



WORLD HEALTH ORGANIZATION

FIFTY-EIGHTH WORLD HEALTH ASSEMBLY
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Collaboration within the United Nations system and with other intergovernmental organizations

Report by the Secretariat

INTRODUCTION

1. WHO's relations with the United Nations are based on Article 69 of its Constitution and formalized in an agreement adopted in 1948 by the First World Health Assembly.¹ Further framework agreements have been signed with individual Specialized Agencies of the United Nations and other intergovernmental organizations. This report describes the key features and highlights of WHO's collaboration within the United Nations system and with other intergovernmental organizations since the last report to the Health Assembly.²

UNITED NATIONS GENERAL ASSEMBLY, FIFTY-EIGHTH AND FIFTY-NINTH SESSIONS

2. Further to the last report,² the United Nations General Assembly, in resolution 58/289, Improving global road safety, adopted in April 2004 at its fifty-eighth session, invited WHO to act as a coordinator on road safety issues within the United Nations system.

3. Five of the resolutions adopted by the General Assembly at its fifty-ninth session are of particular relevance to the work of WHO. First, while reaffirming its support for WHO's and UNICEF's efforts in the fight against malaria, the Assembly, in resolution 59/256, 2001-2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa, encourages the replacement by combination therapies of monotherapies when resistance to the latter is experienced and calls upon the international community to support expanded access to artemisinin-based combination therapy for populations at risk of exposure to resistant strains of *Plasmodium falciparum* in Africa. Secondly, resolution 59/27, Enhancing capacity-building in global public health, calls for the improvement of the global public health preparedness and response system, including systems of prevention and monitoring of infectious diseases. It also encourages Member States, as well as United Nations agencies, bodies, funds and programmes, to continue to address public health concerns in their development activities and programmes, and actively to support capacity-building in global public health and health-care institutions. Thirdly, recognizing that the strength of the United Nations

¹ Resolution WHA1.102.

² Document A57/31.

operational system lies in its legitimacy at the country level as a neutral, objective and trusted partner, resolution 59/250, Triennial comprehensive policy review of operational activities for development of the United Nations system, invites the United Nations system to adopt harmonization and simplification measures and to strengthen the resident coordinator system. Fourthly, resolution 59/279, Strengthening emergency relief, rehabilitation, reconstruction and prevention in the aftermath of the Indian Ocean tsunami disaster, urges international organizations, inter alia, to provide, where appropriate, financial and technical assistance in support of the decision by the Association of Southeast Asian Nations to establish regional mechanisms on disaster prevention, preparedness and mitigation. Finally, the United Nations Declaration on Human Cloning, approved in resolution 59/280, calls on Member States to prohibit all forms of human cloning inasmuch as they are incompatible with human dignity and the protection of human life. (See also paragraph 6 below.)

UNITED NATIONS ECONOMIC AND SOCIAL COUNCIL

4. The high-level segment of the substantive session of the United Nations Economic and Social Council (New York, 28 June-23 July 2004) considered resources mobilization and enabling environment for poverty eradication in the context of the implementation of the Programme of Action for the Least Developed Countries for the Decade 2001-2010. The Council adopted a Ministerial Declaration which emphasizes the significance of food security, fighting the HIV/AIDS pandemic, malaria and tuberculosis, improving access to health care, education and other social services, particularly for women, the poor and other vulnerable groups, and protecting the environment. In the coordination segment, WHO shared its experiences on each of the two main themes, rural development and gender mainstreaming.

5. For the general segment, WHO provided substantive support to the Council for its preparations and deliberations on tobacco and health, which resulted in the adoption of a resolution on tobacco control.¹ As Chair of the Ad Hoc Inter-Agency Task Force on Tobacco Control, WHO coordinated preparations of the report of the Secretary-General on the agenda item.

UNITED NATIONS FIELD SECURITY MANAGEMENT SYSTEM

6. In response to the Secretary-General's proposal for a strengthened and unified security management system for the United Nations, the United Nations General Assembly, at its fifty-ninth session, approved the establishment of a Department of Safety and Security.² It did not, however, approve his proposal to phase out cost-sharing arrangements for field security, which have been supported by funds, programmes and agencies, including WHO. For WHO this will mean a doubling of its contribution to cost-sharing in 2004-2005 and an estimated three-fold increase in 2006-2007.

¹ Resolution 2004/62.

² Resolution 59/276.

UNITED NATIONS GENERAL ASSEMBLY SIXTIETH SESSION AND REFORM OF THE UNITED NATIONS

7. The particular importance of health on the international agenda has been underlined in the lead up to the forthcoming High-level Plenary Meeting of the General Assembly (New York, 14-16 September 2005) on the follow-up to the outcome of the Millennium Summit: the Report of the High-Level Panel on Threats, Challenges and Change in 2004 linked health to both development and security,¹ and the Report of the Millennium Project identified three “quick wins” related to health among the five solutions it advanced.² The report of the Secretary-General on development, security and human rights³ affirmed health as essential to development and security, and included strengthening of health systems and infectious disease surveillance and monitoring as priorities for global action.

8. During the past year WHO has placed emphasis on contributing to the collective review process leading to the High-level Plenary Meeting. The High-Level Forum process⁴ represents an important and continuing mechanism for WHO to take stock of progress towards the health-related Millennium Development Goals. The two meetings held to date (Geneva, January 2004 and Abuja, December 2004) were instrumental in identifying opportunities for accelerating progress through increased convergence in policies and actions.

9. As its particular contribution to the preparatory process for the forthcoming High-level Plenary Meeting, WHO has worked to focus global attention on two Millennium Development Goals (reduce child mortality, Goal 4, and improve maternal mortality, Goal 5), towards which progress has been slow. To this effect, and for the first time, WHO dedicated the combined forces of both World Health Day 2005 and *The world health report 2005*⁵ to advocating a new approach to saving the lives of mothers and children, in particular in those developing countries where the status of maternal and child health is slowly progressing, stagnating or has even been declining.

INTERAGENCY COORDINATION THROUGH CEB FOR COORDINATION AND THE UNITED NATIONS DEVELOPMENT GROUP

10. During 2004, CEB discussed bridging the digital divide and curbing transnational crime. It identified collaborative action to counter trafficking in human beings and smuggling of migrants, taking into account the vulnerability of the victims of trafficking to HIV infection and the need for an urgent assessment of the prevalence of HIV in prisons. WHO chaired UN Water, one of five interagency collaborative mechanisms for follow-up of the water-related decisions reached at the World Summit on Sustainable Development, 2002. In preparation for the 2005 review of the implementation of the Millennium Declaration and the report of the Secretary-General thereon, the

¹ A more secure world: our shared responsibility. New York, United Nations, 2004, and document A/59/565.

² United Nations Millennium Project. Investing in development – a practical plan to achieve the Millennium Development Goals. New York, UNDP, 2005.

³ Document A/59/2005.

⁴ Document EB115/5, paragraph 15.

⁵ *The world health report 2005. Make every mother and child count.* Geneva, World Health Organization, 2005.

High-Level Committee on Programmes conducted an internal review of the response of the United Nations system to the Millennium Declaration, in which WHO actively participated.

11. WHO's participation in the **United Nations Development Group** was consolidated during 2004, through its chairmanship of the United Nations Resident Coordinator Issues Group and co-chairmanship of the Working Group on OECD/Development Assistance Committee, Harmonization and Alignment. WHO is also contributing to a Development Group paper and guidance for all members of the Group on sector-wide approaches. WHO's regional offices participate in quality control and assurance coordination activities of the Common Country Assessments/United Nations Development Assistance Frameworks. WHO's coordination activities as a member of United Nations Country Teams and its work with other intergovernmental organizations at the country level have resulted in better alignment and synchronization of United Nations activities in support of national priorities in various sectors and with national poverty-reduction strategies in general, aimed at achieving the Millennium Development Goals. WHO welcomes the increased policy coherence between the United Nations Development Group and CEB as an important step towards creating a forum for discussion of system-wide reform endeavours, linking policy orientation more closely to operations.

HIGHLIGHTS OF INTERAGENCY COLLABORATION

1. WHO/United Nations collaboration in achieving the Millennium Development Goals

12. Although the health-related Millennium Development Goals do not cover the entirety of the spectrum of its mandates and activities, they are central to the support WHO provides to Member States, and are important milestones in the Organization's overall contribution to health development.¹ In view of the pressing need to accelerate efforts to reach the Goals, WHO's work in relation to the Goals lays particular emphasis on interagency collaboration and coordination.

13. As part of its capacity-building activities in relation to availability and quality of country health data, WHO works with national statistical agencies and other organizations of the United Nations system on the measurement of the health-related Millennium Development Goals. It has contributed to the work of the Millennium Project by providing input to the health-related task forces and to the Project's final report to the Secretary-General. It has also supported the Millennium Project's work at country level.

14. As a response to WHO's advocacy efforts in relation to the health-related Millennium Development Goals, WHO and UNAIDS launched the "3 by 5" Initiative and are working together to support countries in accelerating preventive efforts and achieving national targets in line with the overall "3 by 5" target.

15. In an effort to foster collaboration with other intergovernmental organizations, WHO and the European Commission signed a Memorandum of Understanding establishing a strategic partnership agreement in July 2004, which aims to strengthen cooperation in developing countries, especially in sub-Saharan Africa, with particular emphasis on reducing maternal mortality, accelerating action against diseases of poverty and strengthening capacity to monitor progress in achieving the Goals.

¹ See documents EB115/5, A56/11 and A55/6.

Similarly, the **Regional Office for Africa** is collaborating with the African Union through the New Partnership for Africa's Development to implement the latter's Health Strategy.

16. WHO regional and country offices support the preparation of national reports on the Millennium Development Goals. **PAHO/Regional Office for the Americas** is collaborating with the Economic Commission for Latin America and the Caribbean in the preparation of a special report for that Region. Similarly, through a technical committee, the **Regional Office for the Eastern Mediterranean** is collaborating with other United Nations agencies on a report covering all its Member States.

17. Building on the WHO/World Bank partnership in the High-Level Forum on the Health Millennium Development Goals,¹ the **Regional Office for the Western Pacific** is collaborating with the Asian Development Bank and the Ministry of Health, Labour and Welfare of Japan in the organization of a similar high-level forum for the Asia and the Pacific, scheduled to take place in Tokyo in June 2005.

2. WHO's contribution to the UN response in the aftermath of the Indian Ocean tsunami disaster

18. Within the mandate set out in its Constitution, WHO contributes to United Nations efforts in the areas of disaster preparedness, mitigation and recovery.² In particular, it works with the United Nations Office for the Coordination of Humanitarian Affairs, the Inter-Agency Standing Committee, the United Nations Executive Committee on Humanitarian Affairs and other relevant mechanisms to ensure that health remains an important component of humanitarian action. WHO's efforts in relation to disaster preparedness are also coordinated with the Interagency Secretariat and Inter-Agency Task Force for the implementation of the International Strategy for Disaster Reduction. To ensure best public health practice in interagency disaster assessment, WHO participates in the United Nations Disaster Assessment and Coordination team.

19. WHO's response to the south Asian tsunami is being coordinated through dedicated strategic health operations centres at headquarters and in the **Regional Office for South-East Asia**. The overall response, particularly country-level planning and activities, is being led by the Regional Office, with headquarters assisting with logistics, resource mobilization, international communication and interagency coordination. As an example of major support from the other regional offices, the **Regional Office for Europe** seconded senior staff members to the tsunami relief operations at the regional and country levels, and the Regional Director and Director of Country Support have been in continuous and close contact with health ministries and chief medical officers in the 52 Member States in order to support and facilitate coordination of the health response.

20. During the early phase of the United Nations response to the tsunami disaster, and in response to requests for assistance, WHO's strategic role has been to assist with needs assessments, prioritize public health action, coordinate international responses and support national authorities. WHO has also helped to ensure that medical supply chains function as efficiently as possible and has supplied emergency health kits to the most affected countries. The public health focus is on preventing illness, rapid identification of life-threatening outbreaks, and ensuring adequate supplies of essentials for life

¹ Document EB115/5 paragraph 15.

² See document EB115/6.

(safe drinking-water, food and sanitation). As the health arm of the United Nations system's response, WHO has sought practical means to help national authorities as they take increasing responsibility for these functions. This has meant constant collaboration with the United Nations Resident Coordinators, under the umbrella of the United Nations Office for the Coordination of Humanitarian Affairs, in concert with UNDP, UNICEF, UNHCR, WFP, UNEP, UNFPA, IOM and many national and international nongovernmental organizations. This collaborative effort was exemplified by the interagency rapid health assessment undertaken on the west coast of Aceh, Indonesia, in mid-January 2005, from the aircraft carrier *USS Abraham Lincoln*, by a specialist team drawn from the Indonesian Government, United Nations agencies, and nongovernmental organizations, coordinated by WHO, in cooperation with the Indonesian, American and other military forces.

21. As one of some 40 United Nations agencies and nongovernmental organizations, WHO participated in the United Nations Flash Appeal for Indian Ocean Earthquake-Tsunami 2005, which aims to provide support to some five million people in Indonesia, Maldives, Myanmar, Seychelles, Somalia and Sri Lanka from January to the end of June 2005. The Flash Appeal focuses on keeping people alive and supporting recovery efforts, including in the health sector. In the medium term, WHO will provide support to health ministries in revitalizing and subsequently rehabilitating health systems and services. It will also make available its extensive expertise to channel long-term international health assistance to affected communities, ensuring that rehabilitation incorporates local capacity-building to reduce risks. WHO works in close collaboration with the Asian Development Bank and the World Bank on reconstruction matters.

22. Early and continuing dialogue with the current European Union presidency (Luxembourg) and the European Commission enabled the United Nations Office for the Coordination of Humanitarian Affairs, supported by WHO, to define the needs for European Union assistance and to establish clear lines of communication essential for an effective response to the effects of the tsunami. Support by the European Commission's Humanitarian Aid Office included the financing of specific WHO emergency health actions in affected countries.

ACTION BY THE HEALTH ASSEMBLY

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

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