



WORLD HEALTH ORGANIZATION

FIFTY-SIXTH WORLD HEALTH ASSEMBLY
Provisional agenda item 20

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Collaboration within the United Nations system and with other intergovernmental organizations

Report by the Secretariat

1. WHO's relations with the United Nations is a constitutional requirement based on Article 69 of the Constitution as well as a formal agreement dating back to 1948. WHO also has formal framework agreements with some specialized agencies and other intergovernmental organizations. This report does not detail all current collaboration with the United Nations system and other intergovernmental organizations but concentrates on major events since the last report to the Health Assembly;¹ other reports on specific collaboration are provided for relevant technical agenda items.

UNITED NATIONS ECONOMIC AND SOCIAL COUNCIL

2. WHO played a leading role in the high-level segment of the Economic and Social Council in July 2002 on the contribution of human resources development, including areas of health and education, to the process of development, drawing heavily on the report of the WHO Commission on Macroeconomics and Health. The Director-General chaired a round table on health and development. WHO also chaired sessions on human resources development.

3. WHO presented the Report of the Secretary-General on the activities of the Ad Hoc Interagency Task Force on Tobacco Control to the substantive session of the Council in 2002. The Task Force, which WHO has led and chaired for four years, has been a useful tool for information sharing, interagency and multisectoral collaboration and for formulating interagency projects on tobacco control.

UNITED NATIONS FIELD SECURITY MANAGEMENT SYSTEM

4. At its fifty-sixth session, in 2001, the United Nations General Assembly endorsed the recommendations of the Secretary-General to strengthen the United Nations field security management system.² It noted with concern, however, the lack of a mechanism for accountability and responsibility in the area of field security and requested the Secretary-General to submit, to its fifty-seventh session (in 2002), a comprehensive report on the establishment of a clear mechanism,

¹ Document A55/34.

² United Nations General Assembly resolution 56/255, 24 December 2001.

including such provisions as its scope, depth and common standards and methods of enforcing them, in an interagency structure. In response to this concern, a framework for accountability was elaborated and agreed upon by all the organizations of the United Nations system.¹ This framework identifies the interested parties within the United Nations security management system (from the Executive Heads of the United Nations agencies, programmes and funds to the individuals employed by the organizations) and elaborates mechanisms to implement accountability. At its fifty-seventh session, the General Assembly took note of this framework, which is now in place, and requested that it be made available to the legislative bodies of the specialized agencies.

WORLD SUMMIT ON SUSTAINABLE DEVELOPMENT

5. WHO played a central preparative role for the World Summit on Sustainable Development (Johannesburg, South Africa, 2002), and participated actively, in particular through the water, energy, health, agriculture and biodiversity initiative. WHO was the lead agency in creating the framework for action on health and environment, in close collaboration with UNEP and UNICEF. WHO organized, also in cooperation with UNEP and UNICEF, a side event at the Summit on the theme “Health and environment in the 21st century: priorities and action strategies to secure our children’s future”.

INTERAGENCY COORDINATION THROUGH THE UNITED NATIONS CHIEF EXECUTIVES BOARD FOR COORDINATION AND THE UNITED NATIONS DEVELOPMENT GROUP

6. During its October 2002 session, the United Nations System Chief Executives Board for Coordination² continued the follow-up to the Millennium Summit, focusing on preventing armed conflict. In April 2003, two themes covered by the Secretary-General’s report to the General Assembly on the follow-up to the Millennium Declaration are scheduled to be taken up: financing for development and strategies for sustainable development in the context of the outcomes of the World Summit (see above) and the International Conference on Financing for Development (Monterrey, Mexico, 2002).

7. WHO has further strengthened its collaboration with the United Nations Development Group at all levels, with active participation in the United Nations reform process to enhance coordination in the field. As of November 2002 some 134 Common Country Assessment and 102 United Nations Development Assistance Framework processes either had been completed or were under way. Following the issue by the Development Group of a guidance note on reporting on the Millennium Development Goals at country level in October 2001, WHO provided specific guidance to its regional and country offices.

HIGHLIGHTS OF INTERAGENCY COLLABORATION

8. Collaboration with UNICEF has been strengthened, both in the Roll Back Malaria initiative and as a partner in tuberculosis control, through the Stop TB Partnership. Work with the **World Bank** has

¹ For full text, see document A/57/365, copies available on request.

² Formerly ACC.

been effective in several countries, creating synergy between immunization and malaria control programmes. Work with UNAIDS on tuberculosis control led in 2002 to the first strategic framework to decrease the burden of tuberculosis combined with HIV infection. The reappearance of epidemic meningitis created emergencies in 2002 and again in 2003, requiring WHO interventions with UNICEF and the International Federation of Red Cross and Red Crescent Societies. With UNHCR, WHO is pioneering the use of insecticide-treated plastic sheeting for refugee camps as a single solution to the dual needs for shelter and protection against vector-borne diseases. WHO collaboration to scale up control of helminthiasis in schoolchildren resulted in the decision by **WFP** in 2002 to include deworming activities in all 59 countries in which it is operating.

9. **Health in emergencies.** At the launch of the Consolidated Interagency Appeal for the year 2003, WHO urged action to tackle illness and suffering in the many developing countries affected by humanitarian crises, calling for US\$ 65 million in immediate relief for countries in complex emergencies and to help to rebuild their health systems; it estimated that an additional US\$ 22 million were required for Afghanistan. In February 2003, the United Nations made a flash appeal for Iraq; WHO has identified its role and specific input to joint humanitarian action: safeguarding the health status of the population of Iraq.

10. The **Global Fund to Fight AIDS, Tuberculosis and Malaria**, a public-private partnership, is a financing mechanism rather than an operational agency. Success in the field will therefore depend on the active collaboration of the Fund's partners. WHO is working with other development partners, including the World Bank and UNAIDS and its cosponsors, in supporting countries in the preparation of proposals to the Fund and the implementation of funded projects.

11. **Health and trade.** In 2002, WHO and WTO jointly published the results of a study of the implications of international trade and multilateral trade agreements for health systems and health service provision.¹ WHO is working with OECD, WTO, the International Trade Centre and other international organizations to define an essential data set on trade in health services and goods.

12. WHO also participates as an ad hoc observer in the meetings of the WTO Council for Trade-Related Aspects of Intellectual Property Rights and of the Committee on Trade in Services, and as an observer in meetings of the committees on Sanitary and Phytosanitary Measures and on Technical Barriers to Trade. Discussions in the committees have focused, *inter alia*, on the implementation of the decisions made at the Fourth WTO Ministerial Conference (Doha, 2001) and the transfer of technical skills to developing countries.

13. **Health of indigenous people.** WHO has been discussing with members of the United Nations Permanent Forum on Indigenous Issues how best it can contribute to the Forum's work. At the third meeting (Geneva, 6 and 7 February 2003) of the Inter-Agency Support Group established to assist the Forum, WHO was asked to take the lead in preparing a joint United Nations system background paper on data collection and disaggregation by ethnicity, for discussion at the second session of the Forum in May 2003.

14. **Statistics.** WHO participated in meetings of the United Nations Economic Commission for Europe and the Bureau of the Conference of European Statisticians (Geneva, 13 and 14 February 2003), at which it presented a plan of action for partnership in the regional part of its World Health Survey. WHO continues to promote the use of the family of international classifications (International

¹ *WTO Agreements & Public Health: a joint study by WHO and the WTO Secretariat*. Geneva, World Trade Organization/World Health Organization, 2002.

Statistical Classification of Diseases and Related Health Conditions and the International Classification of Functioning, Disability and Health) as the standard framework for Member States of the United Nations in measuring and reporting on health and health-related outcomes.

15. **Millennium Development Goals.** WHO is closely interacting with organizations in the United Nations system on work towards these goals. First, on reporting, WHO shares responsibility with UNICEF for maternal and child health indicators and with UNAIDS and UNFPA for HIV/AIDS and population, respectively. WHO is also leading United Nations partners in a country consultation process on data for the goals. The interagency work on reporting, with consultations and through the United Nations Country Teams, ensures technical coherence in the collection, analysis and validation of data and defines reporting responsibilities. The World Bank, UNDP, and the United Nations Population Division are using WHO, UNICEF and UNAIDS databases as their main sources of health information for the goals. Secondly, in relation to the Millennium Project, WHO is active in six of its 10 task forces. Thirdly, the World Bank, as part of its initiative to accelerate progress towards the health-related goals, convened organizations in the United Nations system, including WHO, and donors to examine approaches to scaling up activities. Within that initiative, WHO is playing a significant role by addressing cross-cutting issues that will influence achievement of goals, such as those related to human resources, governance and human rights.

16. **Telemedicine.** WHO collaborates with ITU on the use of information and communication technologies in health care through the study group on telemedicine and developing countries of the Development Sector of ITU, and within the framework of the resolution on E-health of the World Telecommunication Development Conference in May 2002.¹ WHO has started work with IAEA on building human resource and institutional capacity for the application of telecommunications to the maintenance of nuclear medicine equipment in developing countries.

17. **Interpersonal violence.** Following a meeting of bodies of the United Nations system on collaboration for the prevention of interpersonal violence (Geneva, 2001), WHO has published a guide to United Nations resources and activities, which describes the work of the 14 participating bodies.² The guide will also serve as a platform for formulating further collaborative activities.

18. **Injury prevention.** WHO is preparing with the World Bank a world report on road traffic injury prevention, an initiative that stemmed from a meeting in August 2002 on implementing WHO's five-year strategy for road traffic injury prevention. The report will present the first global multisectoral scientific assessment of road traffic injuries, their magnitude and consequences, and the strategies for their prevention, and will be released on World Health Day 2004, whose theme is "Safe Roads".

19. The Report of the Joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases (Geneva, 2002)³ provides a strong scientific foundation for WHO's elaboration of a **global strategy on diet, physical activity and health**, as requested in resolution WHA55.23. The draft strategy has been submitted to the thirtieth session of the United Nations System Standing Committee on Nutrition (Chennai, India, 3-7 March 2003) for review.

¹ World Telecommunication Development Conference (Istanbul, Turkey, 18-27 March 2002), resolution 41: E-health (including telehealth/telemedicine).

² *Guide to United Nations resources and activities for the prevention of interpersonal violence*, Geneva, World Health Organization, 2002.

³ Report of the Joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases (Geneva, 28 January – 1 February 2002). WHO Technical Report Series, No. 916, in press.

20. A meeting of senior technical staff of WHO and UNICEF was held in 2002 in order to strengthen the strategic dialogues and coordination between the two organizations concerning their contributions to the achievement of the Millennium Development Goals and the goals and targets set in “A World Fit for Children”, the outcome document of the United Nations General Assembly special session on children. At a high-level consultation between WHO and UNFPA in December 2002 the strategic role of reproductive health in international development was discussed, and many areas of collaboration were reviewed.

EXAMPLES OF INTERAGENCY COLLABORATION AT REGIONAL AND COUNTRY LEVELS

21. **Africa.** The WHO Regional Office for Africa and the World Bank organized in 2002 a joint consultative meeting on improving collaboration between health professionals, government and other stakeholders in human resources for health development. A task force on human resources for health development was set up to support countries in the region to update and implement policies and plans.

22. To better coordinate the response to the humanitarian crisis affecting the southern African region, WHO, WFP, UNICEF, UNHCR, FAO and UNDP jointly set up the Regional Inter-Agency Coordination Support Office in Johannesburg, South Africa. WHO has provided technical staff and financial support to the office.

23. **Europe.** Since 2002, the WHO Regional Office for Europe has worked closely with the International Committee of the Red Cross to provide technical assistance and monitoring in order to strengthen tuberculosis control in prisons in the Caucasian republics. Collaboration is also maintained with the Council of the Baltic Sea States through the Task Force on Communicable Disease Control in the Baltic Sea Region that revived its focus on tuberculosis control in prisons during 2002.

24. **South-East Asia.** WHO, UNFPA and other agencies participated with members of the United Nations Economic and Social Commission for Asia and the Pacific in the Fifth Asian and Pacific Population Conference (Bangkok, 2002), at which a comprehensive plan of action was adopted. This plan aims, *inter alia*, to advance the implementation of the Programme of Action of the International Conference on Population and Development (Cairo, 1994).

25. **Western Pacific.** WHO has further strengthened its ties and explored new forms of collaboration and partnership with members of the United Nations family and other intergovernmental organizations in the Western Pacific Region. Significant events include a meeting of Pacific Health Ministers, jointly organized by WHO and the Secretariat for the Pacific Community (Nuku'alofa, 9-13 March 2003), which focused on healthy islands and healthy lifestyles, and a joint WHO/UNICEF meeting on strategy towards the elimination of maternal and neonatal tetanus.

COLLABORATION WITH THE BRETTON WOODS INSTITUTIONS AND OTHER INTERGOVERNMENTAL ORGANIZATIONS

26. **World Bank.** With the World Bank and other development partners WHO is currently formulating a framework for action to accelerate the implementation at country level of Millennium Development Goals related to health. WHO continues its programme of work to monitor both the inclusion of health in poverty reduction strategy papers, in particular the role of the health sector in

their preparation and implementation, and financial flows to health in countries with or preparing such papers.

27. **European Union.** Cooperation between WHO and the institutions of the European Union, in particular the European Commission, and based on the new framework for intensified action concluded with the Commission at the end of 2000, has been strengthened over the past year. 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.¹

28. WHO cooperates with the Commission's Directorates General for Health and Consumer Affairs, Development, Research, Environment and Trade, and with its Humanitarian Aid Office on subjects such as communicable diseases, tobacco, and health information in the context of the Community's new public health programme.

29. The Director-General signed a Memorandum of Understanding with the Secretariat of the African, Caribbean and Pacific Group of States in October 2002 to enhance their partnership in a strategic and operational manner.

30. **OECD.** WHO is collaborating with OECD in projects on health care quality indicators and human resources for health care which aim at establishing an evidence-based process of assessment and benchmarking.

31. In a jointly-published reference document on poverty and health (in press), OECD and WHO provide policy guidance within and beyond the health sector, and within the framework of poverty reduction strategies. This publication builds on the OECD Development Assistance Committee's *Guidelines on Poverty Reduction* by looking in more depth at the role of health in reducing poverty and at the range of investments required to improve health for poor people.

32. **African Union.** WHO has circulated a draft plan for collaboration with the African Union. WHO contributed to the background document for the United Nations General Assembly high-level plenary meeting (September 2002) which adopted the United Nations Declaration on the New Partnership for Africa's Development. In October 2002, WHO presented a document on the development of human resources for health at the regional consultations of that Partnership with organizations of the United Nations system working in Africa.

ACTION BY THE HEALTH ASSEMBLY

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

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¹ 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".