



# WORLD HEALTH ORGANIZATION

FIFTY-FOURTH WORLD HEALTH ASSEMBLY  
Provisional agenda item 18

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

### Report by the Secretariat

#### UNITED NATIONS

1. WHO has continued to advocate health as the centre of poverty reduction and development, establishing closer links with the intergovernmental process at the United Nations, in particular with the **Economic and Social Council** in its key role as the coordinating body on economic and social matters. WHO and the United Nations Department of Economic and Social Affairs cosponsored a special session of the Council on macroeconomics and health (8 February 2001). WHO's work on health, poverty and development is also linked to such conferences as the World Summit on Sustainable Development (Rio+10) (Johannesburg, South Africa 2002), the Third United Nations Conference on Least Developed Countries (Brussels, May 2001), the special session of the United Nations General Assembly on HIV/AIDS (June 2001), and the intergovernmental summit on financing for development (Mexico City, 2002).
2. WHO will present a joint report with its partners in the system on malaria and diarrhoeal diseases, including cholera at the Council's substantive session in 2001. The high-level segment will focus on the role of the United Nations system in supporting African countries to achieve sustainable development.
3. The United Nations Ad Hoc Task Force on Tobacco Control reviewed interagency activities in tobacco control (December 2000), including an FAO study on reduction strategies and World Bank studies on the impact of privatization in the tobacco sector. WHO is making a major contribution to the Secretary-General's report on the work of the Task Force for the Council's substantive session in 2002.
4. WHO has been invited to join the Millennium Ecosystem Assessment, a cooperative arrangement with FAO, UNESCO, UNDP, UNEP, the World Bank and the United Nations University. Members include the secretariats of international conventions in such fields as climate change and biological diversity. Negotiations are currently under way for WHO to contribute to the global and subglobal assessments of the public health consequences of changes in the world's ecosystems.
5. In preparation for the special session of the General Assembly on HIV/AIDS, involving governments and organizations of the United Nations system, WHO has participated in the working-level reference group in New York, chaired by UNAIDS. WHO has been designated the lead agency of the round table discussion on prevention and care, one of four to be held during the special session.
6. WHO's cooperation with the United Nations **Division for the Advancement of Women in 2000**, focused strongly on the HIV/AIDS pandemic and its gender implications. WHO provided

technical support to the expert group meeting on gender and racial discrimination (November 2000). It also collaborated during the year with the Inter-Agency Committee on Women and Gender Equality, ILO, UNICEF and the Office of the High Commissioner on Human Rights, making a significant contribution to the system-wide medium term plan for the advancement of women, 1996-2001.

7. WHO also contributed to the preparatory committee for the special session of the United Nations General Assembly entitled "Women 2000: Gender Equality, Development and Peace for the Twenty-first Century" (June 2000) by preparing a set of 16 fact sheets on women's health and organizing a panel on women's mental health at the United Nations. WHO also made a substantive input to the meetings on the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

8. Through its membership of the Executive Committee of the United Nations Development Group (UNDG), WHO has participated in the Secretary-General's **reform programme** to consolidate the United Nations system at country level and to foster greater unity of purpose and coherence of action. By December 2000, 110 Common Country Assessments and 44 United Nations Development Assistance Frameworks were completed or under way, and over 40 country teams had undergone joint training programmes.

9. A UNDG poverty strategy and action plan has been adopted and sent to all United Nations country offices as a guidance and reference document. A plan to implement the United Nations girls' education initiative has also been launched. A total of 40 United Nations houses and common services are in operation in countries.

10. An inter-agency mobility programme has been established with the aim of creating a competent, versatile, mobile, integrated "global team" for future United Nations operations. A guidance note on the preparation of joint programmes/projects has been sent to all country teams. Vacancies and short-term announcements are shared among participating organizations of the United Nations system to foster greater staff mobility. A unified structure for spouse employment has been proposed.

## **PROGRAMMES OF THE UNITED NATIONS SYSTEM**

11. There has been major collaboration between WHO and United Nations programmes in a wide range of areas of work over the past year. WHO has been an active contributor to the preparatory committees for the United Nations Conference on the Illicit Trade in Small Arms and Light Weapons in All Its Aspects (New York, July 2001), which will seek to strengthen international efforts to prevent, combat and eradicate illicit trade in small arms. Future related activities include a proposed study of the impact of small arms on global health.

12. WHO hosted an interagency meeting (Geneva, February 2001) to discuss ethical, legal and social issues in human genetics with UNESCO, FAO, WIPO, WTO and OECD. WHO's future work in these fields will also closely involve both these organizations and international bioethics commissions.

13. At the request of the United Nations Special Rapporteur on Disability, WHO conducted a survey in 2000 on the implementation of the four United Nations standard rules on the equalization of opportunities for persons with disabilities related to health.

14. There has been continuing effort to improve the integration of WHO's work in the overall development and antipoverty strategies of the United Nations system, particularly in relation to the **Millennium Declaration** adopted at the Millennium Summit (New York, September 2000). ACC provided WHO and Executive Heads of organizations of the system with the opportunity to gain political impetus from the Declaration and to coordinate efforts to implement the key goals and targets of the Summit. WHO has been particularly concerned with follow-up on poverty and health, reduction of maternal mortality, HIV/AIDS, protection of the environment, antipersonnel mines, sanctions, and meeting the special needs of Africa. WHO and other agencies will report on progress to ACC in April 2001.

15. WHO has continued its close cooperation with the **Economic Commission for Africa (ECA)**. The Second African Development Forum (Addis Ababa, October 2000), involving ECA, ILO, WHO, the World Bank, UNICEF, UNDP, UNAIDS, as well as the Organization of African Unity, produced the African Consensus and Plan of Action on Africa's development, which focused on AIDS: the greatest leadership challenge facing Africa in the twenty-first century. This Consensus and plan of Action will be submitted to the special summit on HIV/AIDS, tuberculosis and other related infectious diseases in Africa (Abuja, April 2001) for the endorsement of African Heads of State and their partners. A coordinated African request for international support, debt relief, and affordable drugs will be made to the special session of the United Nations General Assembly on HIV/AIDS.

16. WHO's office in Addis Ababa has continued to work with the **Office for the Coordination of Humanitarian Affairs and the Organization of African Unity (OAU)** to develop a common African position on humanitarian assistance. WHO has coordinated a more effective humanitarian early warning system to gather and disseminate timely information on crises and natural disasters. Preparations were under way throughout 2000 for a joint United Nations/OAU symposium on natural disasters, scheduled for 2001, for which WHO provided support.

17. WHO has been a prominent member of the Inter-agency Task Force on response to long-term food security, agricultural development and related aspects in the Horn of Africa. WHO provided technical and logistic support for the measles campaign, and for control of HIV/AIDS, diarrhoea, tuberculosis and malaria, as well as for long-term development aimed at ensuring food security in the region.

18. WHO has worked closely with the **Office of the United Nations High Commissioner for Human Rights** over the past year, contributing to the committees that monitor CEDAW, the Convention on the Rights of the Child, and the International Covenant on Economic, Social and Cultural Rights. WHO provided technical input to the drafting of the statement on the right to the highest attainable standard of health, as part of the International Covenant. It has intensified its work on health of indigenous people and efforts to integrate human rights into health and development. It participated in an interagency mission to assess human rights in Yemen, in order to integrate human rights in sustainable development. A national workshop on human rights in Yemen (April 2001) will prepare a joint plan of action.

19. WHO has continued to cooperate closely with **UNAIDS** on a global policy and strategy to prevent mother-to-child transmission of HIV. Activities included field testing and adaptation of clinical guides in three African countries and in Thailand, as well as support for research into optimal infant-feeding practices in order to minimize the risk of mother-to-child transmission. WHO also collaborated with UNAIDS on other joint research projects, such as on protection against unwanted pregnancy, HIV and sexually transmitted infections. As part of the Interagency Task Team, WHO also produced technical guidelines on psychosocial support to mothers with HIV infection.

20. WHO provided technical support to countries through UNAIDS to reduce the social vulnerability of women and girls and the spread of HIV and sexually transmitted infections, developing guidelines for national staff and evidence-based interventions to prevent such infections. WHO contributed to a UNAIDS training course on HIV and infant feeding. It also worked with UNAIDS, UNICEF and UNFPA on a consultation on youth-friendly health services (March 2001), targeting especially vulnerable groups such as adolescent boys and refugees, and collaborated on joint health-service interventions with UNICEF, UNFPA and UNHCR. WHO also chaired the joint UNAIDS task team on young people.

21. UNAIDS has joined forces with WHO's "Stop TB Initiative"; its participation will help to tackle the epidemics of HIV and tuberculosis more effectively.

22. In early 2000, WHO and UNAIDS launched an HIV vaccine initiative, directed by the joint WHO-UNAIDS HIV Vaccine Advisory Committee. This new initiative will expand the capacity of developing countries to test candidate vaccines and to promote research on new ones. WHO has continued its work on a UNAIDS project on HIV-related tumours in Africa, to identify the most effective treatment and care for patients with HIV-related cancers.

23. WHO has worked with **UNICEF** on a global strategy for infant and young child feeding, contributing to modules on the feeding of infants in emergencies. WHO, together with the World Bank and USAID, was also a member of an interagency working group on household and community-based integrated management of childhood illness, chaired by UNICEF.

24. **UNFPA** has continued to cosponsor WHO's activities on human reproduction through the Special Programme of Research, Development and Research Training in Human Reproduction. Recent work has involved technologies for family planning and reproductive health in Vietnam, and improvement of the quality of care and reproductive health services.

25. WHO has worked with UNFPA and UNICEF on the recommendations of the Coordinating Committee concerning reduction of maternal mortality, adolescent health and development, HIV/AIDS and immunization, and on follow-up to the International Conference on Population and Development (Cairo, 1994).

26. WHO has worked closely with **UNCTAD** on preparations for the Third United Nations Conference on Least Developed Countries. The Conference aims to accelerate sustainable socioeconomic development in the least developed countries and will be attended by ministers of finance, trade and planning. WHO is the lead agency for one of seven sessions at the Conference, focused on the role of health in enhancing productivity, which will deal with investment in health, enhancing human productivity and economic growth, globalization and the health of poor people, and trade as an instrument for promoting better health in least developed countries.

27. WHO has also collaborated with UNCTAD on building up countries' capacity to analyse and respond to the effects of globalization and trade on health, and on a framework for integrating health protection into UNCTAD's current plan of action.

28. WHO cooperated with **UNDCP** on primary prevention of substance abuse, including the use of amphetamine-type stimulants, community involvement in treatment of substance abuse, and evaluation of disorder treatment for the use of psychoactive substances. WHO was represented at the International Narcotics Control Board and the Commission on Narcotic Drugs in 2000, in compliance with United Nations drug control conventions.

## ORGANIZATIONS OF THE UNITED NATIONS SYSTEM AND BRETTON WOODS INSTITUTIONS

29. WHO and **ILO** held a joint Mental Health Day 2000 celebration (Geneva, 10 October 2000) on the theme of mental health in workplaces, issuing a joint brochure on “Mental health and work: impact, issues and good practices”.

30. In the context of long-standing collaboration with **FAO** within the Joint FAO/WHO Food Standards Programme and joint expert committees, WHO has been particularly active on standards for infant and young child feeding, and on salt iodination. The two organizations have also intensified efforts to develop an information and mapping system on food insecurity, vulnerability and poverty. Two joint symposiums are planned at the seventeenth International Congress of Nutrition (Vienna, August 2001), focusing on national nutrition policies and plans.

31. WHO has continued its collaboration with the **World Bank** to advance international understanding of health, nutrition and population issues. WHO technical expertise has also improved the design, supervision and evaluation of health-related country projects supported by the World Bank. WHO has also cooperated on poverty reduction in the context of the Heavily-Indebted Poor Countries (HIPC) initiative. The World Bank provides major financial support for WHO's Special Programme for Research and Training in Tropical Diseases, the Special Programme of Research, Development and Research Training in Human Reproduction, Roll Back Malaria, the Onchocerciasis Control Programme, the Global Alliance for Vaccines and Immunization, and the Global Health Network, as well as the “School health initiative”, and the European Observatory on Health Care Systems.

32. WHO fielded a senior staff member to work with the World Bank on policy development to ensure that the child health interventions it finances are best practices. Within the framework of HIPC, WHO and UNICEF collaborated with the World Bank on the health, nutrition and population components of the poverty reduction strategy papers; three subregional workshops were organized in sub-Saharan Africa in 2001.

33. The World Bank and WHO also worked together on health systems and health care financing, for example, preparing a paper, together with ILO, for WHO's Commission on Macroeconomics and Health. In addition, WHO staff have taught on the World Bank's flagship course on health-sector reform. Future plans include a health systems performance framework for India and a study on community financing schemes in several countries.

34. WHO was granted observer status on the **WTO** Council for Trade-Related Aspects of Intellectual Property rights, enabling it to monitor discussions on access to patented drugs. WHO also has observer status on the WTO Committee on Sanitary and Phytosanitary Measures and Committee on Technical Barriers to Trade and regularly participates in the meetings of these bodies. WTO staff contributed to a workshop organized by the Regional Office for South-East Asia on globalization, trade and health, and to regional seminars on the Agreement on Application of Sanitary and Phytosanitary Measures and food safety.

35. A joint WHO/WTO meeting (Norway, April 2001) discussed differential drug pricing and developed closer working relations on health and the multilateral trade agenda. A technical briefing on current issues in health and trade was organized in connection with the Fifty-third World Health Assembly, and a joint training workshop (Geneva, September 2001) will examine the public health implications of the multilateral trade agreements. WHO is currently preparing a health strategy for the next WTO ministerial conference.

36. WHO works closely with UNICEF and the World Bank within the **Global Alliance on Vaccines and Immunization** in order to revitalize immunization worldwide. Financed by the newly established Global Fund for Children's Vaccines, which has the support of the Bill and Melinda Gates Children's Vaccine Programme, several governments and public health institutions, the Alliance assists low-income countries to improve their health systems and introduce new vaccines.

## INTERGOVERNMENTAL ORGANIZATIONS

37. WHO's cooperation with the **European Union**, in particular its executive body, the Commission of the European Communities, has been strengthened by numerous links between Member States of the Union and WHO's headquarters and regional offices. A new framework for cooperation, concluded on 14 December 2000, focuses on HIV/AIDS, tuberculosis, emerging diseases, tobacco control, mental health, environmental health, and food safety.

38. A joint seminar on environment and health (Brussels, September 2000) identified strategic areas for cooperation on air and water quality, transport, noise, chemical safety, radiation protection, climate change, environment, health indicators, and other issues of common interest. A satellite event on "Health and Climate Change: Benefits of Mitigation" was organized jointly by the Commission and WHO's European Centre for Environment and Health at the sixth Conference of Parties of the United Nations Framework Convention on Climate Change (The Hague, November 2000). WHO also convened a European ministerial conference on young people and alcohol (Stockholm, February 2001) with the Government of Sweden. WHO is providing information on dangerous trends in health for the Union's strategy on sustainable development, and contributing to the Union's preparations for the World Summit on Sustainable Development. The European Commission was the fourth largest contributor to WHO's emergency and humanitarian activities in 2000.

39. WHO and the **Council of Europe** cooperate within the European Health Committee. The European Department for the Quality of Medicines is an important partner in quality control standards for pharmaceutical substances; the Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs, known as the Pompidou Group also cooperates closely with WHO. Recently, cooperation between WHO and the Council has included health aspects of the Pact on Stability in Europe, and bioethics. A proposed tripartite agreement between the Council, the European Commission and WHO will promote further cooperation on health.

40. WHO has recently further developed cooperation with **OECD**, particularly on health systems, assessment of health status, methods and data for national health accounts, and health legislation, working with UNESCO, the European Union and the Council of Europe. WHO has also issued a producer's guide to national health accounts with OECD, the World Bank and USAID. OECD provided data on health expenditures for *The world health report*.

## ACTION BY THE HEALTH ASSEMBLY

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

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