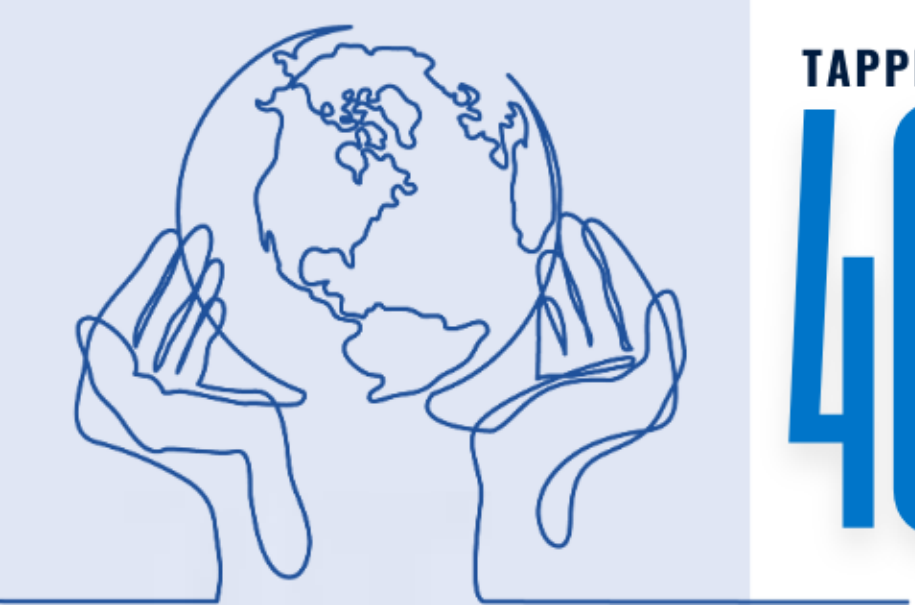

TAPPING 40 YEARS OF LESSONS

FROM GLOBAL HEALTH PARTNERSHIPS TO TACKLE EMERGING CHALLENGES

WHERE DO WE GO FROM HERE?

THE TASK FORCE FOR GLOBAL HEALTH

UNGA79

On September 23, 2024, before the opening of the annual UN General Assembly meeting in New York City, The Task Force for Global Health hosted a roundtable lunch discussion on the topic "Tapping 40 years of Global Health Partnerships to Tackle Emerging Challenges: Where Do We Go from Here?". Leaders of nearly 20 global health entities including four Task Force founding partners (WHO, UNICEF, UNDåP and Rockefeller Foundation), multilateral partnerships, governments, ministries of health, advocacy groups, foundations, and the private sector gathered to discuss the key elements of successful global health partnerships and consider future directions.

The roundtable began with a discussion of the **essential elements and characteristics** of **successful global health partnerships**. Drawing on examples of some of the most impactful partnerships of the past several decades, roundtable participants identified several common attributes.

First, partners must share a **joint sense of buy-in and ownership,** down to the community level. Partnerships must work at many levels—global, regional, national, sub-national, and community—to work well, and it is critical to ensure that affected communities have "a voice and a vote" in the design and implementation of global health partnerships. Ensuring shared buy-in and ownership sometimes requires partners to actively help **align the interests of governments and the communities** they represent. Without this alignment, it is difficult to ensure shared buy-in to common goals, or to sustain progress. It is also crucial to help **foster partnerships *within* governments**, encouraging collaboration between ministries with complementary strengths needed to achieve complex goals.

Adaptability, flexibility, openness, and **agility** were additional characteristics identified as keys to success. Global health partnerships must be adaptable, flexible, and open to respond to evolving problems—and embrace different solutions, based on feedback and early results. Committing to "living strategies" enables this kind of agility, as does continuous, and transparent, measurement and evaluation. Sustainable **financing** for the **core infrastructure of global health partnerships**—not just for a specific objective or work stream—is also crucial. Above all, partnerships must create space for all partners to feel they have a home and a role, fostering **shared accountability.**

The roundtable discussion continued with an exchange on emerging global health challenges requiring new **models of partnership** and t**ypes of partners.**

Roundtable participants identified several complex global health challenges ripe for new or expanded partnerships—among them, the health consequences of **climate change**, the rise of **non-communicable diseases (NCDs)**, emerging and reemerging **diseases of epidemic and pandemic potential**, and **enduring health threats** like neglected tropical diseases (NTDs) and tuberculosis (TB) in need of fresh energy and approaches. New partnerships should endeavor to **learn from history**, drawing on lessons from efforts to address challenges like polio eradication and child survival which have achieved significant progress.

Much optimism was expressed about the power and promise of **collaboration across sectors** in global health partnerships. Collaborating with partners and institutions across different sectors, outside of health, can bring fresh perspectives and ensure diversity of thought. Global health partnerships should respect and welcome contri-

butions from diverse and sometimes unexpected partners—not only of funding, but also technical expertise, management support, and contributions in kind for identified needs. The **private sector**, in particular, can play an important role in global health partnerships by incubating innovations that enable the sector to set bolder, more audacious goals—like shortening the timeline for vaccine development, as demonstrated during the COVID-19 pandemic.

Roundtable participants emphasized that where possible, partnerships should **link to existing initiatives** and **avoid creating new structures unnecessarily**, with the ACT Accelerator highlighted as an example of a mechanism that coordinated existing partners to address new challenges. These kinds of partnership structures require humility—including an openness to "unlearning" what has not worked in the past—and strong communication between partners, with shared goals repeated clearly, concisely, and frequently.

Finally, the discussion underlined the critical importance of **political support** to the success of global health partnerships, both new and existing. Roundtable participants recalled leaders like UN Secretary-General Kofi Annan and US President George W. Bush who, despite not having health backgrounds, contributed visionary leadership and political will that animated new global health partnerships and rallied the global community to embrace bolder aspirations. Political will must be created and sustained by **advocacy**, especially efforts to grow the overall envelope of resources for global health. Success in advocacy, while not a precise science, can and should be measured, and the global health community must take on the responsibility of **training and supporting advocates** to secure and sustain political will and public resources for health.

The roundtable concluded with an exploration of a fundamental question: how to situate **country perspectives and leadership** more centrally in global health partnerships.

Roundtable participants reflected on equity and inclusion in global health partnerships. Colleagues representing Ministries of Health emphasized that countries need not merely a "seat at the table," but the opportunity to **define and steer global health partnerships from the outset**. To better center countries' perspectives and leadership, we may need to reexamine how some existing global health partnerships work, and be willing to make changes where needed. One such change involves **language**: countries are frequently referred to as "beneficiaries" of funding, technical support, and services provided through global health partnerships; we cannot "sugarcoat" the negative impact of such terms and the views they reinforce—and must instead **recognize and respect the contributions of *all* countries** to global health. One such contribution, participants noted, is that many health workers employed in high-income countries were educated and trained in low- and middle-income countries. Global recruitment of nurses and other health workers is an issue of global health equity, as it contributes to lack of skilled professionals in the origin countries, and is a complicated policy challenge which underscores the need for a more nuanced view of our increasingly interdependent global health ecosystem.

As the roundtable discussion concluded, four elements of inclusive, effective global health partnerships were offered as guideposts: **mutualism**, alignment, equity and accompaniment. A commitment to mutualism encompasses mutually shared problems, mutually shared outcomes, and mutually shared measurement. **Alignment** requires all partners to work from one common framework of goals, monitoring and accountability. Genuine collaboration emerges from a commitment to true **equity** between partners. Finally, drawing on the work and scholarship of the late Dr. Paul Farmer, co-founder of Partners in Health, sustainable, equitable partnerships are built on a model of **accompaniment**: partners meeting where they are and committing to staying the course together, no matter how long it takes.

PARTICIPATING ORGANIZATIONS

Coalition for Epidemic Preparedness Innovations
Department of Health of the Philippines
Flagship Pioneering
Gavi, the Vaccine Alliance
The Global Fund to Fight AIDS, Tuberculosis and Malaria
Merck & Co., Inc.
Ministry of Health of Guyana
Ministry of Health of Sierra Leone
Pandemic Action Network
Pandemic Fund
Pfizer
Rockefeller Foundation*
The Task Force for Global Health
UNICEF*
United Nations Development Programme*
United Nations Foundation
US State Department Bureau for Global Health Security & Diplomacy / President's Emergency Plan for AIDS Relief (PEPFAR)
Wellcome Trust
World Health Organization*
World Health Organization Regional Office for Africa (AFRO)
*indicates Task Force founding partner