CA: University of California Press 2010

¹² Adapted from Center for Global Health Collaboration, the task force for global health, July 15, 2010 www.taskforce.org

Framework for Successful Partnering



Best Practices for Building Effective Partnerships

There is a growing body of experience that illustrates best practices of effective partnerships.¹³ This paper presents these organized into four groups: common purpose, partnership norms and values, partnership governance, and management of the partnership. These are also reflected in the GHI Partnership Principle Results Framework included as Annex C.

Common Purpose

- The partnership should have an agreed and clearly articulated vision, goal, and specific, measurable, achievable, realistic and time-sensitive (SMART) objectives ideally based on a strengths, weaknesses, opportunities, threats (SWOT) analysis and aligned with national health priorities.
- Agreed indicators and a harmonized monitoring and evaluation (M&E) system to measure and evaluate progress toward agreed objectives should be part of the partnership's work plan. Resourcing and/or funding for this system should be agreed upon prior to the inception of the partnership.
- All partners should be committed to the partnership vision, goal, and objectives.
- An agreed 'end-point' to the partnership should be considered at its start-up.
- True costs and risks of partnerships should be assessed realistically prior to embarking on new partnership ventures.

Norms and Values

- Partners are committed to partnering because it brings value to their own agency's goals (shared goals and shared responsibilities).
- Partners should be recruited based on shared interests/commitment and complementarity of their contributions (financial and/or in-kind including staff experience and skills).
- Membership should be inclusive of all relevant stakeholder communities with clear authority to speak for a constituency.
- Partners should support local stakeholders in having a clear voice in decision making.
- Partners should feel their contributions are valued by the partnership.
- Partnerships must be flexible and members should be willing to negotiate for win-win situations when conflicts arise.
- Partnerships should embrace internationally-agreed-upon principles of good aid practices (country ownership, alignment, and harmonization) and include institutional capacity-building for country leadership, if needed, as a core function of the partnership.

Partnership Governance

¹³ Buse, K., & Harmer, A. *Global health: Making partnerships work*. Overseas Development Institute Brief Paper #15, <http://www.odi.org.uk/publications/79-global-health-making-partnerships-work>

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- A clear governance structure should be developed and should be appropriate to the partnership's mission and scope of work. The role of governance is policy making, management of mission, vision, goals, and oversight.
- Partnership members need to agree upon when and under what circumstances decisions can be made (definition of quorum), how decisions are arrived at (majority plus one, three-fourths of the membership or quorum, consensus, etc.).
- Decision-making processes must be very clear from the outset and mutually agreed upon by all members.
- Partnerships must have procedures for conflict resolution and for avoiding conflicts of interest.
- To delineate rules, roles and responsibilities, governance and management structures, criteria for membership, etc., a document should be developed and shared among all partnership members. The level of 'formality' of defining documents should be 'right-sized' to reflect the partnership's functions. Some partnerships may choose to develop a memorandum of understanding or terms of reference. All new members joining should receive an orientation or training plus a copy of the partnership's defining documents. An annual review of the governing document by all members is recommended.
- Partners should promote transparency and mutual accountability in all partnership endeavors.
- Partners should value open debate among the membership.

Partnership Management

- A management structure is responsible for the administrative activities of the partnership and is able to document all partnership actions. The type and size of the management structure should be appropriate to the partnership's mission and scope of work.
- A key role of the management structure is to assure the appropriate use of the partnership's resources to do its work.
- Establishing a country-owned partnership secretariat office with responsibilities rotating among partners is one possible management structure. Examples of additional structures are listed as part of the GHI Partnership Examples in Annex B.
- This structure should be in place to ensure partnership norms and governance principles are followed, to ensure information sharing, and to maintain easily accessible documentation such as a comprehensive membership list, an archive of meeting documents, planning and reporting documents, and a clear record of partnership decisions.
- A clear management structure should ensure inclusive and joint decision-making that is transparent and promotes accountability between members of the partnership.
- Partners engaged in a particular collaborative endeavor should bring complementary core competencies to bear on the partnership goal(s)/purpose.
- Partners should see decision-making as a shared responsibility.

Leadership

Recent articles describe the changing character of global health efforts due to the rapid growth in the number of new partnerships and new potential partnership members. The Center for Global

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Development¹⁴ assessment of partnership governance notes that stakeholders (interested/affected parties) and shareholders (principally funders) represent more heterogeneous “multi-stakeholders” that are now forming global health partnerships. This diversity brings in multiple skills, talents, and experiences which may be utilized by the partnership to achieve its objectives. From this point of view, leadership can be seen as various roles or functions to be filled by multiple members instead of one individual fulfilling all aspects of leadership. These leadership roles are divided into functions within the partnership (internal) and functions that lay outside the partnership (external).¹⁵ Sharing leadership functions allows the diverse partnership to utilize members with the greatest expertise or experience.

Key Leadership Functions

Internal Team Leadership Roles

- **Convener:** Assuring effective meeting management by setting up meetings, facilitating a participatory environment, and setting a tone of open dialogue
- **Visionary:** Maintaining focus on achieving the overall goal; serves as "goal-keeper"
- **Strategist:** Updating strategy; has ability to see "big picture" and details at same time; articulates possible pathways to achieve goal; needs to monitor progress and identify when to change course if needed
- **Team Building:** Developing an open partnership culture & managing conflict; helps partners see various perspectives and helps construct bridges that brings partners together

External Leadership Roles

- **Advocate:** Getting stakeholders and shareholders on board; spokesperson for the partnership who can champion the cause externally
- **Political Influencer:** Getting officials on board; this role needs the advocacy skills but also established relationships with external officials
- **Networker:** Making and leveraging connections; ability to open doors with key individuals

Partnership Assessment: Determining What Constitutes Success

Partnering is a means to an end, a *way of working* toward sustained improvements in health status per the GHI. How do we know if working with others will add value? And if so, what does that value-added of partnering look like? In contrast to a health program driven by one agency or organization, a partnership can monitor and assess two distinct components of success—both the *process of partnering* and the *health results of partnering*. The focus of the partnership principle is the former.

¹⁴ Bezanson, K., & Isenman, P. Governance of new global partnerships: Challenges, weaknesses and lessons, Center for Global Development Policy Paper 014, www.cdgeev.org

¹⁵ Rosenberg, M. L., et al. *Real collaboration: What it takes for global health to succeed*. CA: University of California Press.

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Assessing the *process of partnering* can be tricky—its data source is not the demographic health surveys or information reported in national health management information systems (HMIS), which provide health outcomes. Assessing the process of partnering looks at how well we are working with others and the value-added of working with others to achieve health outcomes. The partnership as a whole and each of its members can take credit for an effectively functioning partnership and their respective contributions to it; the same is true for accepting responsibility for a less-than-effective partnership. This paper includes a package of four tools to help with assessing partnerships. Use of these tools is provided as illustrative examples and it is not mandatory that field teams use them.

Document	Annex	Content	Purpose/Use
Partnering Results Framework	C	Partnership Inputs/Success Factors, Processes and Outputs, Outcomes	Depicts the process of partnering and how it can contribute to health results, i.e., achieving the GHI targets. Use for reference when designing a partnership and when thinking about assessing a partnership.
Partnership Principle Global and Illustrative Indicators	D	Global “F” Indicators; Illustrative Indicators	Global indicators will be reported on as part of agencies’ PPR reporting. Illustrative indicators provide examples of the types of things that can be measured in partnerships.
USG Health Partnership Assessment Tool	E	Set of 10 questions with response scale and two open-ended questions	Rapid assessment tool for use by members of an existing partnership to measure the efficacy of collaborative efforts. Focuses on key success factors that can govern smooth functioning of any partnership effort. May be used by individual partner organizations for self-reflection or multiple partners to stimulate further planning and/or adjustment to partnership practices. Can tell us where more attention is needed on partnership processes—to the ‘health’ of the partnership—so that it can function effectively and reach its health goals. Can allow us to say that working with others has [or has not] actually gotten us farther, faster, and/or better. Can allow us to specify some of the value-added we gain from partnering.
USG Health Partnership Comprehensive Diagnostic Checklist	F	Set of 51 partnership performance criteria	Intended to foster INTERNAL REFLECTION and ANALYSIS. Can help agency health teams (or other reporting units) internally assess whether current partnerships are functioning optimally. Can be used as a guide to key partnership components that need attention when establishing a partnership. If the partnership plans to undertake significant discussion focusing on potential changes, it is recommended that an experienced partnership broker or facilitator be engaged to assist with successful management of the partnership change process.

When to Adjust or Discontinue the Partnership?

Partnering for partnering's sake is not a best practice. Partnerships, like anything else, can outlive their usefulness. It is important to have some mechanism included in the governance practice of every partnership that provides for a periodic assessment of continuing the mandate or need for the partnership. A variety of scenarios may emerge surrounding this periodic assessment process:

- Partnerships established to attain long-term objectives, such as reducing childhood mortality rates, should be reviewed periodically to take into account new tools or technologies, assess whether the needs of the hard-to-reach populations are being met, or contend with changes in the nature and context of the public health intervention. If the partnership is shown to a) have fully met its original objectives, or to b) be an ineffective mechanism for collaboration with little perceived value-added, it is advisable for the partnership to consider either discontinuation of its activities or a fundamental reconfiguration of its approach.
- Partnerships with shorter-term goals and objectives—such as solution of a specific supply chain challenge in a specific locale—may be successful in achieving their original programmatic mission and, as a result, may choose to disband.
- A partnership may have reached its initial goal, but also may have proven to provide a particularly effective mechanism for joint action. This may be an appropriate time for the partnership to look at a new global health issue that needs a jumpstart that the same partnership mechanism might provide.

Under any of these scenarios, making appropriate decisions on the future of a partnership is best facilitated via a clear and explicit process that is agreed to by all partners at the outset of partnership operations. Specific timelines and procedures for this periodic review of partnership efficacy should depend on the nature and scope of the partnership's shared mission and objectives.

Summary

The GHI’s mandate to “strengthen and leverage multilateral organizations, global health partnerships, and private sector engagement” encourages collaboration with others for impact, a concept long advanced in the global development aid effectiveness arena. Global development, including improving global health outcomes, is a shared responsibility.

Partnering is a means to an end—*a way of doing business*—that can contribute to achieving the GHI targets. The successful development of a partnership requires significant time and resources. However, partnerships have the ability to add value that cannot be realized when one organization operates alone.

The best practices in partnering outlines a series of components and steps to advance productive partnerships. This paper contextualizes these practices and provides a results framework, sample global and illustrative indicators, a rapid assessment tool, and a comprehensive diagnostic checklist as references to consult during the initial stage of establishing a partnership as well as to monitor and assess a partnership.

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Annex A: List of Potential Partners

Ministries of Health (MOHs) and other government ministries (e.g., Finance, Planning, Education, Social Welfare, Women’s Affairs): The USG has developed foundational partnerships with many MOHs. These government-to-government partnerships are key for capacity building, sustainability and, ultimately, for maximizing impact of public health programs. The USG has existing mechanisms and cooperative agreements in many countries with MOHs. In addition, the USG should explore pursuing similar partnerships with other host-government MOHs critical to achieving optimal public health impact or to ensuring country ownership and sustainability of health programs such as basic health education in primary schools, deworming programs, water and sanitation programs, preservice training of health care providers, clinicians, planners, administrators, and health care financing.

CSOs and NGOs (including FBOs): These organizations are an important constituency between the state and the individual or household. Although they lack the coercive or regulatory power of the state and the economic power of the market, CSOs serve as important vehicles for the expression of social power or influence by ordinary people. Partnerships with these types of organizations and groups are critical to ensuring optimal understanding and involvement of target populations and concerned citizens in the development and implementation of public health programs. The interaction of the USG and multilaterals with CSOs in development projects and programs can enhance operational performance by contributing local knowledge, by providing technical expertise, and by leveraging social capital. Furthermore, CSOs often bring innovative ideas and solutions as well as participatory approaches to solving local problems. FBOs are another type of NGO. International, national, and local FBOs have a significant role in improving global and local health outcomes and are often engaged in work with neglected or marginalized communities. FBOs can also serve as critical partners for reducing stigma associated with accessing care and support for persons living with illness and disease. They can provide an effective forum for health information to their constituencies.

Academic and research institutes: Universities, colleges, and technical institutes are having a greater role in planning, implementing, and monitoring and evaluating global health projects and programs. National and regional research-oriented institutes help ensure ethical research programs and may provide program guidance in the growing arena of ethics in public health. These organizations may also spur national dialogue on key policy issues that have a direct impact on how services are delivered and, in turn, on health impact for client services. National universities also partner with American universities in establishing and strengthening new training and treatment programs. Universities and colleges are also the prime loci for continuing education of clinicians and upgrading their skill sets as new treatment protocols or research agendas are established. These entities also provide technical assistance to national organizations responsible for the oversight of large donor-supported programs such as grants from the Global Fund.

Professional organizations: (e.g., national associations of medical doctors, nurses, other healthcare professionals, lawyers, and other health stakeholders) have the ability to make significant

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contributions for health care service delivery or health care reforms. In addition to making contributions to the health sector programs, their active involvement as national partners may also strengthen sustainability of activities by training more health professionals to expand access to services, training new cadres of health professionals such as health planners, hospital administrators or research administrators, and acting as national advocates and policymakers.

The private sector (commercial) through public-private partnerships (PPPs): Multinational and national corporations (including innovator and generic drug and diagnostic companies), small- and medium-sized enterprises, social entrepreneurs, and venture capitalists are involved in global public health in a multitude of ways, including direct support for or implementation of public health interventions. The private sector tends to be agile and flexible in its engagement in public health projects as it is not bound by the same regulations as multinationals or governments. Leveraging private sector resources can be a critical means to increase financial resources, know-how, and market-driven approaches. Moreover, the private health sector is a rapidly growing source of health care for many, including the poor, in a myriad of developing countries. In Ethiopia, Nigeria, Kenya, and Uganda, for example, the World Bank found that more than 40% of people in the lowest economic quintile received health care from private, for-profit providers. Also, many of the growing number of global health partnerships include the vibrant private sector for skills in marketing analysis, cost efficiencies/effectiveness studies, and innovative financing.

Other bilateral donors: DfID (UK), GIZ (Germany), AFD (France) JICA (Japan), NORAD (Norway), AusAID (Australia), KOICA (Republic of Korea), CIDA (Canada), SIDA (Sweden), etc. Donor coordination has long been advanced to ensure aid effectiveness. Taking health interventions to scale through coordinated efforts was advanced at the beginning of the 21st century to achieve the MDG. In addition, the recognition of the globalization of health and emerging health issues (pandemic influenza, SARS, Middle East Respiratory Syndrome (MERS)) have added greater interest in addressing public health issues at the country level, which should have an impact on the global level. Efficient partnering among bilateral donors in support of national and international goals is a major factor in the success of the control of diseases of significant global interest.

Multilateral organizations: The Global Fund, Global Alliance for Vaccines and Immunizations (GAVI), UNITAIDS (France), United Nations organizations including World Health Organization (WHO), UNICEF (United Nations Children's Fund), UNFPA (United Nations Populations Fund), UNAIDS (Joint United Nations Program on HIV/AIDS), and others have a global reach and presence in nearly every country, making them particularly valuable partners. One of the recommendations for top priority action for in-country partnerships is to align country policies and health development plans with WHO guidelines. These organizations provide leadership on global health matters, advocate for public health development, develop normative guidance and standards, articulate policy options, provide technical support to countries, and monitor and assess global and national health trends. Additionally, international financial institutions bring significant economic development expertise and often have a

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key role in financing public health initiatives. Key examples are the World Bank, the International Finance Corporation, regional development banks, and the International Monetary Fund.

Regional organizations: Regional bodies (e.g., the African Union, Asian Pacific Economic Cooperation, the African Society for Laboratory Medicine, Caribbean Epidemiology Center) serve many of the same roles as the global organizations with the added bonus of being composed of largely regional experts who can facilitate south-to-south sharing of best practices and lessons learned.

Private philanthropic (international) foundations: Foundations, whether U.S.-based (such as the Bill & Melinda Gates Foundation, the Ford Foundation, and the MacArthur Foundation) or European (Wellcome Trust or Bernard van Leer Foundation) are bringing significant resources and sometimes innovation to the global health world. These foundations are significantly different from private sector efforts in that they typically take a longer-term view and offer the capital which is necessary for meeting global health needs. Many of these foundations do not have in-country offices.

Annex B: GHI Partnership Examples

PEPFAR and Becton Dickinson and Company Labs for Life Partnership

PEPFAR and Becton Dickinson and Company (BD), a medical technology company that manufactures medical supplies, devices, laboratory equipment, and diagnostics, are collaborating to strengthen laboratory systems in countries severely affected by the HIV/AIDS pandemic. The goals of the partnership include:

- Improvement of quality of laboratory diagnostics critical to management of HIV/AIDS patients;
- Implementation of short-term improvements in quality of existing TB diagnostic capacity; and,
- Increasing access to TB culture in accordance with new WHO guidelines for liquid culture use in HIV patients.

The partnership, named Labs for Life (L4L), builds off of an existing five-year lab strengthening partnership with BD that ended in 2012. Together PEPFAR and BD contributed \$18 million dollars to the first phase of the PPP and made significant progress towards addressing the needs of laboratory systems in PEPFAR-supported countries in sub-Saharan Africa. In conjunction with the MOH of Uganda and local organizations the first phase of the partnership made significant strides in the areas of improving quality management services in laboratories that were serving patients on ARV. The PPP also enabled access to treatment by supplementing the GPS/GIS technology to the existing specimen referral system by reducing the turnaround time and improving accuracy of delivered results, especially for TB in remote areas. Learning from the experience in Uganda, Ethiopia requested PPP support to enhance its own specimen referral system. In the second phase of the partnership, L4L, PEPFAR and BD will draw on lessons learned and will continue to strengthen institutional capacity and promote country ownership in PEPFAR-supported countries.

In addition to continuing activities in Uganda and Ethiopia, the L4L Partnership will expand efforts into Mozambique, Kenya, and India.

Pfizer Fellows

In 2003, the Pfizer Corporation demonstrated public health leadership by establishing its Global Health Fellows program. Through this global effort, Pfizer contributes its most valuable asset to HIV/AIDS prevention and treatment efforts: its employees. Pfizer has since joined forces with USAID to help to increase the breadth, quality, and efficiency of the HIV/AIDS programs provided through PEPFAR by lending not only medical personnel, but also its financial, organizational management, human resources, and health education professionals. For example, a USAID-funded program in South Africa, mothers2mothers (m2m), is expanding its efforts to care for HIV-positive mothers and to prevent transmitting the infection to their children. With the help of one global health fellow who had expertise in financial management, m2m enhanced and standardized its operating systems, computerized its accounting processes, developed financial reports that could be easily understood, and hired and trained financial support staff. As a result of this capacity-building effort, m2m was able to open 15 new sites and plan for 17 additional sites. Additionally, a Pfizer fellow provides supply chain management expertise to another USAID partner in Kenya, a placement coordinated by USAID/W and Pfizer and facilitated by USAID/Kenya.

Polio Eradication

The Global Polio Eradication Initiative is one of the largest public health initiatives in history. The Stop Transmission of Polio (STOP) program is conducted by CDC in partnership with WHO and UNICEF. Working in collaboration with national MOHs, the STOP program provides health professionals to serve short-term assignments (three to five months) in areas of the world experiencing polio outbreaks or that continue to be at risk for polio transmission, and for other immunization needs. These volunteers provide professional support in communications, data management, epidemiology, and field operations to help strengthen polio eradication efforts. Since 2009 the STOP program has deployed 690 participants to serve in 58 countries around the world. A secondary impact of STOP has been to create a cadre of field-experienced public health professionals who may, in turn, use their STOP experience to address other public health interventions in their home countries.

Pink Ribbon Red Ribbon (PRRR)

The Pink Ribbon Red Ribbon (PRRR) is an innovative PPP designed to leverage public and private investment into a powerful partnership effort to combat cervical and breast cancer in sub-Saharan Africa and Latin America. Members of this initiative include PEPFAR, UNAIDS, the Susan G. Komen Foundation for the Cure, the Bill and Melinda Gates Foundation, and corporate participants Merck, Becton Dickinson, QIAGEN, Caris Foundation, Bristol-Myers Squibb, GlaxoSmithKline, and IBM. The goals are to reduce deaths from cervical cancer by an estimated 25% among women screened and treated through the initiative; to significantly increase access to breast and cervical cancer prevention, screening and treatment programs; and to create innovative models that can be scaled up and used globally. Cervical cancer screening and treatment and breast care education efforts are especially important for women who are HIV-positive as they are at higher risk. By leveraging the significant investments made in HIV prevention, care, and treatment, it is possible to integrate simple, cost-effective preventions and screening and testing methods, and dramatically reduce mortality and late-stage diagnosis of cervical cancer while continuing to increase access to breast care education.

European Union

At headquarters level, the USG has ongoing negotiations with the EU within the framework of the U.S.-E.U. transatlantic development dialogue. A U.S. health technical working group and senior leadership representative have been established by USAID for EU discussions. Official topics on the agenda are climate change, food security, and the MDGs – health falls under the MDGs and there is a health “annex” to the MDG roadmap. See <http://www.un.org/millenniumgoals/> The objective of this coordination is to encourage policy coherence/alignment at the global level.

Bayer Health Pharma: Contraceptive Security Initiative

USAID has entered into a global development alliance (GDA) with Bayer Health Pharma (BHP) to jointly address the need for access to affordable contraceptives in the developing world while recognizing the ever decreasing amount of donor funding available. USAID is contributing the one-time funding of development of marketing plans and materials. BHP is contributing its manufacturing, packaging, export/import, and distribution capabilities as well as the expertise and capacity of its current management and sales staff to ensure success. The initiative will cover 11 sub-Saharan African countries; the first three were Ethiopia in late 2010, and Uganda and Tanzania in 2011.

Government donor aid agencies

The USG has memoranda of understanding or statements of intent with AusAID, Brazil's ABC, JICA, KOICA, SIDA, and the United Kingdom, all of which have global health components.

Alliance for Reproductive, Maternal, and Newborn Health

In 2010, USAID, the UK's Department for International Development (DFID), AusAID, and the Bill & Melinda Gates Foundation launched the Alliance for Reproductive, Maternal, and Newborn Health (Alliance), a unique partnership to accelerate progress in achieving MDGs 4 and 5, which focus on improving maternal and child health outcomes. Through coordination at both the headquarters level and in 10 high-need countries in sub-Saharan Africa and Asia, the partnership seeks to promote the cost-effective use of donor resources, leverage financial resources to fill funding gaps, reduce duplication of effort, and encourage sharing of best practices among partners. Examples of Alliance partner successes due to coordinated effort include an increase in trained community midwives from 2,795 to 7,764 in Pakistan, cofunding in Tanzania to immunize children from measles, and cost efficiencies achieved through a 15% reduction in price of two high-demand contraceptive commodities. In Uganda, an agreement between USAID and DFID is channeling an additional \$33 million to USAID's family planning programs. It is estimated that by 2015 this Alliance partnership will increase the national contraceptive prevalence rate by five percentage points, thereby averting an estimated two million unintended pregnancies and 6,130 maternal deaths.

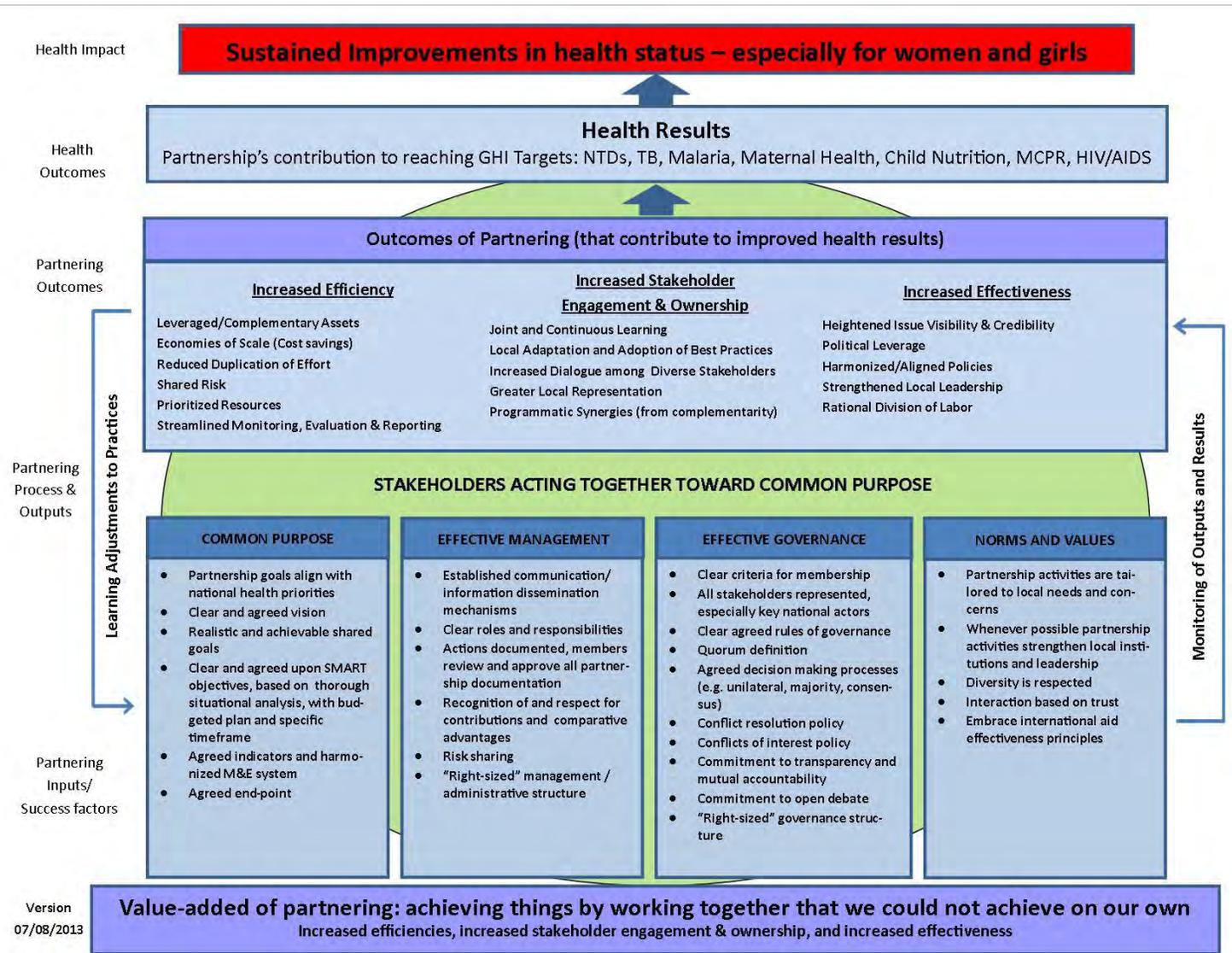
Bhubezi Community Health Center: South Africa

One of PEPFAR South Africa's longest standing PPPs is with Virgin Unite, Right to Care/Ndlovu Medical Trust, and Bushbuckridge Trust to support the Bhubezi Community Health Center. The center is a one-stop health care center that is bringing effective diagnosis and treatment to a poor community in rural South Africa. Virgin paid for the capital costs, Bushbuck for the high level management costs, and USG supported operating costs through Right to Care and Ndlovu. In 2010, USG, Right to Care, and Ndlovu were able to replace the lab costs that PEPFAR paid to Toga Labs with fully funded lab assistance from National Health Laboratory Service, transferring those costs to the South Africa Department of Health of Mpumalanga. The partnership agreement is to transfer all of the ARV costs from USG through Right Med Pharmacy to the Department of Health. The partnership is committed to gradual transfer of additional funding from USG to the South Africa government.

Saving Mothers, Giving Life: Uganda and Zambia

Integral to GHI's program Saving Mothers, Giving Life (Saving Mothers) is the mobilization of a global PPP. Building on the State Department's PPP strategy, Saving Mothers has engaged founding partners (Merck for Mothers, the American College of Obstetricians and Gynecologists, Every Mother Counts, Project C.U.R.E., and the government of Norway) to harness the energies and resources from private companies, nonprofits, and other donor governments to coinvest in Saving Mothers programs by filling critical program gaps. These partners will further mobilize other private companies, foundations, nonprofit and FBOs, hospital and professional associations, and others. To date, the nongovernment partners have pledged generous cash and in-kind contributions that exceed \$90 million, making Saving Mothers one of the largest PPPs in global health.

Annex C: Partnership Principle Results Framework



Annex D: Global and Illustrative Indicators

(Version July 19, 2013)

Results Framework Element Key

Results Framework Element

- I. Increased Efficiency
- II. Increased Stakeholder Engagement and Ownership
- III. Increased Effectiveness

Results Framework Element	Indicator and Description	Data Source
Proposed GLOBAL indicators		
I	Total number of USG-supported partnerships in the current fiscal year of reporting (that support USG planned health outcomes)	USG-supported partnership documents; program reports
I	Number of NEW partnerships out of the total number of USG-supported partnerships in the current fiscal year of reporting (that support USG planned health outcomes)	USG-supported partnership documents; program reports
II	Type of partner(s) (that support USG planned health outcomes): <ul style="list-style-type: none"> a. With Public sector (host country’s governmental bodies and levels) institutions b. With Public sector Regional or International institutions c. With Private For-profit Domestic institutions d. With Private For-profit International corporations and other for-profit institutions e. With Private <u>Not-for-profit</u> Domestic institutions f. With Private <u>Not-for-profit</u> International institutions 	USG-supported partnership documents; program reports

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Proposed ILLUSTRATIVE indicators		
<p>Value-added: Increased Efficiency</p> <p>Increased efficiencies can result when different partners bring different and (ideally) complementary assets—financial or in-kind—to the table in partnership arrangements, which are necessary to achieve the partnership’s goal/objective.</p> <p>Indicator: List and name the assets USG has leveraged through partnerships during this fiscal year</p>		
I	<p>Subject area expertise that complements or supplements USG expertise</p> <p>Examples include core business processes, marketing</p>	USG-supported partnership documents; program reports
I	<p>Infrastructure</p> <p>Examples include buildings, equipment, roads</p>	USG-supported partnership documents; program reports
I	<p>Intellectual Property</p> <p>Examples include patented processes, protocols</p>	USG-supported partnership documents; program reports
I	<p>Access to populations to which USG doesn’t normally have access</p> <p>Examples include at-risk, marginalized and vulnerable groups; service providers; factory workers</p>	USG-supported partnership documents; program reports
I	<p>Products/commodities</p> <p>Examples include bednets, medicine, medical supplies</p>	USG-supported partnership documents; program reports
I	<p>Access to management/distribution networks</p> <p>Examples include supply chain networks, communication networks</p>	USG-supported partnership documents; program reports
I	<p>Access to information networks</p> <p>Examples include social media, mass media, or cyberspace</p>	USG-supported partnership documents; program reports
I	<p>Funds that do not come from USG sources, and that supplement or complement USG funds</p>	USG-supported partnership documents; program reports
I	<p>Other (Please specify if there are any other assets that USG has leveraged through partnerships)</p>	USG-supported partnership documents; program reports

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Value-added: Increased Stakeholder Engagement and Ownership

Partnering can result in increased commitment across stakeholders, stimulating greater local representation and thus ownership among stakeholders, promoting joint and continuous learning, supporting greater equity, and achieving a greater probability of sustainability over time. Below are some of the ways we can measure this value-added, but other measures may be most relevant to any specific partnership.

Indicator: List and name if USG has experienced any of the following measures of stakeholder engagement and ownership as a result of partnering during this fiscal year.

<p>II</p>	<p>Frequency of stakeholder dialogue forums conducted by partnership operations</p> <p>This can be measured by counting meetings between partners</p>	<p>USG-supported partnership documents; program reports</p>
<p>II</p>	<p>Breadth and diversity of professional profiles and/or affiliations of persons engaging in stakeholder dialogue forums conducted by partnership operations</p> <p>This can be collected by reviewing sign-in sheets</p>	<p>USG-supported partnership documents; program reports</p>
<p>II</p>	<p>Satisfaction levels</p> <p>This can be measured through surveys; recommend that particular consideration be given to marginalized stakeholder ‘voices’ in partnership events</p>	<p>USG-supported partnership documents; program reports</p>

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Value-added: Increased Effectiveness

A health program may experience increased **effectiveness** as a result of partners aligning behind a common goal/objective and taking concerted, coordinated action to advance that goal/objective. Below are some of the ways we can measure this value-added, but other measures may be most relevant to any specific partnership.

Indicator: List and name if the USG has experienced any of the below measures of effectiveness a result of partnering during this fiscal year.

<p>III</p>	<p>Policy dialogue/Political influence</p> <p>This can be measured by the number of committee meetings, public hearings, drafting activities, press coverage, and other tangible examples that contribute to making policy change occur</p>	<p>USG-supported partnership documents; program reports</p>
<p>III</p>	<p>High-level visibility through a “champion” or other prominent representation by partners</p> <p>This can be measured by media mentions in print, radio, or TV, of the partnership or its goal/objective or issue</p>	<p>USG-supported partnership documents; program reports</p>
<p>III</p>	<p>Coordinated allocation of human resource needs to reach shared goal/objective</p> <p>A clear example is division of labor to reach goal/objective or further address the partnership's issue</p>	<p>USG-supported partnership documents; program reports</p>

Mini Reference Sheet for GLOBAL indicators

<p>Indicator Name: Total number of USG-supported partnerships in the current fiscal year of reporting (that support USG planned health outcomes)</p>
<p>Indicator Source: USG-supported partnership documents; program reports (these should be kept available for verification purposes)</p> <p>___ New partnership in this fiscal year ___ Existing partnership in this fiscal year</p>
<p>Disaggregation: by new and previously existing per fiscal year</p>
<p>Definition/Description:</p> <p>The total number of partnerships active within a fiscal year (that support GHI health targets)</p> <p>Partnership is an arrangement involving two or more parties acting together to achieve a common goal and/or objective by bringing to bear a set of complementary assets. Ideally, each partner offers assets that draw on its core institutional capabilities. Moreover, the process of partnering produces a concrete value-added that benefits all partners, helping each to achieve something that no single partner could have achieved on its own. Similarly, each partner is better able to achieve its own objectives than it could have operating solo. Stakeholders acting together toward a common purpose are the heart of a partnership endeavor.</p> <p>A USG-supported partnership is one in which the USG is a partner per the definition above and which works through a partnership to achieve USG health targets.</p>
<p>Purpose of the indicator:</p> <ul style="list-style-type: none"> ▪ This indicator maps to the Partnership Outcomes of the Partnership Result Framework (07/08/13) ▪ The indicator is used to monitor the total number of partnerships active in a fiscal year
<p>Data Collection Method/Measurement Method</p> <p>Reporting/Program Unit self-reporting on the number of currently existing partnerships with other institutions with which USG engages to achieve the GHI health targets (NTDs, TB, malaria, maternal health, child nutrition, MCPR, HIV/AIDS).</p> <p>The Reporting/Program Unit will fill out a form sent to them by USG to report on this indicator.</p>
<p>Limitations, Challenges, Caveats</p> <p>This indicator collects the number of USG-supported partnerships in a fiscal year but does not track the longevity of such partnerships, measure the quality of partnership, or prove causality of their intended health outcome.</p> <p>Note: Partnerships are framed per the nature of engagement, not the acquisition or assistance mechanism by</p>

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which a USG agency enters into the relationship.

This indicator and the indicator titled '*Total number of **NEW** USG-supported partnerships in the current fiscal year of reporting (that support USG planned health outcomes)*' should NOT be combined to avoid double counting.

Indicator Name: Number of **NEW** partnerships out of the total number of USG-supported partnerships in the current fiscal year of reporting (that support USG-planned health outcomes)

Indicator Source: USG-supported partnership documents; program reports (these should be kept available for verification purposes)

___ New partnership in this fiscal year

Disaggregation: None

Definition/Description:

The number of **NEW** partnerships entered within a fiscal year (that support GHI health targets)

Partnership is an arrangement involving two or more parties acting together to achieve a common goal and/or objective by bringing to bear a set of complementary assets. Ideally, each partner offers assets that draw on its core institutional capabilities. Moreover, the process of partnering produces a concrete value-added that benefits all partners, helping each to achieve something that no single partner could have achieved on its own. Similarly, each partner is better able to achieve its own objectives than it could have operating solo. Stakeholders acting together toward common purpose are the heart of partnership endeavor.

A **USG-supported partnership** is one in which the USG is a partner per the definition above and works through a partnership to achieve USG health targets.

Purpose of the indicator:

- This indicator maps to the Partnership Outcomes of the Partnership Result Framework (version 07/08/13).
- The indicator is used to monitor the number of **NEW** partnerships created in a fiscal year to track change/growth in the volume of partnership activity contributing to GHI health targets

Data Collection Method/Measurement Method

Reporting/Program Unit self-reporting on the number of **NEW** partnerships with other institutions with which USG engages to achieve the GHI health targets (NTDs, TB, Malaria, Maternal health, Child Nutrition, MCPR, HIV/AIDS).

The Reporting/Program Unit will fill out a form to report on this indicator.

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Limitations, Challenges, Caveats

This indicator collects the number of **NEW** USG-supported partnerships in a fiscal year but does not track the longevity of such partnerships, measure the quality of partnership, or prove causality of their intended health outcome.

Note: Partnerships are framed per the nature of engagement not the acquisition or assistance mechanism by which a USG agency enters into the relationship.

This indicator and the indicator titled '*Total number of USG-supported partnerships in the current fiscal year of reporting (that support USG planned health outcomes)*' should **NOT** be combined to avoid double counting.

Indicator Name: Total number of partnerships (that support USG planned USG health outcomes) disaggregated by type of partner

- a. With **public sector (host country's governmental bodies and levels) institutions**
- b. With **public sector regional or international institutions**
- c. With **private for-profit domestic institutions**
- d. With **private for-profit international corporations and other for-profit institutions**
- e. With **private not-for-profit domestic institutions**
- f. With **private not-for-profit international institutions**

Indicator Source: USG-supported partnership documents; program reports (these should be kept available for verification purposes)

___ New partnership in this fiscal year ___ Existing partnership in this fiscal year

Disaggregation: See a-f below; please disaggregate also between new partnerships and existing partnerships as stated in the line above.

Definition/Description:

The total number of partners by type engaged within a fiscal year who support GHI health targets.

- a. **Public sector (host country's governmental bodies and levels) institutions** including but not limited to MOHs, regulatory agencies, legislative bodies, leading politicians and public officials, and political parties and committees at the national, provincial, district, local, etc. levels.
- b. **Public sector regional or international institutions** advancing public goods including bilateral donor agencies, regional cooperative institutions such as the African Union, financial institutions such as the World Bank, and bilateral and regional trade platforms.
- c. **Private for-profit domestic institutions** including local indigenous businesses, private health facilities and laboratories, consulting firms, banks, investors, and investment funds. This definition excludes local branches of multinational companies (see d) and local not-for-profit institutions (see e).
- d. **Private for-profit international corporations and other for-profit institutions** that work in or with in-country partners, including but not limited to multinational corporations, consulting firms, and investment banks.
- e. **Private not-for-profit domestic institutions** including indigenous NGOs, PVOs, CBOs, FBOs, labor unions, industry trade groups, associations, think tanks, universities, and similar organizations.
- f. **Private not-for-profit international institutions** that work in or with in-country partners, including but not limited to philanthropic foundations (i.e., the Bill and Melinda Gates Foundation), international NGOs, and international social investment funds (i.e., Acumen).

Purpose of the indicator:

- This indicator maps to the partnership outcomes of the Partnership Result Framework (version 07/08/13)
- This indicator monitors the types of organizations with which the USG engages in partnership to achieve the GHI health targets

Data Collection Method/Measurement Method

Reporting/Program Unit reporting on the types of organizations with which the USG engages in partnership to achieve the GHI health targets (NTDs, TB, malaria, maternal health, child nutrition, MCPR, HIV/AIDS).

Notes on measurement:

- a. With **public sector (host country's governmental bodies and levels) institutions** (Data Entry Codes: Yes= 1, No=0)
- b. With **public sector regional or international institutions** (Data Entry Codes: Yes= 1, No=0)
- c. With **private for-profit domestic institutions** (Data Entry Codes: Yes= 1, No=0)
- d. With **private for-profit international corporations and other for-profit institutions** (Data Entry Codes: Yes= 1, No=0)
- e. With **private not-for-profit domestic institutions** (Data Entry Codes: Yes=1, No=0)
- f. With **private not-for-profit international institutions** (Data Entry Codes: Yes= 1, No=0)

The Reporting/Program Unit will fill out a form to report on this indicator.

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Limitations, Challenges, Caveats

This indicator tracks over time the types of organizations with which the USG partners to achieve the GHI health targets. It does not count the number of partnerships of each type but provides a general picture of the range of stakeholders with which the USG engages.

Note: Partnerships are framed per the nature of engagement not the acquisition or assistance mechanism by which a USG agency enters into the relationship.

Annex E: USG Health Partnership Assessment Tool

Please Note: Use of this tool by field teams is not mandatory

Instructions and Identifiers

Partnership is a way of working that combines the strengths of several into one effort to achieve a common purpose. There are some key operating agreements for partnerships, the absence of which raises caution flags regarding the partnership's ability to operate effectively and to achieve its common purpose. This assessment helps to 'quantify' those agreements and thus provides a guide for the establishment of those that may be lacking.

This 'rapid assessment' tool is intended for use by members of an existing partnership to measure the efficacy of their collaborative efforts. It focuses on key success factors that can govern smooth functioning of any partnership effort. The tool may be used by individual partner organizations for self-reflection or may be used simultaneously by multiple partners (with analysis of compiled results) to stimulate further planning and/or adjustment to partnership practices. Its use is not mandatory.

Partnership name:

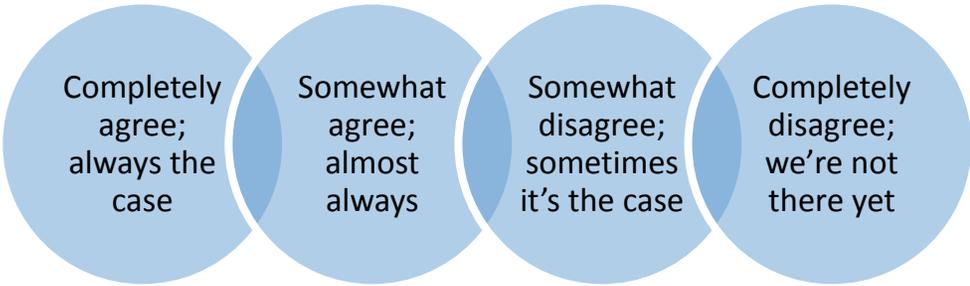
Partners engaged:

Date of creation:

Persons/organizations completing assessment/

Date assessment completed:

Time period to which assessment applies:

 <p>PLEASE NOTE THE DEGREE TO WHICH EACH OF THE FOLLOWING IS PART OF YOUR PARTNERSHIP.</p>	Completely agree	Somewhat agree	Somewhat disagree	Completely disagree
Agreement and clarity on common vision for partnership (shared high-level goals describing the ideal situation to which the partnership aspires)				
Agreement on common purpose/objective (what the partnership is being formed to achieve in support of beneficiary government health priorities)				
Understanding of the complementary capabilities brought by each partner and how, together, these capabilities are needed to help achieve the common purpose				
Clear delineation of the roles and responsibilities of every member of the partnership				
Agreed decision-making process (consensus, voting/majority, quorum, centralized in one person, etc.)				
Reviews at agreed-upon intervals of partnership progress toward common objective(s) using indicators that are measurable, realistic, and achievable				
Regular and open communication (formal and informal) among members, information sharing/exchange, including fiscal transparency				
Understanding that partners, while sharing responsibility, will also share risk, success, and failure				
Adherence to transparent and inclusive practices; all stakeholders have equal voice and access				
Adherence to agreed-upon conflict resolution procedures				
Understanding of the value-added gained from partnering to reach the agreed objectives (as opposed to doing it on our own)				

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Please give one (or more) specific example of benefits you've achieved by working collaboratively – the “value-added” of partnering. (The Results Framework organizes value-added in three categories: Increased Efficiencies, Increased Stakeholder Engagement and Ownership, and Increased Effectiveness.) These can be technical or relational in nature.

Are there additional benefits you would like to see the partnership achieve?

Annex F: USG Health Partnership Comprehensive Diagnostic Checklist

(Version May 8, 2013)

Please note: use of this tool by field teams is not mandatory. **When to use:** This checklist is based on information contained in this GHI Principle Paper. It is intended for use as a tool to foster **INTERNAL REFLECTION and ANALYSIS**. Use of the checklist can help agency health teams (or other operating units) internally assess whether current partnerships are functioning optimally. The checklist can also be used as a guide to key partnership components that need attention when establishing a partnership. Use of this checklist is not mandatory. Please note that this checklist has not been field tested.

How to use: Ask members of your internal group to characterize the partnership on the performance criteria listed in the table below. Responses can be tallied by performance criteria; thus partnership strengths and weaknesses, as described by the membership, can be identified. Any item or section that receives a majority of “Needs to be better” ratings may merit closer examination and/or a facilitated discussion among all partners. It is strongly recommended that if the partnership plans to undertake a significant discussion focusing on potential changes, the agency health team or operating unit concerned should engage an experienced partnership broker or facilitator to assist with successful management of the partnership change process.

Performance Criteria	Works well	Needs to improve
VISION, GOALS, AND OBJECTIVES		
Partnership has a clear and agreed-upon vision		
Partnership has a realistic and achievable shared goal/purpose		
Partnership has clear and agreed-upon SMART objectives		
Partnership has conducted a thorough situational analysis		
Partnership has agreed-upon indicators and harmonized M&E system		

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Partnership has an agreed-upon process for determining an end-point		
Performance Criteria COUNTRY OWNERSHIP AND LOCAL ENGAGEMENT	Works well	Needs to improve
The partnership effort (governance, function, and processes) support the overall goal of country ownership		
The vision, goal, and objectives of the partnership are aligned with and support national health priorities		
Membership includes relevant national representatives (examples: national government, nationally owned enterprise, a national educational institution, civil society leaders, professional organization, traditional/community leaders)		
The partnership efforts are tailored to country performance, capacity, and needs, and, whenever possible, national platforms and cooperating agencies are utilized		
Over time, national budget and human resources supporting partnership activities are increasing as an overall proportion of the partnership resources		
Performance Criteria LEVERAGING RESOURCES	Works well	Needs to improve
The partnership actively seeks to leverage resources and strengths from members and other program area stakeholders. Leveraged resources are recognized to encompass financial, in-kind, human resource, expertise, and knowledge-based assets		
There is an effective mechanism to assure accountability on the receipt and use of the pledged resources. This mechanism uses agreed-upon valuation techniques to demonstrate the value of the members' contributions and enables members to see a "return" on their participation. (Note: this information may be included in the M&E reporting platform)		
If the partnership has a long term goal or extended timeframe, there is an agreed-upon process that allows all		

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external partners to gradually scale back investments without compromising public health impact		
Performance Criteria NORMS AND VALUES	Works well	Needs to improve
Members are committed to the partnership vision, goal, and objectives		
Members are committed to partnering because it brings value in pursuing to their agency's goals (shared goals and shared responsibilities)		
Each member clearly understands the organizational priorities and specific goals of the other partnership members		
Members are recruited based on the complementarity of their potential value-added contributions as well as their experience and skills in working as team members		
Members see decision making as a shared responsibility		
Members promote transparency and information sharing in all endeavors		
Members value open debate within the partnership		
Members feel their contributions are valued by the partnership		
The partnership has embraced international principles of good aid practices (country ownership, alignment, and harmonization)		
A core function of the partnership is the institutional capacity-building for country leadership in relevant sectors		
Members are flexible and willing to negotiate for win-win situations		

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Performance Criteria GOVERNANCE STRUCTURE	Works well	Needs to improve
The partnership has clear and agreed-upon rules of governance which are documented in writing and shared with all members		
The partnership governance structure is right-sized to reflect the scope and size of the alliance, its assets, and its activities		
The partnership has a clearly understood definition of what constitutes a meeting quorum		
The partnership has clearly defined decision-making processes and agreed-upon decision-making rules to be used (consensus, simple majority plus one, three-fourths majority) once a quorum is present		
All members receive orientation or training on the partnership’s goals and operations including members’ roles and responsibilities at least once a year		
All members understand their roles responsibilities		
Governance documents clearly describe how membership conflict will be resolved should it arise		
Governance documents clearly describe the partnership’s policy about membership conflict of interest		

Performance Criteria GOVERNANCE – ADMINISTRATION	Works well	Needs to improve
There is an administrative staff that provides support for the partnership		

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“Call to Meetings” are announced well in advance of the meeting date and minutes of meetings are shared with all members as well as archived		
There is a note taker at each meeting to record members present, agenda points discussed, and, importantly, decisions made during the meeting		
Important documents (rules of governance, meeting papers, membership list with name, organization, telephones, email addresses) are part of the partnership’s records and are freely shared with members		
Members claiming representation of particular groups must have support documentation (representative of the clinical health professions group is the elected president of the group)		
Performance Criteria IMPLEMENTATION	Works well	Needs to improve
The partnership has conducted a SWOT analysis and has clearly defined problems to be addressed, strengths to be used, and weaknesses (including true costs and risks) to be corrected, including opportunities to be exploited and threats that need to be mitigated		
There is a consolidated and budgeted implementation plan with a clear timeline		
There is an M&E component in the implementation plan with clearly defined indicators based on the SMART objectives		
There are effective reporting platforms or mechanisms to measure inputs as well as outputs. <i>Examples:</i> Input = members’ pledges and contributions received. Outputs = number of children under one who received a measles dose between the age of 9–12 months		
There is a designated person responsible for collecting data and preparing reports on a defined periodic basis		
Members have an opportunity to review the draft report on results and to approve the final version		

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There is a midstream evaluation planned that may provide opportunity to identify needed changes or corrections		
Performance Criteria PARTNERSHIP BENEFITS	Works well	Needs to improve
The partnership has increased efficiency. Examples: reducing duplication of effort, lowered costs, increased productivity, shared responsibility among members has reduced the burden on individual members		
The partnership has increased effectiveness. Examples: leveraged additional resources, harmonized approaches, standardized equipment, promoted use of uniform policies, harmonized protocols		
The partnership has increased stakeholder engagement and ownership		
The partnership has harnessed comparative advantages. Examples: each member’s expertise, skills, and talents are utilized; each member has a clearly defined role that utilizes its comparative advantage; members are willing to share their expertise and may even train other partnership members in their skill area		
The partnership has increased sustainability. Examples: partnership actively seeks innovative ways of increasing national participation, there is a strategy to increase domestic funding, there is an exit strategy for all external partners		
The partnership has achieved greater equity. Examples: partnership actively seeks to expand access to quality services, MARPS are a target population; new services are introduced in underserved areas		
The partnership has achieved increased innovation. Examples: new technologies are introduced, partnership is willing to try new approaches		