



World Health Organization
Organisation mondiale de la Santé

EXECUTIVE BOARD
Ninety-ninth Session

Provisional agenda item 15.2

EB99/22
21 October 1996

See Add. 1 + 2

UNICEF/WHO Joint Committee on Health Policy
Recommendations of the special session

WHO headquarters, Geneva
15-16 May 1996

This document contains a summary of the recommendations made by the UNICEF/WHO Joint Committee on Health Policy (JCHP) at its special session (WHO headquarters, Geneva, 15 to 16 May 1996).¹ The meeting was held in the context of the mid-decade review of the end of the decade goals of the World Summit for Children (New York, 1990). Although success was considerable, it was recognized that progress had been limited in some areas. Learning from those experiences was essential for reaching the end-of-decade goals. In that context, the importance of well-functioning district health systems was underlined. Likewise, the Committee noted that in the remaining years of the decade a commitment of political will was needed in order to focus resources on the activities necessary to achieve the goals. The Committee also reviewed the Health Assembly resolutions and UNICEF decisions relevant to improving the health status of women and children, adopted since the thirtieth session of JCHP in January 1995.

The Executive Board is invited to note the report, and to consider the draft decision contained in paragraph 23.

1. The special session of the UNICEF/WHO Joint Committee on Health Policy (JCHP) was held at WHO headquarters, Geneva, on 15 and 16 May 1996, with the participation of the respective Executive Board members, the executive heads of both organizations and other members of the secretariats. Professor Li Shichuo (China) (Chairman of the ninety-seventh session of the WHO Executive Board) was designated Chairman, and Dr Kiasekoka Nlemvo Joao Miguel (Angola) and Dr K. Leppo (Finland), UNICEF and WHO Executive Board members, respectively, as Rapporteurs.

¹ The full report of the session is available in English, French and Spanish (document JCHPSS/96.5).

REVIEW OF HEALTH ASSEMBLY RESOLUTIONS AND UNICEF EXECUTIVE BOARD DECISIONS

Health Assembly resolutions

2. Resolution WHA48.2 (**Emergency and humanitarian action**). A memorandum of understanding between the two organizations should be concluded as early as possible, and negotiation of other collaborative arrangements of a practical nature relating, for example, to emergency preparedness or training, should be pursued through regular consultations.
3. Resolution WHA48.3 (**Intensified cooperation with countries in greatest need**). UNICEF and WHO should continue to collaborate to support countries in greatest need, with special emphasis on sub-Saharan Africa and the least developed countries.
4. Resolution WHA48.9 (**Prevention of hearing impairment**). JCHP noted that hearing impairment was a barrier to child development, and encouraged future collaboration between UNICEF and WHO within the framework of integrated support to child care and disability prevention.
5. Resolution WHA48.10 (**Reproductive health: WHO's role in the global strategy**). Maternal and newborn health had long been a major field for complementary action. UNICEF and WHO looked forward to even greater collaboration in this area, taking into consideration the recommendations of the Economic and Social Council and ACC in connection with coordinated follow-up to international conferences, in particular the International Conference on Population and Development (Cairo, 1994).
6. Resolution WHA48.11 (**An international strategy for tobacco control**). JCHP encouraged the two organizations to continue their collaboration to strengthen global and comprehensive approaches to preventing tobacco use among young people.
7. Resolution WHA48.16 (**WHO response to global change: renewing the health-for-all strategy**). JCHP considered this resolution a priority for action and recommended that the two organizations should continue to collaborate closely at all levels.
8. JCHP noted the information provided with respect to the following resolutions: WHA48.12 (Control of diarrhoeal diseases and acute respiratory infections: integrated management of the sick child); WHA48.13 (Communicable diseases prevention and control: new, emerging, and re-emerging infectious diseases); WHA48.27 (Paris AIDS Summit); WHA48.30 (Establishment of the joint and cosponsored United Nations programme on HIV/AIDS); EB97.R9 (Prevention and control of iodine deficiency disorders).

UNICEF Executive Board decisions

9. Decision 1995/13 (**Coordination of UNICEF activities concerning HIV/AIDS**). JCHP took note of the decision and drew attention to the need to work with UNAIDS.
10. Decision 1995/22 (**UNICEF strategies in water and environmental sanitation**). It was agreed that UNICEF and WHO should look at the issue of community cost-sharing as part of their current collaboration.
11. JCHP took note of the following four decisions of the UNICEF Executive Board, commenting that they reflected the practical realities of implementing international health policies: 1996/3 (Follow-up to the Fourth World Conference on Women); 1996/17 (Extension of cooperation with Rotary International for polio eradication and extension of the Vaccine Independence Initiative); 1995/28 (Health strategy for UNICEF); 1995/29 (Follow-up to the International Conference on Population and Development).

GOALS OF THE WORLD SUMMIT FOR CHILDREN:¹ REVIEW OF PROGRESS AT MID-DECADE AND PREPARATION FOR THE YEAR 2000: JCHP RECOMMENDATIONS

Child health

12. **Childhood mortality.** In addition to programmes to control deaths due to diarrhoea, acute respiratory infections and vaccine preventable diseases, action to reduce deaths due to malaria had to be implemented. Far greater attention and resources were needed in order to achieve the goal. JCHP recommended integration of activities at district level in order to reduce child and maternal deaths.

13. **Immunization.** Prospects for achieving the end-of-decade goal were good, assuming that the necessary resources could be mobilized. The detailed information on cost and benefits of immunization was welcomed, and JCHP recommended that other programmes work to provide similar financial data. Programmes should be sustainable, access to services improved, and management strengthened. Emphasis should be placed on reaching the 20% of the child population at present unprotected and on countries with low performance; promoting the high-risk approach to neonatal tetanus as the most cost-effective strategy; accelerating the measles programme in countries and areas where the disease represented a heavy burden; and, where poliomyelitis remained endemic, supporting countries in routine immunization and in holding national immunization days. Poliomyelitis eradication activities should be used as a means of enhancing immunization and other primary health care activities.

14. **Control of diarrhoeal diseases and acute respiratory infections.** The goals remained technically achievable, but a significant increase in political commitment and resources would be needed to reach them. Actions should be sustained to promote oral rehydration therapy, including improving access to oral rehydration salts and communication for behaviour changes. Greater emphasis had to be given to treatment of dysentery and persistent diarrhoea. All those activities required a long-term perspective and the setting of targets at country level adapted to countries' needs and resources. Linkages between the various sectors whose actions had an impact on the goals, such as water and sanitation, were important. An integrated approach to management of childhood illness, covering acute respiratory infections, diarrhoea, measles, malaria and aspects of malnutrition, was encouraged.

15. **Women's health and education.** Although the reduction of maternal and newborn mortality and morbidity had long been a common UNICEF/WHO goal, it required greater attention. It was a matter of extreme urgency to commit the resources and to focus on implementing effective interventions, which were well known, within a primary health care approach. UNICEF and WHO should immediately release their joint guidelines on monitoring maternal mortality for use by programme managers and policy-makers to assess progress.

16. Learning from past successes and failures was stressed. For example, it was currently known that the training of traditional birth attendants would contribute to reducing maternal and newborn mortality and morbidity only when such birth attendants received continuous support, were regularly supervised and were functionally linked to a maternal care referral system.

17. JCHP emphasized the need for adequately equipped and staffed district-based health systems, and the importance of pressing for increased political commitment and resources.

18. **Nutrition-related goals.** Success had been achieved in some areas of the six nutrition-related goals, especially in reducing iodine deficiency disorders. A recent comprehensive analysis indicated that, on average, 56% of young-child mortality was associated with malnutrition. The link between poverty and malnutrition and

¹ A list of major health and health-related goals of the World Summit for Children is contained in the Annex.

the effective actions that could be taken to reduce malnutrition were noted. Nutrition education and diversification of diet for tackling both protein energy and micronutrient malnutrition were stressed.

19. **Water supply and sanitation.** This was a priority area for both UNICEF and WHO. Specific recommendations included: further development of a UNICEF/WHO implementation approach, including considerations of financing and community cost-sharing; greater emphasis on providing sanitation services for groups at high risk of sanitation-related diseases; strengthening of collaboration in monitoring at country level; and closer cooperation on the United Nations System-wide Special Initiative on Africa, including AFRICA 2000, the Africa Working Group of the Collaborative Council, and efforts to support national programmes of action.

20. **Dracunculiasis.** Despite progress, JCHP was concerned that some countries were lacking support for eradication activities. UNICEF and WHO efforts should be strengthened to assure adequate funding and level of intensity of national eradication programmes. In that connection the importance of continued political and economic support was underlined.

21. **HIV/AIDS.** Within the context of the basic education goal of the World Summit for Children, a mid-decade goal for the control of HIV/AIDS had been established: "to increase the proportion of adults and youth who are able to cite at least two acceptable ways of protection from HIV infection". JCHP recalled the need for UNICEF and WHO to work closely with UNAIDS, in particular, on this goal.

DATE, PLACE AND PROVISIONAL AGENDA OF THE NEXT SESSION OF JCHP

22. JCHP decided to hold its thirty-first session in Geneva in 1997 and to focus on two agenda items: district health systems, and water and sanitation.

ACTION BY THE EXECUTIVE BOARD

23. The Executive Board is invited to note the report. The Board may also wish to consider the following draft decision:

The Executive Board took note of the report of the UNICEF/WHO Joint Committee on Health Policy on its special session, held in Geneva on 15 and 16 May 1996, and endorsed the recommendations made by the Committee, stressing the importance of the commitment of political will and resources required to accelerate action for attainment of the health-related goals set by the World Summit for Children for the end of the decade.

ANNEX

WORLD SUMMIT FOR CHILDREN: MAJOR HEALTH AND HEALTH-RELATED GOALS

I. Child health

Between 1990 and the year 2000, reduction of infant and under-five child mortality rate by one-third or to 50 and 70 per 1000 live births respectively, whichever is less

- (i) Global eradication of poliomyelitis by the year 2000
- (ii) Elimination of neonatal tetanus by 1995
- (iii) Global eradication of measles in the longer run
- (iv) Maintenance of a high level of immunization coverage (at least 90% of children under one year of age by the year 2000) against diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis and against tetanus for women of childbearing age
- (v) Reduction by 50% in the deaths due to diarrhoea in children under the age of five years and 25% reduction in the diarrhoea incidence rate
- (vi) Reduction by one-third in the deaths due to acute respiratory infections in children under five years

II. Women's health and education

Major goal: Between 1990 and the year 2000, reduction of maternal mortality rate by half

- (i) Special attention to the health and nutrition of the female child and to pregnant and lactating women
- (ii) Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many
- (iii) Access by all pregnant women to prenatal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies
- (iv) Reduction of the rate of low birth weight (2.5 kg or less) to less than 10%

III. Nutrition-related goals

Major goal: Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under-five children by half

- (i) Reduction in severe, as well as moderate, malnutrition among under-five children by half of 1990 levels
- (ii) Reduction of iron deficiency anaemia in women by one-third of the 1990 levels

- (iii) Virtual elimination of iodine deficiency disorders
- (iv) Virtual elimination of vitamin A deficiency and its consequences, including blindness
- (v) Empowerment of all women to breast-feed their children exclusively for four to six months and to continue breast-feeding, with complementary food, well into the second year
- (vi) Growth promotion and its regular monitoring to be institutionalized in all countries by the end of the 1990s
- (vii) Dissemination of knowledge and supporting services to increase food production to ensure household food security

IV. Water supply and sanitation

Major goal: Universal access to safe drinking-water and to sanitary means of excreta disposal

- (i) Universal access to safe drinking-water
- (ii) Universal access to sanitary means of excreta disposal
- (iii) Elimination of guinea-worm disease (dracunculiasis) by the year 2000

V. Other goals

Within the basic education goals of the World Summit for Children, the following mid-decade goal was established: increase the proportion of adults and youth who are able to cite at least two acceptable ways of protection from HIV infection

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EXECUTIVE BOARD
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See Add 2

UNICEF/WHO Joint Committee on Health Policy

The Executive Board of the United Nations Population Fund (UNFPA) has approached the respective Executive Boards of WHO and UNICEF concerning possible membership of UNFPA in the UNICEF/WHO Joint Committee on Health Policy (JCHP). This report recapitulates briefly the development of WHO/UNICEF collaboration through JCHP and presents the proposal to extend membership to UNFPA. The Executive Board is requested to review the proposal and recommend appropriate action.

HISTORICAL OVERVIEW

1. The UNICEF/WHO Joint Committee on Health Policy (JCHP) is one of the longest-standing inter-agency committees of the United Nations system, having been in existence for 48 years. JCHP was established by the First World Health Assembly (resolution WHA1.120) in July 1948. Two years earlier, by resolution 57 (1 [1946]), the United Nations General Assembly had created the United Nations International Children's Emergency Fund (UNICEF) as a temporary body to provide assistance to children in war-ravaged countries. JCHP's function as set out in resolution WHA1.120 was to give guidance to UNICEF health projects and to facilitate their transfer to the World Health Organization. The Executive Boards of UNICEF and WHO, and the Health Assembly, supported JCHP by approving principles governing cooperative relations between WHO and UNICEF, as well as agreeing upon an appropriate plan of action. JCHP membership comprises six WHO Executive Board members and six UNICEF Executive Board members, one of whom is the President of the UNICEF Executive Board, as ex officio member. WHO's Executive Board appoints one representative and an alternate from each region.

2. Records show that over the ensuing years collaboration between the two organizations was founded on WHO's technical approval of all UNICEF health projects and provision or recommendation of the international experts required by governments. WHO was reimbursed by UNICEF for services beyond the limits of WHO's resources. The WHO Executive Board in resolution EB7.R60 (1951) expressed appreciation for the many national health programmes which were inaugurated because of WHO/UNICEF cooperation, and recommended uninterrupted continuation of JCHP. Successive Executive Boards expressed confidence in the joint efforts of the two organizations and in particular the consequent improvement of maternal and child health on a worldwide basis.

3. In 1953, by resolution 802 (VIII), the United Nations General Assembly placed the Children's Emergency Fund on a permanent footing as the United Nations Children's Fund (UNICEF) and charged it with assistance, particularly to developing countries, in the development of permanent child health and welfare services. WHO/UNICEF jointly-assisted projects were extended to include environmental sanitation, communicable disease control and malaria eradication, and nutrition. UNICEF also provided grants-in-aid to schools of medicine to strengthen the teaching of paediatrics and preventive medicine.
4. In January 1960 the WHO Executive Board at its twenty-fifth session (resolution EB25.R30) approved new terms of reference for JCHP by which *inter alia*, JCHP would recommend to the UNICEF Executive Board any reorientation of health activities that might be necessary. JCHP was convened in regular session every second year for some 30 years up to the World Summit for Children in 1990, since when it has met annually in regular and in special sessions, primarily to monitor implementation of the Declaration and Plan of Action of the World Summit for Children, which contains 21 health-related goals (out of a total of 27 goals).
5. JCHP made important contributions to the development of primary health care and the health-for-all movement. In the mid-1970s a broader approach was taken to meeting basic health needs in developing countries. JCHP promoted the strengthening of national decision-making and community motivation and involvement in primary health care activities. This led to the International Conference on Primary Health Care in Alma-Ata (September 1978), jointly sponsored by WHO and UNICEF. JCHP concerned itself with **implementation of primary health care** and conducted an important prospective study leading to joint country-specific activities. Other notable achievements include raising worldwide immunization coverage of six major childhood diseases from less than 5% in 1974 to more than 80% by 1990. Other goals including health-related goals set at the World Summit for Children in 1990 have enabled WHO, UNICEF and other bodies concerned to work with a clearly defined role and a shared purpose and orientation.

UNFPA PROPOSAL TO JOIN JCHP

6. The United Nations Trust Fund for Population Activities was set up by the Secretary-General of the United Nations in 1967 to provide assistance in the field of population. In 1969 it was renamed the United Nations Fund for Population Activities (UNFPA) and subsequently placed under the authority of the General Assembly with the UNDP Governing Council as its governing body. In 1993 the General Assembly transformed the governing body of the UNDP/UNFPA into an Executive Board comprising 36 members to provide intergovernmental support to and supervision of the United Nations Population Fund in accordance with overall policy guidance by the General Assembly and the Economic and Social Council. In 1994 the International Conference on Population and Development (ICPD), and its Programme of Action provided a new impetus for UNFPA (mission statement is contained in Annex 1).
7. Further to strengthen cooperation between WHO, UNICEF and UNFPA, at the country level, a high-level intersecretariat committee was established which held its first meeting on 8 February 1996. In September 1996 the Executive Director of UNFPA presented to the Executive Board of UNDP/UNFPA the argument that it should take part in JCHP discussions since they included such matters as those relating to follow-up to ICPD, and that procedures should be established whereby UNFPA and its Board could sit on the Committee. The UNDP/UNFPA Executive Board adopted decision 96/38 on "Coordination in health policy and programming" (Annex 2), which requests its President to ascertain the views of the Executive Boards of WHO and UNICEF on possible membership of the UNDP/UNFPA Executive Board in JCHP. The President of the UNDP/UNFPA Executive Board has subsequently written to the Chairman of WHO's Executive Board and to the UNICEF Executive Board on the matter. In October 1996, the Director-General of WHO and the Executive Director of UNICEF jointly responded to the Executive Director of UNFPA, welcoming more collaboration within the United Nations system and proposing that modalities be worked out for the participation of UNDP/UNFPA

Board members in JCHP, and that the Committee be renamed the “WHO/UNICEF/UNFPA Coordinating Committee on Health”.

EXTENDING PARTNERSHIPS

8. WHO has collaborated effectively with UNICEF for 48 years, and JCHP has played a significant role in this regard. Nevertheless, in response to global change WHO seeks to strengthen current partnerships and develop new ones with organizations within and outside the United Nations system whose activities contribute to health development. The policy is to “place health at the centre” of national development and regional and global cooperation. UNFPA makes an important contribution to the worldwide effort to improve the health of women, adolescents and children. Therefore WHO welcomes the opportunity to strengthen collaboration with UNFPA. While every opportunity to strengthen such partnerships is being pursued WHO’s leadership role in health among the organizations active in the health field continues to be guided by the policy defined by the WHO Executive Board and the World Health Assembly.

ACTION BY THE EXECUTIVE BOARD

9. The Executive Board is invited to comment on the proposed enlargement of JCHP to make it the “WHO/UNICEF/UNFPA Coordinating Committee on Health”, with WHO’s continued leadership in the health programmes engaged in by these and other organizations concerned.

ANNEX 1

UNFPA MISSION STATEMENT

UNFPA extends assistance to developing countries, countries with economies in transition and other countries at their request to help them address reproductive health and population issues, and raises awareness of these issues in all countries, as it has since its inception.

UNFPA's three main areas of work are: to help ensure universal access to reproductive health, including family planning and sexual health, to all couples and individuals on or before the year 2015; to support population and development strategies that enable capacity-building in population programming; to promote awareness of population and development issues and to advocate for the mobilization of the resources and political will necessary to accomplish its areas of work.

UNFPA is guided by, and promotes, the principles of the Programme of Action of the International Conference on Population and Development (1994). In particular, UNFPA affirms its commitment to reproductive rights, gender equality and male responsibility, and to the autonomy and empowerment of women everywhere. UNFPA believes that safeguarding and promoting these rights, and promoting the well-being of children, especially girl children, are development goals in themselves. All couples and individuals have the right to decide freely and responsibly the number and spacing of their children as well as the right to the information and means to do so.

UNFPA is convinced that meeting these goals will contribute to improving the quality of life and to the universally accepted aim of stabilizing world population. We also believe that these goals are an integral part of all efforts to achieve sustained and sustainable social and economic development that meets human needs, ensures well-being and protects the natural resources on which all life depends.

UNFPA recognizes that all human rights, including the right to development, are universal, indivisible, interdependent and interrelated, as expressed in the Programme of Action of the International Conference on Population and Development, the Vienna Declaration and the Programme of Action adopted by the World Conference on Human Rights, the Convention on Elimination of All Forms of Discrimination Against Women, the Programme of Action of the World Summit for Social Development, the Platform for Action of the Fourth World Conference on Women and in other internationally agreed instruments.

UNFPA, as the lead United Nations organization for the follow-up and implementation of the Programme of Action of the International Conference on Population and Development, is fully committed to working in partnership with governments, all parts of the United Nations system, development banks, bilateral aid agencies, non-governmental organizations and civil society. UNFPA strongly supports the United Nations Resident Coordinator system and the implementation of all relevant United Nations decisions.

UNFPA will assist in the mobilization of resources from both developed and developing countries, following the commitments made by all countries in the Programme of Action to ensure that the goals of the International Conference on Population and Development are met.

ANNEX 2

COORDINATION IN HEALTH POLICY AND PROGRAMMING

The Executive Board

1. Welcomes the oral report of the Executive Director of the United Nations Population Fund on coordination in health policy and programming;
2. Reaffirms the need for close collaboration at all levels among the United Nations Children's Fund, the World Health Organization and the United Nations Population Fund in the area of health policy and programming, including reproductive health, and invites the UNICEF-WHO Joint Committee on Health Policy to ensure that the United Nations Population Fund can participate in the meetings of the Joint Committee on Health Policy;
3. Requests the President of the Executive Board of the United Nations Development Programme and of the United Nations Population Fund, with the assistance of the secretariat of the United Nations Population Fund, to ascertain the views of the Executive Boards of the World Health Organization and the United Nations Children's Fund on possible membership of the Executive Board of the United Nations Development Programme and of the United Nations Population Fund in the Joint Committee on Health Policy;
4. Requests the President of the Executive Board of the United Nations Development Programme and of the United Nations Population Fund to take appropriate action to enable the United Nations Population Fund secretariat to participate as an observer in the Joint Committee on Health Policy in January 1997;
5. Also requests the Executive Director to report to the Executive Board at its second regular session 1997 on the observations made in the Joint Committee on Health Policy and to make further recommendations as appropriate on the action needed for the Executive Board of the United Nations Development Programme and the United Nations Population Fund to obtain full membership.

13 September 1996



World Health Organization
Organisation mondiale de la Santé

EXECUTIVE BOARD
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UNICEF/WHO Joint Committee on Health Policy

1. Document EB99/22 Add.1, which is before the Executive Board, invites the Board to comment on the enlargement of the UNICEF/WHO Joint Committee on Health Policy to make it the "WHO/UNICEF/UNFPA Coordinating Committee on Health", with WHO's continued leadership in health programmes being engaged in by these and other organizations concerned.
2. The UNFPA Executive Board meeting in New York (13-17 January 1997) and the UNICEF Executive Board meeting, also in New York (20-24 January 1997) both have this item on their agendas and are expected to endorse the proposal for an enlarged Committee.

ACTION BY THE EXECUTIVE BOARD

3. The Executive Board is invited to consider the following resolution:

The Executive Board,

Noting the report of the Director-General (document EB99/22 Add.1) containing a proposal that the United Nations Population Fund be invited to join the UNICEF/WHO Joint Committee on Health Policy established pursuant to the First World Health Assembly in resolution WHA1.120 in July 1948;

Expressing satisfaction over the valuable contributions of the Committee to the improvement of the health of mothers and children over a period of 48 years;

Noting the reforms taking place within the United Nations system and taking into account the leadership role of WHO and the need to ensure cost-effective deployment of resources available for health and to avoid overlapping,

1. APPROVES the proposal that the Executive Board of the United Nations Development Programme/United Nations Population Fund be invited to join an expanded Committee to be named the "WHO/UNICEF/UNFPA Coordinating Committee on Health";
2. REQUESTS the Director-General:
 - (1) to transmit this resolution to the Executive Boards of UNICEF and UNFPA;

- (2) to prepare draft terms of reference for the Committee in continuance of WHO's role as secretariat of the Committee and in consultation with the Secretariats of UNICEF and UNFPA, to be presented to the 100th session of the WHO Executive Board in May 1997;
- (3) in the interest of efficiency and cost-effectiveness, to organize the agenda in such a way that matters of direct reference to UNFPA were clustered together.

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