

Collaboration within the United Nations system and with other intergovernmental organizations

Report by the Secretariat

1. In resolution WHA58.25, the Health Assembly requested the Director-General, *inter alia*, to: coordinate the activities of WHO with those of other organizations of the United Nations system and, where appropriate, with other relevant actors working to improve health outcomes; ensure that WHO staff and programmes at all levels adhere to the international harmonization and alignment agenda, including the Rome Declaration on Harmonization (2003) and the Paris Declaration on Aid Effectiveness: Ownership, Harmonization, Alignment, Results and Mutual Accountability (2005); actively participate in the preparation and implementation of the United Nations Development Assistance Framework, working closely with the United Nations country team and United Nations Resident Coordinator; participate actively in examination of the Triennial Comprehensive Policy Review of Operational Activities for Development of the United Nations system;¹ and further rationalize procedures and reduce transaction costs. The resolution was adopted with a view to ensuring coherence and efficiency, effective use of human and financial resources, and effective collaboration in support of national priorities and development goals.

2. WHO's collaboration within the United Nations system and with other intergovernmental organizations aims to promote health outcomes as well as health as a key element of socioeconomic development at the national level, to ensure optimal coordination of field-level activities, and to ensure the delivery of services in a coherent and effective way. Collaboration is extensive, spanning technical fields and three levels of the Organization. This report is on the period May 2010 to April 2011.

INTERGOVERNMENTAL PROCESSES OF THE UNITED NATIONS SYSTEM AND OTHER INTERGOVERNMENTAL ORGANIZATIONS

United Nations General Assembly

3. As in earlier sessions of the General Assembly, during the sixty-fourth and sixty-fifth sessions of the General Assembly, health was recognized as an important issue on the international political and development agendas. WHO collaborated with Member States in the preparation of a number of health-related resolutions, including resolutions 64/255 on improving global road safety, 65/4 on sport as a means to promote education, health, development and peace, 65/95 on global health and foreign

¹ See United Nations General Assembly resolution 59/250.

policy, and 65/131 on strengthening of international cooperation and coordination of efforts to study, mitigate and minimize the consequences of the Chernobyl disaster.

4. In resolutions 64/265 and 65/238, adopted in 2010, the General Assembly decided to organize a high-level plenary meeting in September 2011 on the prevention and control of noncommunicable diseases. WHO has provided background information, and has organized briefings for Member States and two informal dialogues with nongovernmental organizations and the private sector (Geneva, 1 and 2 November 2010). At the invitation of the General Assembly, and in accordance with the expressed interest of its Member States, WHO supported the organization of regional meetings in Tehran (24 and 25 October 2010); Oslo (24 and 25 November 2010); Nadi, Fiji (3–5 February 2011); Mexico City (23–25 February 2011); Jakarta (1–4 March 2011); and Seoul (17 and 18 March 2011). Consultations for the WHO African Region are planned to take place in Brazzaville, 4–6 April 2011.

2010 summit on the Millennium Development Goals

5. The high-level plenary meeting of the sixty-fifth session of the General Assembly on the Millennium Development Goals was held from 20 to 22 September 2010. WHO provided technical information, supported countries in negotiating parts of the outcome document relevant to health, and organized, supported, and participated in several side events. The Director-General participated in the round-table discussion on “Meeting the Goals of Health and Education”.

6. The outcome document, *Keeping the promise: united to achieve the Millennium Development Goals*,¹ recognized successes, such as reductions in child mortality, improved access to HIV/AIDS prevention and treatment, and control of malaria, tuberculosis and neglected tropical diseases, but also expressed “grave concern” over the slow progress being made in reducing maternal mortality and improving maternal and reproductive health. In particular, it recognized the necessity of addressing global public health issues, as well as health system strengthening, in order to achieve health-related Millennium Development Goals.

7. The most notable event was the launch of the United Nations Secretary-General’s Global Strategy for Women’s and Children’s Health, which prompted the commitment of US\$ 40 billion through the maintenance and increase of health spending from national budgets and through donor pledges. The Secretary-General called on WHO to facilitate the work of the high-level Commission on Information and Accountability for Women’s and Children’s Health that was established to track these pledges, link funding with tangible results, and propose a framework for global reporting, oversight and accountability. WHO co-leads and supports the work of the Commission.

United Nations Economic and Social Council

8. In response to the ministerial declaration adopted at the high-level segment of the 2009 substantive session of the Economic and Social Council on implementing internationally agreed goals and commitments in regard to global public health, WHO actively engaged in the 2010 Coordination Segment of the Economic and Social Council, which recommended ways to strengthen the support provided by the United Nations system in the area of global public health.

¹ See United Nations General Assembly resolution 65/1.

9. WHO provided significant input to the reports of the Secretary-General to this Segment and participated in the three panels that focused on: a comprehensive policy response to global health challenges; coordination of efforts to achieve the health-related Millennium Development Goals; and the short- and long-term responses of the United Nations system to the economic and financial crisis.

10. WHO support helped to ensure a successful conclusion to the negotiations leading to Economic and Social Council resolutions 2010/8 on tobacco use and maternal and child health, and 2010/24 on the role of the United Nations system in implementing the 2009 ministerial declaration.

11. WHO operational activities in the humanitarian and development fields at the country level have been extensive. As part of the United Nations family, WHO supported the dialogue with Member States and decision-making processes by identifying gaps and challenges on the basis of experiences in the field. To this end, WHO also contributed in 2010 to the Humanitarian Affairs Segment and to the Operational Activities Segment, including the Triennial Comprehensive Policy Review of Operational Activities for Development of the United Nations system, with detailed input to background reports.

GLOBAL INTERAGENCY PROCESSES

United Nations coordination mechanisms

12. As an integral part of the United Nations system and a specialized agency with a presence in many countries, WHO was actively engaged in United Nations system-wide planning processes and coordination mechanisms, with a view to promoting collective actions and enhancing overall efficiency of the United Nations and the effectiveness with which its services are delivered.

13. WHO undertook a review of the workings and structure of the subsidiary mechanisms of the United Nations System Chief Executives Board for Coordination. The exercise revealed the need for WHO to engage selectively in the work of different groups in an effort to address some overlap of work within the architecture of the Board. An example is the field of harmonization of business practices, where WHO engagement is guided by the relevance for the country-level activities and areas in which WHO can provide an added value.

14. As Vice-Chair of the United Nations Development Group in 2010, WHO was instrumental in the design of its Strategic Priorities for 2010–2011 and its working methods, and participated in an exercise to rationalize its structure and secretariat.

15. WHO contributed to further development of the Resident Coordinator system as a co-convenor of the United Nations Development Group Working Group on Resident Coordinator System Issues and by continuing to provide financial and technical support to an induction course for newly assigned Resident Coordinators.

16. In the humanitarian field, WHO led the Global Health Cluster. The Organization also acted as a co-convenor of the United Nations Development Group/Executive Committee for Humanitarian Affairs Working Group on Transition, thus reaffirming its leadership on health issues in the field of humanitarian assistance, both within the United Nations system and in the wider humanitarian community. WHO hosted the Inter-Agency Standing Committee (IASC) Principals meeting in December 2010 and co-chaired the IASC Humanitarian Financing Group, the IASC Task Force on

HIV in Emergency Situations, and the IASC Gender Sub-Working Group E-learning Initiative Advisory Committee.

Other interagency mechanisms

17. WHO increased its participation in Multi-Donor Trust Funds administered by UNDP. In 2010, WHO received over US\$ 38 million, which was an increase from an annual average of around US\$ 28.5 million in the previous four years. WHO's main focus was on enabling access and increased funding by strengthening cooperation with the United Nations system at country and global level. WHO provided training for 48 heads of its country offices in the African Region and prepared and disseminated an operational guidance note on "WHO Engagement with Multi-Donor Trust Funds" for staff in country offices.

18. WHO and ILO are designated co-lead agencies within the United Nations system for the Social Protection Floor initiative that supports countries in designing social protection programmes and activities. WHO co-chaired three interagency meetings that resulted in a comprehensive work plan on engagement in and acceleration of country work for the Social Protection Floor Coalition.

REGIONAL- AND COUNTRY-LEVEL ACTIVITIES

19. All six WHO regional directors or their representatives participated in the United Nations Development Group Regional Director Teams. Regional offices supported participation by countries in the United Nations Development Assistance Framework. They also ensured the alignment of United Nations Development Assistance Framework documents with health priorities identified in national health policies and strategies and WHO country cooperation strategy documents. WHO provided training on harmonization and alignment and on United Nations Development Assistance Framework design to its staff in the field, contributed to national capacity building and participated in the United Nations Development Assistance Framework team groups at the country level.

20. In 2010, WHO contributed to shaping the health dimension of United Nations Development Assistance Framework in 27 countries. In addition, priorities identified through 13 newly developed WHO country cooperation strategies have been aligned with United Nations Development Assistance Framework outcomes and outputs and to national strategies and priorities.

21. The WHO Regional Office for Africa supported the "Delivering as One" initiative in the four pilot countries in the African Region,¹ as well as in "self-starter" countries. WHO led the health working groups at regional level and in United Nations country teams. The Harmonization for Health in Africa process gathered United Nations agencies and development partners, such as the World Bank, the African Development Bank, the Japanese International Cooperation Agency, and the United States Agency for International Development, encouraging collaboration and coordination.

22. As part of the United Nations Development Group Regional Directors Team for Latin America and the Caribbean, the WHO Regional Office for the Americas led the Pan-American Alliance for Nutrition and Development, which promoted an interagency and multisectoral response to

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

malnutrition. Activities included technical cooperation, mobilization of human and financial resources and political action. In December 2010, the Regional Office signed a memorandum of understanding with the United Nations Special Unit for South–South Cooperation and participated in interagency focal point meetings and evaluation exercises.

23. The WHO Regional Office for the Eastern Mediterranean participated in the work of the Peer Support Group, with the aim of providing coordinated, timely, strategic and technical support to all United Nations Development Assistance Framework roll-out countries. The Regional Office participated in the Peer Support Group workshop at deputy regional director level in Cairo and in Strategic Prioritization Retreats, to finalize United Nations Development Assistance Frameworks for Egypt and Yemen.

24. At the initiative of the WHO Regional Office for Europe, the Regional Coordination Mechanism met to share information among agencies on work plan activities for 2011 on the health-related Millennium Development Goals and inequities caused by poverty, social exclusion and other social factors. The meeting established a working group and agreed on a number of joint activities, including an interagency report on tackling inequities, joint calendar, advocacy communication and training activities.

25. In an effort to strengthen opportunities for improved synergy and alignment among the United Nations agencies with regional mandates, the WHO Regional Office for South-East Asia co-chaired the United Nations Regional Thematic Working Group on Health, and participated in the work of the United Nations Regional Directors Team and Peer Support Group. The Regional Office collaborated with the United Nations Economic and Social Commission for Asia and the Pacific and the Association of Southeast Asian Nations, focusing on joint activities in the field of health.

26. The WHO Regional Office for the Western Pacific participated in joint United Nations activities at both regional and country levels. Senior managers initiated and took part in joint United Nations missions to the Lao People's Democratic Republic to assess activities in the field of maternal and child health. Both regional and country offices supported activities as part of the "Delivering as One" initiative.

27. As a signatory to the Paris Declaration on Aid Effectiveness and the subsequent Accra Agenda for Action, WHO pursued its commitment to more effective aid. WHO participated for the third time in the Organisation for Economic Co-operation and Development Paris Declaration Monitoring Survey, which took place in 89 countries. WHO contributed to country-level reporting led by United Nations Resident Coordinators and prepared a WHO agency report. In order to support its country offices in completing the survey, WHO headquarters prepared WHO-specific guidance for heads of country offices and established a help desk. Results will be presented at the Fourth High-level Forum on Aid Effectiveness scheduled to take place in Busan, Republic of Korea, from 29 November to 1 December 2011.

28. In an effort to continue to improve coherence, coordination and participation in United Nations processes at country level, WHO produced a number of brief guidelines as well as more detailed information on United Nations processes and their relevance at the country level, including: ways of aligning WHO's country cooperation strategy with the United Nations Development Assistance Framework process and outcomes; harmonization and alignment; Multi-Donor Trust Fund mechanisms; and the "One80" assessment of heads of WHO country offices as members of United Nations country teams.

ACTION BY THE HEALTH ASSEMBLY

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

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