

Collaboration within the United Nations system and with other intergovernmental organizations

Report by the Secretariat

1. The challenges confronting global health have changed in profound ways and with exceptional speed. For WHO to continue to play a leading role, it needs to evolve to keep pace with such changes. The objectives of WHO reform – greater focus, promoting coherence, and responsive and agile management – must be reflected in how WHO works as part of the United Nations system.
2. This report provides an overview of WHO's collaboration within the United Nations system and with other intergovernmental organizations, over the period May 2011–April 2012. The report is in two sections, the first of which describes WHO's strategic response to current challenges; the second focuses on outcomes, achievements and lessons learnt.
3. The present report is based on initiatives that recall the resolution adopted by the World Health Assembly in May 2005.¹

CHALLENGES AND PRIORITIES IN THE CHANGING CONTEXT

4. Health is a contributor to and beneficiary of other aspects of development. WHO's priorities, therefore, increasingly reflect the need to address the direct causes of illness, as well as the broader political, environmental, economic and social determinants of health. Health is integral to United Nations policy debates in such areas as security, human rights, climate change, food security and nutrition, environment and foreign policy. It is at the heart of the current Millennium Development Goals and should continue to be a key element in any future set of global development goals after 2015.²
5. Effective engagement across the United Nations system is a challenge. In addition to intergovernmental forums (including the United Nations General Assembly, the United Nations Security Council, the United Nations Economic and Social Council and the functional commissions), WHO interacts with organizations within the United Nations system in Geneva and New York, and with United Nations offices in other locations. At the regional level, WHO interacts with United Nations regional commissions and in particular with United Nations Development Group teams, known as the Regional undg Teams. At the country level, WHO is also a member of the United

¹ Resolution WHA58.25.

² See document A65/14.

Nations Country Teams through its 151 offices in countries, territories and areas. Engagement with the United Nations therefore involves *all* levels of the Organization. To manage this complex network of relationships, WHO has adopted an approach that is both strategic and selective.

6. WHO's approach to engagement with the United Nations system focuses on value (in terms of health outcomes) and cost (in terms of efficient use of WHO resources). Equally, it is important to recognize the significance of recent trends in international aid. The 2011 review by the Organisation for Economic Co-operation and Development on multilateral aid shows a progressive decrease in the proportion of official development assistance passing through multilateral channels.¹ This trend is not new. What is increasingly evident, however, is that the overall decline in core funding is being offset by increases in the proportion of funding specified for particular development outcomes. Such specified funding from bilateral sources (particularly through Multi-Donor trust Funds and Joint Programmes) has become an important source of funds for United Nations development activities at country level. Assuming that the trend continues of highly specific funding for United Nations, such funds could represent an important potential source of income for WHO country-level activities.

7. Coordination across an increasing number of United Nations funds, programmes and specialized agencies – globally, regionally and at country level – raises a further challenge. WHO is committed to engagement across the whole United Nations system, however, coordination is not an end in itself. Rather, it is important as a means to enhance the impact of the activities of individual agencies. Thus WHO's work in partnership and alliance with other health-related United Nations agencies (and others) working in coalitions, such as the Health 4+ (H4+),² and the International Health Partnership and related initiatives (IHP+),³ is as important as its engagement in United Nations-wide efforts.

Strategic priorities

8. On the basis of the analysis above, WHO will give priority to:

(a) ensuring there is a place for health in general, and for WHO priorities in particular, in the deliberations and decisions of United Nations intergovernmental bodies. This will be achieved through leveraging the relationship between WHO and the Office of the United Nations Secretary-General; through working to raise awareness of health issues among Permanent Missions in New York and Geneva and in the Regional Commissions; and through *selective* representation in intergovernmental processes.

(b) creating and sustaining effective networks and coalitions with the main health-related United Nations agencies, based on shared agendas for substantive work. In addition to the formally established coordinating bodies, such as UNAIDS, WHO will be an active partner with many other health-related agencies or agencies whose agenda has an impact on health. Such bodies include UNICEF, UNFPA, UNDP, UN Women, ILO and FAO. The priority will be to leverage these relationships to help achieve objectives in relation to overall WHO

¹ See the OECD's Development Assistance Committee (DAC) report, 2011 DAC Report on Multilateral Aid at: <http://www.oecd.org/dataoecd/5/61/49014277.pdf> (accessed 29 March 2012).

² H4+ is a coordinated initiative of major United Nations health-related agencies – WHO, UNFPA, UNICEF, UNAIDS and the World Bank – that have joined forces to support countries in reducing maternal and newborn mortality.

³ IHP+ is a coalition of international health agencies, governments and donors committed to improving health and development outcomes in developing countries.

priorities. Many of its networks and coalitions include partnerships and organizations in the private sector and civil society.

(c) strengthening its effectiveness and leadership role in health as part of the United Nations humanitarian system.¹ Implicit in this objective is the need to create stronger linkages between immediate humanitarian support and longer-term development support. Health must be adequately addressed and included in humanitarian affairs, emergency situations and disaster response. WHO will contribute by providing analyses of situations and advice on effectively managing health challenges in times of emergency response, recovery and in the long term.

(d) supporting Member States as part of an effective United Nations Country Team. Strengthening support to countries is an integral part of the WHO reform programme, which recognizes the central role of WHO as part of the United Nations Country Team. In this context, a key indicator of success will be the presence of health in the pillars or outcomes of the United Nations Development Assistance Framework, the alignment of WHO country cooperation strategies with national plans within the United Nations Development Assistance Framework; and increases in funding for health from Multi-Donor Trust Funds.² WHO will continue to support country teams through the Regional Directors' networks.

9. These four priorities provide a framework for WHO's United Nations-related work. United Nations-wide coordination will continue through high-level involvement in the Chief Executives Board and its three pillars: the High Level Committee on Programmes, the High Level Committee on Management and the United Nations Development Group. Country support for United Nations-wide coordination will continue through direct interaction with the Regional UNDG Teams and Peer Support Groups, and the United Nations Country Teams themselves. However, WHO will devote less time and fewer resources to the many subsidiary working groups and task teams of the United Nations Development Group at a global level.

OUTCOMES, ACHIEVEMENTS AND LESSONS LEARNT

Global level

10. The main objective of WHO's engagement with the United Nations General Assembly during this reporting period has been to increase global political and financial support for tackling the growing burden of noncommunicable diseases. That effort culminated in the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (New York, 19 and 20 September 2011), attended by more than 110 Member States with 34 Heads of State or Government. The meeting resulted in the adoption of the Political Declaration,³ which is an expression of strong political commitment to tackle those diseases in an integrated manner, as well as a call to WHO to follow up with specific actions, including the development of a set of voluntary targets, a global monitoring framework, and options for strengthening and facilitating multisectoral action through effective partnerships.

¹ See document A65/25 for the latest developments and role of WHO as the health cluster lead.

² In 2012 a focused effort is being made to increase income from the Multi-Donor Trust Funds.

³ Outcomes of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases is considered under a separate agenda item during the Sixty-fifth session of the World Health Assembly.

11. WHO has helped keep health on the agenda of the United Nations General Assembly during this period through contributions to a wide range of reports by the Secretary-General, such as one on least developed countries; on specific country situations in Cuba and the Democratic People's Republic of Korea; on vulnerable groups including indigenous peoples and people with disabilities; and on thematic issues such as global health and foreign policy and global road safety.

12. Health also features strongly in the Secretary-General's new Five-Year Action Plan issued in January 2012. A recent collaborative exercise with other United Nations agencies has transformed the plan into a detailed set of milestones and targets in relation to malaria, poliomyelitis, paediatric HIV infections, maternal and neonatal tetanus, and measles. The plan also includes the full implementation of the United Nations Secretary-General's Global Strategy for Women's and Children's Health, and a renewed effort to reduce childhood stunting.

13. As a response to the recommendations of the Commission on Information and Accountability for Women's and Children's Health,¹ WHO has worked with H4+ agencies and other partners to prepare a common strategic workplan and to support countries as they develop and implement their national commitments.

14. Looking ahead, WHO has been active in working with Member States at global and regional levels to promote the role of health in sustainable development in preparation for the United Nations Conference on Sustainable Development (Rio+20).²

Regional level

15. **Creating and sustaining effective networks and coalitions with the main health-related United Nations agencies, based on shared agendas for substantive work.** In the Asia Pacific region, WHO has co-chaired the health thematic working group with UNFPA. Collaboration with the United Nations regional commission in that region also benefits from the support of the joint WHO Regional Office for South-East Asia/WHO Regional Office for the Western Pacific Liaison Office in Bangkok. The WHO Regional Office for the Americas has been leading the Pan-American Alliance for Nutrition and Development with a view to promoting evidence-based and multisectoral interventions to combat malnutrition. The outputs of the Pan-American Alliance for Nutrition and Development, such as a policy brief on malnutrition and development, provide technical support in the achievement of Millennium Development Goal 4 (Reduce child mortality). A Memorandum of Understanding has been signed by the WHO Regional Office for the Western Pacific and the UNAIDS Regional Office. The directors for UNICEF in the Americas and the WHO Regional Office for the Americas agreed to strengthen joint efforts with a view to enhancing regional collaboration and synergies in the delivery of technical support, based on regional strategies, as well as global commitments. In the WHO Regional Office for the Eastern Mediterranean, the Regional Director co-chairs with UNICEF a joint coordination meeting with other United Nations agencies with mandates relating to social determinants of health. The WHO Regional Office for Europe is engaged in working groups on Roma health and Rio+20.

¹ See document A65/15 for the report on the implementation of the recommendations of the Commission on Information and Accountability for Women's and Children's Health.

² WHO's participation in the Rio+20 preparatory process is discussed in document EB130/36 and decision EB130(5).

16. In Africa, Harmonization for Health is an initiative that brings together 11 development partners¹ and two associated partnerships of nongovernmental organizations. To date, Harmonization for Health has significantly contributed towards improving joint advocacy and increased dialogue between ministries of health and finance for more efficient and effective public, private and aid spending on health. In 2011, the Harmonization for Health partnership published a report on “The Investment Case for Health in Africa”. Adding to the technical support of those agencies to countries, that report strengthens the process of defining national health priorities, of developing and identifying the costs involved in related health policies and strategic plans, and improving financing for the health sector.

17. **Supporting Member States as part of an effective United Nations Country Team.** An important role of all WHO regional offices is to provide support for country processes and quality assurance in respect of the development of the United Nations Development Assistance Framework. The WHO Regional Office for Africa is the focal point for the Delivering as One process for the Democratic Republic of the Congo and Liberia. The WHO Regional Office for South-East Asia has been designated the co-convenor for the United Nations Development Assistance Framework roll-out process in Bhutan, where WHO will be taking the lead in the coordination of coherent support for the Country Team. The WHO Regional Office for the Western Pacific contributed to shaping the health dimension of a multi-country United Nations Development Assistance Framework for the Pacific. The Regional UNDG Team in Latin America and the Caribbean established a system of demand-driven mentorship consisting of the support of two Regional Directors in each United Nations Development Assistance Framework roll-out country, providing strategic guidance and advice throughout the process. The WHO Regional Director for the Americas has played that role in the Plurinational State of Bolivia, Costa Rica and Cuba.

18. Regional-level support and guidance contributes to greater synergy between the WHO country cooperation strategies and the United Nations Development Assistance Frameworks. The health situation analysis in the WHO country cooperation strategies contributes to the health analysis of the common country assessment and shapes the health components of the United Nations Development Assistance Framework. Recent successes in aligning priorities have been seen in two newly launched WHO country cooperation strategies in the Lao People’s Democratic Republic and the Philippines.

Country level

19. Achievements and lessons learnt at country level are important in 2012, particularly in the lead-up to the four-yearly policy review of United Nations operational activities for development, namely, the Quadrennial Comprehensive Policy Review,² that will take place when the United Nations Economic and Social Council meets in July 2012. The resolution from that meeting will then be forwarded to the United Nations General Assembly later in the year and will set the policy framework for future United Nations country operations.

¹ Participating organizations and bodies are the African Development Bank; the Global Fund to Fight AIDS, Tuberculosis and Malaria; UNAIDS; UNFPA; UNICEF; UN Women; the World Bank; WHO; the Japan International Cooperation Agency; the Norwegian Agency for Development Cooperation; and USAID.

² The Quadrennial Comprehensive Policy Review is a mechanism of the United Nations Economic and Social Council and the United Nations General Assembly designed to assess the effectiveness, efficiency, coherence and impact of United Nations activities, as well as to provide system-wide policy guidance for the coming four-year period. The preparatory process, led by the United Nations Department of Economic and Social Affairs, comprises surveys, desk reviews and analytical studies that feed into two reports from the United Nations Secretary-General.

20. The paragraphs below review outcomes and achievements in terms of how health has been handled as part of the preparations for the United Nations Development Assistance Framework, the use of Multi-Donor Trust Funds, the lessons learnt in relation to Delivering as One, and WHO's role within the Resident Coordinator system.

United Nations Development Assistance Framework

21. Heads of WHO offices in countries, territories and areas are responsible for leading and coordinating WHO's work on public health as part of the United Nations Country Team. This involves three main streams of work:

- (a) Ensuring that the United Nations Development Assistance Framework or related United Nations-wide planning documents reflect the national health situation and priorities as identified through national policy documents, thus promoting the principle of national leadership and ownership.
- (b) Facilitating dialogue with, and input from, the United Nations system bodies and other partners in the process of developing relevant national policies, including the outcomes of global level processes (for instance, the outcome of the high-level meeting on noncommunicable diseases).
- (c) Promoting joint resource mobilization and access to funds from mechanisms such as the Multi-Donor Trust Funds and Joint Programmes.

22. For those United Nations Development Assistance Frameworks starting in 2012 and 2013, health issues are seen primarily in terms of access to basic services, rather than health being seen as a desirable outcome in its own right or as a contributor to overall economic and social progress. A health-in-all-policies approach is reflected in a few cases only. Technical areas commonly addressed include child and maternal health, as well as HIV/AIDS, as these are part of the Millennium Development Goals. Access to quality health services, especially with regard to vulnerable groups, is discussed within the context of the United Nations Development Assistance Framework key programming principles of a human rights-based approach and gender equality. It is strengthened by being a part of the United Nations-wide initiative¹ on the Social Protection Floor. A joint communication in March 2012 from the Chair of the United Nations Development Group and the Director-General of WHO urged Resident Coordinators to include work to address the prevention and control of noncommunicable diseases in future United Nations Development Assistance Frameworks. One such framework was signed recently in the Republic of Moldova, and has already reflected this new priority.

23. A review of WHO participation in United Nations Development Assistance Frameworks demonstrated several important lessons:²

- The United Nations Development Assistance Framework planning process, although time consuming, promotes synergies among United Nations agencies at the country level and

¹ The United Nations Chief Executives Board responded to the financial and economic crises in 2008 by developing nine joint crisis initiatives.

² Many of these lessons were suggested by Member States of the African Region but have wider application.

contributes to increased dialogue and better understanding of other agencies' mandates, agendas and comparative advantages;

- The United Nations Development Assistance Framework fosters alignment with respective national sectoral strategies, plans and programmes, and favours joint planning and implementation of agreed activities to achieve jointly defined goals;
- Participation in the United Nations Development Assistance Framework increases the effectiveness of individual agencies through a greater focus on delivery of services as part of the One UN team and one UN voice. It also allows for joint funding and resource mobilization, which can contribute to the WHO country-level budget;
- A health issue that is consistently addressed is HIV/AIDS, one of the thematic issues proposed in a United Nations Development Group Guidance Note.¹ This shows that the directives from senior-level management from within the United Nations system can influence issues even in different country situations;
- United Nations Development Assistance Frameworks are designed to reflect national priorities, however, they are also used as a means to negotiate programme priorities between United Nations agencies;
- The planning process for United Nations Development Assistance Frameworks takes one to two years before implementation begins. It is therefore relatively insensitive to new national or local developments or to new commitments agreed at global, regional or national high-level events.

Multi-Donor Trust Funds

24. WHO is increasingly accessing the Multi-Donor Trust Funds and Joint Programmes,² as a practical response to requests for coherence in the Delivering as One approach, as well as to the need for predictable and non-earmarked funding for United Nations work at the country level, including the implementation of the United Nations Development Assistance Framework. Those funding modalities, with shared responsibilities and clear accountability mechanisms among the United Nations, donors and country authorities, provide an opportunity to WHO to reaffirm its role of advocating the health-in-all-policies approach.

25. In 2011, 44 Heads of WHO Offices across five regions benefited from this form of funding and collaboration. In Latin America, in addition to work in “traditional” areas such as child health and nutrition, funding from the Multi-Donor Trust Funds contributed to the work of WHO in promoting multisectoral synergies and the achievement of national health priorities, including through projects on environment and climate change, conflict prevention and peace-building, and democratic and economic governance. In Africa and Europe, WHO participated in Joint Programmes on gender equity and the empowerment of women, and on preventing domestic violence. In Rwanda, the One UN fund is used to fill the WHO country office programme budget gaps.

¹ United Nations Development Group Guidance Note: Application of the Programming Principles to the UNDAF, January 2010.

² A Joint Programme is characterized by a common workplan and related budget, involving two or more United Nations organizations and (sub)national partners.

26. The accumulated contributions to Multi-Donor Trust Funds and Joint Programmes, since their inception in 2004, amount to around US\$ 6000 million. WHO has received a modest 5% of this total. To address that situation, a new worldwide effort led by headquarters will seek to increase WHO's share, by both expanding the number of countries in which WHO accesses the Multi-Donor Trust Funds for health, and by increasing the potential for health to be funded through the thematic allocation of Multi-Donor Trust Funds.

Delivering as One: WHO and the United Nations Country Team

27. In the last five years there has been significant progress from a situation in which the United Nations at country level worked as individual, uncoordinated entities with little reference to each other, to the present practice in which the United Nations at country level works as a group of agencies with a common purpose, although not always as a fully-fledged team. It is debatable whether this change is attributable to the Delivering as One initiative in a limited number of pilot countries or whether it indicates a more gradual worldwide shift in development practice.

28. The Quadrennial Comprehensive Policy Review provides an important opportunity to review progress and make strategic choices for the future. It needs to take into account rapid changes in the context in which the United Nations is working at country level and the very different kinds of support that countries demand. Increasingly the need is for United Nations organizations and bodies to provide high-quality policy advice on demand, to facilitate exchanges between countries, and to build the capacity of local resource institutions.

29. It is therefore important to draw on lessons learnt from Delivering as One countries, not as a unitary model to be replicated indiscriminately, but as a selective source of ideas for increasing effectiveness and efficiency. WHO's experience suggests that in future, a more comprehensive and flexible approach to working as the United Nations Country Team will be needed, geared to country circumstances and national ownership.

30. This in turn will require that the Resident Coordinator system be tailored to different ways of working. Experience in this area suggests that Resident Coordinators who function as coordinators and facilitators are more successful than those who see their role as managers of a unitary team. Studies leading up to the Quadrennial Comprehensive Policy Review are expected to shed more light on such issues.

31. The Quadrennial Comprehensive Policy Review offers an opportunity to examine the effectiveness of the United Nations Development Assistance Frameworks, given the large investment of time and energy currently devoted to United Nations-wide planning. It can ensure a more pragmatic and evidenced-based approach to joint business practice, focusing on areas where joint processes will lead to genuine savings and better ways of working. Real changes, however, will require a commitment to change the status quo by all United Nations organizations and bodies.

ACTION BY THE HEALTH ASSEMBLY

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

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