

Collaboration within the United Nations system and with other intergovernmental organizations

Report by the Secretariat

1. WHO's collaboration within the United Nations system and with other intergovernmental organizations takes place at three levels: intergovernmental, interagency and regional/country. This collaboration aims to promote health as a contributor to national development processes and to increase the coherence and effectiveness of the United Nations system's contribution to those development processes, including adherence to international harmonization and alignment agendas and overall United Nations reform efforts.¹

2. This report, which covers the period May 2008 to April 2010, focuses on WHO's efforts towards achievement of health-related internationally agreed development goals, including the Millennium Development Goals.

INTERGOVERNMENTAL PROCESSES OF THE UNITED NATIONS SYSTEM AND OF OTHER INTERNATIONAL ORGANIZATIONS

3. WHO works closely with the governance processes of the United Nations system (see Annex) and other international organizations, including the United Nations General Assembly, the Economic and Social Council and its Commissions, and the governing bodies of United Nations funds, programmes and specialized agencies and other intergovernmental organizations. WHO has raised its profile and increased awareness of specific health issues, such as noncommunicable diseases, health and climate change, health security, strengthening health systems and health as cross-cutting issues central to broader social and economic development.

General Assembly

4. During the sixty-fourth session of the General Assembly, WHO, in consultation with Member States, prepared the reports, and provided technical assistance during negotiations, for several agenda items related to health. The General Assembly adopted resolution 64/108 on global health and foreign policy, which reaffirmed the commitment to strengthening health systems and focused on ways in which foreign policy could support the control of emerging infectious diseases and the need to increase human resources for health. It also requested WHO's close collaboration in the production of a report, for submission to the High-level Plenary Meeting of the General Assembly (September 2010)

¹ See resolution WHA58.25 on United Nations reform process and WHO's role in harmonization of operational development activities at country level.

on ways in which foreign and health policy coordination and coherence could be strengthened with recommendations on making foreign policy contribute better to creating a global policy environment supportive of global health. In resolution 64/79 (2001–2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa), the Assembly acknowledged the work and role of WHO. Among other actions, it also urged the international community to support the implementation of the Global Malaria Action Plan, expansion of access to vector control measures and enhancement of national pharmaceutical policies to counter trade in counterfeit antimalarial medicines. The Assembly requested submission to the High-level Plenary Meeting of a report on progress towards the internationally agreed targets for 2010 and an evaluation of the implementation of the Decade. On 2 March 2010, the Assembly adopted resolution 64/255 on Improving global road safety, which commended WHO's role and its global status report.¹ The resolution proclaimed 2011–2020 as the Decade for Action for Road Safety, and requested WHO and partners to prepare a plan of action for the Decade.

Other bodies

5. WHO participates in the work of the **Economic and Social Council** and contributes to the preparation of its reports. The 2009 High-level Segment was especially important for global health and WHO, as it was the first time that the Council focused on the theme of implementing the internationally agreed goals and commitments in regard to global public health. WHO helped to prepare the High-level Segment and five regional consultations, other preparatory events in New York, and an Internet-based discussion on global public health, as well as participating in the various segments (see Annex).

6. The Council's session in 2009 firmly established the centrality of health for development. The Ministerial Declaration, which recognized the role of WHO, represents a reference document for health issues across the United Nations system. The discussions brought several aspects of public health to the forefront, including noncommunicable diseases, neglected tropical diseases, maternal and child health and the need to strengthen health systems.

7. In the context of United Nations coherence, WHO participated in the sessions of the **governing bodies of other United Nations agencies and international organizations**, including UNIDO, UNDP/UNFPA, UNICEF and WFP, and in ministerial meetings of the Organization of Islamic Conference.

INTERAGENCY PROCESSES

Coordination within the United Nations system

8. WHO attaches great importance to pursuing opportunities for collective action to enhance the efficiency and effectiveness of the United Nations system. WHO regularly takes part in the planning processes for United Nations reform and the Chief Executives Board for Coordination (CEB), which covers programming, management and operational issues across the United Nations system. CEB itself was recently reformed through the addition of the United Nations Development Group as a third pillar, joining the High-Level Committee on Programmes and the High-Level Committee on Management.

¹ WHO. *Global status report on road safety: time for action*. Geneva, World Health Organization, 2009.

WHO contributed to this process, for which the next steps should include streamlining and rationalizing the many working groups and networks respectively under CEB's three pillars. WHO has been designated Vice-Chair of the United Nations Development Group for 2010.

9. WHO contributes to humanitarian work through the Executive Committee on Humanitarian Affairs, the Inter-Agency Standing Committee and the Secretary-General's Task Force on the Global Food Security Crisis. Similarly, WHO is involved in development work through coordination with the United Nations Communications Group, the Interagency Pharmaceutical Coordination Group, and the Task Team on Health as a Tracer Sector, which provided input to the Third High-Level Forum on Aid Effectiveness (Accra, 2–4 September 2008).

Areas of coordination

10. WHO collaborates with United Nations entities and other international organizations in areas such as drug control, counterfeit medicines, health systems strengthening, HIV/AIDS, environmental health, maternal and child health, and water safety. WHO has been working with UNICEF on prequalification of medicines for United Nations' procurement, and on drafting international standards and shaping guidance for quality assurance of medicines. WHO has also worked with the Office of the Secretary-General and other United Nations entities in the establishment of the Global Impact and Vulnerability Alert System as a mechanism that tracks the effects of the financial and economic crises on the most vulnerable populations throughout the world. The Secretary-General launched the system in September 2009 during the high-level segment of the General Assembly.

11. WHO and ILO have been designated lead agencies for one of the nine United Nations System initiatives to respond to the economic crisis and to help Member States in establishing basic social services. The initiative addresses social protection. A manual for use by Member States and agencies has been produced and tested in various countries.

12. Over the past two years, WHO and the Organization of the Islamic Conference have together made significant progress towards the eradication of poliomyelitis by supporting poliovirus immunization campaigns and vaccination in countries of the Conference.

REGIONAL AND COUNTRY OFFICE PROCESSES

13. WHO works with various United Nations entities and intergovernmental organizations at regional and country levels, including support to WHO country offices for participation in the United Nations Development Assistance Framework. Additionally, WHO is strengthening its communications network between headquarters and regional and country offices.

14. The Regional Office for the Western Pacific signed various memorandums of understanding or other agreements with UNICEF, UNDP, UNFPA, UNAIDS, the World Bank, the Asian Development Bank and the Secretariat of the Pacific Community for joint activities in areas ranging from health-systems development to HIV/AIDS, dengue control, maternal and child health, tuberculosis and malaria. It also participated in the eighth Ministerial Conference on Health for the Pacific Island Countries (Madang, Papua New Guinea, 7–9 July 2009) and an annual coordination meeting with the Regional Office for South-East Asia and the Secretariat of the Association of Southeast Asian Nations, during which a joint biennial work plan harmonizing the work of the Association and WHO on the Collaborative Framework Memorandum of Understanding was agreed.

15. An example of coordination at the country-level is the interagency meeting on “Delivering as One on Gender Equality and Women’s Empowerment” (Hanoi, 19–21 November 2008), Viet Nam being one of the pilot countries for the United Nations project on “Delivering as One”.¹ The meeting, in which the Regional Office for the Western Pacific participated, aimed to identify lessons learnt and best practices in strengthening capacity and commitment to gender equality in the eight pilot countries, and to enable sharing of tools, knowledge and products.

16. The Regional Offices for South-East Asia and the Western Pacific participated in the Regional Meeting of UNICEF, UNFPA and WHO (Bangkok, 8–9 July 2008). The purpose of the meeting was to strengthen collaboration in the health sector at country level and ensure coordination in supporting countries in the Asia-Pacific region to achieve the health-related Millennium Development Goals. Joint approaches to advocate and support aid-effectiveness mechanisms were also discussed.

17. The Regional Office for South-East Asia is a member of the United Nations Development Group’s Regional Team for Asia and the Pacific and the regional Peer Support Group. The latter Group is meant to provide support to United Nations Country Teams in the preparation of high-quality and timely United Nations Common Country Assessments and United Nations Development Assistance Frameworks.

18. The Regional Office for Europe has established corporate partnerships with major health and related agencies in the European Region. These partners have a complementary mandate and/or similar membership to that of WHO’s European Region, and include UNICEF, UNFPA, the World Bank, the European Commission and other European Union institutions, the Council of Europe, and OECD.

19. The Regional Office for the Americas is part of the United Nations Development Group’s Regional Team in Latin America and the Caribbean, which, among other issues, discusses the United Nations reform process, joint missions in prioritized countries and coordinated support for development at country level (particularly in Haiti), interagency coordination on pandemic influenza, achievement of the Millennium Development Goals, and administrative matters (such as Common Services throughout the Region). The Regional Office also organized with UNDP, UNEP, WFP and the World Bank, the Global South-South Development Expo 2009.

20. The Regional Office for Africa is committed to strengthening and expanding partnerships, in respect of the priorities set out under the Regional Director’s *Strategic Orientation for WHO Action in the African Region 2005–2009*. The Regional Office contributes to the Harmonization for Health in Africa initiative, and participated in its fourth annual meeting (Tunis, 1–5 December 2009). Furthermore, it has considerably increased its influence in the United Nations Development Group’s Regional Teams. A health cluster has been established in each Regional Team in Africa in order to ensure better support to countries through better-coordinated United Nations Country Teams.

21. The Regional Offices for Africa and the Eastern Mediterranean are working regularly with the African Union. Experts from both offices have provided technical inputs to the African Union’s Africa Health Strategy: 2007–2015.

22. WHO also works closely with the Islamic Educational, Scientific and Cultural Organization, on a programme that focuses on awareness-raising among civil society and nongovernmental

¹ The eight pilot countries are: Albania, Cape Verde, Mozambique, Pakistan, Rwanda, United Republic of Tanzania, Uruguay and Viet Nam.

organizations about health education, training on waste water safety, combating HIV/AIDS, and bioethical research.

Support to the United Nations Resident Coordinator system

23. WHO supports and contributes to the national development processes through technical cooperation with its Member States in several ways. WHO's Country Cooperation Strategy forms the medium-term strategic framework for this cooperation. In this way, WHO contributes to articulating the health needs in the United Nations Development Assistance Framework.

24. A recent survey showed that most WHO country offices (120, 86%) contributed to the United Nations Common Country Assessment and the United Nations Development Assistance Framework.¹ WHO leads the health dimension in 66% of United Nations Development Assistance Frameworks, with staff from headquarters and regional offices participating in 2008 and 2009 in the review and update of the Framework guidelines, which have incorporated "Delivering as One" principles and lessons learnt from the eight pilot countries for United Nations reform. The new guidelines are scheduled to be introduced in 46 countries during 2010 and 28 countries in 2011.

25. WHO works closely with the United Nations Development Group to improve the functioning of the Resident Coordinator system, and since 2008 has been the joint convener, with UNICEF, of a working group on that issue. Results include the approval of a generic job description for resident coordinators: guidance on good working relations between the Resident Coordinator and the United Nations Country Teams; establishment of mechanisms for efficient business operations at the country level; creation of and participation in multi-donor trust funds; and synchronization of United Nations system country programming issues. Most recently WHO has participated in the preparation of an information package for resident coordinators and other members of the United Nations Country Teams, the "One80 Competency Development Tool" which was launched in December 2009.

26. WHO has organized briefings for resident coordinators in order to exchange experiences on "Delivering as One", to discuss leadership issues and to foster harmonious United Nations system collaboration at the country level. To date, three WHO staff have been designated as resident coordinators in Cameroon, Saudi Arabia and Tunisia, respectively.

"Delivering as One" pilot initiatives

27. WHO organized a meeting (Kigali, 19–20 October 2008) with WHO representatives from the eight "Delivering as One" pilot countries in order to take stock of progress. WHO also organized an interdisciplinary workshop on reform issues (Hammamet, Tunisia, 8–10 July 2009) for participants from all six regions and three levels of the Organization. As part of the pilot country exercise, WHO provides a help-desk service and holds regular in-house meetings to review and support the pilot initiatives. WHO has published 11 quarterly information bulletins to date on its engagement with the pilots and United Nations reform in general.²

¹ Document WHO/CCO/10.01.

² Document WHO/CCO/10.03 (Issue 11).

Transaction costs and efficiency

28. An important part of United Nations reform is the rationalization of procedures and reduction of transaction costs for the recipient governments. The High-level Committee on Management, one of the three pillars of CEB, adopted the International Public Sector Accounting Standards, which were to be effective no later than 1 January 2010. WHO is implementing this decision.

29. In relation to WHO's joining United Nations common premises, the cost-benefit ratio as well as staff safety and security remain important criteria for WHO. In the 145 countries in which WHO has a field presence, 27 country offices are now located in United Nations common premises. In the European Region, one in three WHO country offices are fully integrated with United Nations premises, as are one in five WHO country offices in both the African and South-East Asia regions.

ACTION BY THE HEALTH ASSEMBLY

30. The Health Assembly is invited to note this report.

ANNEX

UNITED NATIONS MEETINGS ATTENDED BY WHO, AND ASSOCIATED INPUTS

Meeting	Inputs
Sixty-fourth session of the United Nations General Assembly	Technical support in negotiations on several health-related resolutions. Preparation of reports on tobacco, global health and foreign policy, malaria and road safety. Collaboration on resolution 64/220 on operational activities for development and preparation for the implementation of the quadrennial comprehensive policy review (due 2012). Collaboration on implementation of a resolution on smoke-free United Nations premises (63/8).
Summit on Climate Change (New York, 22 September 2010)	Contribution to preparation for the United Nations Framework Convention on Climate Change.
Fifteenth Conference of the Parties to the United Nations Framework Convention on Climate Change (Copenhagen, 7–18 December 2009)	Participation.
United Nations Economic and Social Council: High-Level Segment 2009	Preparation and facilitation of regional consultations: South Asia Regional Ministerial Meeting on Financing Strategies for Healthcare (Colombo, 16–18 March 2009); Asia-Pacific Regional Ministerial Meeting on Promoting Health Literacy (Beijing, 29–30 April 2009); Western Asia Regional Ministerial Meeting on Preventing and Controlling Non-Communicable Diseases (Doha, 10–11 May 2009); Latin America and Caribbean Regional Ministerial Meeting on HIV and Development in Latin America and the Caribbean (Montego Bay, Jamaica, 5–6 June 2009); and the Africa Regional Ministerial Meeting on eHealth-information and communication technology for health (Accra, 10–11 June 2009). Organization of special events on contribution of traditional medicine to the realization of international development objectives related to global public health (New York, 12 February 2009) and on philanthropy and the global public health agenda (New York, 23 February 2009). Contributed to the report for the Thematic Discussion, prepared by the United Nations Department of Economic and Social Affairs, which focused on the impact of the financial and economic crises, and the Report for the Annual Ministerial Review, which was jointly prepared by WHO and that Department.
United Nations Economic and Social Council: Operational Activities Segment 2009	Provided input to reports of the Secretary-General related to the United Nations reform process and the United Nations system's progress in specific areas. These included: Progress on the implementation of the 2007 Triennial Comprehensive Policy Review (resolution 62/208), Commitments in regard to sustainable development, Functioning of the Resident Coordinator system, Harmonization and Simplification, and Human resources challenges at country level. Statements during the general discussion highlighted WHO's commitment to continuing its engagement in United Nations system's efforts towards greater harmonization and alignment to make the system more effective and results-focused, and respond to the needs of the Member States. Participated in events on strengthening United Nations Country Teams' coherent support to public health and on the Triennial Comprehensive Policy Review of Operational Activities for Development.
United Nations Economic and Social Council: Humanitarian Affairs Segment 2009	Organized an event "Saving Lives in Crises, Improving Humanitarian Health Action", on 20 July 2009.

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