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## **Collaboration within the United Nations system and with other intergovernmental organizations**

### **Report by the Secretariat**

1. The past year has been marked by the engagement of the United Nations' governing bodies and the whole United Nations system on health issues, most notably in response to the outbreak of Ebola virus disease in West Africa.
2. Such a system-wide effort underlined the need for WHO to be proactive in United Nations' processes and coordination mechanisms in order to guide and coordinate support to countries for achieving their health priorities. This function is well recognized in WHO reform, which has highlighted the importance for the Organization to maximize convergence with the United Nations system to deliver effectively and efficiently on the United Nations mandate.

### **INTERNATIONAL ORGANIZATIONS' RESPONSES TO EBOLA VIRUS DISEASE IN WEST AFRICA**

3. After HIV/AIDS, Ebola virus disease is only the second health issue to be placed on the agenda of the three main bodies of the United Nations: the General Assembly, the Security Council, and the Economic and Social Council. The scale of the outbreak of Ebola virus disease in West Africa and its continuing impact on peoples' lives and the economic and social development of the affected countries have rallied the international community and mobilized international organizations.
4. Soon after WHO's public announcement on 23 March 2014 of an outbreak of Ebola virus disease, the matter was brought to the attention of African health ministers during their first joint meeting, jointly organized by the African Union Commission and WHO (Luanda, 14–17 April 2014). The African Union has shown strong engagement in its response, including through its Peace and Security Council. For instance, the AU Support to Ebola Outbreak in West Africa team coordinates the activities of up to 1000 health workers in the field, sent on a rotational basis over a six-month period (December 2014–May 2015).
5. At global level, specific expertise and outreach capacity across the United Nations system were mobilized across different sectors. A joint letter from the Director-General and the Chair of the United Nations Development Group (5 August 2014) alerted the Resident Coordinators in affected countries to the outbreaks of Ebola virus disease, and encouraged greater coordination among United Nations country teams in those countries. Another joint letter, from the Director-General and the Secretary General of ICAO (29 August 2014), called upon civil aviation authorities to ensure that any existing or future measures which impose restrictions on trade or travel were commensurate with and restricted to reducing the public health risk.

6. In consultation with the Director-General, the United Nations Secretary-General appointed a Senior United Nations System Coordinator for Ebola in August 2014 and activated the crisis response mechanism under the United Nations Operations and Crisis Centre. This paved the way for the establishment of the first-ever United Nations public health mission: the United Nations Mission on Ebola Emergency Response (UNMEER), which was charged with ensuring the rapid, comprehensive and effective response of all United Nations entities in order to meet its objectives of stopping the outbreak, treating the infected, ensuring essential services, preserving stability and preventing further outbreaks.

7. Early engagement of United Nations organizations at country level was essential. WHO coordinated United Nations and other international organizations present on the ground to expand their activities beyond their regular responsibilities: for instance, WFP provided massive logistical support; UNICEF led on social mobilization; UNFPA undertook contact tracing; the International Organization for Migration managed some treatment facilities; and the International Federation of Red Cross and Red Crescent Societies managed safe burials. WHO worked closely with UNMEER in shaping its structure and providing technical expertise to guide expansion of actions. UNMEER drew up specific response plans for the three most affected countries.

8. Support from the United Nations' governing bodies provided the crucial step for the prodigious expansion of efforts. In September 2014, the Security Council adopted resolution 2177 (2014), which recognized the impact of the outbreak of Ebola virus disease on peace-building and development in the most affected countries and called for a series of actions to respond to the crisis. This resolution was cosponsored by 134 Member States of the United Nations, the largest number supporting any Security Council resolution in its history.

9. The first resolution adopted by the United Nations General Assembly at its sixty-ninth session (resolution 69/1) was on "Measures to contain and combat the recent Ebola outbreak in West Africa". Both the General Assembly and the Security Council continue to support efforts in the field by keeping the response to the outbreaks at the centre of political attention of the international community. WHO and UNMEER continue to provide regular briefings during formal sessions, in meetings organized by the President of the General Assembly, and at side events.

10. Parliamentarians across the world mobilized. During its 131st session, from 12 to 16 October 2014, the Assembly of the Inter-Parliamentary Union adopted a resolution on "The role of parliaments in supporting an immediate and robust international response to the Ebola epidemic and in enacting laws ensuring an effective response to and preparedness for Ebola and other infectious disease outbreaks".

11. Resources for responding to the epidemics and for sustaining basic services and revitalizing the economies of the affected countries have come from all over the world. The United Nations Secretary-General established the Ebola Response Multi-Partner Trust Fund. Its governance structure includes an Advisory Committee, which provides strategic direction and allocates resources and is composed of the United Nations Special Envoy on Ebola and representatives of donor and affected countries, with a representative of UNMEER as observer.

12. The World Bank Group has mobilized about US\$ 1000 million in financing for the countries hardest hit by the crisis, and the United Nations Office for Coordination of Humanitarian Affairs also raises funds and tracks resources in addition to its work in ensuring delivery of basic services. Many other international organizations are also mobilizing funds. For example, the Organization of Islamic Cooperation and the Islamic Development Bank announced during a joint conference (Jeddah, Saudi Arabia, 5 November 2014) urgent financial assistance to affected countries, in addition to the

provision of material resources, equipment and supplies as well as trained health workers and support staff.

13. The need for assistance to affected countries goes beyond the immediate public health interventions and humanitarian assistance. The economic and social impacts of Ebola virus disease in those countries, the region and the rest of the world, and possible solutions for a comprehensive and multisectoral response, were considered at the special meeting of the United Nations Economic and Social Council (New York, 5 December 2014). Following these discussions, UNDP initiated an Ebola Recovery Assessment, which focuses on: basic services and infrastructure; health and water, sanitation and hygiene; peace-building and social cohesion and institutional/core government functions; and socioeconomic revitalization.

### **FITNESS FOR PURPOSE OF THE UNITED NATIONS SYSTEM IN SUPPORT OF THE POST-2015 DEVELOPMENT AGENDA**

14. In the final stages of the negotiations on the post-2015 development agenda,<sup>1</sup> the role of the United Nations system is two-fold: to support discussions among Member States by providing technical advice on relevant goals, targets and indicators; and to reposition itself in order to support countries in the implementation of the new agenda at country level.

15. As at November 2014, 43 countries had officially adopted the “Delivering as One” approach. Nevertheless, the United Nations Development Group strongly advocates for wider implementation of the initiative’s Standard Operating Procedures in a flexible and progressive manner. In September 2014, 18 principals of organizations in the United Nations system, including the Director-General of WHO, jointly signed a letter to all United Nations country teams confirming their commitment to working together for greater relevance and impact. With the letter was sent an integrated package of support to countries wishing to adopt the “Delivering as One” approach, including the Standard Operating Procedures and specific guidance on each of its five pillars.

16. WHO contributes to the United Nations’ system-wide efforts to streamline and ensure higher level of coordination of its programmes and business operations, especially at country level, in order to support countries in implementing the post-2015 development agenda.

17. WHO actively supports the Resident Coordinator system. For the biennium 2014–2015 WHO contributed US\$ 5.2 million under the centralized cost-sharing agreement to fund the system’s functioning at all levels. The size of WHO’s contribution for the biennium 2016–2017 will be determined soon within the United Nations Development Group and will be included in WHO’s Proposed programme budget 2016–2017. At the country level, WHO Representatives have assumed temporarily the role of a Resident Coordinator ad interim in more than 80 countries, mostly for periods of up to three months.

18. WHO advocates inclusion of a health component in the United Nations Development Assistance Framework for countries and contributes to health-related outcomes on the basis of priorities identified in the WHO’s country-cooperation strategies. Two of WHO’s leadership priorities which are most reflected in these frameworks are achievement of the health-related Millennium Development Goals

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<sup>1</sup> For an overview of the preparation process for the post-2015 development agenda and the Secretariat’s technical work on indicators, see accompanying documents A68/13 and A68/14.

and tackling the social, economic and environmental determinants of health. WHO country offices participate in work of the health thematic groups in the United Nations country teams. In addition, in more than 90% of the countries, WHO also participates in work of thematic groups in other sectors.

19. WHO is also harmonizing its business operation practices with the United Nations system and participates in the United Nations common services at country level. The common services that WHO uses most frequently include those for security, information and communication technology, local procurement and travel.

## **EXAMPLES OF WHO'S COLLABORATION WITH THE UNITED NATIONS SYSTEM**

20. WHO's work with organizations in the United Nations system underpins intersectoral collaboration and reflects the six leadership priorities set out in the 12th General Programme of Work 2014–2019 in order to promote comprehensive and holistic responses to Member States' current health challenges. The extent of this collaboration is illustrated and elaborated on in several other reports to the current Health Assembly. Examples of the evolving broad range and increasing scope of WHO's work with other organizations in the United Nations system are given below.

21. The most notable examples of WHO's strong and well established collaboration with other United Nations health-related agencies relate to the achievement of the Millennium Development Goals, through the Health 4+ (H4+) partnership, the Every Women, Every Child movement, and the International Health Partnership and related initiatives (IHP+).

22. Prevention and control of noncommunicable diseases remains a topic of attention in the United Nations system, both on the agenda of its governing bodies and for interagency collaboration. In 2014, the General Assembly held a high-level meeting to undertake a comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases. Its outcome document set out essential work needed to realize the road map of commitments included in the Political Declaration of the high-level meeting adopted in 2011.<sup>1</sup>

23. Under WHO's leadership, the United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases coordinates the activities of its members in support of the implementation of the Political Declaration. In 2014, three joint programming missions at country level were undertaken, with representatives from WHO, UNICEF, UNDP, UNFPA, UNAIDS and the World Bank. The missions had meetings with officials of health ministries and ministries of finance, agriculture and planning and with representatives of civil society and the private sector. The outcomes included provision of specific guidance to the United Nations country teams on promoting and implementing a "whole-of-government" and "whole-of-society" approach to preventing and controlling noncommunicable diseases. WHO and UNDP prepared a Guidance note on integration of noncommunicable diseases into United Nations Development Assistance Frameworks. The guidance provides tools for all United Nations country teams to support countries in tackling not only wider social determinants but health aspects of noncommunicable diseases.

24. WHO and ITU jointly lead the "Be He@lthy, Be Mobile" initiative to use mobile telephone technology to help Member States to combat noncommunicable diseases by promoting the use of that

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<sup>1</sup> See document A68/11 on follow-up to the high-level meeting.

technology to deliver disease prevention and management information directly to people, and to strengthen health systems by providing training to health workers. For example, through sustained government programmes, Costa Rica is implementing the world's first national mHealth service to help smokers to quit smoking, and Senegal is using cell phones to train health workers, increase awareness and educate patients about diabetes, and deliver remote consultation services and management support for diabetics. The United Kingdom of Great Britain and Northern Ireland aims to support its national public health efforts with digital solutions to prevent noncommunicable diseases.

25. WHO and FAO collaborated closely on the preparation of the Second International Conference on Nutrition (Rome, 19–21 November 2014). Both the Rome Declaration on Nutrition and its Framework of Action, which were adopted at the Conference, call on the two agencies, in collaboration with other organizations in the United Nations system, to remain actively engaged in implementing those instruments and to support Member States in meeting the multiple challenges of malnutrition.<sup>1</sup>

26. The WHO Conference on Health and Climate (Geneva, 27–29 August 2014) shaped the health perspective of the United Nations Climate Summit 2014 (New York, 23 September 2014). WHO was part of the joint United Nations system's engagement in the 20th session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (Lima, 1–14 December 2014). WHO organized, in collaboration with the International Monetary Fund, a side event on "Protecting Health, Fighting Climate Change" (one of 11 United Nations' side events), which provided an opportunity for participants to elaborate new strategic directions and programmatic initiatives on health resilience to climate change and opportunities for maximizing health benefits of a low-carbon future.

27. Together with the African Development Bank, the West African Health Organization and the World Bank, WHO convened a High-Level Meeting on Building Resilient Health Systems in Ebola-affected Countries (Geneva, 10 and 11 December 2014). Representatives of more than 15 United Nations and other international organizations discussed joint activities, including strengthening core public health capacities for surveillance and response, as required under the International Health Regulations (2005).<sup>2</sup>

## **ACTION BY THE HEALTH ASSEMBLY**

28. The Health Assembly is invited to note the report.

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<sup>1</sup> For more details, see document A68/8 on outcome of the Second International Conference on Nutrition.

<sup>2</sup> For a summary of the meeting, see <http://who.int/csr/disease/ebola/health-systems/ebola-meeting/en/> (accessed 10 April 2015).