

Collaboration within the United Nations system and with other intergovernmental organizations

Report by the Director-General

1. WHO's collaboration within the United Nations system in the past year was marked by a new approach to partnerships in line with the 2030 Agenda for Sustainable Development. At the global level, WHO is committed to strengthening strategic engagement with other intergovernmental organizations in order to enhance joint actions and identify new pathways for closer institutional collaboration. This strategic approach is guided by the overarching imperative to provide support to Member States in achieving the health-related Sustainable Development Goals in general, and, more specifically, ensuring that no one is left behind, by promoting integrated action to meet health and development needs of the poorest and most vulnerable.

2. WHO continues to engage as part of the United Nations country teams within the United Nations Resident Coordinator system in order to maximize the impact of joint action on health outcomes at country level. This collaboration will be significantly shaped by the set of reforms that the United Nations Secretary-General has initiated in the past year.

PROMOTING A NEW APPROACH TO STRATEGIC ENGAGEMENT WITH PARTNERS

3. Engaging in partnerships is one of WHO's core functions, based on its constitutional mandate. The draft thirteenth general programme of work, 2019–2023, commits WHO to step up leadership at all levels in order to ensure efficient and effective use of the capacities and capabilities of many existing development partners to help countries to reach their health and development goals.

4. The 2030 Agenda for Sustainable Development promotes an integrated and systemic approach across all the Sustainable Development Goals and sectors. Achieving the health-related Goals includes the need for: strong involvement of sectors beyond health; championing comprehensive, multisectoral response policies; and tackling broad-ranging determinants of health in all sectors. WHO thus needs to strengthen its own capacity to influence, and to advocate the consideration of health in, all sectors, as well as to intensify its work with other development partners to ensure a coherent approach in contributing to health outcomes through actions in all 17 Goals.

5. Under the new leadership, the Secretariat has engaged in promoting such an approach with intergovernmental organizations, including those in the United Nations system, that are active in sectors from which the most significant determinants of health originate.

6. A Collaborative Framework signed with the United Nations Environment Programme (in January 2018) prioritizes immediate and long-term actions to reduce the global burden of diseases and lower environmental health risks, the latter being estimated to cause 12.6 million deaths a year. WHO and UNEP will collaborate on fostering synergies between relevant stakeholders and mobilize resources for implementation of actions in selected thematic areas, such as climate change, air, water, biodiversity, antimicrobial resistance, food systems, chemicals and waste.

7. A Strategic Partnership Framework between the World Bank Group and WHO will optimize and deepen ongoing collaboration, building on the recognized strengths and respective advantages of the two organizations. Under the overarching goal of supporting countries to achieve universal health coverage, the Framework is built around parallel tracks of joint leadership and high-level advocacy, strengthening support to national health policies, strategies, plans and road maps for universal health coverage, and establishing a common knowledge agenda. That agenda would also promote mutually supportive policies at the global level.

8. A Framework of Cooperation between the Office of the United Nations High Commissioner for Human Rights and WHO, signed in November 2017, is based on the recommendations of the High-Level Working Group on health and human rights, a joint initiative of the High Commissioner for Human Rights and the Director-General. It was presented to Member States during a side event at the Seventieth World Health Assembly. Recognizing the common objectives and mutually reinforcing mandates of the two organizations to protect and promote the right to health as a human right for all, the Framework identifies specific activities at all levels to promote respect for, and enhance the capacities of, different stakeholders at national level for the realization of, international norms and standards in the area of human rights and health.

9. WHO continues to bring together relevant organizations to reinforce a public health approach in considerations of broader issues. For example, under its One Health approach, WHO engages in regular annual executive meetings with the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health to promote multisectoral responses to food safety hazards, risks from zoonoses and other public health threats at the human-animal-ecosystem interface and to provide guidance on how to reduce these risks. WHO also continues close collaboration with United Nations Office on Drugs and Crimes and the International Narcotics Control Board to strengthen the public health approach in addressing and countering the world drug problem. The importance of such collaboration has recently been additionally recognized by the outcome document of the 2016 United Nations General Assembly special session on the world drug problem,¹ Health Assembly decisions WHA69(15) and WHA70(18), as well as in the Memorandum of Understanding between the United Nations Office on Drugs and Crimes and WHO signed in early 2017.

10. Additional instruments of collaboration under development will aim to strengthen collaboration with, for instance, the United Nations Development Programme, United Nations High Commissioner for Refugees, International Organization for Migration, and the Organisation for the Prohibition of Chemical Weapons.

¹ United Nations Office on Drugs and Crime. Outcome document of the 2016 United Nations General Assembly special session on the world drug problem, New York, 19–12 April 2016: Our joint commitment to effectively addressing and countering the world drug problem. Vienna: United Nations Office at Vienna; 2016 (<https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>, accessed 28 March 2018).

ENSURING SYNERGIES BETWEEN WHO'S TRANSFORMATION AGENDA AND THE UNITED NATIONS' REFORMS

11. In responding to the mandates emanating from the General Assembly resolution 71/243 on the Quadrennial comprehensive policy review of operational activities for development of the United Nations system (adopted in December 2016), the United Nations Secretary-General has initiated a comprehensive set of reforms with a view to repositioning the role and capacities of organizations in the United Nations system to match the high ambition of the 2030 Agenda for Sustainable Development in the way it delivers integrated support to Member States.

12. Three tracks encompass: the repositioning of the United Nations development system; review of the United Nations peace and security architecture; and internal management reform, which also includes efforts to reach gender parity, strengthening actions on ending sexual exploitation and abuse, and a compact on the United Nations Global Counter-Terrorism Coordination. Underlying all three tracks is work on enhancing effectiveness and coherence, and ensuring greater transparency, efficiency and accountability of the United Nations system.

13. The reform of the United Nations development system will have the most important implications for collaboration with WHO in all three tracks. This section of the report summarizes the main recommendations presented in the Secretary-General report on repositioning the United Nations development system.¹

14. The Secretary-General's report of December 2017 is the result of two comprehensive processes: first, the externally commissioned reviews of the United Nations in several areas. WHO was actively engaged by providing data, interviews, comments and other inputs from all three levels of the Organization, both directly to the consultants and through joint discussions and inputs through the main inter-agency coordination mechanisms, mainly the United Nations System Chief Executives Board, High-Level Committee on Management and the United Nations Development Group. The initial recommendations based on this preliminary work were presented in the Secretary-General's first report, issued in June 2017.² Secondly, initial consultations with Member States were held in New York to refine the preliminary recommendations contained in the June report.

15. The Secretary-General's report of June 2017 in its totality – the vision and rationale for repositioning the United Nations development system, the outcomes of the review of functions and capacities of different entities of the United Nations system and their alignment with the 2030 Agenda, and the initial recommendations outlining the direction of desirable changes – informed the preparation of WHO's draft thirteenth general programme of work, 2019–2023, and WHO's transformation agenda. Thus, the latter documents, which will guide the work of WHO in the coming years, are tightly aligned with the underlying principles and purpose of the United Nations reform. The shaping of the operational changes within WHO will continue to be based on the actions that Member States agree on, as exemplified below.

¹ United Nations Secretary-General. *Repositioning the United Nations development system to deliver on the 2030 Agenda: our promise for dignity, prosperity and peace on a healthy planet*, document A/72/684-E/2018/7, 21 December 2017.

² United Nations Secretary-General. *Repositioning the United Nations development system to deliver on the 2030 Agenda – ensuring a better future for all*, document A/72/124-E/2018/3, June 2017.

- (a) *Shared core principles:* The draft thirteenth general programme of work, like United Nations reform, is rooted in the Sustainable Development Goals and inspired by the high ambitions that Member States embedded in the 2030 Agenda for Sustainable Development. Both focus on prevention and encourage strong regional perspectives.
- (b) *Countries at the centre:* The draft thirteenth general programme of work provides a framework for every country to follow different approaches to making an impact, based on its capacity and the vulnerabilities it faces. The introduction of a new framework will respond to the Secretary-General's call for a more tailored, "modular", country presence.
- (c) *Multisectoral approach:* Transformative change in WHO, as in United Nations reform, is a response to the strong call from Member States for WHO to adapt to the rapidly changing world and the challenges facing the world's population. Multisectoral action and partnerships are essential to achieve results and avoid competition. The draft thirteenth general programme of work and the Secretary-General's report identify the crucial role of the United Nations in supporting Member States in the effective collection, analysis, reporting and use of data for decision-making.
- (d) *Focus on impact and measuring outcome:* The draft thirteenth general programme of work prioritizes the measuring of impact to enable WHO to be accountable and manage for results; it also introduces a draft WHO impact framework.
- (e) *Strengthened collaboration:* The draft thirteenth general programme of work specifically recognizes the relevance of bringing health issues to the attention of the main United Nations bodies in order to mobilize political action, as well as the catalysing effect of United Nations reform to enable WHO to work even more effectively with non-health sectors at country level on tackling determinants of health.
- (f) *Creating efficiencies while delivering results:* The draft thirteenth general programme of work promotes the active seeking of opportunities for strategic partnerships with other organizations in the United Nations system in areas of management and administrative services that support and facilitate programme operations where they have advantages compared with other bodies.

16. The Secretary-General has proposed changes in seven major areas, with 38 specific recommendations for action. These include: realigning collective support for the 2030 Agenda (as set out in the system-wide strategic document); creating a new generation of United Nations country teams; reinvigorating the Resident Coordinator system so that it is impartial, independent and empowered; revamping the regional approach; improving strategic direction, oversight and accountability for system-wide results; taking a system-wide approach to partnerships for the 2030 Agenda; and introducing a new funding compact between Member States and the United Nations development system.

17. The implementation of the recommendations will not be immediate, but spread over several years, as their final scope and operating modalities are clarified through three processes: (i) Member States' consideration and negotiations; (ii) direct implementation under the Secretary-General's existing mandate; and (iii) development of further policies and guidance through bodies such as the United Nations Development Group, High-Level Committee on Management, and Regional Commissions as well as through Regional Coordination Mechanisms.

18. As the proposed changes will be finalized only after thorough discussion by Member States and adoption by the General Assembly later in 2018, the full implications for WHO and any action required by the Health Assembly and the Secretariat will be determined later. As many of the changes will affect the governance and management of WHO's main partners as well as its relationship with the United Nations system at all three levels, the Secretariat will regularly inform the Health Assembly on the outcomes of discussions in the General Assembly and seek guidance, as relevant, at future sessions.

PROMOTING COHERENCE AND EFFICIENCY IN DELIVERING RESULTS AT COUNTRY LEVEL

19. WHO is actively engaged in activities at global, regional and country levels within the United Nations system's inter-agency coordination mechanisms to further strengthen the capacity of the United Nations country teams to deliver integrated support to Member States at country level.

20. At the global level, the Director-General is a member of the three new or restructured bodies, established by the United Nations Secretary General, to support his vision for the United Nations reform. These are described below.

(a) The United Nations Development Group Core Group will meet quarterly, at the Principals' level, to provide guidance and follow-up on progress of the measures to be taken at country level in support of United Nations reform. A renewed United Nations Development Group will now be chaired by the Deputy Secretary-General, signalling the clear commitment of the most senior officials of the United Nations system to ensure the provision of direct strategic directions to the Resident Coordinator system, and to strengthen impartial oversight of resident coordinators and their accountability, moving away from the unsuccessful "firewall" previously managed by the United Nations Development Programme.

(b) The Joint Steering Committee to advance Humanitarian and Development Collaboration, operating at the level of the Principals of the United Nations entities, will also be chaired by the Deputy Secretary-General, and supported by the Emergency Relief Coordinator and the Administrator of the United Nations Development Programme. It is tasked with ensuring coordination and fostering greater synergies between humanitarian development activities and activities of peace-building entities in the United Nations system.

(c) The Core Group of the Secretary-General's Executive Committee: provides opportunity to WHO to participate and provide input when issues of particular relevance to its work and mandate are being discussed.

21. At the regional level, WHO regional offices use WHO's convening power, normative role and strong evidence-based policy options, choices and interventions to mobilize United Nations partners in joint collaboration. For example, the Regional Office for Africa partnered with the United Nations Economic Commission for Africa to organize a high-level advocacy event, gathering ministers of health and finance, to build greater understanding between the two sectors and reach a consensus towards sustainable financing for health in the Region. The Regional Office for South-East Asia is taking advantage of the members of the Global Health Partnership H6¹ to promote greater synergies

¹ The H6 partnership comprises UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank Group.

and coordinate effective approaches at country level. The Regional Office for Western Pacific convenes intersectoral partnerships to overcome the commercial determinants of health within the framework of the United Nations Decade of Action on Nutrition, and to raise awareness during the annual United Nations Global Road Safety Week.

22. At the country level, in the European Region the WHO Country Office in Ukraine worked with the United Nations Population Fund to implement innovative methodology, developed with the national health ministry, on confidential enquiries into maternal deaths. The review process has been already introduced, with intercountry training provided and the collection of data started in all 25 administrative territories of the country. There is high-level commitment also to implement a National Committee on Confidential Enquiries into Maternal Deaths. In Serbia, joint United Nations partnership helped to mobilize resources for the award of a grant for strengthening public health system coordination in tackling refugees' and migrants' health by, inter alia, establishing a Migrant Health Information System, improving hygiene in transit camps and providing essential supplies to 16 affected health centres.

23. In the Eastern Mediterranean Region, the WHO Country Office in Lebanon worked with the United Nations High Commissioner for Refugees and the health ministry to implement a mental health care programme among refugees by building the capacity of more than 2000 health workers in mental health and enabling a monthly average of 3500 mental health consultations for Syrian refugees to be conducted in 2017.

24. In the African Region, the WHO Country Office in Burkina Faso worked within the United Nations country team to identify needs and to develop and provide necessary training programmes for health workers in order to increase their capacity to manage serious obstetric complications and handle child illnesses. In Guinea, the United Nations country team was mobilized as part of the organizing committee for the conference on Ebola Vaccines for Guinea and for the World (Conakry, May 2017). The conference elicited the commitment by the President of Guinea who called for the establishment for subregional institutions for enhanced surveillance, preparedness, detection and real-time response to epidemics and other complex emergencies.

ACTION BY THE HEALTH ASSEMBLY

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

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