



# World Health Organization Organisation mondiale de la Santé

FIFTY-FIRST WORLD HEALTH ASSEMBLY

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Provisional agenda item 29.1

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

### General matters

#### Report by the Director-General

This report summarizes recent progress made in collaboration with organizations within and outside the United Nations system.

The Health Assembly is invited to note the report.

### UNITED NATIONS

1. **Reform** continued to be the dominant theme throughout the United Nations system and the primary focus of the fifty-second session of the United Nations General Assembly, which has so far adopted two resolutions on "Renewing the United Nations: a programme for reform": 52/12(a) - actions the Secretary-General has taken, or proposes to take, under his own authority, and 52/12(b) - recommendations the Secretary-General has made to the General Assembly for its own action. The Executive Board at its 101st session was apprised of the implications of United Nations reform for WHO and, at its request, a more detailed report will be submitted to the Board at its 102nd session.
2. **ACC.** The Autumn 1997 session addressed a number of issues in the context of ongoing reform.
  - (i) Regarding the relationship between the United Nations system and civil society, ACC concluded that policies for interaction with civil society varied depending on the nature of the partner organization and type of activity. Cooperation had generally been fruitful, although it had, on occasion, required caution to avoid potential conflicts of interest. The Director-General of WHO and other executive heads pointed out that the proposal to establish an interagency liaison service for cooperation with the business community needed further study and elaboration. ACC would revert to this issue at a subsequent meeting.
  - (ii) Three ad hoc task forces established by ACC in 1995 to promote an integrated follow-up at national level to plans of action of United Nations international conferences and summits in the 1990s have completed their work. The United Nations system, including WHO, has now to maintain momentum in order to provide coherent guidance for countries in framing specific national policies and programmes.

(iii) The Special Session of the United Nations General Assembly (New York, June 1997) reviewed progress since the United Nations Conference on Environment and Development (UNCED) (Rio de Janeiro, Brazil, 1992). WHO, Task Manager of Chapter 6 of Agenda 21 - Protecting and promoting human health - submitted a progress report<sup>1</sup> and is fully involved in the further implementation of Agenda 21 adopted at UNCED, in particular strategic approaches to freshwater management and the theme of industry and sustainable development to be reviewed by the Interagency Committee on Sustainable Development at its sixth session in 1998.

(iv) 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 organizations of the United Nations system. The challenge is to harness the potential of new communication technology and make it available, especially to developing countries, in a timely, cost-effective, and equitable manner. A possible pilot project has been identified for the use of telecommunications in medicine in which WHO is actively engaged.

(v) ACC adopted a strong statement, to be pursued urgently, on security and safety of United Nations staff, particularly in crisis situations.

(vi) In reviewing preparations for observance of the fiftieth anniversary of the Universal Declaration of Human Rights and the five-year review of the Vienna Declaration and Plan of Action, both taking place in 1998, ACC emphasized that the rights-based approach to addressing economic, social and humanitarian problems involving children, women and refugees, which was being increasingly pursued by organizations of the United Nations system, needed to be broadened and developed further.

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 focused on globalization of the world economy, the repercussions recently observed in countries in the process of industrialization, and the need for caution. The Council stressed that globalization 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, many participants considered that reverse of the overall decline in official development assistance and firm establishment of the International Monetary Fund’s “enhanced structural adjustment facility” were means to restructure public expenditure in primary education and primary health care.

4. WHO informed the Council that its analysis of health-related conditions affected by differences between women and men covered such areas as 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 elimination of this practice in all its forms. WHO also stressed the importance of access to clean 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.

5. The Council endorsed the holding of a special session of the General Assembly (8 to 10 June 1998) to discuss the fight against illicit production, sale, demand, traffic, and distribution of narcotic drugs and psychotropic substances. WHO is working closely with UNDCP and ACC Sub-Committee on Drug Control to ensure that international cooperation in these areas is strengthened. Member States expressed strong interest in adopting a declaration on guiding principles, in which WHO is involved, for reducing the demand for narcotic drugs.

6. **Regional commissions.** WHO presented a paper on “Perspectives on interagency coordination in Asia and the Pacific” at the fifty-third session of ESCAP and contributed to the work of several ESCAP interagency

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<sup>1</sup> Document E/CN.17/1997/2Add.5.

committees. ECA and WHO reviewed in July 1997 opportunities to facilitate implementation of the United Nations System-wide Special Initiative on Africa through its communications strategy for Africa. WHO subsequently collaborated with ECA and other organizations on the African Information Society Initiative, which provides an action framework to build Africa's information and communication infrastructure.

7. **Operational activities for development.** In the context of the triennial comprehensive policy review of operational activities for development in the United Nations system the United Nations General Assembly will receive an analysis of efforts to strengthen the Resident Coordinator system. A new feature will be an "impact evaluation" focusing on capacity-building by the United Nations system over the past 10 to 15 years, to which WHO has much to contribute, and on enhancing effective collaboration with partners at country level. WHO will be closely involved in the preparation of the review, and its technical expertise fully utilized. The United Nations reform programme (1997) also contains new elements, such as designation of the Resident Coordinator as the Secretary-General's representative and United Nations team leader accredited to the head of government; establishment of the United Nations development assistance framework (UNDAF) as a common programme with common resources; establishment of "UN 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. UNDAF is being tested in 19 pilot countries and WHO Representatives have been encouraged to participate.

8. **UNICEF/WHO Joint Committee on Health Policy (JCHP).** The thirty-first and final session was held in Geneva on 19 to 20 May 1997. At the request of UNDP/UNFPA Executive Board, the Executive Boards of WHO and UNICEF agreed to an expanded JCHP to include UNFPA, to be named WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH). A preliminary meeting of CCH will be convened in 1998 to finalize the terms of reference for the Committee and to discuss selected issues of common concern to the three organizations.

9. **UNIDO.** WHO works in seven sub-Saharan countries to strengthen national capacities in food safety control and to advise on development of modern food safety legislation that is compatible with international requirements.

10. **UNCTAD.** Contacts are under way for a similar food safety project for Eastern Caribbean states. UNCTAD and WHO also explored the issue of trade in health services. After an expert meeting (Geneva, June 1997) at which WHO provided the public health viewpoint, a joint publication, is being issued, which examines trade and health implications, especially from the developing country perspective.<sup>1</sup>

11. **Emergency relief and humanitarian assistance.** To deal with this complex issue, where improved coordination at field level is of highest concern, regular contacts are maintained with a broad range of organizations, in particular members of the Interagency Standing Committee (UNHCR, WFP, UNICEF, FAO, IOM, International Committee of the Red Cross, International Federation of Red Cross and Red Crescent Societies, and consortia of nongovernmental organizations) for the purpose of joint assessments, studies, preparation of guidelines on specific topics, mobilization of resources, etc.

## **BRETTON WOODS INSTITUTIONS AND OTHER SPECIALIZED AGENCIES**

12. **World Bank.** The World Bank has adopted the policy of WHO partnership for health development,<sup>2</sup> namely: collaboration at country level in which WHO technical expertise is mobilized to improve the design, supervision and evaluation of World Bank-supported projects; and global collaboration in which WHO and the World Bank join forces to advance international understanding of health, nutrition and population issues.

<sup>1</sup> "International trade in health services; a development perspective". Document available on request.

<sup>2</sup> See *Health, nutrition, and population sector strategy*. Washington, DC, The World Bank Group, 1997.

13. **FAO.** Close collaboration in support of country implementation of the World Declaration and Plan of Action for Nutrition facilitated preparation of over 160 national food and nutrition policies and plans of action. The World Food Summit (Rome, 1996) also served to intensify this collaboration to turn plans and declarations into action. WHO is also closely involved in the Inter-agency Working Group on Food Insecurity and Vulnerability Information and Mapping System as part of global follow-up to the Summit. Food safety aspects of products from aquaculture were addressed in a study group convened by WHO, in collaboration with FAO and the Network of Aquaculture Centres of Asia. WHO, in collaboration with FAO, facilitated the work of the Codex Alimentarius Commission which now has a membership of 161 countries. Codex standards, recommendations and guidelines are explicitly recognized in the World Trade Organization Agreement on the Application of Sanitary and Phytosanitary Measures as the international reference for food safety. The health sector of each country is urged to participate fully in the work of the Commission to ensure that its norms are fully adequate from a health protection viewpoint.

14. **IAEA.** In collaboration with the Agency and FAO, WHO facilitated the work of the International Consultative Group on Food Irradiation, an intergovernmental body with a membership of 47 countries and convened a study group on high dose food irradiation (Geneva, September 1997) which concluded that food irradiated to any dose appropriate to achieve the intended technological objective was both safe and nutritionally adequate. Close collaboration continued in areas such as the use of radiation in medical diagnosis and treatment, radiation protection, and human nutrition. An IAEA/WHO consultation meeting (Vienna, December 1997) reviewed current and planned activities in radiation protection, including focus on development and implementation of basic safety standards, strengthening of infrastructure for radiation emergency preparedness and response, evaluation of radiation health effects and risks, monitoring of radioactivity and training, education and information dissemination. Other collaborative activities included the International Conference on Biological Effects of Low Doses of Ionising Radiation (Seville, Spain, 1997); evaluation of the radiological accident in Georgia and subsequent provision of medical assistance; preparation of guidelines for radiation emergency preparedness; and a seminar on radiation emergency in Cuba.

15. **ILO.** Collaboration within the framework of the WHO Global Strategy for Occupational Health for All offers an effective way to give high priority to occupational health and safety on national and international agendas.

16. **UNESCO.** Cooperation was geared to promoting health of school-age children and young people, adult education, and physical activity for health. WHO acted as one of UNESCO's official cooperating partners for planning and organizing the Fifth International Conference on Adult Education (Hamburg, Germany, 1997). UNESCO collaborated actively with WHO and other concerned partners in the launch and worldwide promotion of the Global Initiative on Active Living/Physical Activity for Health. UNESCO and WHO are cosponsoring the Seventh World Sport for All Congress organized by the International Olympic Committee (Barcelona, Spain, November 1998) on the theme "Sport for all and the global educational challenges".

17. **WTO.** WHO, which already has observer status on two committees: Technical Barriers to Trade and Sanitary and Phytosanitary Measures, has also requested observer status on the General Council of WTO.

## **OTHER INTERGOVERNMENTAL ORGANIZATIONS**

18. **Regional development banks.** These institutions continue to maintain a high level of investment in capital and technical resources in support of social development, including health and environmental issues. WHO collaborated extensively with the African Development Bank on health policy and at country level. Since 1996, technical advice has been provided to revision of the health sector policy paper of the Asian Development Bank. A seminar on "Health in Developing Asia: Seizing the Opportunities" is being organized in cooperation with WHO. WHO continues to expand its collaboration with the Islamic Development Bank in several areas,

including disease prevention and control, vaccine production, water and sanitation, and the healthy cities programme.

19. **Regional groups.** After signing of a memorandum of understanding between the Association of South East Asian Nations (ASEAN) and WHO early 1997, WHO is being consulted on the formulation of an ASEAN medium-term plan of collaboration in health and nutrition, and most recently on health impacts of the air pollution phenomenon known as the haze. Consultations and collaboration also continued with other organizations, including the Asia-Pacific Economic Cooperation; the South Asian Association for Regional Cooperation; the Organization of American States; the African, Caribbean and Pacific Group of States; the League of Arab States; the Organization of the Islamic Conference; and African multilateral institutions as summarized in paragraph 22 below.

20. **European Union.** Collaborative activities already initiated by the European Commission and WHO have continued to develop, especially the healthy school network, the European Environment and Health Committee, the International Forum on Chemical Safety and management of essential drugs in western Africa. WHO has made available authoritative expert advice on bovine spongiform encephalopathy and food safety at large, and has been invited as observer to the European Union-United States Task Force on Communicable Diseases to collaborate on global surveillance and response systems. Examples are malaria control in Cambodia, Laos and Viet Nam, cholera control in Cape Verde, reinsertion of returning refugees in Rwanda, and a mother and child health care programme in Yemen.

## SUPPORT FOR AFRICAN RECOVERY AND DEVELOPMENT

21. **United Nations System-wide Special Initiative on Africa.** The Initiative continues to provide framework within which highest priority is given to health and education. Leadership and responsibility for the Initiative by African governments was reinforced by a resolution adopted at the thirty-third OAU Summit of Heads of State and Government (Harare, 1997). 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, which mobilize funds and initiate implementation.

22. **African organizations.** In support of the objectives of the Treaty Establishing the African Economic Community, WHO continued to collaborate with OAU on institutional matters of common interest and on health and health-related issues. The draft health protocol of the Abuja Treaty is currently being reviewed by Member States. The Harare Declaration on Malaria Prevention and Control was adopted in June 1997. A 1994-1996 progress report of the WHO Working Group on Continental Africa was issued in mid-1997.<sup>1</sup> The strategic importance of OAU, ECA, the African Development Bank and the regional economic communities, and their evolving common institutional framework, continues to be recognized by WHO.

## MATTERS FOR THE PARTICULAR ATTENTION OF THE HEALTH ASSEMBLY

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

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<sup>1</sup> Document WHO/INA/97.3.