

Collaboration within the United Nations system and with other intergovernmental organizations

Report by the Secretariat

1. WHO's collaboration within the United Nations system and with other intergovernmental organizations takes place at three distinct levels: intergovernmental, interagency and country. WHO's interaction with the United Nations system and in particular its involvement in United Nations reform efforts has a twofold orientation: the promotion of health as a contributor to national development processes; and the increased coherence and effectiveness of the United Nations system's contribution to national development processes. These two points of focus are in line with resolution WHA58.25, which requested the Director-General to ensure Organization-wide adherence to the international harmonization and alignment agenda as reflected, inter alia, in the Rome Declaration on Harmonization (2003) and the Paris Declaration on aid effectiveness: ownership, harmonization, alignment, results and mutual accountability (2005), and to take account of the United Nations triennial comprehensive policy review of operational activities for development of the United Nations system.

2. The present report provides an overview of WHO's collaboration within the United Nations system and with other intergovernmental organizations for the period 2008 to April 2009. It reflects WHO's efforts towards achievement of the internationally agreed development goals, including the Millennium Development Goals, with particular emphasis on those focusing on improving global health conditions.

INTERGOVERNMENTAL PROCESSES OF THE UNITED NATIONS SYSTEM AND OF OTHER INTERNATIONAL ORGANIZATIONS

3. WHO's interaction with governance processes of the United Nations system and of other international organizations concerns the United Nations General Assembly, the Economic and Social Council and its commissions, the governing bodies of United Nations funds, programmes and specialized agencies, as well as the governing bodies of other intergovernmental organizations.

General Assembly

4. During the sixty-second and sixty-third sessions of the General Assembly, technical support was provided on several resolutions on health and United Nations reform. The General Assembly adopted

a resolution on global health and foreign policy,¹ which recognizes the close relationship between the two areas. It requests the United Nations Secretary-General, in close collaboration with the WHO Director-General, to report to the sixty-fourth session of the General Assembly on challenges, activities and initiatives related to foreign policy and global health. Another key resolution adopted was on smoke-free United Nations premises,² which recommended the implementation of a complete ban on smoking at all indoor United Nations premises, including regional and country offices throughout the United Nations system, and the implementation of a complete ban on the sale of tobacco products at all United Nations premises. WHO has been working with the United Nations Secretariat on possible methods of implementation. Other health-related resolutions adopted were on the 2001–2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa³ and recognition of sickle-cell anaemia as a public-health problem.⁴

5. WHO participates in the Main Committees of the General Assembly, maintaining a watching brief on the issues for discussion, as well as participating in panel discussions and other meetings in the margins of the General Assembly. In the framework of the Second Committee, which deals with economic and financial issues, a panel discussion on globalization and health was held, with the Director-General as a keynote speaker.

6. On United Nations reform, WHO collaborated on a resolution on operational activities for development,⁵ which deals with the synchronization of United Nations system planning cycles with the comprehensive policy reviews and better tuning of funding of the United Nations system. During the sixty-second session, two resolutions were adopted in relation to United Nations reform, one on the triennial comprehensive policy review of operational activities for development of the United Nations system,⁶ and the other on system-wide coherence.⁷ WHO met with the two co-chairs of the system-wide coherence consultation process, on two occasions in 2008 and contributed to their work.

7. WHO participated actively in the United Nations High-level Event on the Millennium Development Goals, held in New York in September 2008. The Event involved a week-long series of informal and formal meetings aimed at renewing commitments to achieve the Millennium Development Goals. One major event included the Director-General's round table on Goal 5, which gathered some 20 women leaders from around the world, with the aim of raising awareness of health issues related to improving maternal health. Other high-level meetings at which WHO participated in a United Nations context include the 2008 high-level meeting on HIV/AIDS, the first HIV/TB Global Leaders' Forum convened by the Secretary-General's Special Envoy to Stop TB, the third High-Level Forum on Aid Effectiveness (Accra, 2–4 September 2008), the Follow-up International Conference on Financing for Development to Review the Implementation of the Monterrey Consensus in Doha and the High-level Event on Climate Change in Bali.

¹ Resolution 63/33.

² Resolution 63/8.

³ Resolution 63/234.

⁴ Resolution 63/237.

⁵ Resolution 63/232.

⁶ Resolution 62/208.

⁷ Resolution 62/277.

Economic and Social Council

8. The substantive session of the Economic and Social Council meets every year in July and is divided into five segments (high-level, coordination, operational activities, humanitarian and general). In July 2008, WHO made interventions during the operational and humanitarian segments. In addition to participating in the actual segments, WHO contributed to the various Secretary-General's Reports to the Council. In preparation for the substantive session in 2009, WHO is providing input to nine Secretary-General's reports, many of which are related to the United Nations reform process and the United Nations system's progress in specific areas. These include progress on the implementation of the 2007 triennial comprehensive policy review; commitments in regard to sustainable development; functioning of the United Nations regional commissions; harmonization and simplification; and human resources challenges at country level.

9. The theme of the 2009 Annual Ministerial Review during the high-level segment of the Economic and Social Council is the implementation of the internationally agreed goals and commitments in regard to global public health. In this context, WHO is working closely with Member States and the United Nations Department of Economic and Social Affairs, and is providing substantive input to documentation for the Review; the Organization is also co-hosting regional ministerial meetings and performing other activities leading up to the Review. In addition, WHO is co-hosting several ministerial round-table discussions during the high-level segment.

Governing bodies of other United Nations agencies and international organizations

10. In the context of United Nations coherence, WHO attended the governing bodies of sister United Nations agencies and international organizations. In this reporting period, WHO has participated in the boards of UNESCO, UNDP/UNFPA, UNICEF, and WFP. WHO also participated in ministerial meetings of the Organization of the Islamic Conference.

COORDINATION WITHIN THE UNITED NATIONS SYSTEM AND WITH OTHER INTERNATIONAL ORGANIZATIONS

Coordination platforms of the United Nations system

11. WHO attaches great importance to pursuing opportunities for collective action to enhance collaboration and efficiency within the United Nations system. The Organization has consistently involved itself in planning processes for United Nations reform and participates actively in the CEB and its subsidiary bodies. The CEB covers United Nations system-wide policy, programming, management and operational issues. In furthering efforts to increase the efficiency and effectiveness of the United Nations system, the CEB was recently reformed to bring the United Nations Development Group under its purview as the third pillar, joining the High-Level Committee on Programmes and the High-Level Committee on Management. WHO participates actively in this process, which includes streamlining and rationalizing the United Nations Development Group.

12. WHO is also involved in other areas of coordination within the United Nations system, such as in humanitarian work, through the Executive Committee on Humanitarian Affairs and the United Nations Inter-Agency Standing Committee, the Secretary-General's Task Force on the Global Food Security Crisis, the Interagency Pharmaceutical Coordination Group, and the United Nations system Task Team on Health as a Tracer Sector, which provided input to the third High-Level Forum on Aid Effectiveness.

Coordination activities

13. WHO regularly coordinates with United Nations agencies and other international organizations in various areas, such as drug control, counterfeit medicines, health systems strengthening, HIV/AIDS, environmental health, maternal and child health and water safety. WHO has been working closely with UNICEF in the area of prequalification of medicines for United Nations procurement, as well as in developing international standards and guidance in the area of medicine quality assurance.

14. In 2007 and 2008, WHO and the Organization of the Islamic Conference collaborated in making significant progress in the area of poliomyelitis eradication, which included immunization campaigns and vaccinations in member countries of the Conference. The Conference's General Secretariat and WHO are also working together on the Second Session of the Islamic Conference of Health Ministers, planned to take place in Tehran in 2009.

Regional and country office coordination

15. WHO actively collaborates with United Nations agencies and intergovernmental organizations at the regional and country levels. Memoranda of understanding/agreements were signed with the WHO Regional Office for the Western Pacific and UNDP, UNICEF, UNFPA, UNAIDS, the World Bank, the Asian Development Bank, the Secretariat of the Pacific Community and the Pacific Islands Applied Geoscience Commission. These agreements focus on joint activities and projects in areas including health systems development, HIV/AIDS, dengue control, environmental health, maternal and child health and water safety.

16. Cooperation between the WHO Regional Office for Europe and the European Commission has evolved over the past few years, through high-level political cooperation, policy dialogue and technical cooperation at country level. Most recently, work has begun with the European Centre for Disease Prevention and Control in areas such as influenza control, immunization, HIV/AIDS surveillance, tuberculosis surveillance, and the European Environment and Epidemiology Network.

17. In 2008 the WHO Regional Office for Africa organized, in collaboration with the regional directors of UNICEF, UNFPA, UNAIDS, the World Bank and the African Development Bank, their third high-level meeting. The objective was to improve collaboration between the agencies in order to provide better support to Member States in expanding coverage of essential health interventions for the attainment of the targets for the health-related Millennium Development Goals. The discussion focused on the status of implementation of the Harmonization for Health in Africa initiative and on that initiative's roles in respect to other regional mechanisms, such as the United Nations system Regional Directors Teams.

18. The WHO Regional Office for Africa and the WHO Regional Office for the Eastern Mediterranean are in the process of signing a new Cooperation Agreement with the African Union. Experts of both offices have provided technical inputs to the newly adopted African Union Africa Health Strategy.

19. WHO also works closely with the Islamic Educational, Scientific and Cultural Organization, on a programme that focuses on the following: awareness raising among civil society and nongovernmental organizations on health education; training on waste water safety; combating HIV/AIDS; and bioethic research.

Transaction costs and efficiency

20. An important part of United Nations reform is the rationalizing of procedures and reduction of transaction costs for governments benefiting from support through the United Nations system. The High-Level Committee on Management adopted the International Public Sector Accounting Standards (IPSAS). It was decided that IPSAS should be effective no later than 1 January 2010. The introduction of IPSAS at WHO was endorsed by the Health Assembly in resolution WHA60.9 and consequential amendments to the financial Regulations have been submitted to the present Health Assembly.¹

21. A further effort towards enhancing coherence and efficiency in the context of joint United Nations activities is being made through the creation of Multi-Donor Trust Funds that donors can use to channel and pool resources in order to support national development priorities and facilitate the work of United Nations country teams. WHO is participating in several of the Funds, some of which are increasingly being used to fill the funding gaps in joint country team programmes as defined by the processes of the United Nations Development Assistance Framework.

22. In relation to United Nations common premises, the cost-benefit ratio as well as staff safety and security remain important criteria for WHO. In the 145 countries in which WHO has a field presence, 27 country offices are now located at United Nations common premises. In the European Region, one country office in three is fully integrated with United Nations premises, and the proportion is one in five in both the African and South-East Asia Regions.

COUNTRY LEVEL PROCESSES INCLUDING WHO'S CONTRIBUTION TO NATIONAL DEVELOPMENT PLANS

23. WHO supports national development processes in several ways. The country cooperation strategy, as the medium-term strategic framework for WHO's cooperation with its Member States, is an instrument aimed at articulating WHO's contribution to national health development, aligning activities with national plans and harmonizing activities with the work of other United Nations agencies and partners in health and development at country level. The country cooperation strategy process contributes to the United Nations Development Assistance Framework and harmonization of United Nations operational activities for development at the country level.

24. As illustrated in a recent survey,² 120 WHO country offices (86% of the total number) are taking part in the United Nations Common Country Assessment and the United Nations Development Assistance Framework. During 2008, WHO staff at headquarters and in the regional offices actively participated in the review of the guidelines for the Development Assistance Framework, which will be applied in the 30 countries in which the Framework is due to be implemented in 2009.

Support to the United Nations Resident Coordinator system

25. WHO works in close collaboration with the United Nations Development Group in order to improve the functioning of the Resident Coordinator System, and this involvement takes several forms. WHO participates in all working groups of the Development Group; this participation has

¹ Document A62/32.

² Document CCO/07.03.

produced a number of achievements, including the approval of a generic Resident Coordinator job description; the development of guidance on working relations between the Resident Coordinators and United Nations country teams; the establishment of mechanisms for efficient business operations at the country level; the creation of Multi-Donor Trust Funds; the synchronizing of United Nations system country programming; and the updating of both United Nations Development Assistance Framework guidelines for field staff and the Framework guidelines on transition issues in crisis situations, including establishing links with the humanitarian community.

26. WHO has organized various briefings and dialogues with Resident Coordinators in order to exchange experiences on the “Delivering as One” pilot initiatives, discuss leadership issues and foster harmonious United Nations system collaboration at the country level. At the end of 2008, four senior WHO staff members were designated as United Nations Resident Coordinators in, respectively, Cameroon, Madagascar, Saudi Arabia and Tunisia.

“Delivering as One” pilot initiatives

27. WHO is a committed partner in the United Nations system “Delivering as One” pilot initiatives, which are under way in eight countries.¹ In close collaboration with the WHO Regional Office for Africa, the Organization held a stocktaking meeting in 2008 in Kigali, involving WHO Representatives from the eight countries hosting pilot initiatives, as well as key staff from headquarters and the regional offices. The objective of the meeting was to review WHO’s contribution to the initiatives and draw lessons from the experience recorded to date in order to provide further guidance to field staff on WHO’s contribution to United Nations reform at the country level. As part of the exercise, WHO operates a help desk mechanism and organizes regular in-house meetings on review of and support to the pilot initiatives. To date, eight bulletins on WHO’s involvement in the pilot initiatives and United Nations reform have been issued.

28. The strategy for integrating gender analysis and actions into the mainstream of WHO’s work is established in WHO’s Medium-term strategic plan 2008–2013, and progress on implementation of the strategy is reported every two years to the Health Assembly, through the Executive Board. An example of progress at the coordination level is the recent interagency meeting on the theme “Delivering as One on Gender Equality”, which took place in Hanoi, with the active participation of the WHO Regional Office for the Western Pacific. The purpose of the meeting was to identify lessons learnt and best practices in strengthening capacity for and commitment to gender equality in the eight pilot initiatives, and to enable the sharing of tools, knowledge and products in support of this effort. The meeting’s recommendations were approved by the United Nations Development Group at its meeting in January 2009.

ACTION BY THE HEALTH ASSEMBLY

29. The Health Assembly is invited to take note of this report.

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¹ Albania, Cape Verde, Mozambique, Pakistan, Rwanda, United Republic of Tanzania, Uruguay and Viet Nam.