

## **Collaboration within the United Nations system and with other intergovernmental organizations**

### **United Nations reform process and WHO's role in harmonization of operational development activities at country level**

**Report by the Secretariat**

#### **INTRODUCTION**

1. Resolution WHA58.25 on United Nations reform process and WHO's role in harmonization of operational development activities at country level requested the Director-General to ensure that WHO continues to implement country-level activities in accordance with Member States' priorities; to ensure that WHO staff and programmes at headquarters, and regional and country offices adhere to the international harmonization and alignment agenda; to take into account the Triennial comprehensive policy review of operational activities for development of the United Nations system, including gender mainstreaming and the promotion of gender equality; and to examine ways and take specific steps to further rationalize procedures and reduce transaction costs, as outlined in United Nations General Assembly resolution 59/250.

2. The present report provides a comprehensive analysis of WHO's contribution to implementation of United Nations General Assembly resolution 59/250, in accordance with the reporting requirements of resolution WHA58.25, as well as other recent developments relating to reform of the United Nations system.

#### **WHO COUNTRY COOPERATION STRATEGIES**

3. In 2000, the country cooperation strategy was introduced as the medium-term strategic framework for WHO's cooperation with a given country. Today nearly all WHO's country offices work on that basis, with many of the strategies in their second generation. The country cooperation strategy is an instrument to help to align WHO's activities with national health and development plans, and to harmonize WHO's cooperation with the work at country level of other United Nations agencies and partners in health and development. Concurrently, the strategies contribute to the Organization's overall global directions and priorities.

4. The strategies can be adapted to alterations in operating environments in countries, such as changes in national needs, cycles and systems or changes in the United Nations system's contribution to national development, as expressed in successive generations of the United Nations Development Assistance Framework. Country cooperation strategies are developed through a process of participatory, continuous organizational learning and adjustment. This process is a pillar of WHO's

contribution to United Nations reform and harmonization of operational development activities at country level.

## **CAPACITY BUILDING FOR HARMONIZATION AND ALIGNMENT**

5. WHO has taken several approaches to strengthening the capacity of its country office staff in response to global moves towards harmonization and alignment and in line with the Rome Declaration on Harmonization (2003) and the Paris Declaration on Aid Effectiveness: ownership, harmonization, alignment, results and mutual accountability (2005). Supporting publications include: *WHO harmonization and alignment: key resources* (2005) and *A guide to WHO's role in sector-wide approaches to health development* (2006). A new, interactive training toolkit for country office staff about alignment and harmonization at country level jointly with United Nations Country Teams and health ministries is being field tested, and will be revised in the light of experience before being made available in phases to all WHO country offices. The toolkit sets out basic concepts, discusses impact on health and implications for WHO, and is intended to foster specific skills and competencies required for more effective engagement in such processes. WHO has a long track record of collaborating with bodies and organizations in the United Nations system towards shared programmatic goals in support of countries that further the principles of the Paris Declaration.

6. WHO continues to strengthen its regional and country offices in several ways, including increased transfer of resources and the continuing shift of human resources and managerial authority to achieve results.

## **GENDER MAINSTREAMING AND THE PROMOTION OF GENDER EQUALITY**

7. In resolution WHA60.25, the Health Assembly noted with appreciation the strategy for integrating gender analysis and actions into the work of WHO. In particular, it urged Member States to formulate national strategies for addressing gender issues in health policies, programmes and research; to lay emphasis on training and sensitization on, and promotion of, gender, women and health; and to ensure that a gender-equality perspective is incorporated in health-care delivery and services, and considered in health policy and planning and training for health-care workers. The resolution requests the Director-General, among other things, to support and sustain the incorporation of a gender perspective in the mainstream of WHO's policies, programmes and publications, including through recruiting staff as soon as possible with specific responsibility and experience on gender and women's health and to include a requirement for consideration of gender as a criterion in performance evaluation. The strategy for integrating gender analysis and actions into the work of WHO is firmly established in WHO's Medium-term strategic plan 2008–2013, and progress on implementation of the strategy will be reported every two years to the Health Assembly, through the Executive Board.

## **TRANSACTION COSTS AND EFFICIENCY**

8. Voluntary contributions are growing significantly and now constitute the major source of funding for the Organization. The Secretariat has increased its efforts to reduce transaction costs in the administration of such funding, thereby maximizing funding for health and development. WHO's results-based management approach, with an integrated budget comprising all sources of funding, aligns activities planned with resources used. The concept of negotiated core voluntary contributions is

being promoted, encouraging donors to provide predictable amounts for a defined period of time in full alignment with the objectives in the Medium-term strategic plan 2008–2013.

9. WHO attaches great importance to pursuing opportunities for collective action to rationalize procedures and reduce transaction costs. WHO has consistently engaged in all the planning processes for United Nations reform and participates in the United Nations System Chief Executives Board for Coordination and its subsidiary bodies (the High-Level Committee on Management, the High-Level Committee on Programmes and the United Nations Development Group); this work covers policy, planning, programming, management and operational issues. WHO is committed to the Resident Coordinator System, and its country offices are active members of United Nations country teams and participate in all planning exercises.

10. An example of progress is WHO's commitment to early implementation, by 2008, of the International Public Sector Accounting Standards (adopted as the United Nations system common accounting standards). The United Nations System Chief Executives Board for Coordination recently adopted a range of other proposals for harmonization of United Nations system business practices. In logistical services, an agreement signed between WHO and WFP will enable WHO to use WFP's existing logistical support platforms and related services. The recruitment of WHO staff under the associate/junior professional officers scheme, which is being administered by UNDP, will create efficiency savings and allow such staff to benefit from a United Nations system approach and corresponding networks. In addition, the decision to move the processing of financial and human resources transactions to a new global centre in a low-cost location is being implemented.

11. At its retreat during its second regular session in October 2007, the Chief Executives Board for Coordination (CEB) discussed the integration of the United Nations Development Group into CEB in order to increase efficiency and harmonization further. As a result, CEB is considering revising its structure into three pillars: policy, operational activities and management.

12. In the process of examining expanding efficiency opportunities in relation to United Nations common premises, the cost-benefit ratio remains an important criterion, as in many cases WHO benefits from hosting arrangements with health ministries that are free of charge. In the 145 countries in which WHO operates a field presence, 27 country offices are now located at United Nations common premises. In the European Region, more than one in three WHO country offices are fully integrated with United Nations premises, as are one in five WHO country offices in both the African Region and the South-East Asia Region.

## **PARTICIPATION IN NATIONAL DEVELOPMENT PROCESSES AND THE UNITED NATIONS DEVELOPMENT ASSISTANCE FRAMEWORK**

13. WHO has supported the United Nations Development Assistance Framework since its inception as part of the United Nations system reform efforts. WHO staff contributed to the development of relevant guidelines (the latest revision dated February 2007). WHO field staff have been encouraged to participate in work on these frameworks at country level. As evidenced from a recent survey,<sup>1</sup> most WHO country offices (120, 86%) are participating in the United Nations Common Country Assessment and the Development Assistance Framework.

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<sup>1</sup> Document CCO/07.03.

14. The United Nations General Assembly in December 2007 adopted resolution 62/208 on the Triennial comprehensive policy review of operational activities for development of the United Nations system. This resolution, which updates resolution 59/250 mentioned earlier, emphasizes shifting the role of the United Nations system from leading to supporting countries' development efforts and stresses national ownership. It recognizes the United Nations' role in supporting coordination of external assistance and highlights the central role of the United Nations Development Assistance Framework at the country level and the leading role of governments in implementation and monitoring and evaluation of those frameworks. The resolution reiterates the key role of Resident Coordinators and the need to delineate functions at the country level and improve selection and training of Resident Coordinators. The resolution also increased the number of reporting requirements in various areas, including funding, cooperation between developing countries, and gender. One of the tasks ahead will be the evaluation of the "Delivering as One" pilot initiative.

15. Nearly all WHO country offices (90%) have participated in the development of Poverty-Reduction Strategy Papers in countries where such papers were formulated. Similarly, in countries where sector-wide approaches exist, 85% of WHO country offices are now participating, compared with 73% in 2005.

16. A useful parallel system exists concerning humanitarian action coordination for effective country responses through the global health cluster arrangement, encompassing more than 30 partners.

## **THE UNITED NATIONS RESIDENT COORDINATOR SYSTEM**

17. The activities performed by WHO country office staff evolve with the changing nature and mechanisms of international development cooperation. According to a recent country presence survey, WHO country office staff devote most time and resources to providing technical support, initiating change and building sustainable institutional capacity, providing leadership on matters critical to health, and engaging in partnerships where joint action is needed.<sup>1</sup>

18. In order to adapt the profile of WHO Representatives to the changing needs of developing countries and the development-related processes and mechanisms, the Secretariat is working to broaden the skills of its Representatives at the country level. While most WHO Representatives continue to be drawn from among WHO staff, increasingly staff members from elsewhere in the United Nations system and people from outside the system are being recruited, these two categories currently accounting for about one in 10 WHO Representatives.

19. Similarly, the function of the United Nations Resident Coordinator System in countries is evolving. The United Nations Development Group has been working to facilitate Resident Coordinator induction programmes that provide a United Nations system perspective. As part of the induction programme of 16 new Resident Coordinators, WHO held a briefing session in Geneva in December 2006.

20. In order to ensure that the function of the Resident Coordinator is United Nations system-wide and owned by the system, more emphasis will need to be placed on diversity in the uptake of candidates from across the United Nations system. In 2007, a WHO staff member was selected as

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<sup>1</sup> Document CCO/07.03.

Resident Coordinator (for Madagascar). This is the first time such an appointment has been made. Several other WHO staff members have successfully completed the Resident Coordinator competency assessment and the Secretariat is continuing to nurture potential future candidates.

21. In an effort to improve coherence at the regional level, the Regional Office for the Americas works with the United Nations Regional Directors team in Latin America and the Caribbean to provide coordinated support to initiatives in the region, including the United Nations reform process, joint missions, development at country level, interagency coordination for avian influenza and potential human influenza pandemics, and work to accelerate progress towards achieving the Millennium Development Goals. There are similar efforts under way in the other WHO regions where WHO collaborates with other United Nations agencies, including through periodic meetings of the United Nations country teams, on both United Nations reform and priority health issues.

## **UNITED NATIONS “DELIVERING AS ONE” PILOT INITIATIVES**

22. WHO is an active partner in the United Nations system pilots to “deliver as one” now well under way in eight countries.<sup>1</sup> In March 2007, WHO’s senior executives and the heads of WHO Country Offices of the eight countries laid the foundations for an Organization-wide approach. In May 2007, the Director-General and the Regional Director for the Eastern Mediterranean met the heads of United Nations organizations in Pakistan to discuss experiences with the pilot initiative in the country. In August 2007, the Director-General met the United Nations Resident Coordinator and the United Nations Country Team in Uruguay, stressing the importance of national ownership and leadership in the United Nations reform process. Lessons from pilot projects to date were reviewed at the global meeting of heads of WHO country offices in Geneva in November 2007. A similar exercise will be undertaken in a dedicated session with heads of WHO country offices scheduled to be held in Rwanda in April 2008.

23. Within the Secretariat, a dedicated Organization-wide support mechanism has been established, comprising relevant headquarters clusters, regional offices and the WHO country offices concerned, with a dedicated team available for exchange of information and experience. The Secretariat is participating in a United Nations system-wide evaluation of the “Delivering as One” pilot initiatives, and collaborating in an informal stocktaking exercise led by the United Nations Development Group at the end of 2007.

24. Considerable progress is being made in the development of the One United Nations programme in all pilot countries. The Secretariat is working to ensure that processes are in place to enable national governments to exercise appropriate ownership of the pilot exercise, to ensure that the organizations of the United Nations system represented at country level, in resident or non-resident form, collectively agree on the objectives and approaches of the “Delivering as One” pilot initiatives, and to support joint development of the United Nations programme based on these objectives and principles.

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<sup>1</sup> Albania, Cape Verde, Mozambique, Pakistan, Rwanda, United Republic of Tanzania, Uruguay and Viet Nam.

**ACTION BY THE HEALTH ASSEMBLY**

25. The Health Assembly is invited to note the above report.

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