

Agreements with intergovernmental organizations

Agreement between the Commission of the African Union and the World Health Organization

Report by the Secretariat

1. Discussions have taken place in recent years between the Secretariat of the World Health Organization and the Commission of the African Union on enhancing cooperation between the two parties, taking into account the existing cooperative agreement of 24 September 1969, and the cooperative arrangement of 11 May 1982 between the World Health Organization and the then Organization of African Unity. Through the adoption of the Constitutive Act of 11 July 2000 (hereinafter “the Constitutive Act”) by the Assembly of Heads of State, the functions of the former Organization of African Unity have been absorbed by the African Union. The World Health Organization and the Commission of the African Union have agreed to replace the previous agreements with a new framework for cooperation in the light of the functions and structure of the African Union.
2. The objectives of the African Union relevant for cooperation with the World Health Organization are: to achieve greater unity and solidarity between the African countries and the peoples of Africa; and to promote cooperation in all fields of human activity to raise the living standards of African peoples.
3. Article 13 of the Constitutive Act provides that the Executive Council shall coordinate and take decisions on policies in areas of common interest to Member States on, inter alia, environmental protection; humanitarian action and disaster response and relief; education; culture; health and human resources development; and social security, including the formulation of mother and child care policies, as well as policies relating to the disabled and handicapped.
4. Discussions between the two organizations have resulted in the drawing up of a proposed agreement between the Commission of the African Union and the World Health Organization in order to better define and strengthen cooperation. The text of the proposed agreement is attached (see Annex).
5. For the purposes of defining relations and guidelines for cooperation, the proposed agreement follows the general lines of such contracts between other intergovernmental organizations and the World Health Organization.
6. The membership of the African Union includes countries from two regions of the World Health Organization: the African Region and the Eastern Mediterranean Region. For this reason, in all matters

concerning the implementation of the proposed agreement, the World Health Organization shall be represented by its headquarters or by its competent regional offices.

7. The proposed agreement is consequently submitted to the Health Assembly under the terms of Article 70 of the Constitution of the World Health Organization. In accordance with Article X of the proposed agreement, it will enter into force on the date of signature by the duly authorized representatives of the two parties, subject to their respective constitutional principles and the relevant rules and regulations.

ACTION BY THE HEALTH ASSEMBLY

8. The Health Assembly is invited to consider for adoption the following draft resolution:

The Sixty-fifth World Health Assembly,

Considering Article 70 of the Constitution of the World Health Organization,

APPROVES the proposed agreement between the Commission of the African Union and the World Health Organization.

ANNEX

**PROPOSED AGREEMENT BETWEEN THE
COMMISSION OF THE AFRICAN UNION
AND THE
WORLD HEALTH ORGANIZATION**

The Commission of the African Union (hereinafter referred to as the "AU Commission") on the one hand; and

The World Health Organization (hereinafter referred to as "WHO") on the other hand;

Hereinafter separately and collectively respectively referred to as the "Party" and the "Parties"

Considering that one of the objectives of the African Union (hereinafter referred to as the "AU") is, as set out in the Constitutive Act of the AU of 11 July 2000, to achieve greater unity and solidarity between the African countries and the peoples of Africa; to promote co-operation in all fields of human activity; to raise the living standards of African peoples, and in this regard to work with relevant international partners to achieve the common objectives;

Considering that the AU is called upon to undertake certain tasks of a continental nature, in harmony with those pursued on a worldwide scale by WHO;

Considering that the objective of WHO is the attainment by all peoples of the highest possible level of health and that in order to achieve that objective WHO acts as the directing and coordinating authority on international health matters;

Considering the regional arrangements made by WHO as set forth in Chapter XI of its Constitution and in particular Article 50(d) thereof;

Recalling the cooperation between the erstwhile Organization of African Unity the WHO pursuant to the agreement between the World Health Organization and the erstwhile Organization of African Unity of 24 September 1969 and the Arrangements for the Practical Implementation of Cooperation Between the World Health Organization and the erstwhile Organization of African Unity of 11 May 1982 while recognizing the need to replace these instruments in the light of the establishment of the AU.

HAVE AGREED ON THE FOLLOWING:

ARTICLE I

Status of this Agreement

This Agreement shall govern the relations between the AU Commission and WHO.

ARTICLE II

Objectives and Principles

1. The objective of this Agreement is to strengthen cooperation between the AU Commission and WHO.

2. In furtherance of this objective, the AU Commission and WHO shall cooperate in all matters arising in the field of health that are connected with the activities and commitments of the two Organizations, including promoting and improving health, reducing avoidable mortality and disability, preventing disease, countering potential threats to health, making contributions towards ensuring a high level of health protection and placing health at the core of the international development agenda in the fight against poverty, the protection of the environment, the promotion of social development, and the raising of living and working conditions.

3. The AU Commission and WHO reaffirm, in accordance with their respective mandates, their complementary commitments to serve the needs of their respective Member States and partner countries through all appropriate means, including by:

- a) helping in the development and maintenance of effective health interventions and systems;
- b) engaging the various actors and stakeholders in promoting health development and total well-being, in forming collaborative associations aimed at improving health and delivering health-related interventions;
- c) containing crises and outbreaks of disease, and imparting knowledge and skills;
- d) drawing from the expertise and resources of their respective organizations and Member States to add value to their efforts and achieve coordination in the design and implementation of health and health-related policies; and
- e) forging harmonious relations and avoiding duplication of effort in pursuing common goals.

4. Cooperation between the Parties shall respect the differences in institutional and operational arrangements governing their action, their core competencies and comparative advantages in order to make their collaboration in the field of health complementary and mutually reinforcing.

ARTICLE III

Areas of Cooperation

1. Cooperation between the AU Commission and WHO shall extend to all questions connected with health and related fields that are within the competence of the Parties, including, as necessary and appropriate, to:

(a) generating, collecting, processing and disseminating authoritative information and data for use by national administrations, professionals and other parties with a competence in the field of health, while respecting data protection requirements;

(b) developing methodologies and tools for health monitoring and disease surveillance, analysing and targeting action to specific health and health-related problems, assessing and prioritizing health interventions, and aiding health system development and strengthening;

(c) promoting health-related research and technological development, taking stock of its results, and developing advice on applications in the health and health-related fields;

(d) mobilizing, managing and coordinating, where appropriate, resources for health interventions in collaboration with recognized actors in this field and cooperating in emergencies such as those resulting from civil strife, war and natural catastrophes;

(e) seconding staff for the purpose of mutual provision of expertise.

2. If and when such cooperation would involve expenditure, consultation shall take place with a view to determining the feasibility and/or manner of meeting such expenditure.

ARTICLE IV

Priorities

Without prejudice to the priorities of the AU Commission and WHO that may take precedence over areas of emphasis of this Agreement and subject to the results of joint periodic reviews, priorities for cooperation shall include:

1. The strengthening of health system and human resources capacity;

2. The promotion of access to prevention, treatment, care and support for both communicable and noncommunicable diseases, as well including geographical and financial access for the poor and vulnerable populations;

3. The development of sound policies and efficient systems geared towards sustainable health development, including the alleviation of poverty, the effective preparedness and response to prioritized health scourges and threats and the combining of efforts to help developing and the least developed countries;

4. The development of methodologies and standards for analysis and reporting, and the provision of advice on responses to, in particular, malaria, HIV/AIDS, tuberculosis, emerging diseases and antimicrobial resistance threats, while respecting the human rights of those affected by such afflictions;

5. The strengthening of communicable disease surveillance and health monitoring networks and the establishment of strategies for emergency preparedness and response to epidemics;

6. The development of health indicators and the collection and dissemination of data on health status and health policies and systems, promoting evidence-based approaches.

ARTICLE V

Privileges and Immunities and Facilities

Nothing in this Agreement may be interpreted or construed as a waiver or a modification of the privileges, immunities and facilities that the AU Commission and WHO enjoy by virtue of the international agreements and national laws applicable to the organizations.

ARTICLE VI

Exchange of Information

1. The AU Commission and WHO shall exchange information relating to activities on subjects of common interest, subject to any measures which might be necessary to safeguard requirements of confidentiality or privilege.

2. Such exchanges shall be supplemented, as necessary, by periodic contacts between members of the AU Commission and the Secretariat of WHO for the purpose of consultations as regards information or activities of common interest.

ARTICLE VII

Procedures

The AU Commission and WHO shall establish, in accordance with their respective rules of procedure, the following reciprocal arrangements:

1. Representatives of WHO may be invited to attend sessions of the Assembly and the Executive Council of the AU, as well as AU conferences or meetings, at which matters of interest to WHO are to be discussed, and to participate, without vote, in the deliberations of these bodies with respect to items on their agenda in which WHO has an interest.

2. Representatives of the AU may be invited to attend the World Health Assembly and the sessions of its Committees, the Executive Board and the Regional Committees concerned, as well as WHO conferences or meetings, at which matters of interest to the AU are to be discussed, and to participate, without vote, in the deliberations of these bodies with respect to items on their agenda in which AU has an interest.

3. As regards the relations between, on the one hand, the AU Commission and the Secretariat of WHO and on the other:

(a) The Chairperson of the AU Commission and the Director-General of WHO shall consult each other whenever necessary on questions of mutual interest. These consultations shall aim at achieving coordination and the widest possible application of relevant instruments and other documents adopted by the Parties;

(b) Suitable measures to ensure close liaison and cooperation between officials of the Parties shall be taken. For this purpose, an official may be appointed by each Organization to follow the progress of cooperation and act as a point of contact and coordination in this respect.

4. Complementary and practical arrangements:

(a) Meetings shall be held, as a general rule once a year, between appropriate officials of the AU Commission and WHO. These meetings shall review progress of work in the priority areas of cooperation, exchange of information and examine future collaborative projects and identify meetings and events calling for a cooperative effort and coordination;

(b) Regular and ad hoc meetings may be held between officials of the Parties with notification to, and participation of, as far as possible, designated liaison officials at the relevant levels, covering practical matters of cooperation, in particular the implementation of projects and the participation in committees, groups and working parties and the preparation of documents.

5. Financial cooperation:

Any financial cooperation between the AU Commission and WHO shall be subject to their respective rules and procedures. Progress on projects in the context of financial cooperation shall be reviewed by the AU Commission and WHO as appropriate. Funds received by the AU Commission or WHO from donors having earmarked the funds for collaborative activity shall be managed in accordance with the financial regulations, rules and administrative practices of the receiving Party.

ARTICLE VIII

Law and settlement of Disputes

Any dispute, controversy, or claim that may arise over the interpretation or application of this Agreement shall be settled amicably by negotiation between the Parties. Should attempts at amicable negotiation fail, any such dispute shall, upon request by either Party, be referred to the arbitration in accordance with the United Nations Commission on International Trade Law (UNCITRAL) Arbitration Rules in force.

ARTICLE IX

Amendment or Revision and Denunciation

1. Nothing in this Agreement may be amended or revised without the consent of the Parties and provided that a written notification of the proposed amendment is sent by either Party to the other Party. The said amendment shall take effect three (3) months after the other Party has given its consent in writing.

2. Either Party may denounce this Agreement by giving one (1) year's notice in writing to the other Party. In the event of denunciation the Parties shall agree that provisions must be made for the completion of ongoing activities or activities under way, in the interests of the peoples of their respective Member States.

ARTICLE X

Replacement and Entry into Force

1. This Agreement shall enter into force on the date of signature by the duly authorized representatives of the Parties, subject to their respective constitutional principles and the relevant rules and regulations.
2. This Agreement, on the date of its entry into force shall replace and supersede the Agreement signed between the World Health Organization and the Organization of African Unity of 24 September 1969 and the Arrangements for the Practical Implementation of Cooperation between the two Parties signed on 11 May 1982.

IN WITNESS WHEREOF the duly authorized representatives whose names are stated below have signed this Agreement at the dates indicated below their signature.

Done in eight copies in Arabic, English, French and Portuguese, each of the four texts being equally authentic.

**For the Commission of the
African Union**

**For the World Health
Organization**

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