



# WORLD HEALTH ORGANIZATION

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

### Report by the Secretariat

#### INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

1. WHO has entered a new phase of collaboration with the Federation, moving beyond emergency and humanitarian action. The Federation has joined forces with WHO on the Roll Back Malaria and Stop Tuberculosis initiatives, where its strong presence at country level can make an important difference. Several countries have been identified in which to launch joint activities. The cooperation is also aimed at eradicating poliomyelitis by the end of the year 2000, the priority areas being countries affected by conflict or in difficult circumstances. In response to an epidemic of meningococcal disease in the Sudan, the Federation provided meningococcal vaccine through its national network. Its rapid mobilization of resources was critical.

2. Close collaboration on emergency and humanitarian action, both in the field and at headquarters, has continued, through the Inter-Agency Standing Committee, on needs assessment, definition of strategies, distribution of responsibilities and projects, development of a humanitarian charter for persons affected by disaster, and the setting of minimum standards in essential areas of disaster response.

3. For the first time, celebration of World Health Day in April 2000 was prepared jointly with the Federation. The theme was blood safety, a WHO priority and the subject of long-standing collaboration between the two organizations. The Day marked the launch of a long-term advocacy campaign to ensure safe and adequate blood supply and management, implemented through WHO.

#### OECD

4. In 1999, WHO and OECD reached agreement on a Framework for Co-operation, which covers important areas related to health, including health systems, biotechnology, food safety and chemicals management. The Framework was agreed on in an Exchange of Letters between the Director-General of WHO and the Secretary-General of OECD.

5. Collaboration has begun on the collection of health statistics, in particular data on health expenditure and general mortality; joint assessments of the comparative performance of health care systems; and research and analysis of health care policies. Existing collaboration on bioethics and human health-related biotechnology, in particular on regulatory risk assessment, has been

strengthened: WHO and OECD are working together on surveillance and biosafety in organ transplantation, especially xenotransplantation, to develop a shared system for monitoring regulatory changes.

## **EUROPEAN UNION**

6. Cooperation with the institutions of the European Union, particularly the European Commission, continues to increase. With its new and broader mandate for health following the ratification of the Treaty of Amsterdam in 1999, the European Union is now a key actor in public health in Europe, and the Commission has become a leading provider of development assistance and one of the largest funding agencies for humanitarian aid globally. For example, the new Lomé Agreement (the Suva Agreement) between the African, Caribbean and Pacific group of States and the European Union provides the basis for broad programmes on the reduction of poverty and health development in these countries.

7. A new exchange of letters, with the European Commission, updating that of 1982, is being prepared and will strengthen and intensify cooperation with WHO.

## **WHO/UNICEF/UNFPA COORDINATING COMMITTEE ON HEALTH**

8. In its second session (Geneva, 2 to 3 December 1999), the Committee, whose 16 members each represent one of the Executive Boards concerned, took up several issues that had been considered at the special session of the United Nations General Assembly in New York in mid-1999 on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD, Cairo, 1994). The Committee made detailed recommendations for action by the three organizations on reduction of maternal mortality and morbidity (including use of micronutrients), adolescent health and development, HIV/AIDS (with a focus on mother-to-child transmission), coordination of the follow-up to ICPD, and immunization.

9. The third session will be held in New York in early 2001, with a focus on a limited number of items. The Committee will receive a report on implementation of the recommendations of the 1999 meeting, including information on successes and failures in countries, and will consider in detail relevant sector-wide approaches.

10. Together, WHO, UNFPA and UNICEF are elaborating a strategic plan for implementation of steps to reduce maternal mortality.

## **UNITED NATIONS REFORM PROCESS**

11. In 1997, the United Nations initiated a process of wide-ranging reform aimed at ensuring greater unity of purpose and coherence of development efforts. A direct outcome was the formation of the United Nations Development Group to enhance the effectiveness and impact of United Nations development operations and to facilitate joint policy formulation and decision-making. At field level, the introduction of the Common Country Assessment and United Nations Development Assistance Framework will provide programming frameworks for all United Nations entities involved in development operations. Strengthening the resident coordinator system and the housing of United Nations entities in common premises, "United Nations houses", were also part of the reform.

12. WHO joined the United Nations Development Group in May 1999 to align better the WHO reform process at country level and its participation has helped to integrate health into the operational activities of the United Nations. Examples of WHO's collaboration towards the Group's goal of increasing the coherence of policies and programmes include work on the recent joint action plans for halving extreme poverty by 2015 and the girls' education initiative.

13. WHO actively contributes to the Common Country Assessment process, having participated in 29 completed assessments and being committed to 44 more that are planned or in progress. Likewise, WHO has participated in 12 completed United Nations Development Assistance Framework exercises and is active in 20 more existing or planned processes. WHO is taking part, when it is effective in terms of cost, in the United Nations house programme involving nine centres in Africa, eight in Asia, four in the Arab States, 10 in Europe and the Commonwealth of Independent States, and three in Latin America. WHO has also striven to be more visible in the recruitment procedure for resident coordinators.

## **WORLD BANK**

14. In a long-term, broad-based approach to economic and social development, the World Bank and WHO are substantively reviewing policies, including the design and use of the former's Comprehensive Development Framework, which integrates structural, social and human concerns. Collaboration is primarily at country level, where WHO expertise in health is used to improve the design, supervision and evaluation of Bank-supported projects in countries. At global level, WHO and the Bank have, for instance, joined forces to increase understanding of health, nutrition and population issues.

15. One important area of collaboration is poverty reduction. The joint IMF/World Bank initiative for heavily indebted poor countries translates funds released by debt relief into investment in social development. WHO's policy guidance may help shape the design of health and social development projects for financing by the World Bank.

16. The World Bank is supporting WHO's Roll Back Malaria and Tobacco Free Initiative projects while continuing to cosponsor the Onchocerciasis Control Programme, the Special Programme for Research and Training in Tropical Diseases and the Special Programme of Research, Development and Research Training in Human Reproduction. The Bank recently agreed to cosponsor the Global Alliance for Vaccines and Immunization, an initiative aimed at children in developing countries.

## **IMF**

17. WHO, IMF and the World Bank are continuing the discussion, begun in 1998, on health policies and measurement of health-system performance. IMF is keenly interested in the new approach to the latter, which will be published in *The world health report 2000*. WHO has briefed IMF staff on key health policy issues in Nicaragua, Uganda and Viet Nam and will provide briefings on up to nine further countries in the course of its work in Africa, Asia and Latin America during 2000.

18. IMF participates in the policy advisory group of the Tobacco Free Initiative and in the Commission on Macroeconomics and Health.

## **FAO**

19. Collaboration between FAO and WHO – the two United Nations specialized agencies formally mandated to address food and nutrition problems worldwide – has strengthened during the past year. The Director-General visited FAO in June 1999 in order to review past collaboration and agree on new areas of cooperation.

20. Planned FAO/WHO activities concern the impact of globalization on changing food and nutrition patterns; the prevalence of malnutrition and nutritional vulnerability in large population groups; poverty and underdevelopment; and working with countries on planned long-term reduction in demand for tobacco production with regard to the framework convention on tobacco control.

## **WFP**

21. WFP continues to partner WHO in training programmes for medical doctors, midwives, nurses and others involved in implementing WFP's food assistance projects. WHO is currently considering participation in the Popular Coalition to Eradicate Hunger and Poverty, an initiative founded by nongovernmental and intergovernmental organizations including FAO, IFAD and WFP, which aims to build strategic and innovative alliances between diverse development organizations with particular emphasis on the role of civil society in overcoming hunger and poverty. As this objective is also an important part of WHO's mission, this project provides an important area for future collaboration.

## **IFAD**

22. The World Food Summit (Rome, 1996) gave further impetus to collaboration between IFAD and WHO to improve household food and nutrition security of vulnerable segments of the population. Recently, for instance, WHO has contributed technically to IFAD's review of its comparative advantage in work on household food security and gender, and the Fund has contributed technically to WHO's multicountry study on improving household food and nutrition security.

23. In the immediate future IFAD and WHO plan to further develop indicators for assessing and monitoring household food and nutrition security and tools to incorporate gender in programme and project designs.

## **UNESCO**

24. Given the importance of promoting health through schools, UNESCO and WHO have cooperated to support skilled-based health education for: HIV prevention; tobacco use prevention; health and nutrition; violence prevention; and caring for the environment. This collaboration has generated methodological tools and age-appropriate material for teachers in developing countries to use in primary and secondary schools.

25. In September 1999, WHO led an interagency discussion with the World Bank, UNESCO and UNICEF on the development of a common agenda on school health programmes. This meeting resulted in the Focusing Resources on Effective School Health (FRESH) Start approach, which will be initially implemented in Africa. The FRESH framework captures the education, health, nutrition and

overall development goals and provides the necessary intersectoral institutional support to ensure sustainability.

26. UNESCO organized, in partnership with WHO, the World Bank and UNICEF, the Education for All Conference (Dakar, April 2000), to which all the agencies pledged support.

27. In addition, UNESCO continues to collaborate closely with WHO on issues such as bioethics, and health and care as a fundamental human right.

## **ILO**

28. Since 1948, the partnership between ILO and WHO has continued to grow and expand. Following a meeting in December 1999 between the respective Directors-General, it was agreed to establish an intersecretariat working group in order to promote cooperation in new areas, such as poverty alleviation, gender issues in workers' health, prevention and control of HIV/AIDS among workers, and health financing and health insurance coverage for workers.

29. The Tobacco Free Initiative will work with ILO on the employment implications of tobacco control in developing countries. The outcomes of the ILO study on employment diversification in the Indian bidi industry will be useful to the initiative. Together, ILO and WHO have initiated discussions on the neglected area of workers' health and smoking in the workplace: there could be important links between the ILO's Conventions on occupational health and possible obligations to be included in WHO's framework convention on tobacco control and related protocols.

30. A good example of collaboration is the recent joint meeting between ILO, WHO and the International Confederation of Free Trade Unions on asbestos, given that the efforts to impose a worldwide ban on the use and commercialization of asbestos have both health and employment implications.

31. ILO's new department on post-emergency actions has requested joint activities with WHO.

## **FOLLOW-UP TO UNITED NATIONS CONFERENCES**

32. The international development goals and commitments, agreed on at the United Nations General Assembly and the Economic and Social Council, are rooted in multisectoral strategies that address issues within the overall context of health sector development and reform. They provide the framework for WHO's collaborative activities with all the intergovernmental agencies.

### **International Conference on Population and Development (ICPD +5)**

33. The final document adopted at the special session of the United Nations General Assembly on ICPD +5 in July 1999 records that WHO was invited to take the lead role in the development of common key indicators on reproductive health programmes, including maternal health, in coordination with the United Nations system. The document also calls for strengthened partnerships with agencies of the United Nations system, nongovernmental organizations, multilateral and bilateral assistance agencies, development banks and women's and consumer groups to enable the development of broad-based support and mobilization of the needed resources at global and country levels.

### **World Summit on Social Development and Beyond (Copenhagen +5)**

34. The United Nations General Assembly special session on Copenhagen +5 to be held in Geneva in June 2000 will focus on the central themes of poverty eradication: promoting full employment and creating an environment conducive to development. Within this context, key activities in health as a prerequisite to development will need close collaboration between the organizations and bodies of the United Nations system. In preparing for the special session, WHO has been working closely with ILO, the World Bank, UNICEF and the United Nations Department of Economic and Social Affairs, not only on activities leading up to the special session, but also on developing joint activities for the future.

### **World Conference on Women (Beijing +5)**

35. Through advocacy, WHO has succeeded in highlighting the multisectoral perspective of women's health.

36. As a member of the Inter-Agency Committee on Women and Gender Equality, WHO has contributed to a series of commitments to improving the health of women and girls in a broad context.

37. Recognizing the intersectoral nature of the Beijing Platform for Action, WHO has agreed to cosponsor a series of panels and workshops with ILO, UNICEF and UNIFEM (on gender-poverty, HIV/AIDS, the girl child and the impact of globalization on women) during the United Nations General Assembly special session to be held in New York in June 2000. It is planned to base future long-term joint activities on the outcome of these panel discussions.

### **Agenda 21**

38. Agenda 21, the global programme of action for sustainable development, is important to WHO, in particular as it relates to making health the key to development, with a strong focus on poverty alleviation. WHO can make a major contribution in several areas covered by Agenda 21 besides the specific chapter on health.

39. The Inter-Agency Committee on Sustainable Development has established a decentralized system of task management for various thematic areas corresponding to the individual chapters of Agenda 21. The task manager ensures coordinated contributions of the United Nations system for the follow-up to, and implementation of, Agenda 21, in accordance with the Committee's multi-year thematic programme of work. The main role of task managers is to promote and facilitate better coordination, coherence of policy and complementarity of action, to identify possibilities for joint initiatives, and to serve as the focal point for information and networking in respective thematic areas. WHO is the task manager for the chapter on health.

### **ACTION BY THE HEALTH ASSEMBLY**

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

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