



Collaboration within the United Nations system and with other intergovernmental organizations

General matters

Report by the Director-General

This report is submitted in accordance with resolution EB91.R19, which calls for “an annual report on collaboration within the United Nations system”, and resolution EB59.R8, which specifies that the report to the Board on coordination within the United Nations system “should deal only with those issues which specifically require reporting to or immediate action by the Board”. The report also reflects developments in the implementation of resolutions WHA49.19 and WHA49.20 on collaboration within the United Nations system and with other intergovernmental organizations.

The Executive Board is invited to note the report.

UNITED NATIONS

1. **Reform** is the dominant theme throughout the United Nations system. The fifty-second session of the United Nations General Assembly has before it the Secretary-General’s two-track reform “package”. “Track I” (March 1997) focused on immediate management and organizational measures for the Secretary-General to take on his own initiative, including reductions in the 1997-1998 budget, cutting of over 1000 posts, transfer of resources thus “freed” to programmes, and integration of United Nations activities at country level within a strengthened Resident Coordinator system. “Track II” (16 July 1997) consolidates those measures in four core activities: peace and security, economic and social affairs, development cooperation, and humanitarian affairs, each managed by an executive committee. Human rights is treated as an overlapping issue. The measures enumerated bear similarities to those emphasized in WHO’s reform programme and reforms in other specialized agencies (e.g., FAO, UNESCO, UNIDO, World Bank and the International Monetary Fund), all of which pre-date these recent United Nations reform initiatives.

2. Five aspects of the United Nations reform package have particular implications for WHO. First, the establishment of a United Nations development group to facilitate a wide range of joint policy-making and decision-making will undoubtedly mean that the group encompasses health matters. WHO must decide on the best strategy for liaison with the group to ensure that policies established by the Executive Board and Health Assembly are respected and health programmes implemented under WHO guidance. Secondly, United Nations structural and institutional reform concentrates all social and economic issues in the Department of Economic and Social Affairs. WHO must, again, ensure liaison with the Department and monitor developments closely.

Thirdly, a small Office of the Emergency Relief Coordinator has been established; it is proposed to set up a steering committee with representatives of the six members (UNHCR, WFP, UNICEF, UNDP, ICRC and a nongovernmental organization) of the Interagency Standing Committee, and WHO, FAO, IOM and other nongovernmental organizations. To add a further level of consultation would be contrary to the spirit of United Nations General Assembly resolution 46/182 of 1991, long supported by WHO and its governing bodies. WHO favours tighter procedures for the Interagency Standing Committee to the creation of new entities. Moreover, WHO should participate as a full partner in the elaboration of emergency response programmes from the very onset. A fourth proposal concerns the establishment of a special commission at ministerial level to examine the United Nations Charter and the treaties establishing specialized agencies. WHO may have to consider a legal review in consultation with other specialized agencies, bearing in mind the current discussions in its governing bodies on the WHO Constitution, and also consult Member States and keep ministers of health fully informed so that they participate in national assessments and interministerial consultations. The fifth important proposal, covering action at country level, is referred to below (paragraph 7).

3. **Economic and Social Council.** The “high-level segment” of the substantive session in 1997 addressed the theme: “Fostering an enabling environment for development; financial flows, including capital flows; international trade”. Debate was dominated by the concept of world economic liberalization, the repercussions recently observed in countries in the process of industrialization, and the need for caution. The Council stressed that liberalization should be balanced by policies for social progress that provide social “safety nets”, and by structural adjustment programmes that ensure equity and enable poor people to improve their lot. In this context, reversing the overall decline in Official development assistance and firmly establishing the International Monetary Fund’s “enhanced structural adjustment facility” were seen by many participants as a means of restructuring public expenditure in primary education and primary health care. The Deputy Director-General *ad interim* of WHO addressed the Council, pointing out that the health sector does not merely absorb investment; it makes a major contribution to ensuring the safety and quality of pharmaceutical products and healthy food, and he urged governments to allocate a greater part of the gains from health-related goods and services to measures to improve people’s health and living conditions and to combat poverty.

4. WHO informed the Council that its analysis of health-related conditions affected by differences between women and men covered differential exposure to risk, access to the benefits of technology and health care, rights and responsibilities, and domination. A joint statement has been issued by WHO, UNICEF and UNFPA deploring the harm caused by female genital mutilation and calling unequivocally for the elimination of this practice in all its forms. WHO also stressed the importance of water for health and as a basic human right, and the need to combat the ill effects of poor water and sanitation. The Council urged cosponsors of UNAIDS to integrate HIV/AIDS prevention in operational activities and encouraged donors to increase their support. Representatives of Member States expressed strong interest in adopting, at the forthcoming special session of the United Nations General Assembly, a declaration on guiding principles, in which WHO is involved, for reducing the demand for narcotic drugs.

5. **Operational activities for development.** In 1998 the United Nations General Assembly will conduct its triennial comprehensive policy review of operational activities for development in the United Nations system. A new feature will be an “impact evaluation” focusing on capacity-building by the United Nations system over the past 10-15 years, to which WHO has much to contribute, and on enhancing effective collaboration with “partners” at country level. As new mechanisms are developed (e.g., “country strategy notes” and the United Nations development assistance framework), WHO should be closely involved in the preparation of the review, and its technical expertise fully utilized.

6. United Nations General Assembly resolution 47/199 (1992), aimed at strengthening the Resident Coordinator system, sets out the legislative basis for improving efficiency and effectiveness through a fully coordinated multidisciplinary approach to countries’ needs, recognizing the complementarity of the system and the need for division of labour according to competences. Resolution 50/120 (1995) elaborated on the principles underlined in resolution 47/199 and stressed further that the mandates of the United Nations sectoral and specialized entities, funds and programmes, and of specialized agencies, should be respected and enhanced.

7. The United Nations reform programme (1997) contains new elements which WHO must analyse and follow up. They include designation of the Resident Coordinator as the Secretary-General's representative and United Nations team leader accredited with the head of government; establishment of the United Nations development assistance framework as a common programme with common resources; establishment of the "United Nations House" under one flag and as a single office providing common premises and administrative services; and the appropriate combination of skills in the United Nations country team.

BRETTON WOODS INSTITUTIONS AND OTHER SPECIALIZED AGENCIES

8. **World Bank.** Since the WHO/World Bank review meeting in 1994, there has been systematic collaboration at the country level. The World Bank has adopted the policy of WHO partnership for health development, as reflected in the 1997 World Bank publication,¹ namely: (1) collaboration at country level in which WHO technical expertise is mobilized to improve the design, supervision and evaluation of World Bank-supported projects; and (2) global collaboration in which WHO and the World Bank join forces to advance international understanding of health, nutrition and population issues.

9. **ITU.** In April 1997 ACC adopted a statement on "Universal access to basic communication and information services" and requested that it be brought to the attention of the governing bodies of other organizations in the United Nations system. The most daunting challenge is to harness the potential of new communication technology and make it available to countries, especially developing countries, in a timely cost-effective and equitable manner. To this end, seven areas for possible pilot projects have been identified, including "telemedicine" (i.e. the use of telecommunications in medicine) in which WHO is actively engaged. A forum was provided by ITU (as part of Telecom Interactive 97) for discussions on "telehealth" and "telemedicine" in which the Director-General participated.

SUPPORT FOR AFRICAN RECOVERY AND DEVELOPMENT

10. The **United Nations System-wide Special Initiative on Africa** continues to provide an important framework within which high priority is given to health, education, water supply (including Africa 2000), food security and governance. Leadership and responsibility for the Initiative by African governments was reinforced by the resolution adopted at the Thirty-third OAU Summit of Heads of State and Government (Harare, 1997). Links between the Initiative and the United Nations New Agenda for Development in Africa in the 1990s have been formally recognized by the United Nations Committee for Programme and Coordination. All countries remain eligible to participate, and progress has been made in health-sector reform through the mechanism of United Nations country team "retreats" involving governments and the donor community, mobilizing funds and initiating implementation.

11. Supporting the objectives of the **Treaty Establishing the African Economic Community**, WHO continued to collaborate with OAU in important tasks including preparation of the Harare Declaration on Malaria Prevention and Control adopted in June 1997. The draft health protocol is being reviewed by Member States. A 1994-1996 progress report of the WHO working group on continental Africa was published in mid-1997.

¹ *Health, nutrition, and population sector strategy*. The World Bank Group, Washington, DC, 1997 (ISBN 0-8213-4040-9).

COORDINATED FOLLOW-UP TO INTERNATIONAL CONFERENCES

12. Three ad hoc task forces established by ACC in 1995 to promote an integrated follow-up at national level for plans of action of United Nations international conferences and summits have completed their work. The ACC Inter-Agency Committee on Women and Gender Equality focuses on coordinated follow-up to the Beijing Platform and Programme of Action. WHO has been particularly active in the task force on basic social services for all, and in the Inter-Agency Committee on Women, and is cosponsoring with the United Nations, a meeting on women and health in June 1998. A workshop in December 1997 is to review the contribution of ACC task forces and other interagency committees with a view to ensuring coherence and cooperation between them, and developing proposals for submission to ACC on continued coordination and sustainability of follow-up. The United Nations Economic and Social Council will review a comprehensive report by ACC on the work of the task forces in Spring 1998. The challenge for the United Nations system, including WHO, is to ensure that the momentum is maintained in order to provide coherent guidance and support to countries in establishing concrete national policies and programmes.

ACTION BY THE EXECUTIVE BOARD

13. The Board is invited to note the report.

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