



# WORLD HEALTH ORGANIZATION

FIFTY-SECOND WORLD HEALTH ASSEMBLY  
Provisional agenda item 18

A52/26  
14 April 1999

---

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

### Report by the Secretariat

1. This report covers the following aspects of collaboration within the United Nations system and with other intergovernmental organizations: developing new partnership arrangements; review of ongoing partnerships; and follow-up to Health Assembly resolutions. The Health Assembly is requested to consider and approve the Agreement between WHO and the Universal Postal Union. The other topics are presented for the information of the Assembly. Particular attention is drawn to the report on follow-up requested by the Fifty-first World Health Assembly in resolutions WHA51.8 and WHA51.22.

#### DEVELOPING NEW PARTNERSHIP ARRANGEMENTS

##### World Bank

2. In the course of several meetings with the President of the World Bank, the Director-General has made it clear that WHO welcomes strategic alliances and partnerships in general, and the World Bank's renewed commitment to improving global health in particular.

3. Collaborative links are being established or strengthened. Several staff secondments ensure closer collaboration. In addition to the Programme of Research, Development and Research Training in Human Reproduction, which it joined in co-sponsoring in 1988, and the Special Programme for Research and Training in Tropical Diseases, which it has co-sponsored from the start in 1975, the World Bank has joined WHO and other organizations in the partnership for Roll Back Malaria and the Tobacco Free Initiative. The Bank has also undertaken to carry out analytical work jointly with WHO on institutional and financial aspects of health sector development. A more substantive dialogue is being pursued on policy issues, including the design and use of the Comprehensive Development Framework proposed by the President of the World Bank, which takes a long-term and broadly based approach to economic and social development.

##### International Monetary Fund

4. In October 1998 the Director-General discussed new and more intensive forms of collaboration during meetings with the Managing Director and senior staff of the International Monetary Fund (IMF). It was agreed to pursue joint work to safeguard essential health and social functions in some or all of the six Enhanced Structural Adjustment Facility pilot countries, and on the development of benchmarks for monitoring trends in health sector performance. At subsequent meetings in January 1999 of staff from IMF, the World Bank and WHO, it was agreed to pursue these priority activities initially by selecting a small

number of countries for the production of health sector policy briefs. The work will be carried out principally by staff of three WHO clusters and the project on Partnerships for Health Sector Development, coordinated by a cross-cluster working group, with the collaboration of regional offices. Staff of IMF, the World Bank and WHO intend to review progress in mid-1999, and to decide how to strengthen further collaboration on health policy in the context of macroeconomic adjustment.

### **Agreement between WHO and the Universal Postal Union**

5. On 9 February 1999 the World Health Organization and the Universal Postal Union entered into a formal cooperation Agreement<sup>1</sup> to promote the safe transport of infectious substances and diagnostic specimens. The Agreement also provides for the development of safer packaging systems at minimum cost and of simple labelling to aid compliance. Under the terms of this Agreement the two specialized agencies of the United Nations also undertook to cooperate in developing training programmes and promote awareness campaigns for health care organizations, postal administrations, mailers and shippers in all countries. The action recommended to the Health Assembly is set out in paragraph 30 below.

## **REVIEW OF ONGOING PARTNERSHIPS**

### **WHO/UNICEF/UNFPA Coordinating Committee on Health**

6. The WHO/UNICEF/UNFPA Coordinating Committee on Health is the successor to the UNICEF/WHO Joint Committee on Health Policy. The Committee was first convened in early 1998 to make a final recommendation on its terms of reference to the respective Executive Boards. The terms of reference were approved in September 1998 by the Executive Boards of UNICEF and UNDP/UNFPA. In January 1999, WHO's Executive Board approved the revised terms of reference by the adoption of resolution EB103.R17, the text of which has been transmitted to the Executive Boards of UNICEF and UNDP/UNFPA.

7. The terms of reference provide for the Committee to be composed of 16 members selected by the Executive Boards of the three organizations, one from each region of the organization concerned (five each from UNICEF and UNFPA, six from WHO). The first meeting of the Committee (WHO, Geneva, 3 and 4 July 1998) discussed and adopted recommendations related to three main programme areas of collaboration: safe motherhood, vitamin A, and adolescent health and development. It also identified additional areas of collaboration for possible inclusion in the agenda of its next meeting, scheduled to be convened before the end of 1999.

### **The United Nations reform process: WHO's participation in the United Nations Development Assistance Framework (UNDAF) exercise**

8. In July 1997 the Secretary-General of the United Nations proposed to the General Assembly the establishment of a United Nations Development Assistance Framework "to achieve goal-oriented collaboration, programmatic coherence and mutual reinforcement" for the United Nations programmes of development assistance.<sup>2</sup> UNDAFs are intended to be developed in close cooperation with governments, and

---

<sup>1</sup> The full text of the Agreement is annexed hereto.

<sup>2</sup> Reviewing the United Nations: a programme for reform, United Nations document A/51/950, paragraph 161, action 10(a).

---

to be based on Common Country Assessments (CCAs). WHO responded positively to the invitation to join in the pilot phase of the UNDAF exercise, launched in August 1997 in 18 countries in all WHO regions.<sup>1</sup>

9. At its 103rd session, in January 1999, the Executive Board was informed that WHO's participation in UNDAF had been a positive experience. In preparation for the second pilot phase of UNDAF, to be launched in 25 additional countries before June 1999, an inter-cluster and inter-office review of the nature and modalities of WHO's participation in UNDAF is under way. The exchange of views at the Meeting of WHO Representatives and Liaison Officers in February 1999 confirmed the impression that support mechanisms need to be better defined, and more detailed guidance provided for WHO country representatives taking part in the UNDAF exercise.

10. The Director-General has also discussed with the Secretary-General and the Administrator of the United Nations Development Programme WHO's participation in the United Nations Development Group, which *inter alia* provides guidance for UNDAF. Composed of funds, programmes and agencies mostly under the direct authority of the Secretary-General, the Group is chaired by the Administrator of the United Nations Development Programme.

11. A report on WHO's participation in an expanded and enhanced UNDAF will be included in the agenda of a forthcoming session of the Executive Board.

## **FOLLOW-UP TO HEALTH ASSEMBLY RESOLUTIONS**

### **Resolution WHA51.8 - Concerted public health action on anti-personnel mines**

12. On 1 March 1999 the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on their Destruction came into effect. WHO's first involvement in the Ottawa Process on landmines took place at the Treaty-signing Conference in Ottawa in December 1997. On 18 December 1997 the United Nations General Assembly adopted resolution 52/173 calling for the United Nations to play a coordinating role in mine action. Subsequently, the United Nations Mine Action Service (UN/MAS) was established under the Department of Peace-Keeping Operations. Within this context, WHO took immediate steps to define the public health dimension of mine action. A major contribution has been the streamlining of assistance strategies for mine victims, which took shape in the adoption of resolution WHA51.8, calling for a concerted public health response to anti-personnel mines and support for the WHO plan of action.

13. The WHO plan of action on a concerted public health response to anti-personnel mines is being implemented in 10 mine-affected African countries. Steps have been taken to extend implementation of the plan to Asia. The strategy developed by WHO has been presented at the First Meeting of States Parties (Maputo, 3 to 7 May 1999), and at the Sixth Conference of African Ministers of Health (Cairo, 11 to 15 May 1999). WHO will support the recent alliance established in the Americas by PAHO with the Governments of Canada and Mexico.

---

<sup>1</sup> Ten in the African Region (Ghana, Kenya, Madagascar, Malawi, Mali, Mozambique, Namibia, Senegal, South Africa and Zimbabwe); one in the South-East Asia Region (India); two in the Western Pacific Region (Philippines and Viet Nam); one in the Eastern Mediterranean Region (Morocco); two in the Americas (Colombia and Guatemala); and two in the European Region (Romania and Turkey).

14. The Organization's strategy is based on the conviction that the public health response to landmine injuries must form part of an overall plan to improve the capacity of the health sector to respond to trauma management in general, strengthening all relevant aspects of primary health care, including institutional care and community involvement. An improved public health response to landmine victims in particular and trauma management in general represents a tool to develop better systems to handle pre-hospital, hospital and rehabilitative services, thus enhancing the capacity and quality of health infrastructures in affected communities. Moreover, the health sector's response to victims of landmines must form an integral part of national health policy and programmes. WHO has therefore proposed an integrated strategy in response to Article 6 of the Convention, which refers to assistance to mine victims.

15. With a view to establishing a technical basis for the implementation of the plan of action, WHO has undertaken formal cooperation with national scientific institutions in Italy, Norway, Switzerland, Uganda and the United Kingdom of Great Britain and Northern Ireland, as well as with the WHO Collaborating Centre on Injury Prevention in South Africa.

16. To support mine-affected countries in the development of sustainable and integrated programmes of assistance to mine victims, thus responding to victims' needs, WHO has embarked on a consultative process with the ministries of health of affected States. The first WHO interregional Workshop on Concerted Public Health Response to Anti-personnel Mines took place in Kampala in September 1998.

17. Five objectives are identified in WHO's plan of action:

(a) Under Objective 1, Surveillance and information, WHO has established a technical group to review existing tools and strategies for data collection. This group, composed of representatives of several institutions involved in data collection, such as the International Campaign to Ban Landmines, the International Committee for the Red Cross (ICRC), and the London School of Hygiene and Tropical Medicine, has produced two data collection tools. Pilot testing of the instruments is under way in Azerbaijan, Mozambique, Uganda and Zimbabwe. The pilot phase will be completed in June 1999. In the second phase, surveillance will be undertaken in all the other countries that participated in the Kampala workshop, as well as in Afghanistan and Cambodia.

(b) Under Objective 2, Prevention and awareness, WHO will participate in the revision of the draft guidelines on mine awareness developed by UNICEF, the designated United Nations focal point for mine awareness education.

(c) Under Objective 3, Pre-hospital and hospital care, the first Workshop on Pre-hospital Management of Mine Injuries (Tromsø, Norway, March 1999), organized jointly by the Trauma Care Foundation of Norway and WHO, discussed immediate life-saving procedures for mine victims and pre-hospital training guidelines adapted for use in different countries. In addition, the WHO Collaborating Centre on Injury Prevention, South Africa, will organize the first Emergency Life Support Course for Training of First Responders to Injuries in Johannesburg at end May 1999.

(d) Under Objective 4, Rehabilitation, WHO is developing integrated rehabilitation programmes to permit cost-effective, sustainable and effective programmes at country level. A community-based approach will be used to develop strategies for the provision of rehabilitation services to landmine victims, including assessment of psychosocial needs, within a community-based rehabilitation/primary health care framework. Assessments will be carried out in Afghanistan, Eritrea, Mozambique, Rwanda, South Africa, Uganda and Zimbabwe. The programme will last three years and will be expanded to Asia.

(e) Under Objective 5, Coordination with the United Nations, WHO participated in UN/MAS country assessment missions to Azerbaijan, Burundi, Ethiopia, Jordan, Lebanon, Somalia and Yemen. Following the first assessment mission to Ethiopia and Somalia, WHO convened a regional consultation on country situation analyses in Addis Ababa in June 1998.

18. In order to promote better field-level coordination, WHO has established a strong partnership with ICRC and UNICEF. The three organizations stress the importance of not discriminating against victims of any type of trauma and the need for a development-oriented humanitarian approach in post-conflict situations to strengthen capacity to meet the needs of victims. Close collaboration at country level has been maintained with nongovernmental organizations, in particular the International Campaign to Ban Landmines and Handicap International. Discussions are continuing with several partners, including ICRC, the International Campaign to Ban Landmines and the Geneva Centre for Humanitarian Demining, on the establishment of a database on assistance to mine victims, which will include the results of surveillance once the data become available.

### **Resolution WHA51.22 - Health of children and adolescents**

19. The planning and programming of WHO support to national child and adolescent health activities must be guided by the obligation to assure the rights of children and adolescents. Procedures for monitoring these rights through United Nations human rights instruments and other mechanisms act as a channel for advocacy and practical support for WHO's child and adolescent health activities. One important instrument for monitoring and ensuring observance of the rights of children and adolescents to health and health care, and for mobilizing national and international support in this area, has been the United Nations Convention on the Rights of the Child.

20. Based on this rationale, in January 1998 WHO adopted a framework for initial activities in relation to the Convention, with funding provided by the Swedish International Development Cooperation Agency (SIDA). One of the main purposes of the framework was to identify and implement activities that would provide WHO with a sound basis for future policy on child and adolescent rights.

21. Following the adoption of the framework, activities undertaken from January 1998 to May 1999 have focused primarily on three areas: the development of an internal coordination mechanism for WHO's activities in the field of child rights; the strengthening of WHO's input to the reporting process of the United Nations Committee on the Rights of the Child, the body responsible for monitoring implementation of the Convention; and seeking closer collaboration with external partners to promote and address the right of children and adolescents to health and health care, most notably UNICEF and the Office of the United Nations High Commissioner for Human Rights (UNHCHR).

22. Two informal WHO working groups, one on the young child, the other on the adolescent, were established with an initial view to streamlining WHO activities in the area of child rights. The establishment of the working groups provided an important opportunity to identify the partners whose work has a direct impact on efforts to promote and ensure observance of the rights of the child and the adolescent to health and health care.

23. A review of existing international and national training sessions and material related to the child's right to health and health care is nearing completion. Following the final outcome of this review, WHO in collaboration with other partners will develop an adaptable training guide on child rights for health professionals.

24. Technical support to the reporting process of the United Nations Committee on the Rights of the Child is an essential role for WHO in relation to the Convention. In January 1998 WHO organized a comprehensive briefing to the Committee, which provided the Organization and members of the Committee with an opportunity to re-acquaint themselves with each other's areas of work, as well as to explore further means of collaboration at multilateral and national levels. Since then, WHO has coordinated the preparation of commentaries on the health components of initial and periodic reports of 12 States Parties to the Convention, and has presented and interpreted these commentaries to the Committee.

25. These interventions have provided an opportunity to highlight child and adolescent health issues in countries under consideration by the Committee and to give concrete advice and technical support to those countries (through the Committee) in addressing and correcting the health problems identified. Following these comprehensive interventions, the Committee has actively encouraged a number of countries to seek support from WHO and to adopt and/or strengthen activities, for example, in relation to the integrated management of childhood illness.

26. WHO's input to the reporting process at regional and national level is an important aspect of its work with the Committee. WHO and UNICEF are currently discussing means to strengthen joint efforts to assist States Parties to the Convention in following up the Committee's health-related recommendations.

27. During the development of the framework and the implementation of related activities, WHO has been closely collaborating with external partners, particularly UNICEF and UNHCHR. Examples of collaboration include a joint WHO/UNICEF briefing during the 54th session of the United Nations Commission on Human Rights

28. WHO's efforts to place the child's right to health and health care more prominently on the international human rights agenda have also included statements before the Commission on Human Rights and presentations at international forums, including the XXII International Congress of Paediatrics and the European Conference on Health and Human Rights.

29. To ensure better coordination of child and adolescent health and development activities within WHO, a comprehensive strategy is being prepared with input from all relevant WHO departments. This will describe the priorities and technical scope of WHO's work and facilitate the translation of the human rights approach into concrete actions.

## **ACTION BY THE HEALTH ASSEMBLY**

30. In accordance with Article 70 of the Constitution providing that formal agreements concerning cooperation with other intergovernmental organizations shall be subject to approval by a two-thirds majority vote, the Health Assembly may wish to adopt the resolution set out below:

The Fifty-second World Health Assembly,

Having considered the report on the Agreement between the World Health Organization and the Universal Postal Union;

Taking into consideration Article 70 of the Constitution of the World Health Organization,

APPROVES the Agreement between the World Health Organization and the Universal Postal Union.

ANNEX  
AGREEMENT  
BETWEEN  
THE WORLD HEALTH ORGANIZATION (WHO)  
AND  
THE UNIVERSAL POSTAL UNION (UPU)

Preamble

The World Health Organization (hereinafter referred to as WHO)

and the Universal Postal Union (hereinafter referred to as the UPU)

Wishing

to coordinate their efforts within the framework of the missions assigned to them,

Recognizing

that the WHO is the United Nations specialized agency responsible for providing information, counsel, and assistance in the field of health; promoting cooperation among scientific and professional groups which contribute to the advancement of health; and advancing work in the prevention and control of the international spread of diseases,

Recognizing

that the UPU is the United Nations specialized agency the purpose of which is to organize and improve the postal services and to promote, in this field, the safe transport of mail,

Recognizing

the desirability of the UPU's cooperating, within the field of its competence, with WHO in promoting, among other things:

- a the safe transport of infectious substances;
- b the safe transport of diagnostic specimens;
- c the development of safer packaging systems at minimum cost;
- d the development of simple labelling to aid compliance;
- e the development of training programmes and awareness campaigns to introduce recommendations in all countries.

Have agreed on the following:



**Article I - Mutual consultation**

- 1 WHO and the UPU shall consult as needed on policy issues and matters of common interest for the purpose of realizing their objectives and coordinating their respective activities.
- 2 WHO and the UPU shall exchange information on developments in any of their fields and projects that are of mutual interest and shall reciprocally take observations concerning such activities into consideration with a view to promoting effective coordination.
- 3 When appropriate, consultations shall be arranged at the required level between representatives of the UPU and WHO to agree upon the most effective way in which to organize particular activities and to optimize the use of their resources in compliance with their respective mandates.

**Article II - Exchange of information**

- 1 WHO and the UPU shall combine their efforts to achieve the best use of all available information relevant to the transportation of infectious substances using the postal services.

**Article III - Reciprocal representation**

- 1 Appropriate arrangements may be made for the reciprocal representation at WHO and UPU meetings convened under their respective auspices and which consider matters in which the other party has an interest or technical competence.
- 2 The Director-General of the International Bureau of the UPU and the Director-General of WHO shall appoint a focal point with a view to ensuring the implementation of the provisions of the present Agreement.

**Article IV - Technical cooperation**

- 1 When in the interest of their respective activities, WHO and the UPU shall seek each other's expertise to optimize the effects of such activities.
- 2 The UPU shall endeavour, through its bodies as well as its Postal Security Action Group (PSAG), to sensitize the national postal administrations to the need to apply measures to ensure the safe transport of infectious substances.
- 3 By mutual agreement, the UPU and WHO shall associate themselves in the development and execution of programmes, projects and activities relating particularly to the safe transport of infectious substances through the post.
- 4 Joint activities to be conducted under the present Agreement shall be subject to the approval of individual project documents by both parties and shall be monitored under an agreed mechanism.
- 5 WHO and the UPU shall cooperate in evaluating such programmes, projects and activities as have common interest subject to mutual agreement on a case-by-case basis.

**Article V - Entry into force, modification and duration**

- 1 The present Agreement shall enter into force on the date on which it is signed by the Director-General of WHO and the Director-General of the International Bureau of the UPU, subject to the approval of the UPU Council of Administration and the World Health Assembly.
- 2 The Agreement may be modified by mutual consent expressed in writing. It may also be revoked by either party by giving six months' notice to the other party.

In witness whereof, the Director-General of the World Health Organization and the Director-General of the International Bureau of the Universal Postal Union sign the present Agreement in duplicate, in English and French, both texts being authentic, on the dates appearing under their respective signatures.

For the WHO:

For the UPU (International Bureau):

(signed)

(signed)

Dr Gro Harlem Brundtland  
Director-General

Thomas E Leavey  
Director-General

Date: 9 February 1999

Date: 9 February 1999

= = =