



# **WORLD HEALTH ORGANIZATION**

**FIFTY-FIFTH WORLD HEALTH ASSEMBLY**  
**Provisional agenda item 19**

**A55/34**  
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## **Collaboration within the United Nations system and with other intergovernmental organizations**

### **Report by the Secretariat**

#### **INTRODUCTION**

1. WHO's collaboration with the United Nations is a constitutional requirement based on a formal agreement dating back to 1948. WHO has also specific formal framework agreements with some specialized agencies. This lays the foundation for WHO's collaboration with the United Nations system of organizations. With its emphasis on partnership WHO has continued to work closely with members of the United Nations family and other important intergovernmental organizations to promote and protect health. Since the Fifty-fourth World Health Assembly WHO has actively participated in the deliberations of the United Nations General Assembly, the United Nations Economic and Social Council and their subsidiary bodies and United Nations conferences as well as in meetings of other intergovernmental organizations such as European Union and African Union. This report does not detail all current collaborations but concentrates on major outcomes and highlights since the last report to the Health Assembly;<sup>1</sup> other reports on specific collaboration are provided for relevant technical agenda items. This report makes special mention of two important instruments for interagency coordination: CEB and the United Nations Development Group (UNDG). CEB, the forum for all Chief Executives of the United Nations system, meets twice yearly under the chairmanship of the United Nations Secretary-General and has a current focus on the implementation of the Millennium Declaration Goals. UNDG, of which WHO is a member, aims to create unity of purpose and coherence for United Nations development and operational activities at country level.

#### **UNITED NATIONS ECONOMIC AND SOCIAL COUNCIL**

2. WHO submitted a progress report on the Roll Back Malaria Partnership, including the work of partners, to the Council, as requested by the latter in its resolution 1998/36. WHO presented a paper entitled "Sustainable development in Africa: the role of WHO" to the Council's high-level segment in 2001 on the role of the United Nations system in supporting efforts of African countries to achieve sustainable development. WHO is leading the preparations on health and human resources in development for the 2002 high-level segment, on the theme "The contribution of human resources development, including areas of health and education, to the process of development".

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<sup>1</sup> See document A54/32.

## **HIGHLIGHTS OF WHO CONTRIBUTIONS TO UNITED NATIONS CONFERENCES AND SUMMITS**

3. The message of the Commission on Macroeconomics and Health that increased resources and scaled up efforts to improve the health of the poor will stimulate economic growth was reflected in the documents that came out of the Third United Nations Conference on Least Developed Countries (Brussels, 14-20 May 2001) as well as in the International Conference on Financing for Development (Monterrey, Mexico, 18-22 March 2002). WHO provided high-level participation and expertise at the special session of the United Nations General Assembly on HIV/AIDS, for example, leading the panel presentation on mother-to-child transmission of HIV. Data compiled by WHO on small arms injuries and deaths were much used in the report of the United Nations Conference on the Illicit Trade of Small Arms and Light Weapons in All Its Aspects (New York, 9-20 July 2001). WHO contributed two documents, one on health and freedom from discrimination and the other, produced with UNAIDS, on "Fighting HIV/AIDS-related Intolerance", to the United Nations Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance (Durban, South Africa, 31 August – 7 September 2001). WHO's policy framework on active ageing, promoting the assumption that keeping elderly persons healthy is affordable for nations, provided a valuable perspective in the deliberations of the Second World Assembly on Ageing (Madrid, 8-12 April 2002).

## **INTERAGENCY COORDINATION THROUGH CEB AND UNDG**

4. Implementation of the Millennium Declaration Goals and support to the New African Initiative were the main considerations of the Chief Executives at the CEB sessions in October 2001 and April 2002. The Director-General has led CEB's efforts to mobilize the United Nations system to tackle HIV/AIDS, malaria, tuberculosis and other diseases. The first report by the United Nations Secretary-General to the General Assembly on the implementation of the Declaration will focus on this matter. CEB has also considered the United Nations system's role in support of the New Partnership for Africa's Development.

5. Through its membership in UNDG, WHO participates in the United Nations reform programme by working to consolidate United Nations efforts at country level. With its decentralized structure and presence in over 140 countries, it has contributed significantly to Common Country Assessments and the preparation of United Nations Development Assistance Framework processes. As of February 2002, 126 such assessments and 78 frameworks had been completed or were under way. WHO has also been active in UNDG subgroups, which have produced, for example, action strategies for poverty eradication; post-conflict and recovery; and emergency and recovery assistance to Afghanistan. WHO also participated in the Interagency Advisory Panel on the selection of Resident and Humanitarian Coordinators. WHO co-signed the Guidance Notes on "Country-Level Action in Support of Declaration of Commitment on HIV/AIDS" and the "Global Fund to Fight AIDS, Tuberculosis and Malaria". UNDG also adopted two other Guidance Notes for "United Nations Country Teams on Poverty Reduction Strategy Papers" and "Reporting on the Millennium Development Goals at the Country Level".

## SELECTED EXAMPLES OF INTERAGENCY COLLABORATION IN SUBSTANTIVE AREAS OR AREAS OF WORK

### Disability and injury prevention and rehabilitation

6. Following a WHO initiative 11 United Nations organizations held a meeting (Geneva, November 2001) that led to the adoption of a draft guide to United Nations resources and activities for the prevention of interpersonal violence. The guide, with its focus on everyday acts of violence and crime, involving physical, psychological and sexual aggression and deprivation, described work in preventing interpersonal violence and identified areas and activities for future collaboration.

### Health in emergencies

7. In November 2001, the Director-General launched the Consolidated Inter-Agency Appeals for 2002 on behalf of the entire United Nations system. For 2002, with the stated goal of "Reaching the vulnerable" these appeals embrace 18 major humanitarian crises and seek US\$ 2500 million. Out of this total, US\$ 88 million represent vital health requirements that WHO identified in consultation with the affected States. Besides ensuring that the health needs and the voice of its Member States are reflected in the Consolidated Appeal Process, WHO works in coordination with its constituents and its partners in the context of the United Nations Inter-Agency Standing Committee, the International Strategy for Disaster Reduction and other interagency initiatives, as relevant. WHO is also active in other reference bodies of the Inter-Agency Standing Committee dealing with the Consolidated Appeal Process, internally displaced persons, HIV/AIDS, post-conflict reintegration, information management, peace-building, staff security, strengthening sectoral emergency capacity, telecommunications, training, small arms, sanctions, gender, human rights, preparedness and contingency planning. Furthermore, WHO collaborates with the United Nations Disaster Assessment and Coordination team, the Military and Civil Defence Unit and the Geographic Information Support Team of the United Nations Office for the Coordination of Humanitarian Affairs, the Inter-Agency Task Force on Disaster Reduction under the International Strategy for Disaster Reduction and the International Committee of the Red Cross with its Health Emergencies in Large Populations course. Of special relevance in 2001 was a workshop on logistics support systems that WHO, PAHO, WFP and the Office for the Coordination of Humanitarian Affairs organized to examine information technology and capacity-building activities that can help to promote good practices, transparency and accountability in the management of emergency supplies.

### Tobacco

8. **Tobacco Free Initiative.** To intensify a joint United Nations response, the fourth session of the Ad Hoc United Nations Interagency Task Force on Tobacco Control was convened under WHO leadership (Kobe, Japan, 5 December 2001) to prepare for the 2002 substantive session of the United Nations Economic and Social Council. The session was preceded by the International Meeting on Economic, Social and Health Issues in Tobacco Control, at which the employment implications of tobacco control for the agriculture and manufacturing sector and issues related to smuggling and privatization were explored. Case studies, commissioned by WHO and based on a framework provided by the World Bank, on the likely impact of tobacco-control policies on employment in five countries were presented at the meeting. An interagency project considered various aspects of the global tobacco economy, particularly the potential effects, if any, of reductions in global demand on the economic conditions, earnings and food security of farming communities in developing countries. The steering committee of this project comprised FAO, ILO, WHO, the World Bank, the United States Department of Agriculture and the International Development Research Center of Canada. With

WTO, WHO published a report on the links between tobacco consumption and trade liberalization.<sup>1</sup> The ministries of finance and health of 15 Mediterranean countries participated in a joint WHO/World Bank consultation on effective collaboration between the health and financial sectors for tobacco control (Malta, 7-8 September 2001). The National Tobacco Information Online System, a collaborative project of WHO, the World Bank, the American Cancer Society and the Centers for Disease Control and Prevention (United States of America) to gather all available data on tobacco into one resource, was launched in October 2001.

## **HIV/AIDS**

9. As a cosponsor of **UNAIDS** and in partnership with other members of the InterAgency Task Team on the Prevention of Mother-to-Child Transmission of HIV, WHO has developed clinical guidelines for the management of pregnant women with HIV infections. WHO is working closely at regional and country levels with UNAIDS; for example, the Regional Office for South-East Asia is coordinating with a United Nations task force on HIV/AIDS care and support for Asia. The Regional Office for the Western Pacific collaborates with UNAIDS in coordinating and implementing programmes on condom distribution in high-risk areas. WHO is working intensively with the partners and the secretariat of the **Global Fund to Fight AIDS, Tuberculosis and Malaria**.

## **Child and adolescent health**

10. WHO has worked with **UNICEF** to prepare for the United Nations General Assembly special session on Children (New York, 8-10 May 2002). For instance, the Director-General and the Executive Director of UNICEF participated in the Global Consultation on Child and Adolescent Health and Development (Stockholm, 12-13 March 2002).

## **Reproductive health - Making Pregnancy Safer**

11. With **UNFPA**, WHO supports the Technical Advisory Programme, which was created to advise and support governments in strengthening reproductive health services and population and development programmes. WHO's collaboration with UNFPA includes work to implement the Making Pregnancy Safer initiative in various countries, on distance learning in reproductive health (also with the World Bank), and in the development of two evidence-based guidelines for family planning, including "Improving access to quality care in family planning: medical eligibility criteria for contraceptive use".<sup>2</sup>

## **Food safety**

12. WHO is a joint sponsor with **FAO** of the Codex Alimentarius Commission and its subsidiary bodies, adopting important standards and codes of practice for food safety. WHO and FAO jointly organized the first Global Forum of Food Safety Regulators (Marrakesh, Morocco, 28-30 January 2002), which was attended by over 300 participants representing 104 countries and about 25 international and nongovernmental organizations. The outcome was a clear awareness of the increasing problems with unsafe foods, the associated costs and the need for global as well as multisectoral approach to food safety.

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<sup>1</sup> Confronting the tobacco epidemic in an era of trade liberalization, Commission on Macroeconomics and Health Working Paper Series, Paper No. WG4: 8, 2001.

<sup>2</sup> Document WHO/RHR/00.02.

## Health and environment

13. At the Fifty-fourth World Health Assembly, delegates discussed the working relations between WHO and IAEA and the 1959 agreement between the two organizations.<sup>1</sup> An internal WHO review concluded that that agreement was in line with other such agreements between organizations of the United Nations system and served well as a framework for continuing relations. Technical consultations are under way to streamline collaboration, which currently covers a wide area of common interest, including radiotherapy, diagnostic procedures, molecular biology, communicable diseases, food safety and nutrition, and health-related aspects of radiation protection.

14. WHO provides the secretariat for the Inter-Organization Coordinating Committee of the **Inter-Organizational Programme for the Sound Management of Chemicals**, and, as a cosponsor, participates in the Standing Committee of the Intergovernmental Forum on Chemical Safety. WHO collaborated with the **World Bank** and **UNEP** in the monitoring mandated under the Stockholm Convention on Persistent Organic Pollutants. In December 2001, WHO convened a consultation on the public health response to chemical incidents. Participants, including UNEP, ILO and the Organisation for the Prohibition of Chemical Weapons, proposed that WHO should take the lead within the United Nations system in dealing with health aspects of chemical incidents (including those of deliberate origin).

## Sustainable development

15. WHO and **WTO** have jointly analysed health risks of international trade and their implications in order to promote greater policy coherence, and activities included technical briefings of respective governing bodies. WHO participated in the fourth WTO Ministerial Conference (Doha, 9-14 November 2001), whose declarations included concern for protection of public health.

## POVERTY REDUCTION STRATEGIES – COLLABORATION WITH THE BRETTON WOODS INSTITUTIONS AND OTHER INTERNATIONAL FINANCIAL INSTITUTIONS

16. The long-standing collaboration with the **World Bank** has ranged from provision of technical expertise in order to improve design, supervision and evaluation of World Bank-financed health projects at country level to joint work, at the global level, to give health a higher priority on the international development agenda. The World Bank has given support and input into the report of the WHO Commission on Macroeconomics and Health, and has been active in numerous WHO initiatives and partnerships, such as the Global Alliance for Vaccines and Immunization, Roll Back Malaria, Tobacco Free Initiative, Stop TB, Safe Motherhood, International School Health Initiative, Integrated Management of Childhood Illness, Traffic Injury Prevention, the Special Programmes for Research and Training in Tropical Diseases and of Research and Training in Human Reproduction and the Onchocerciasis Control Programme.

17. WHO, the World Bank and UNICEF have cooperated in two workshops on the health component of the poverty reduction strategy papers for finance and health officials from 22 countries in sub-Saharan Africa. Working with the OECD's Development Assistance Committee WHO initiated preparation of new guidelines for the Committee on policies for health in poverty reduction.

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<sup>1</sup> See document WHA54/2001/REC/3, summary record of the second meeting of Committee B, pp. 167-168.

WHO has already analysed health in the strategy papers for 10 countries presented at the IMF/World Bank International Conference on Poverty Reduction Strategies (Washington, DC, 14-17 January 2002).

## **COLLABORATION WITH OTHER INTERGOVERNMENTAL ORGANIZATIONS AND REGIONAL ORGANIZATIONS**

18. The cooperation between WHO and the institutions of the **European Union**, in particular the European Commission, has been strengthened over the past year, based on the new framework for intensified action concluded with the Commission at the end of 2000. The Member States of the European Union have mandated the Commission to negotiate the WHO framework convention on tobacco control on their behalf in areas of its competence. The emerging partnership between the Commission and WHO must be seen in the context of the Commission's communication on building an effective partnership with the United Nations.<sup>1</sup>

19. Senior officials of WHO and the Commission have held a workshop on communicable diseases and reviewed major issues of common interest, including health information, pharmaceuticals and tobacco control. Issues have been identified for review at the second high-level meeting of the Director-General and Commissioners scheduled to be held in Brussels in June 2002.

20. Further, WHO and the European Commission have drawn up a collaborative work programme for accelerated action on communicable diseases. Outcomes of the two organizations' partnership over the past two years, including the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria and progress on drug affordability issues were highlighted at a meeting organized by the Commission's Directorate General for Development. The organizations share interests on pharmaceutical policy and practice, including trade related aspects, monitoring and evaluation, and work on AIDS, tuberculosis and malaria to complement country work funded by the Global Fund.

21. In order to strengthen the partnership between the European Community, the African, Caribbean and Pacific Group of States (ACP) and WHO, a practical guide has been produced that provides information to WHO Representatives and regional offices on the structures and planning mechanisms in development cooperation at country level. Based on the new aid approach of the Cotonou Agreement<sup>2</sup> and the international commitment to poverty alleviation, cooperation between WHO and ACP will be further strengthened by a Memorandum of Understanding between WHO and ACP.

22. WHO and the **Council of Europe** cooperate within the European Health Committee. Recent cooperation has included health aspects of the Stability Pact in Europe and bioethics. A tripartite agreement between the Council, the European Commission and WHO was concluded in June 2001.

23. WHO has a long-standing collaboration with the OAU which since its 37th meeting (Lusaka, July 2001) has become the **African Union**. The African Summit on HIV/AIDS, Tuberculosis and other related Infectious Diseases (Abuja, 26-27 April 2001) laid the foundation for efforts to tackle these diseases. WHO is invited to collaborate with the Council of Ministers of the African Union to

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<sup>1</sup> COM (2001) 231 of 2 May 2001, Communication from the European Commission to the Council and the European Parliament, "Building an effective partnership with the United Nations in the fields of Development and Humanitarian Affairs".

<sup>2</sup> The members of the African, Caribbean and Pacific Group of States signed a Partnership Agreement with the European Community and its Member States in Cotonou on 23 June 2000.

implement these provisions in the **New Partnership for Africa's Development**. The Regional Office for Africa is formulating programmes in a framework of an overall WHO policy on revitalizing health services, tackling HIV/AIDS, malaria, tuberculosis and other communicable diseases, reducing infant and maternal mortality and providing adequate reproductive health services.

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

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

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