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Editorial

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The WHO Eastern Mediterranean Region (EMR) Vision 2023 “Health for All by All” and the EMR Strategy 2020–2023 “Turning Vision into Action” place partnerships at the centre of WHO engagement, to enhance its voice, extend its technical and operational reach, and mobilize needed resources (1). To be effective, partnerships need to evolve from primarily transactional imperatives to strategic collaboration based on shared vision, value addition and trust (2).

In the current environment characterized by multiple crises, partnership needs to translate into mobilizing more resources for health and effective use of limited financial resources and should advance from siloed approaches to integrated multisectoral dimensions of health in all settings. Turning the tide necessitates a ‘business beyond usual’ rethink of how health and development organizations can work collaboratively towards achievement of the health-related Sustainable Development Goals (SDGs) (3,4), while advancing the broader set of complementary priorities and linkages, such as health–climate change and equity in all aspects.

In the EMR where many countries are confronted with emergencies and protracted conflicts, close collaboration between public and private sector stakeholders is imperative to address fragmentation of investments and programmes across the spectrum of health system strengthening, resilience building and emergency preparedness and response (5,6). Helping Member States navigate this reality by creating the environment for effective coordination – partnering for sustainable results and effective use of resources – will be a litmus test for WHO in the region.

Previous publications have highlighted 4 key areas for effective partner engagement: involvement of actors in the public and private sectors; robust coordinating structures with clear mandates, roles and responsibilities; adequate capacity; and sufficient funding (7–10). WHO has a key role in convening EMR Member States and partners to advance collective appreciation of the interlinkages and the development of integrated approaches and mechanisms for effective partner engagement, especially at the country level (11,12). In parallel, sustained commitment to global and regional coalitions for strengthening health systems and health security, including data, innovation, financing, and evidence-based advocacy is needed.

Consequently, since 2020, WHO/EMRO established a Regional Health Alliance that brings together 17 United Nations agencies to guide joint efforts to advance progress on the health-related SDGs (13). New partnering platforms and financing mechanisms (14) require a defragmentation lens to the discourse and the design of supported interventions behind country ownership. Recently, WHO engaged proactively in paving the way for future pandemic prevention, preparedness and response architecture and instruments like the Pandemic Fund to facilitate critical investments at global, regional and country levels, including in the EMR.

WHO/EMRO is in ongoing dialogue with multilateral partners and development banks to increase strategic investments in primary health care-oriented resilient health systems. Cross-programmatic partnerships with other regional actors, including the Eastern Mediterranean Public Health Network and the International Federation of the Red Cross & Red Crescent Societies have been established to promote alignment across emergency responses and health systems strengthening in line with the ambition to achieve Universal Health Coverage and health security. Successful evolution of partnerships is also essential to finishing the task of polio eradication, while building on and transitioning successes to benefit broader health goals. To enhance collective effectiveness, WHO has intensified its partnerships and collaborations with academic institutions in the EMR through the expansion of the WHO Collaborating Centres and the establishment of the Network of Institutions for Evidence and Data to Policy (15,16).

Available evidence for measuring the effectiveness of health partnerships is limited (2,17,18) and this has impact on the objective assessment of the value added. A robust accountability, monitoring and evaluation framework, together with deliberate efforts to remove institutional barriers for meaningful partnering, are urgently needed to make the case, and also the ‘how to’ for effective win-win partnering. Leading this effort would be a valuable contribution by WHO towards demonstrating the power of shared mission and sharing of best practices that can be replicated at scale.

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