

Collaboration within the United Nations system and with other intergovernmental organizations

Report by the Secretariat

1. The triennial comprehensive policy review of operational activities for development of the United Nations system¹ called for better coherence and coordination between United Nations entities at country level and for the simplification and harmonization of their rules and procedures. In response, the Fifty-eighth World Health Assembly adopted resolution WHA58.25, which requested the Director-General, inter alia, to ensure that WHO continues to implement country-level activities in accordance with Member States' priorities, as agreed by the governing bodies, and 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. The resolution also makes reference to the importance of alignment with the Paris Declaration on Aid Effectiveness: ownership, harmonization, alignment, results and mutual accountability (2005) and the need to actively participate with other members of the United Nations country team in the preparation and implementation of the United Nations Development Assistance Framework, in close collaboration with the United Nations Resident Coordinator at country level. More recently, the same policy review also called for a renewed commitment of the international community.

2. In 2012, the report to the Sixty-fifth World Health Assembly on collaboration within the United Nations system and with other intergovernmental organizations² identified the following objectives of WHO reform: greater focus, promoting coherence, and responsive and agile management; and examined how these objectives are reflected in the manner in which WHO works as part of the United Nations system. Specifically, the report defined four strategic priorities for WHO:

- (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;
- (b) Creating and sustaining effective networks and coalitions with the main health-related United Nations agencies, based on shared agendas for substantive work;
- (c) Strengthening the effectiveness and leadership role in health of the Organization as part of the United Nations humanitarian system; and
- (d) Supporting Member States as part of an effective United Nations country team.²

¹ United Nations General Assembly resolution 59/250, adopted on 22 December 2004.

² See document A65/39.

3. The quadrennial comprehensive policy review, the successor to the triennial comprehensive policy review, took place in 2012, culminating in the adoption of a resolution by the United Nations General Assembly in December 2012.¹

4. This report to the Sixty-sixth World Health Assembly, therefore, focuses specifically on policy and financing issues arising from the quadrennial policy review. Focusing on WHO's role as part of the United Nations country team (priority 2(d), above), the report brings to the attention of the Health Assembly the main recommendations of the 2012 policy review, highlighting areas of convergence and potential divergence between reform in WHO and reform in United Nations country operations more generally.

5. WHO's relationship to the United Nations development system at country level is one aspect of global health governance. This report should therefore be read in conjunction with the report on WHO's role in global health governance.²

Emerging trends and issues: implications for WHO

6. Total donor contributions to operational activities across the United Nations system remained constant at US\$ 23 billion between 2010 and 2011.³ Moreover, overall growth since 1995 in nominal terms hides a constant annual decline in real terms since 2008. In addition, almost all of this growth was in the form of non-core, specified resources for single-donor project-specific funding.

7. These changes coincide with other trends. Presently, around three quarters of the world's absolute poor live in what are classified as middle-income countries. Many of these countries are becoming less dependent on (and no longer eligible for) concessionary development finance. As a result, the approach to poverty reduction that is based on donor-financed development is becoming rapidly obsolete. In its place is a need to identify ways of working, especially within the United Nations system, that support the exchange of knowledge and best practice, backed by strong normative instruments, and that facilitate dialogue among States, and also among the State, the private sector and civil society.

8. At the same time, many of the world's poorest people will remain dependent on external financial and technical support. A direct result of shrinking donor resources is an increase in the proportion of traditional development assistance that is concentrated in the world's most unstable and fragile countries.

9. These trends have several implications for WHO's collaboration within the United Nations system:

- (a) WHO must respond to the different needs of *all* Member States. Specified funding from traditional donors increasingly focuses on the needs of the poorest countries, therefore, it has become more of a challenge to ensure adequate financing for normative and policy work in middle-income countries with large poor populations.

¹ United Nations General Assembly resolution 67/226, adopted on 21 December 2012.

² Document EB133/16.

³ See the Report of the Secretary-General A/67/94-E/2012/80 and the United Nations Department of Economic and Social Affairs' UN-DESA Funding Update No. 3 (July 2012) available at <http://www.un.org/en/development/desa/oesc/qcpr.shtml> (accessed 2 May 2013).

(b) With growing institutional capacity in many low-income countries, governments will increasingly want to make *selective* use of the technical and financial expertise from within the United Nations system. This trend increases the need for flexible, country-specific responses, and makes process-heavy comprehensive development planning less relevant.

(c) In a complex area such as health, progress depends on working across sectors with broad coalitions in civil society and the private sector. Such coalitions will include the relevant United Nations agencies but, equally, will need to involve a much wider range of actors.

The quadrennial comprehensive policy review and developments within the United Nations Development Group¹

10. The quadrennial comprehensive policy review is a mechanism designed to assess the effectiveness, efficiency, coherence, and impact of United Nations operational activities for development, as well as to provide system-wide policy orientations and country-level modalities for the forthcoming four-year period. It focuses on the way United Nations entities operate, especially at country level, and examines the funding of operational activities and the contribution they make to national capacity development.

11. From a policy perspective, the quadrennial comprehensive policy review resolution reaffirms the eradication of poverty as the overarching challenge and key element of sustainable development. It emphasizes the interlinkages of development, peace and security and human rights; and stresses the relevance of the achievement of internationally agreed development goals, including the Millennium Development Goals. It also reaffirms the centrality of national ownership and primary responsibility of each country for its development goals.²

12. The following two areas concern the future functioning of United Nations at country level; they merit specific attention by WHO Member States, as they have a significant impact on the work of WHO country offices:

- Funding of the Resident Coordinator System;
- The “delivering as one” approach.

Funding of the Resident Coordinator System

13. Changed patterns of donor funding have implications for the coordination of United Nations activities at country level. In 2011, around US\$ 134 million were spent on the functioning of the United Nations Resident Coordinator System globally; UNDP contributed around 68%; donors, around 24%; and the rest of the United Nations system, around 7%. Donors have now indicated that their funding will not continue beyond 2013, and that the United Nations Development Group agencies will have to make up the difference from 2014 onwards.

¹ The United Nations Development Group includes 32 United Nations funds, programmes, specialized agencies, departments and offices that play a role in development in over 150 countries.

² The quadrennial comprehensive policy review resolution contains 189 operational paragraphs in 5 main areas: (1) introduction; (2) funding of operational activities of the United Nations for development; (3) contribution of United Nations operational activities to national capacity development and development effectiveness; (4) improved functioning of the United Nations development system; (5) follow-up and monitoring. WHO is working within the United Nations system on responding to relevant guidance and mandates.

14. The quadrennial comprehensive policy review resolution requests the Secretary-General to submit, for the consideration of the Council and the General Assembly in 2013, concrete proposals on the modalities for the funding of the Resident Coordinator System, while ensuring that the funding does not adversely impact the resources available for development programmes.

15. There is general agreement among most United Nations agencies on the value of the position of Resident Coordinator at country level, and that the functions of that position should be funded centrally. The alternative to central funding is to continue the present approach in which Resident Coordinators make ad hoc, often substantial, requests for financial support from agencies in countries.¹

16. An initial proposal from the United Nations Development Group estimated the cost of the Resident Coordinator System at US\$ 134 million per annum. In addition to the Resident Coordinator's office and staff at country level, the System includes United Nations Development Group regional teams, and the full costs of the Development Operations Coordination Office based in New York, which serves as the global secretariat for the United Nations Development Group. This proposal has been reviewed by the Finance and Budget Network of the United Nations High-Level Committee on Management, which reports to the United Nations System Chief Executives Board for Coordination, the costs of which fell from US\$ 134 million to US\$ 121 million. Of this amount, it was proposed that US\$ 88 million would be provided by UNDP, as a backbone support; the remaining US\$ 33 million would be divided among all United Nations Development Group agencies (down from the original proposal of US\$ 44 million). Agency shares are to be based on three criteria: an annual base fee, agency size (based on annual expenditures and staff headcount), and system load (based on the number of United Nations Development Assistance Frameworks in which an agency participates). Three options have been developed, based on different approaches to assessing development versus humanitarian work.

17. In purely financial terms, the current proposal estimates WHO's share at US\$ 5.2 million per biennium. This amount has been included in the proposed programme budget for 2014–2015. This would mean an overall increase in the WHO contribution for joint United Nations activities of 26.8%, from the amount budgeted in 2012–2013 of US\$ 19.4 million. Currently, these joint activities at global level include security costs,² the operations of the United Nations Joint Inspection Unit, and the Chief Executives Board (of which the United Nations Development Group and its secretariat is officially a part).

18. However, in reality the level of uncertainty is greater and the eventual total may well rise significantly if other agencies negotiate further exemptions, or if the United Nations Secretariat is assessed as a single unit rather than the 19 separate entities that are part of the United Nations Development Group.

19. Despite extensive discussion within the Development Group, at the time of drafting this report, no consensus on the way forward was reached. While several of the United Nations Funds and Programmes are prepared to support the proposal (indeed some feel that the costing has been scaled back too far), others – particularly the Specialized Agencies and those primarily concerned with humanitarian action – are not. Several Specialized Agencies have referred the issue to their governing bodies for advice. The United Nations Development Group will continue discussion with donors to provide transitional funding.

¹ Many WHO country offices have received ad hoc requests to contribute financial resources to the Resident Coordinator's office in their countries. The Secretariat is in the process of collecting information to quantify contributions to date.

² This amount does not include contributing to security costs at country level.

20. Inevitably, sharing the cost of the Resident Coordinator System will have an impact on WHO's programme funding. However, the position taken by WHO has not focused on the absolute quantum of financing alone. Rather, given the financial pressures facing all development agencies, its position has been to question the assumptions that underpin the United Nations Development Group estimates – which take the current approach to coordination within the United Nations system as their starting point.

21. Questions focus on which activities and functions should be funded as part of the Resident Coordinator System. The prime concern in this regard is for effective operations at country level, which need no longer depend on a large United Nations Development Group secretariat in New York. Secondly, there is considerable scope for greater efficiency at country level, drawing on the capacities and skills from all resident agencies, rather than posting additional staff, as is proposed, to the Resident Coordinator's office. Third, in many middle-income countries, the decreasing relevance of the United Nations Development Assistance Frameworks reduces the need for additional planning capacity. Lastly, any cost-sharing arrangement should acknowledge the in-kind contribution to coordination made by United Nations Development Group members, and rely less on measures such as headcount.¹

22. In summary, the demand for United Nations – and, indeed, WHO – support is changing. A focus on results and delivery, with targeted policy-level support, tailor-made to respond to specific national contexts is replacing complex multi-agency planning processes. Effective country-based coordination is still vital, but needs to take the form of light-touch facilitation, collegial working arrangements, and sharing of resources and expertise. Strengthening the United Nations presence at country level can no longer be seen simply in terms of increases in the number of posts, but of a more strategic approach to the deployment of scarce human and financial resources.

The “delivering as one” approach

23. In the quadrennial comprehensive policy review resolution, the General Assembly stressed that the Resident Coordinator System is owned by the United Nations development system and recognizes the central role of Resident Coordinators, under the leadership of governments, in ensuring the coordination of United Nations operational activities for development.

24. In addition, the resolution recognizes the need to enhance the planning and coordination function, allowing Resident Coordinators to propose amendments to projects and programmes in order to bring them in line with the United Nations Development Assistance Framework, including amending the Framework itself, in full consultation with governments and relevant agencies.

25. The recommendations build on the experience of countries that have implemented the “delivering as one” approach, an approach which seeks to enhance the coherence, relevance, effectiveness, and efficiency of the United Nations development system, while strengthening national ownership and leadership. A limited number of countries have adopted the “delivering as one” modality on a pilot basis, others have adopted the approach as “self-starters” on a voluntary basis. The resolution reaffirms that a “no one size fits all” approach should be maintained in order to tailor the kind of support offered in response to national needs, realities, priorities and planning modalities. It requests the United Nations system, inter alia, to support those countries with an integrated package of support based on a set of standard operating procedures.

¹ WHO Representatives in all regions, for instance, spend extensive periods acting for absent Resident Coordinators. More precise estimates of WHO's in-kind contribution are currently being collected.

26. Work on the standard operating procedures has been undertaken over the last year and a draft document identifying five “ones”: One Programme; Common Budgetary Framework and One Fund; One Leader; Operating as One; and Communicating as One has been adopted by the United Nations Development Group. While the standard operating procedure framework is internally consistent, it does not fully take into account the separate accountability and governance structures to which Specialized Agencies are subject.

27. The standard operating procedures deserve support: they are intended to shift the focus of the United Nations from *planning* together to *delivering* together, while simplifying and harmonizing processes, especially in the area of business practices. However, the proposed means to achieve this would imply that the only activities implemented would be those that fall under single-umbrella documents and within joint budgeting, with all resources pooled under and accountability exercised through the Resident Coordinator. The draft standard operating procedures explicitly propose that common planning and reporting mechanisms replace agency-specific instruments.

28. It is clear that the standard operating procedures are designed for the “delivering as one” subset of countries. In addition, a period of transition from the status quo is inevitable. However, the move towards a single United Nations presence at country level raises important strategic questions for WHO, not least for staff working at country level who find themselves the recipients of very different sets of messages: this is owing to the different strategic direction in reform taken by WHO and taken by the United Nations, respectively.

29. WHO reform is driven by the need for greater transparency and accountability. The proposed programme budget for 2014–2015 and the accountability framework that accompanies it reflect this approach by providing a greater level of detail on WHO’s outputs, their costs and the contribution of each level of the Organization to their achievement. Such a level of detail enables WHO to respond to the growing demand from Member States for precise, timely and regular information on how resources are used and what effect they are having on the ground.

30. In parallel, however, some of the same Member States, for equally valid reasons, are demanding a more joined up and horizontally integrated United Nations system at country level, where achievements are measured and reported at outcome level for the United Nations system as a whole, within which organizational boundaries begin to dissolve, and where agency-specific reporting is actively discouraged.

31. Reconciling these two approaches is not impossible. It requires at the outset a recognition of the different aims that are being pursued; the demands that the separate systems of governance and accountability impose on Specialized Agencies; the need for greater policy coherence and consistency on the part of donors to the United Nations system; and the need for an open conversation within the United Nations about how best to accommodate different approaches to reform.

Conclusions

32. Health is and will remain a central pillar of the work of the United Nations at country level:

- The survey of programme country governments¹ suggests that health is considered the second most important area for United Nations support at country level in the next four years. At the same time, health, including HIV/AIDS and mother and child health, is the area in which the United Nations agencies see most competition for funds.

¹ The survey was conducted as part of the preparation process for the quadrennial comprehensive policy review; the document summarizing its results is at <http://www.un.org/en/development/desa/oesc/qcpr.shtml> (accessed 2 May 2013).

- The report on WHO's physical presence and functions through its offices in countries, territories and areas in 2012¹ shows that WHO is the chair or co-chair of the Health Thematic groups in about 90% of the 116 countries, territories or areas in which such group exists. In half of the countries where WHO does not chair such groups, a rotation mechanism is established that allows WHO to participate as chair or co-chair.
- Two thirds of the current 123 United Nations Development Assistance Frameworks have specific health outcomes and most of the rest include health components within the social outcomes. A WHO country team led the development of such outcomes or components in 94% of cases. In addition, most WHO offices are active partners in various global health initiatives.
- The 2011 High-Level Political Declaration on Non-communicable Diseases has further reinforced the centrality of health in the work of the United Nations system at country level. Non-communicable diseases are becoming an important focus of the work of the United Nations country teams and are gradually being reflected as United Nations Development Assistance Framework outputs/outcomes.
- However, few United Nations Development Assistance Frameworks include the totality of WHO country activities and the request for WHO's contribution to the Resident Coordinator System cost-sharing comes on top of the activities mentioned previously on the coordinating work of partners in health at country level.

33. The United Nations is also an important source of funding for WHO activities. In the 2010–2011 biennium, WHO received over US\$ 350 million in specified voluntary contributions from the United Nations system, including income from Multi-Donor Trust Funds (around 45% for both development and humanitarian funds).² Increasing WHO's access to Multi-Donor Trust Funds at country level is part of the resource mobilization strategy and requires the active engagement of the relevant United Nations country team.

34. In a rapidly changing world, WHO and the United Nations system of which it is a part, need to keep pace. In an environment where resources are scarce and the demands of countries are evolving, reform must look with imagination to the future and not to the organizational approaches of the past. Effective coordination is a sine qua non of development effectiveness – within the coalition of agencies engaged in health, and across different sectors. The WHO Secretariat will remain engaged in finding ways to make the role of the United Nations Resident Coordinator function as effectively and efficiently as possible. However, it is critical that these efforts take place as part of a coherent process of reform.

ACTION BY THE HEALTH ASSEMBLY

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

= = =

¹ WHO presence in countries, territories and areas, 2012 Report, CCO/12.05.

² The United Nations contributes around US\$ 3 million for the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction; Special Programme for Research and Training in Tropical Diseases; United Nations Standing Committee on Nutrition; and Roll Back Malaria.