



# **WORLD HEALTH ORGANIZATION**

**FIFTY-SEVENTH WORLD HEALTH ASSEMBLY**  
**Provisional agenda item 20**

**A57/31**  
**19 April 2004**

---

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

### **Report by the Secretariat**

1. WHO's relations with the United Nations are a 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. Rather, it concentrates on major events since the last report to the Health Assembly;<sup>1</sup> other reports on specific collaboration are provided for relevant technical agenda items.

#### **UNITED NATIONS GENERAL ASSEMBLY, FIFTY-EIGHTH SESSION**

2. An unprecedented number of health-related resolutions were adopted by the United Nations General Assembly during its fifty-eighth session in 2003. In resolution 58/236, the United Nations General Assembly welcomed the WHO/UNAIDS "3 by 5" initiative. In resolution 58/237, the General Assembly called upon the international community to support the development of manufacturing capacity of insecticide-treated nets in Africa and the transfer of technology required to make insecticide-treated nets more effective and long-lasting. It also urged the pharmaceutical industry to take note of the increasing need to provide effective combination treatment for malaria and to form alliances and partnerships so that all people at risk can benefit from prompt, affordable, quality treatment. Resolution 58/179 called on States to implement national strategies for access to comprehensive treatment, care and support for all individuals infected and affected by pandemics such as HIV/AIDS, tuberculosis and malaria. In resolution 58/173, the General Assembly requested that the international community continue to assist developing countries in promoting the full realization of the right to the enjoyment of the highest standard of physical and mental health. In addition, there were a number of resolutions with significant health components.<sup>2</sup>

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

3. The substantive session of the United Nations Economic and Social Council was held in Geneva from 30 June to 25 July 2003. During the high-level segment devoted to rural development in developing countries, WHO provided input on the subject of inequities and inequalities in rural health

---

<sup>1</sup> Document A56/46.

<sup>2</sup> United Nations General Assembly resolutions 58/5, 58/9, 58/134, 58/156, 58/157, 58/217, 58/246.

care. WHO also hosted a Ministerial Roundtable Breakfast discussion on the Organization's extensive coordination efforts with the United Nations system and the public health community at large during the outbreak of severe acute respiratory syndrome.

## **UNITED NATIONS FIELD SECURITY MANAGEMENT SYSTEM**

4. The fifty-eighth session of the United Nations General Assembly also discussed United Nations field security, identifying interested parties and responsibilities within the field security management system. WHO adheres strictly to the United Nations recommendations: the roles and responsibilities of WHO Representatives, who are accountable for the safety and security of employed personnel and their eligible dependants, are outlined in the Organization's security policy and are being reflected in job descriptions, terms of reference and performance appraisals.

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

5. During its April 2003 session, the United Nations System **Chief Executives Board for Coordination**<sup>1</sup> continued the follow up of the Millennium Summit, focusing on sustainable development. The Board endorsed a note on HIV/AIDS, with particular attention to the issue of reducing the cost of antiretroviral treatment. Other matters, deliberated during the October 2003 session, included emerging global issues relating to multilateralism, financing for development and reporting on the United Nations Millennium Declaration together with more specific items, including the triple threat posed by HIV/AIDS, food insecurity and weakened capacity for governance.

6. In its capacity as a member agency of the **United Nations Development Group**, WHO participated actively in more than 15 working groups concerned with improving the operational aspects of the United Nations offices at country level in support of the Millennium Development Goals; coordinated actions at country level have been shaped according to the guiding principles of harmonization and simplification. In addition, policy development and guidance for country teams have been improved in the following areas: human rights, countries in transition, HIV/AIDS, food security and governance, joint programming, the Common Country Assessment and United Nations Development Assistance Framework Guidelines, reporting on progress towards the Millennium Development Goals at the country level and the role of United Nations agencies in support of national poverty reduction strategies.

## **HIGHLIGHTS OF INTERAGENCY COLLABORATION**

7. **Poliomyelitis eradication.** In January 2004, United Nations Secretary-General Kofi Annan addressed a ministerial meeting in Geneva, co-hosted by WHO and UNICEF together with the ministers of health of the six countries of highest priority for stopping the transmission of poliovirus globally. WHO has also worked with the World Bank, Rotary International, the Bill & Melinda Gates Foundation and the United Nations Foundation in order to establish an innovative financing

---

<sup>1</sup> Formerly ACC.

mechanism for procuring oral poliovirus vaccine for poliomyelitis eradication campaigns in Nigeria and Pakistan. WHO is currently working with the United Nations Office for the Coordination of Humanitarian Affairs to include poliomyelitis eradication in the Common Humanitarian Action Plan. WHO also worked closely with the Organization of the Islamic Conference (OIC) in support of the adoption by the Conference's 57 Member States of a landmark resolution on poliomyelitis eradication at the Tenth Islamic Summit Conference, held in Putrajaya, Malaysia, in October 2003.

8. **International outbreak response.** The Global Outbreak Alert and Response Network (GOARN) was set up by WHO to improve the coordination of international outbreak response. Since its inception, GOARN has responded to 34 events in 26 countries and has grown to a partnership of 120 institutions and networks, including United Nations and intergovernmental organizations. GOARN played a critical role in the rapid containment of the outbreak of severe acute respiratory syndrome by immediately dispatching multinational teams to the field and developing virtual networks of clinicians and epidemiologists to improve treatment and control of the virus. GOARN was also mobilized rapidly in response to the avian influenza outbreak, providing Viet Nam and Thailand with expertise in epidemiology, clinical diagnosis and management, virology and logistics.

9. **Communicable diseases.** In its capacity as a lead agency of Partners for Parasite Control, WHO has managed to involve new partners – the World Bank, UNICEF, WFP and the Schistosomiasis Control Initiative, funded by the Bill & Melinda Gates Foundation – in order to reach the target of regular deworming by 2010 of at least 75% of school-age children at risk of morbidity. Partners for Parasite Control assisted more than one million children in 2003. WHO is also working with the “anchor unit” of the World Bank's Human Development Network to promote deworming activities in the FRESH Start initiative (Focusing Resources on Effective School Health). WHO also collaborates with the Office International des Epizooties and FAO, providing support on surveillance, prevention and control in connection with zoonotic diseases, including severe acute respiratory syndrome, avian influenza, rabies and brucellosis.

10. **Health in emergencies.** During the launch of the 2004 interagency Consolidated Appeals Process, WHO called on Member States to invest as a matter of urgency in health systems for 45 million children, women and men caught up in the world's deadliest crises. WHO is committed both to greater harmonization of policy procedures and collective competencies through interagency coordination and to bringing health action to the forefront of humanitarian interventions.

11. WHO is making progress on a systematic analysis of the health needs of children in emergency settings. In connection with this work, WHO and UNICEF called a meeting on child health in complex emergencies in 2003. WHO co-chairs the Inter-Agency Standing Committee Task Force on Gender and Humanitarian Assistance. The Organization also helps to ensure a global culture of – and a capacity for – crisis preparedness, especially in the health sector. To this end, WHO participates in the Inter-Agency Standing Committee mechanisms dealing with contingency planning, preparedness and natural disasters.

12. **United Nations Ad Hoc Interagency Task Force on Tobacco Control.** Comprising 17 United Nations bodies, the United Nations Ad Hoc Interagency Task Force on Tobacco Control was established in 1999 by the Secretary-General of the United Nations in order to galvanize a joint United Nations response. Tobacco control can only be effective with the involvement of the different sectors of society. This was emphasized in the WHO Framework Convention on Tobacco Control and is an important aspect of the mission of the Tobacco Free Initiative. At the last meeting of the Task Force – held at the World Bank's headquarters in Washington, DC on 21 and 22 October 2003 – members pledged to involve the United Nations Development Group system in order to improve intersectoral

cooperation between Task Force members at country level. They also stressed the importance of linking tobacco with poverty, development and the Millennium Development Goals.

13. **Partnership for Safe Motherhood.** WHO was invited to host the secretariat for the newly established Partnership for Safe Motherhood and Newborn Health whose steering committee currently comprises 21 members and includes the International Confederation of Midwives, the International Federation of Gynecology and Obstetrics, WHO, the World Bank, UNICEF and UNFPA as permanent members. Total membership of the Partnership exceeds 35 and is made up of international and regional organizations, multilateral and bilateral agencies and nongovernmental organizations.

14. **Collaboration with UNAIDS for the HIV Vaccine Initiative.** United Nations HIV vaccine activities are managed within the joint WHO/UNAIDS HIV Vaccine Initiative, hosted in WHO, with core budget and staff provided by UNAIDS. The Initiative's mission, performed with a focus on developing countries, consists of promoting the development and evaluation of HIV-preventive vaccines, and addressing issues of future access.

15. **Health technology and pharmaceuticals.** The AIDS Medicines and Diagnostics Service is the operational arm of the "3 by 5" initiative. Established in November 2003, it ensures that developing countries have access to quality antiretroviral medicines and diagnostic tools at the best prices. The service aims to help countries to buy products for the treatment and monitoring of HIV/AIDS, and to forecast and manage their supply and delivery. In addressing the AIDS treatment gap in developing countries, the AIDS Medicines and Diagnostics Service builds on years of work by WHO, the World Bank, UNICEF, UNAIDS and the global health community, as well as some more recent initiatives, such as that by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

16. **Prequalification project.** Since the beginning of 2001, WHO – together with partners including UNICEF, UNFPA, UNAIDS, Roll Back Malaria and the Global Drug Facility, and with support from the World Bank – has been managing the United Nations Pilot Procurement, Quality and Sourcing Project, which aims to provide access to HIV/AIDS, tuberculosis and malaria products of acceptable quality. To date, more than 444 products have either been received and assessed or are in the process of assessment for HIV/AIDS, tuberculosis and malaria; very few products have passed assessment.

17. **Millennium Development Goals (MDGs).** During the period 2003-2004, two meetings took place with the MDG Task Force 5 (working group on access to medicines). A detailed set of recommendations and a series of commissioned papers were agreed at an MDG Task Force meeting in December 2003. WHO has actively worked as a member of the United Nations Development Group to ensure consistency of messages and to provide input into policy discussions on the health-related MDGs, in addition to being the focal point for initiatives such as the United Nations Millennium Project and the Global Governance Initiative of the World Economic Forum. WHO, together with the World Bank, is also acting as secretariat for the High Level Forum on Health, Nutrition and Population-Related MDGs. The High Level Forum provides an opportunity for informal discussions between donors, technical agencies and developing countries on progress towards achieving the MDGs. At its first meeting in Geneva on 8 and 9 January 2004, the Forum concentrated on the need to increase the flow of aid to developing countries over the next 10 to 15 years. The Forum will hold a maximum of four meetings, the next being later in 2004, probably in Africa.

## EXAMPLES OF INTERAGENCY COLLABORATION AT REGIONAL AND COUNTRY LEVELS

18. **Africa.** The Health Strategy of the New Partnership for Africa's Development (NEPAD) calls for a more coordinated effort by international partners, in collaboration with African governments, to eradicate preventable diseases and promote good health on the continent. WHO is promoting the NEPAD Health Strategy with a view to establishing health as an integral component of Africa's development programme. WHO is also involved in discussions on tackling critical issues relating to staff shortages and migration. WHO's proposal of establishing health and social affairs desks within the regional economic communities has been adopted. WHO is also collaborating with the International Organization for Migration to establish a database on health professionals.

19. **Europe.** Over the last year, WHO has been increasingly involved in collaborative activities with the World Bank thematic group on health, nutrition, population and poverty. This collaboration is particularly strong at country level: in Eastern Europe, for example, in 2003 WHO and the World Bank worked very closely on a health transformation programme in several countries, including Turkey. In the Russian Federation, collaboration involved both initiatives to combat tuberculosis and HIV/AIDS and work in the area of pharmaceuticals. During the last year, the European Observatory on Health Systems, in partnership with the World Bank and the European Investment Bank, has collaborated on issues like health and European enlargement and social and voluntary health insurance. In relation to the **European Union**, a series of high-level meetings have reaffirmed the priority areas for cooperation, especially within the WHO/European Union strategic partnership. The partnership focuses on the health-related Millennium Development Goals and diseases of poverty (HIV/AIDS, tuberculosis and malaria) by means of the European and Developing Countries Clinical Trials Partnership. The Council of European Union Health Ministers has continuously been updated on the epidemics of severe acute respiratory syndrome and avian influenza. WHO will provide technical input into the European centre for disease control and prevention, which will be formally established in 2005. New perspectives for cooperation are being opened up in the areas of eHealth and pharmaceuticals with the Directorates-General of InfoSociety and Enterprise. The Financial and Administrative Framework Agreement between the European Commission and WHO has been signed and will greatly facilitate future collaboration.

20. **South-East Asia.** A cooperative Memorandum of Agreement was signed in July 2003 between the WHO Regional Office for South-East Asia and the United Nations Office on Drugs and Crime for an effective regional response to HIV vulnerability. WHO also signed a Memorandum of Understanding with the International Federation of Red Cross and Red Crescent Societies in order to encourage collaboration to ensure that Members States' needs receive an effective health system response in the following areas: prevention and control of communicable diseases (including HIV/AIDS), promotion of voluntary non-remunerated blood donations, and collaboration on preparedness and response in relation to health emergencies and disasters.

21. **Western Pacific.** WHO has further strengthened its collaboration and partnership with members of the United Nations family and other intergovernmental organizations in the Western Pacific Region. Significant events over the last year include collaboration with the Asian Development Bank on control of severe acute respiratory syndrome and with FAO on control of highly pathogenic avian influenza, and the joint WHO/UNICEF/UNFPA workshop on the progress of maternal mortality reduction together with a consultation for the development of the adolescent sexual and reproductive health regional strategy.

22. **The Americas.** A high-level meeting with representatives of ILO, UNESCO, WHO, the World Bank, UNICEF, UNDP, UNFPA, UNAIDS and the United Nations Office on Drugs and Crime was held in Washington, DC in June 2003. The purpose of the meeting was to strengthen the policy dialogue on HIV/AIDS with government leaders in order to counter discrimination against people living with HIV/AIDS and strengthen HIV prevention among adolescents and vulnerable populations. One outcome of this meeting was the establishment of a Regional Interagency Coordinating Committee on HIV/AIDS for Latin America and the Caribbean. The Committee has coordinated formulation and execution of projects backed by the Global Fund to Fight AIDS, Tuberculosis and Malaria together with three rounds of subregional negotiations for the reduction of prices for antiretroviral agents, laboratory supplies and diagnostic kits. In addition, a Regional Interagency Coordinating Committee Task Force, focusing on maternal mortality and morbidity reduction in Latin America and the Caribbean, was launched in February 2004. The Task Force, which involves WHO, the World Bank, UNICEF, UNFPA, Family Care International, the Population Council, the Inter-American Development Bank and USAID, signed a Joint Statement of Support for Maternal Mortality and Morbidity Reduction. The Task Force has developed a consensus strategy for the next 10 years and identified five priority areas for action.

23. **Eastern Mediterranean.** Since the last World Health Assembly, the WHO Regional Office for the Eastern Mediterranean has signed several Memoranda of Understanding with partners such as the International Federation of Red Cross and Red Crescent Societies, the Economic Commission for Africa, the Common Market for Eastern and Southern Africa, and the Arab Red Crescent societies. WHO cooperated with the World Bank in accomplishing a joint United Nations/World Bank needs assessment mission in Iraq following the recent war in that country. The assessment report was prepared as a strategic document for the health sector, enabling it to identify the relevant needs, priorities and financial requirements. WHO has, in close coordination and cooperation with all other United Nations bodies and other interested parties, established an effective coordination and resource mobilization mechanism in the health sector to cope with the aftermath of the recent war. WHO chaired the Health Sector Working Group and, jointly with other sister organizations, the Health Sector Contingency Plan was developed; available resources of other agencies involved under the health sector were pooled and additional resources thus mobilized. The effective coordination mechanism established by WHO with the assistance of other partners was a key factor in achieving control of cholera and measles outbreaks during the crisis.

## **ACTION BY THE HEALTH ASSEMBLY**

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

= = =