



# WORLD HEALTH ORGANIZATION

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

### Report by the Secretariat

1. This report covers items that are deemed to be of immediate interest to the Executive Board. A full report will be submitted to the Fifty-fourth World Health Assembly in May 2001.
2. The main thrust of the work on collaboration over the past year has been to take forward a range of partnerships and other forms of cooperation that will enable improved delivery of advice and services to countries. These have ranged from new work on access to care and drugs and the Global Alliance for Vaccines and Immunization, to the continuing partnerships in Roll Back Malaria and UNAIDS. During 2000, WHO has also worked extensively with other organizations in the United Nations system and a broad range of development partners on scaling up the response to the health problems most experienced by poor people.

### WORK WITHIN THE UNITED NATIONS SYSTEM

3. There has been a continuing effort to improve the integration of WHO's work in the overall development and anti-poverty strategies of the United Nations system. WHO is working closely with the United Nations Secretary-General on implementation of the **Millennium Declaration** adopted at the Millennium Summit (New York, September 2000).
4. WHO has participated with other organizations in preparatory meetings for the special session of the United Nations General Assembly for **Follow-up to the World Summit for Children** (New York, September 2001) and has provided substantive contributions to the background document. In addition, through its country offices, WHO has played a central role in providing coordinated technical support to Member States within the United Nations Development Assistance Framework, based on common country assessments.
5. The **Third United Nations Conference on Least Developed Countries** (Brussels, May 2001) will take a 10-year perspective and will focus mainly on strengthening country capacity for human development. It is expected to produce both international policy consensus and country-specific programmes. WHO will assume the role of lead agency in organizing a session, tentatively entitled "Social Services Delivery: Health". The content of this session will reflect the range of health inputs to development, adapted to the themes of the Conference and its multisectoral participation. Both the Conference itself and the preparatory work will provide a useful mechanism to reach interagency agreement on future collaboration aimed at strengthening the health dimensions of policies and programmes in least developed countries.

6. WHO is working closely with the Office of the United Nations High Commissioner for Human Rights and other partners in the United Nations system in preparing for the **World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance** (South Africa, 31 August to 7 September 2001). WHO will provide substantive contributions on health as a human right to the background documentation.

7. Reforms at country level have helped to integrate the activities of organizations and bodies of the United Nations system. The main tools have been the development of common country assessments (now completed or under way in over 100 countries) and the preparation of development assistance frameworks (in 75 countries). WHO also participated actively in simplifying and harmonizing procedures at country level – one of the main themes of the substantive session of the United Nations Economic and Social Council in July 2000.

## **EUROPEAN UNION**

8. WHO has continued to expand cooperation with the institutions of the European Union in a broad range of areas which touch on the fields of health and development.

9. The European Community is actively participating in negotiation of the WHO framework convention on tobacco control in the context of resolution WHA52.18, paragraph 1(3), regarding the participation of regional economic integration organizations. Initial points of contact have been established between WHO and the European Commission for collaboration on the proposal for a directive covering the manufacture, presentation and sale of tobacco products in Member States, and on the work of the WHO Scientific Advisory Committee on Tobacco Products Regulation.

10. WHO initiated a joint WHO/European Commission seminar on cooperation on environment and health (Brussels, 19 and 20 September 2000), leading to a new framework for cooperation between WHO and the Commission. By virtue of its mandate in food safety, WHO has been closely involved in advising on guidelines for the establishment of the European Food Authority, and in monitoring and surveillance of foodborne diseases, especially those related to microbiological contamination of food. Cooperation is also under way in relation to the health effects of electromagnetic fields, to alcohol and health and, through, IARC on cancer prevention.

11. A round table on HIV/AIDS, malaria and tuberculosis (Brussels, 28 and 29 September 2000), convened by the European Commission and cosponsored by WHO and UNAIDS, explored the potential for the Community and its partners to use their combined strengths to combat those three major communicable diseases and poverty. Representatives from developing countries, the Commission, the Member States of the European Union, research institutions, industry and civil society participated in preparation of a policy framework to optimize existing interventions, improve affordability of key pharmaceuticals, and increase investment in research and development of new technology.

## **ERADICATION OF POLIOMYELITIS**

12. The Global Polio Partners Summit (New York, 27 September 2000) was convened jointly by WHO, UNICEF, Rotary International and the United States Centers for Disease Control and Prevention – the key partners in the Global Polio Eradication Initiative. On this occasion a specially designed “countdown clock” was started, symbolizing the race to beat poliomyelitis. It will track the

decreasing number of cases around the world, and will tick down the number of seconds remaining until the certification deadline at the end of 2005. The President of Nigeria and the Prime Minister of Bangladesh, representing countries where poliomyelitis remains a threat, voiced their support for national immunization days. The Summit culminated in a joint commitment to a detailed five-year strategic plan, coupled with a pledge to certify the world free of the disease by the year 2005.

### **HORN OF AFRICA: INTERAGENCY MISSION AND TASK FORCE**

13. As part of the United Nations initiative to tackle the food and health crisis caused by drought in the Horn of Africa, a team headed by the Special Envoy of the United Nations Secretary-General, in which WHO participated, visited Djibouti, Eritrea, Ethiopia and Kenya in April 2000. As a result, almost one million tonnes of food were delivered by August 2000. The major causes of death in the affected area were diarrhoea caused by unsafe drinking-water, measles, malaria, and tuberculosis. WHO, UNICEF, and various nongovernmental organizations provided vaccines, water purification facilities, and essential drugs. WHO seconded two staff to the Office of the Regional Humanitarian Coordinator to help coordinate effective drought relief measures.

14. In order to address long-term food security in the Horn of Africa, an interagency task force, led by FAO and comprising 10 ACC member organizations, including WHO, was established in April 2000. A report on the elimination of food insecurity in the Horn of Africa, submitted to ACC in October 2000, estimates that 70 million people (45% of the total population in the area) live in a state of chronic food insecurity. It sets out a strategy and framework for action to relieve this plight, and calls for the political commitment of governments and the financial commitment of partners, including organizations of the United Nations system, bilateral agencies, and regional and global development banks.

### **ACTION BY THE EXECUTIVE BOARD**

15. The Board is invited to note the report.

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