

Collaboration within the United Nations system and with other intergovernmental organizations

Report by the Secretariat

1. The Twelfth General Programme of Work, 2014–2019 recognizes that a more coherent approach to WHO's engagement with the United Nations system is needed, especially at country level. It is critically important for aligning United Nations support for national priorities, improving the efficiency and effectiveness of activities, and reducing transaction costs of coordination.
2. Several trends of strategic importance for WHO's work within the United Nations system can be identified in the Twelfth General Programme of Work. Health is recognized as central to poverty reduction, and WHO's work towards achieving universal health coverage strongly supports the broader United Nations development agenda.

WHO's priorities within the United Nations system

3. In 2012, the report to the Sixty-fifth World Health Assembly on collaboration within the United Nations system and with other intergovernmental organizations¹ identified four strategic priorities for WHO's work as part of the United Nations system: (a) ensuring a place for health in the deliberations and decisions of United Nations intergovernmental bodies; (b) supporting Member States by creating effective networks and coalitions; (c) providing leadership, as the health cluster lead, in health-related humanitarian efforts; and (d) being part of a coherent and effective United Nations country team. During the past year, WHO has remained active in all these areas.
4. In response to requests by the United Nations General Assembly,² the Director-General submitted to the Secretary-General's reports on global health and foreign policy, improving global road safety, and the prevention and control of noncommunicable diseases. The reports were transmitted to the General Assembly and served as the basis for deliberations between Member States. WHO has also provided several inputs and has contributed to many other reports of the Secretary-General that have been considered by the General Assembly and the United Nations Economic and Social Council.
5. In July 2013, the United Nations Economic and Social Council adopted resolution 2013/12, which called for the establishment of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases. WHO leads the Task Force, which gathers different agencies within the United Nations system and whose objective is to coordinate the activities to

¹ See document A65/39.

² See United Nations General Assembly resolutions 67/81, 66/260 and 66/2, Annex.

support the realization of the commitments made by Heads of State or Government in the 2011 political declaration of the high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases,¹ in accordance with their respective mandates.

6. WHO has also supported the work of the Open Working Group on Sustainable Development Goals, which had been mandated by the United Nations Conference on Sustainable Development (Rio+20; Rio de Janeiro, Brazil, 20–22 June 2012) to initiate a process to develop a set of sustainable development goals. Member States discussed the issue of health during the fourth session of the Open Working Group (New York, 17–19 June 2013) and concluded that “Health is a right and a goal in its own right, as well as a means of measuring success around the whole sustainable development agenda. It encompasses broad well-being, not merely the absence of disease.”²

7. As a partner of the United Nations Secretary-General’s initiative Every Woman Every Child, WHO promotes synergy between different technical areas to support the implementation of the initiative’s commitments. Examples include the work to promote the integrated global action plan for the prevention and control of pneumonia and diarrhoea³ and to develop the draft action plan “Every newborn: an action plan to end preventable deaths”.⁴

Convergence of the quadrennial comprehensive policy review and WHO reform

8. In the report to the Sixty-sixth World Health Assembly in 2013,⁵ the Secretariat reported on the adoption by the United Nations General Assembly of resolution 67/226 on the quadrennial comprehensive policy review in December 2012. The quadrennial comprehensive policy review is a policy instrument that establishes system-wide policy orientations for the development cooperation and country-level modalities of the United Nations system activities in support of Member States’ development efforts. In addition to addressing the issue of the current functioning of the United Nations development system at country level, the resolution is particularly relevant to ensuring that the United Nations system is well placed and adequately equipped to support Member States in addressing the challenges of the post-2015 development agenda.

9. Many recommendations in the quadrennial comprehensive policy review are highly convergent with WHO reform. The Secretariat continues to be actively involved in their follow-up and implementation, as well as in work on the policy documents, currently in development, to operationalize some of its decisions. The paragraphs that follow summarize the most salient developments since April 2013.

¹ United Nations General Assembly resolution 66/2, Annex.

² See Co-Chairs’ Summary bullet points from OWG-4: <http://sustainabledevelopment.un.org/content/documents/1871cochairsummary.pdf> (accessed 10 March 2014).

³ UNICEF/WHO. End preventable deaths: global action plan for the prevention and control of pneumonia and diarrhoea. Geneva: World Health Organization; 2013.

⁴ Available at http://origin.who.int/maternal_child_adolescent/topics/newborn/enap_consultation/en/ (accessed 10 March 2014).

⁵ Document A66/44.

Funding of the Resident Coordinator System

10. The United Nations Development Group reached agreement on the cost-sharing of the funding of the Resident Coordinator System (US\$ 121 million per annum). This centralized, global mechanism will cover the costs of the resident coordinators and their supporting offices at country level, as well as the support from the United Nations Development Group regional teams and at global level from the Development Operations Coordination Office. A formula was developed on the required staffing capacity of the Resident Coordinators' offices and general operating expenses according to the country typology: crisis countries, low-income countries, low middle-income countries, high middle-income countries, net contributing countries, special cases with no Resident Coordinator and limited presence of other agencies, and multiple United Nations country team operations.

11. As approved in the Programme budget 2014–2015, WHO has contributed US\$ 2.6 million for 2014 and will contribute the same amount in 2015. However, the system remains underfunded as governing bodies of some contributing organizations of the United Nations system have not yet discussed or approved their respective contributions. WHO will continue to work on the further strengthening of the Resident Coordinator System.

12. The cost-sharing agreement identified 10 essential coordinating functions of the Resident Coordinators and United Nations country teams at country level. All activities under these 10 functions will be covered by the centralized mechanism. WHO recognizes that the resident coordinators might coordinate the development of joint activities within United Nations country teams outside the agreed functions and will contribute to those activities when they converge with the priorities identified in the Twelfth General Programme of Work at global level, as well as in the country cooperation strategies agreed between WHO and individual Member States.

Work of the United Nations system in countries that have adopted the “Delivering as One” approach

13. The United Nations Development Group adopted Standard Operating Procedures for Countries Wishing to Adopt the “Delivering as One” Approach.¹ The Standard Operating Procedures identify five pillars of the United Nations' work in countries that have adopted the “Delivering as One” approach: one programme; a common budgetary framework and one fund; one leader; operating as one; and communicating as one. The purpose of the Standard Operating Procedures is to provide clear guidance to United Nations country teams, governments, national stakeholders and all relevant partners at country level on programming, leadership, business operations, funding and communicating for country-level development operations.

14. The Standard Operating Procedures provide a balance between, on the one hand, the standardization of documents and procedures, and, on the other hand, flexibility that allows for their application in different country situations and that recognizes the respective mandates of individual agencies and their governance and accountability processes. It also presents a “menu” for interested governments to decide which elements of the “Delivering as One” approach they wish to implement. Recent examples include countries that have implemented only some of the pillars, as well as a country that decided to add a pillar, “one government”.

¹ Available at <http://www.undg.org/docs/12968/Standard%20Operating%20Procedures.pdf> (accessed 10 March 2014).

15. Some examples of this flexibility include the recognition that, in pursuing their individual mandates, some organizations of the United Nations system, such as WHO, would continue to use organization-specific programmatic documents, which should be harmonized and aligned with the United Nations Development Assistance Framework. Joint resource mobilization would be consistent with the relevant policies of individual organizations, including avoiding possible conflicts of interest in relation to organizations' normative and standard-setting work. The existence of one fund would complement the organizations' fund management modalities, following the principle that the programming drives the funding.

16. WHO actively contributed to the joint work of the organizations of the United Nations system on finalizing an integrated package of guidance to facilitate the implementation of the "Delivering as One" approach. The package will contain specific guidance for each pillar. Although the work is led from the global level, expertise is also drawn from regional and country levels to integrate challenges and lessons learnt from the daily functioning of United Nations coordination in the field.

17. In addition to specific guidance documents for each of the pillars, the United Nations Development Group developed a plan of action for headquarters, which identifies a set of policy and procedural challenges that need to be addressed at headquarters level in order to improve efficiency, coherence and development effectiveness at country level. Fifty-five actions under five pillars will be taken forward by individual organizations of the United Nations system or by relevant working mechanisms within the United Nations Development Group and the United Nations High-Level Committee on Management. WHO actively participated in the finalization of the plan of action.

Monitoring the implementation of the quadrennial comprehensive policy review

18. WHO contributed to the development of a new single monitoring and reporting framework for the quadrennial comprehensive policy review that contains 99 results-oriented indicators, which should provide concrete information on the achieved results and progress made on the requests for actions contained in resolution 67/226 on the quadrennial comprehensive policy review.

Streams of engagement for WHO collaboration within the United Nations system

19. WHO works within the United Nations system through the following streams of engagement, across its three levels:

(a) At the governance level, WHO contributes to relevant United Nations system-wide processes, especially those that will shape the post-2015 development agenda, and supports discussions within the main United Nations bodies, by providing a "health lens" perspective in the deliberation of different issues. At regional level, WHO works with the United Nations Regional Economic Commissions. At country level, WHO is an active member of the United Nations country teams and contributes to the elaboration of the United Nations Development Assistance Framework.

(b) At the policy level, WHO participates in the work of the United Nations System Chief Executives' Board for Coordination and its High-Level Committee on Programmes, High-Level Committee on Management and the United Nations Development Group. WHO's regional offices support the work of that Group's regional teams. WHO has contributed to the development of a monitoring framework to implement the requests contained in United Nations General Assembly resolution 67/226, and to the elaboration of the standard operating procedures (see paragraph 13) and accompanying guidance documents. WHO brings a country perspective, taking advantage

of its global presence through its 150 offices in countries, territories and areas to the preparation of internal policy documents within the United Nations system.

(c) At the technical level, WHO's programmes integrate outcomes of the processes and decisions of the United Nations bodies into work mandated by the Health Assembly in its resolutions, and they coordinate the work of United Nations funds, programmes and specialized agencies in their respective areas. Networks and coalitions that WHO supports at global level drive political commitment and concrete efforts at country level.

(d) At the operational level, WHO regional and country offices contribute to improving the management of the United Nations facilities and common operations, based on the principle of cost-effectiveness.

20. Working within the United Nations system contributes to the implementation of the leadership priorities of WHO as an Organization, identified in the Twelfth General Programme of Work, 2014–2019, as well as to the attainment of specific results contained the Programme budget 2014–2015.

ACTION BY THE HEALTH ASSEMBLY

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

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