

Collaboration within the United Nations system and with other intergovernmental organizations

Report by the Secretariat

1. A key feature of WHO's work to support countries in improving health outcomes is its collaboration with partners, including members of the United Nations system and other intergovernmental organizations. WHO also seeks to contribute to the reform and strengthening of the United Nations system as a whole in order to improve the system's collective ability to respond to the development and other needs of its Member States.

IMPROVING HEALTH OUTCOMES

2. **Collective capacity of the United Nations system in support of health.** The United Nations General Assembly, at its sixty-first session, adopted four health-related resolutions: resolution 61/228, 2001–2010: Decade to Roll Back Malaria in Developing Countries, particularly in Africa; resolution 61/225, World Diabetes Day, designating 14 November as the United Nations Diabetes Day; resolution 61/106, Convention on the Rights of Persons with Disabilities, opening the treaty for signature and ratification; and resolution 61/142, Follow-up to the Second World Assembly on Ageing. A number of other resolutions contained significant health components. Together with UNICEF and the Office of the United Nations High Commissioner for Human Rights, WHO has made significant contributions to the United Nations Secretary-General's Study on Violence against Children.

3. The High-level Segment of the 2006 substantive session of the United Nations Economic and Social Council considered the question of creating an environment conducive to full and productive employment and decent work for all, and its impact on sustainable development. In the 2006 General Segment, WHO reported on progress made by the United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control in multisectoral collaboration on tobacco or health. In the Coordination Segment, WHO participated in the special event on Avian influenza; a global emergency that was aimed at forging coherent responses to emergencies and crises.

4. As part of a regular mechanism of biennial consultations, the Third WHO/UNFPA High-level Consultation was held in Geneva on 16 June 2006. Senior staff from the two organizations discussed achievements and examples of creating coherence and consistency in policy and advocacy. Recognizing the need to build on the organizations' collective strengths and complementary mandates, the Executive Heads issued a joint letter to regional and country offices calling for commitment and engagement in the implementation of plans for improving reproductive, maternal, newborn and adolescent health, in a spirit of achieving better results, and building on existing mechanisms.

5. **Pursuing multi-stakeholder approaches and partnerships.** During the past year, partnership and multi-stakeholder approaches have gained further impetus. The Measles Initiative,¹ for example, announced a 60% reduction in measles mortality worldwide, which exceeds the United Nations goal to halve measles deaths between 1999 and 2005. The Global Alliance for Vaccines and Immunization² has been credited with reversing a downward trend in the delivery of basic vaccines to children in the poorest nations, and the International Finance Facility for Immunization is expected to enhance this collaborative effort. The International Medical Products Anti-Counterfeiting Taskforce aims to build coordinated networks across and between countries in order to halt the production, trading and selling of counterfeit medicines around the globe. Responding to calls by African Heads of State, the G8 and the Health Assembly, the Global Health Workforce Alliance aims draw together and mobilize key stakeholders engaged in global public health to help countries improve the way they plan for, educate and employ health workers. Its secretariat is hosted by WHO. As a voluntary network of collaborative parties, the Global Alliance against Chronic Respiratory Diseases promotes a comprehensive approach to preventive chronic respiratory diseases and the improvement of global lung health. UNITAID, the international drug purchase facility, has begun operations to support countries in their malaria, tuberculosis and HIV/AIDS programmes.

6. **Working with other relevant organizations and platforms.** Cooperation with the institutions of the European Union has been further strengthened. Recent collaboration includes work on the implementation of the International Health Regulations (2005); global strategies on tobacco control and on diet, physical activity and health; tackling the health workforce crisis in Africa and a strategic partnership on scaling up progress to achieve the Millennium Development Goals in Africa. Collaboration with the World Bank remains multifaceted, and includes work in developing its strategy in the health, nutrition and population area.

7. Health featured prominently at the G8 summit in St Petersburg, Russian Federation in July 2006, where fighting infectious diseases was one of the three main agenda items. The meeting's health outcome document included G8 countries' commitments to strengthen the global network for surveillance and monitoring; increase global preparedness for a possible human influenza pandemic; combat HIV/AIDS, tuberculosis and malaria; eradicate poliomyelitis; work towards the elimination of measles and other vaccine-preventable diseases; ensure access to prevention, treatment and care through research, use of the flexibilities of the Agreement on Trade-Related Aspects of Intellectual Property Rights and strengthened health systems; and to tackle the health consequences of natural and man-made disasters. WHO and the African Union have cooperated in the area of HIV/AIDS, tuberculosis and malaria and other infectious diseases and acted together to launch and declare 2006 the Year for Acceleration of HIV Prevention in the African Region. The Africa Health Strategy 2007–2015 provides the basis for strengthening collaborative efforts. The Organization of the Islamic Conferences collaborated with WHO and the Global Polio Eradication Initiative in mobilizing additional funding for eradication efforts in countries affected by poliomyelitis.

¹ Partners of the Measles Initiative: WHO, UNICEF, the United Nations Foundation, Centers for Disease Control and Prevention (Atlanta, Georgia, United States of America), and the American Red Cross.

² Partners include national governments, WHO, The World Bank, UNICEF, the GAVI Fund, the Bill & Melinda Gates Foundation, public health institutions, nongovernmental organizations and the vaccine industry.

UNITED NATIONS REFORM PROCESS

8. WHO's work in contributing to the United Nations reform process focuses on three elements: the WHO and health perspective on United Nations system reform, active participation in United Nations system coordination platforms and joint action with key partner organizations.

9. **The WHO and health perspective on United Nations system reform.** In parallel with the work of the Secretary-General's High-level Panel on UN System-wide Coherence in the Areas of Development, Humanitarian Assistance, and the Environment,¹ WHO undertook a wide internal consultative process which resulted in the identification of a number of components and priorities in relation to the current United Nations reform agenda² as set out below.

(a) **The need for strategic direction**, with the United Nations system re-positioning itself around its core functions, a shared vision, a results-based framework for action, and a division of labour based on complementarity.

(b) **The need for a system-wide enabling environment** in which WHO can strengthen its global leadership, coordination and partnership roles, given that the increasing demands of global health cannot adequately be met by the United Nations system alone.

(c) **The need to focus on results** within a common framework to achieve a more appropriate targeting of resources and greater transparency and accountability.

(d) **Country ownership and leadership in national development** as the basis for WHO's cooperation in and with countries. Through its Country Cooperation Strategies WHO aligns global, regional and national priorities and plans and ensures consistency with the internationally agreed development goals and the United Nations Development Assistance Framework.

(e) WHO support for **cost-effective business-support functions**, with particular emphasis on common standards, and due regard for the policies of individual organizations.

(f) The need for a **strategic approach to coordination within the United Nations system**, including effective alignment and, where appropriate, integration and rationalization of specific coordination needs for reform efforts and within the overall coordination framework of the United Nations system.

(g) Efforts by organizations individually and the United Nations system collectively to improve their relevance and effectiveness need to go together with a **coherent and effective approach to financing of the United Nations system** by governments. Appropriate financing is essential if organizations are to act in a global, impartial and efficient manner.

10. WHO views its **participation in United Nations system coordination platforms** as an essential contribution to creating an enabling environment, including the corresponding tools and mechanisms, for improving the relevance and coherence of United Nations system actions at global,

¹ See document A/61/583.

² See document EB120/31.

regional and country levels and ensuring that health features as a key component therein. During the past year, the agendas of many coordination platforms have focused on developments in relation to the Secretary-General's High-level Panel. Like other organizations, WHO provided extensive support for the High-level Panel consultation processes, and hosted one of the consultations at headquarters.

11. The principal coordination platforms within the United Nations system, in particular the CEB, welcomed the main thrust of the Panel's report, but recognized that the process and extent of implementation of its recommendations would benefit from intergovernmental consideration. The provisions of the triennial comprehensive policy review of operational activities for development of the United Nations system¹ were viewed as enabling the system to take forward, on a trial basis, the "One United Nations" approach at country level as recommended by the Panel. WHO participates in the eight country pilots (Albania, Cape Verde, Mozambique, Pakistan, Rwanda, United Republic of Tanzania, Uruguay and Viet Nam). An addendum to the present document refers specifically to the progress in the eight country pilots in the light of experience since the start of the year. In support of relevant reform efforts, and as a member of the Inter-Agency Advisory Panel on selection of United Nations Resident and Humanitarian Coordinators, WHO contributes to ensuring high standards and pursues efforts to improve diversification in recruitment of suitable candidates from all parts of the United Nations system.

12. Successful reforms have been introduced in the area of humanitarian assistance, and WHO welcomes the participatory approach to that end. With the Inter-Agency Standing Committee's adoption of the cluster approach, WHO was designated to lead the Health Cluster. The Organization has also been both a supporter and beneficiary of the financial reforms that have been put in place for emergency funding, including the Central Emergency Response Fund. In an effort to further reform and more effectively discharge its health-cluster responsibility, AMRO/PAHO has strengthened, the pan-American health-response mechanism, and joined forces with the regional office of the United Nations Office for the Coordination of Humanitarian Affairs and other United Nations agencies.

13. For WHO, active participation in United Nations coordination platforms also implies assuming relevant leadership roles. To this effect WHO continues as vice-chair of the CEB's High-level Committee on Management and takes a leading role in system-wide efforts in respect of results-based management. WHO also chairs or co-chairs several of the subsidiary organs of the Inter-Agency Standing Committee.

14. **Joint action with key partner organizations within the United Nations system** represents another pillar of WHO's contribution to United Nations reform efforts. It includes collaboration agreements with individual partner agencies in areas of common interest, and joint action on issues of common concern. Through participation in meetings of the High-level Committee on Management, WHO is an active participant in numerous system-wide collaboration projects aimed at harmonizing business practices across the United Nations system, such as introduction of the common accounting standards (IPSAS),² security management system, including cost-sharing, information and communication technology projects on common data centres and a global communications network, common methodologies for facilitating collection of gender-mainstreaming data, and improvement of efficiency, effectiveness, transparency, and cost-effectiveness in the growing area of procurement. In addition, WHO has taken a lead role in the Committee in order to promote a better understanding and

¹ General Assembly resolution 59/250.

² See document A60/33.

use of results-based management as an essential management approach throughout the United Nations system.

15. Collaboration agreements represent another important tool that enable WHO to align and harmonize its work with partner organizations. As part of their efforts to further reform in the area of humanitarian assistance, WFP and WHO have signed a collaboration agreement in the area of logistics planning and implementation, whereby WHO will coordinate health logistics through the WFP network of humanitarian response depots and WFP will provide priority logistical services to WHO's human and technical resources during emergencies. The new approach allows both organizations to make efficient use of donor support by rationalizing the use of their logistics infrastructure, and maximizing the use of available resources, thereby increasing their overall efficiency. At the regional level in particular, joint activities in priority health areas are conducted within the framework of technical cooperation agreements. The WHO Regional Office for the Western Pacific for example, signed 14 such agreements during the past year.

16. In the areas of common concern, WHO places particular emphasis on joint action with partners. To this end UNICEF and WHO have, inter alia, called for safe access of poliomyelitis vaccinators in Afghanistan's Southern Region; communicated on tackling the problem of lack of essential medicines for children; reported on progress towards the water and sanitation target (target 10) of Millennium Development Goal 7;¹ raised awareness of pneumonia as the forgotten killer of children;² and worked jointly with private vaccine manufacturers to ensure the testing, licensing, certification and production of new monovalent oral poliomyelitis vaccines in record time. The launch by FAO, OIE and WHO of the Global Early Warning and Response System as the first joint early warning and response system for animal diseases, including zoonoses, worldwide is a further example of efforts to enhance global capacity to detect and control diseases of animal origin at their source.

ACTION BY THE HEALTH ASSEMBLY

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

= = =

¹ *Meeting the MDG drinking water and sanitation target: the urban and rural challenge of the decade*. Geneva, World Health Organization, 2006.

² Wardlaw, Tessa M. *Pneumonia: the forgotten killer of children*. Geneva, World Health Organization, 2006.