WMS

WHO Alignment and Harmonization: *A Framework for Country Action*

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Departments of Country Focus (CCO)
Governance and External Relations (GER)
Planning, Resource Coordination and Performance Monitoring (PRP)

Acronyms

AIDS	Acquired ImmunoDeficiency Syndrome
ARCA	American Red Cross
AGFUND	Arab Gulf Programme for United Nations Development Organizations
ASEAN	Association of South East Asian Nations
CAP	Consolidated Appeals Process
CCM	Country Coordinating mechanism
CCS	Country Cooperation Strategy
CEB	United Nations System Chief Executive Board for Coordination
CHAP	Common Humanitarian Action Plan
CMMB	Catholic Medical Mission Board
DAC	Design Automation Conference
DBS	direct budget support
DESA	Department of Economic and Social Affairs
EC	European Communities
ECOSOC	Economic and Social Council
FAO	Food and Agriculture Organization of the United Nations
GAVI	The Global Alliance for Vaccines and Immunization
GFATM	The Global Fund to Fight AIDS Tuberculosis and Malaria
GHP	Global Health Partnership
GOARN	Global Outbreak Alert and Response Network
HDP	Health and Development Policy
HLF	High Level Forum for Health MDGs
IAEA	International Atomic Energy Agency
ICRC	International Committee of the Red Cross
IFAD	International Fund for Agricultural Development
ILO	International Labour Organization
IOM	International Organization for Migration
MDG	Millennium Development Goals
MoU	Memorandum of Understanding
NGO	nongovernmental organization
OECD	Organization for Economic Co-operation and Development
OHCHR	Office of the United Nations High Commissioner for Human Rights
OIE	World Organization for Animal Health
RC	Regional Committee
SAARC	South Asian Association for Regional Cooperation
SIDA	Swedish International Development Cooperation Agency
SWAp	Sector-wide approach
TCPR	Triennial Comprehensive Policy Review
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team

UNCTAD	United Nations Conference on Trade and Development
UNDAC	United Nations Disaster Assessment and Coordination
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational Scientific and Cultural Organization
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNF	United Nations Foundation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commission for Refugees
UNIDO	United National Industrial Development Organization
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency International Development
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization
WIPO	World Intellectual Property Organization
WTO	World Trade Organization

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1. WHO alignment and harmonization framework

Why this document is required. WHO is re-positioning itself in many countries to respond to the changing demands of Member States as articulated in WHO's Country Cooperation Strategies (CCS). This often includes an emphasis on assisting governments in their interaction with national and international partners. The CCS and the WHO country plan agreed with a government already allow for WHO work to be carefully aligned with government – the greater challenge is harmonize these efforts better with other UN agencies and development partners. *This document provides an over-arching framework to guide WHO's engagement in the harmonization and alignment agenda at country level, provides a rationale for that engagement and a strategy for WHO to follow over the next few years.* A summary of this framework is provided in Box 1.

Box 1. Framework for WHO engagement in alignment and harmonization of support to Member States

Area	Action
WHO as a member of Global Health Partnerships	• Publication: *Guidance on Global Fund to fight AIDS, Tuberculosis, and Malaria related activities in WHO* May 2005
Working within the United Nations Country Team	• Publication: *WHO guidance on working with the UN Country Team* (planned for 2006)
Engagement with International Development Partners	• Publication: *A guide to WHO's role in sector-wide approaches to health development*, September 2005
Capacity Building in WHO	• Publication: *WHO harmonization and alignment: key resources* • Cross-regional strategy for building WHO country capacity • Improved headquarters–regional–country communications on harmonization and alignment • Review of internal policies and procedures: planned for 2006–2007 • Monitoring progress: for WHA 2007

The recently approved World Health Assembly (WHA) resolution on harmonization[1] is the first such resolution from a specialized agency of the UN system to have been passed by its governing bodies. It calls upon WHO to take forward the harmonization issue within WHO (see Box 2). This follows the considerable effort being made by many international agencies and WHO Member States to make the international development architecture more effective.[2] WHO country teams have requested guidance and support to enable them to be more effective in taking up the opportunities for health and development that are emerging at the country level.

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[1] Resolution WHA 58.25.

[2] http://www.aidharmonization.org/ah-cla/secondary-pages/editable?key=206

Box 2. Resolution WHA 58.25: United Nations reform process and WHO's role in harmonization of operational development activities at country level, 22nd May 2005

1. URGES Member States to ensure that operational development activities are planned and implemented in dialogue with, and under the stewardship of, the national government and in conformity with its priorities, while being aware of the coordinated efforts of bodies of the United Nations system carried out in the context of the United Nations Development Assistance Framework;
2. REQUESTS the Director-General:
    a. 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.
    b. To ensure that WHO staff and programmes at headquarters, and regional and country offices adhere to the international harmonization and alignment agenda, as reflected inter alia in the Rome Declaration and Paris Declaration, and actively participate in the preparation and implementation of the United Nations Development Framework, working closely with other members of the United Nations country team and in close collaboration with the United Nations Resident Coordinator at country level, in order to ensure coherence and efficiency.
    c. 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, in order to guide WHO actions at country level, and to participate actively in examination of the Triennial comprehensive policy review at the Economic and Social Council and at the United Nations General Assembly.
    d. In particular, to examine ways and take specific steps to further rationalize procedures and reduce transaction costs as outlined in Chapter 4, paragraph 36, of United Nations General Assembly resolution 59/250.
    e. To submit to the Fifty-ninth World Health Assembly, through the Executive Board, an interim report on progress in implementing this resolution and, to the Sixty-first World Health Assembly, a comprehensive analysis of WHO's contribution to implementation of United Nations General Assembly resolution 59/250, in particular the alignment of WHO's operational development activities at country level with those of the United Nations system and the impact of such a coordination effort on aid effectiveness and its monitoring.

2. Background

2.1 The global 'harmonization and alignment' agenda. Development cooperation has often been accused of imposing cumbersome and inconsistent procedures on officials in countries, diverting attention from national strategies rather than contributing to their preparation and implementation. Initiatives to overcome this situation are commonly grouped under the concept of 'harmonization and alignment', i.e. harmonization of donor practices; alignment with national development priorities; and strengthened national systems for planning, implementation, monitoring, evaluation and reporting. Within the UN, harmonization and alignment is being taken forward in the context of UN reform relating to country operations[3]; for many international financing agencies, under the guidance of the Organization for Economic Co-operation and Development/Design Automation Conference (OECD/DAC), this is being developed in the context of making financial 'aid' more effective.[4] These efforts provide important opportunities for making better use of international assistance to develop national health systems, and for WHO this is an opportunity to be more effective, in partnership with other UN agencies, in taking forward its functions at country level. The recent Paris Declaration[5] set an agenda linked to indicators, timetables and targets, covering:

- strengthening the national development strategies of partner countries and the associated operational frameworks (e.g. planning, budget and performance assessment);
- increasing alignment of aid with the priorities, systems and procedures of partner countries and helping them to strengthen their capacities;
- enhancing the respective accountability of development partners and partner countries to their citizens and parliaments for their development policies, strategies and performance;
- eliminating duplication of effort and rationalizing donor activities to maximize their cost-effectiveness;
- reforming and simplifying donor policies and procedures to encourage collaborative behaviour and progressive alignment with the priorities, systems and procedures of partner countries; and
- defining measures and standards of performance and accountability of partner country systems in public financial management, procurement, fiduciary safeguards and environmental assessments, in line with broadly accepted good practices and their rapid and widespread application.

2.2 WHO core function. WHO is expected to provide leadership on matters critical to health and to engage in partnerships where joint action is required. The core functions for WHO have recently been reviewed as part of the development of the General Programme of Work (Box 3). These fit well with the expected role of a UN specialized agency in an environment where international partners are following the principles agreed in Paris, although different emphases will be required in different situations. They have not, as yet, been used as the basis of a much more detailed assessment of how WHO should best engage with Member States and the UN at country level. However, the first core function is of particular importance for harmonizing WHO efforts with those of partners.

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[3] http://www.undg.org/
[4] http://www.aidharmonization.org/
[5] http://www1.worldbank.org/harmonization/Paris/FINALPARISDECLARATION.pdf

Box 3. Proposed core functions of WHO secretariat

- *Providing leadership on matters critical to health and engaging in partnerships where joint action is required*
- *Articulating ethical and evidence-based policy positions*
- *Setting norms and standards, and promoting and monitoring their implementation*
- *Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge*
- *Providing technical support, catalysing change and developing sustainable institutional capacity*
- *Monitoring the health situation and assessing health trends*

3. Working with the United Nations and international development partners

3.1 Relations of WHO with the United Nations

3.1.1 WHO is a specialized agency of the UN, accountable to its Member States, and works closely with other entities of the UN system. The Director-General of WHO is also a member of the Chief Executive Board (CEB), on which all heads of UN Funds, Programmes and Agencies sit, with the Secretary-General as chair. WHO engages in the UN Economic and Social Council (ECOSOC), which is the platform for the UN to engage in consultations with Member States and other UN entities, including the Bretton Woods Institutions. This covers a variety of issues including UN reform. ECOSOC undertakes the Triennial Comprehensive Policy Review (TCPR) of the operational activities for the development of the UN system. These reviews result in General Assembly resolutions and include matters relating to the Resident Coordinator system and United Nations Country Teams (UNCT); WHO is engaged in this dialogue, through the Department of Economic and Social Affairs of the UN Secretariat (DESA).

3.1.2 ***United Nations Development Group and reform activities.*** The Secretary-General set up the United Nations Development Group (UNDG) in 1997 to improve the effectiveness of UN activities at country level. It is accountable to the Secretary-General and is chaired by the Administrator of the United Nations Development Programme (UNDP). The four main UN 'Funds and Programmes'[6] which are administratively accountable to the Secretary-General, namely UNDP, United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and the World Food Programme (WFP), are core members and form the Executive Committee (they are hence often referred to as 'ExCom' members). There are now 25 agencies involved in the UNDG, and five others, including the World Bank, have observer status. The UNDG is considered as an instrument of the UN reform process. It develops policies and procedures that allow member agencies to work together and analyse country issues, plan support strategies, implement support programmes, monitor results and advocate for change. The UNDG Office (UNDGO) is the secretariat of the UNDG working with the ExCom agencies as well as the specialized agencies. It is also the administrative unit that supports the Resident Coordinator

[6] Other funds and programmes include the United Nations Environment Programme (UNEP), the UN Refugee Agency (UNHCR) and UN Habitat.

System working in 134 countries, including the process of selecting Resident Coordinators and the allocation and monitoring of the Resident Coordinator Support Fund. The relevance of UN reform for WHO was first discussed at the 103rd Executive Board meeting[7]. WHO has joined the UNDG since 1999, but is not an ExCom member.

3.1.3 WHO is in accord with many areas agreed in the UNDG, such as the over-arching importance of the Millennium Development Goals (MDGs), strengthening the Resident Coordinator System, , engaging in the Common Country Assessment (CCA) and the United Nations Development Assistance Framework[8] (UNDAF) and, where required, joint programming. Other areas, such as the common country programme, remain subject to further discussion and negotiation. Recently, the UNDG has developed an action plan to take forward the commitments of the Paris Declaration[9]. The implementation of this action plan will require the follow-up of individual agencies of the UNDG. For WHO, this implications include putting national plans at the center of WHO country programming, strengthening national capacities, increasingly using and strengthening national systems and reprofiling WHO country presence based on the CCS and to strategically handle the alignment and harmonization agenda.

3.1.4 In dealing with the UN reform agenda, the UNDG is in fact using two tracks, one related to ExCom members and the other related to all other involved agencies. This has led to a situation where resolutions, guidance and communications that involve only ExCom members may be presented or perceived as concerning the UN system as whole. Although the communication is channelled to all agencies, it is directed to the Resident Coordinator as UNDG communication and or guidance for both tracks. Sometimes this may leave the impression that the specialized agencies are resisting or not interested in some initiatives such as the Joint Office or the 'simplified common programme'. More clarity and further harmonization on processes concerning the two separate tracks will enhance the reform process and positively impact the UNCT work at country level. WHO should focus 'on those processes within UNDG which result in added-value for technical cooperation in general and which benefits Member States' efforts for development, with a particular emphasis on health'.

3.1.5 ***WHO is engaged in these UN reform efforts in a variety of ways:***

- Through a series of UNDG working groups[10] WHO is engaged in the global discussion on various policy and management issues such as the Resident Coordinators System and the OECD/DAC Harmonization and Alignment agenda.
- Within the UNCT, WHO is already actively participating in the UN reform processes, and engages in common infrastructure and services where it makes sense to do so. A survey on WHO country presence conducted in 200511 showed that:
  - The majority (78%) of all country offices are supporting national processes for attaining the MDGs with some.

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[7] EB 103/29.
[8] United Nations Development Framework: http://www.undg.org/content.cfm?id=4
[9] Implementing the Paris Declaration on Aid Effectiveness: Action plan of the UN Development Group, July 2005.
[10] WHO and the United Nations Development Group (UNDG), October 2005 Update.
[11] WHO Country Presence Survey, 2005.

- The majority of WHO country offices (85%) are participating in the UN Common Country Assessment/UNDAF, and 14% of them are leading health-related theme groups, for example the UN Theme Group on HIV/AIDs, although responsibility for chairing these groups often rotates.
- In the 78 countries where Poverty Reduction Strategy Papers have been formulated, 91% of WHO country offices are participating, and 5% are leading on the health components.
- About 20% of WHO Country Offices are now located in UN Common Premises, mostly in the African and European Regions. However, the location of country offices will continue to be agreed with government on a country-by-country basis.

3.1.6 ***The UN Resident Coordinator System***: "is owned by the UN development system as a whole, and its functioning should be participatory, collegial and accountable on behalf of all members of the UNCT"[12]. Considerable effort is being made to ensure that the RC system 'adds value' (see Box 4), by improving the selection process for RCs and enhancing training and orientation.

Box 4. Resident Coordinator: the Vision: "….we envisage a Resident Coordinator who is a compelling advocate for the United Nations with the full range of partners. The Resident Coordinator would possess an insightful substantive overview of the development landscape and have a keen eye for opportunities for the United Nations. As a skilled leader s/he would be adept strategist orchestrating the full expertise of the United Nations system, resident and non-resident, in support of national priorities. S/he would promote the development of a wide range of partnerships to advance all programmes of the United Nations. The Resident Coordinator would speak with authority as the voice of the UN, but would ensure delegation of authority and promote opportunities for the voices and messages from others in the UN to be heard. S/he would possess team building skills and a strong ability to build ownership of the system in a collegial manner. A sure hand in an emergency, s/he would coordinate with confidence in complex situations, and show forceful and neutral leadership to the broader community when acting as Humanitarian Coordinator. And as a Designated Official the security of the UNCT would be safe in attentive hands." *UNDG Executive Committee Retreat on Strengthening the Resident Coordinator System, July 2005.*

The key responsibilities of the RC were discussed at the UNDG ExCom retreat[13] and the UNDG retreat organized in Geneva on the 13 December at WHO on Resident Coordinator Issues. A general agreement has been reached on principles for enhancing the leadership role of the Resident Coordinator for UN Operational activities for development and on an accountability framework. The following are some highlighted principles agreed on: (i) the UN RC is the designated representative of the Secretary General and leader of the UNCT for the entire UN system, regardless of their presence in country; (ii) the UN RC will have the responsibility to monitor implementation of the UNDAF and to report on UN agencies' progress against their commitments to UNDAF results; (iii) agencies' accountability for UNDAF results will not imply RC authority over agency mandates, resources or implementation choices; (iv) in cases of disagreement, the RC will be responsible for the UNCT's final decision on UNDAF, subject to review by designated managers of the UNCT representatives; (v) the RC

[12] AG/RES/59/250 (TCPR 2004), par 59
[13] UNDG Executive Committee Retreat, July 2005.

function is increasingly important and complex: ideally, it should be performed on a full-time basis, and the UN RC should not have any operational implementation responsibilities; (vi) the UN RC will have responsibility to support advocacy and resource mobilization for the UNDAF as whole, complementing UN system agencies participating in the UNDAF; and (vii) the UN RC reports to the UN SG through the chair of the UNDG who is the UNDP Administrator in New York, USA.

Some defined functions and responsibilities are specific to the ExCom members such as:

- assisting Funds and Programmes to mobilize resources against the UNDAF results matrix, acting as advocate, while agency representatives continue to be responsible for individual agency interests (including resource mobilization);
- acting as "first reporting officer" for the ExCom representatives on UNCT matters, and the performance of the representatives in the UNCT, while agency Regional Directors remain the first reporting officer for agency matters;
- reporting on ExCom agency contributions to the achievement of the outcomes of the UNDAF results matrix; and
- taking responsibility for assuring that ethical issues relating to members of the UNCT are brought to the attention of appropriate authorities within the ExCom agencies.

3.2 WHO and wider partnerships in-country

3.2.1 ***General principles***. WHO's engagements in partnerships at the country level already aspire to follow the principles discussed under harmonization and alignment – namely government ownership; harmonization of international assistance; alignment with national development priorities; and a focus on results and mutual accountability. For WHO the CCS is the mechanism that will make this happen, and the Poverty Reduction Strategy Paper is often the instrument that links international assistance with national priorities. The general principles can be applied more broadly in settings such as sector-wide approaches (SWAps), country coordinating mechanisms (CCMs) and other processes that aim to link significant international assistance with national policies and programmes.

3.2.2 ***Engagement with development partners and sector-wide approaches.*** A WHO position paper on engagement in SWAps has been prepared in consultation with WHO Regional and Country Offices,[14] which made a series of recommendations aimed at strengthening WHO's role. This document emphasizes that where government and key partners are considering the development of a SWAp in health, WHO should engage, be proactive and promote good practice. WHO's main role, based on the four areas identified by the UNDG, are *conceptual* (policy development), *convening* and *capacity building*. WHO's role in the fourth, *contribution,* is mainly non-financial (e.g. advocacy and technical support) although this can still be represented in the government's medium-term expenditure framework. This need to engage has important implications for WHO as listed below.

- *WHO country teams must have the ability to engage*: the capacities of country teams must be enhanced; technical support must be strategic and aligned with sectoral policies; experiences should be shared across countries and regions; and the three levels of WHO will need to be engaged.

[14] *A Guide to WHO's role in Sector-Wide Approaches to health development*: Final Draft Oct 2005.

- *WHO should work as a member of the UN Country Team*: many members of a UNCT might be able to contribute to a health SWAp, and complement WHO's contribution. Where a health SWAp is present or being developed, WHO should facilitate involvement of the UNCT, under the guidance of the UN Resident Coordinator, and clarify in 'terms of reference' or the SWAp memorandum of understanding (MoU) who leads with government on particular issues.
- *WHO rules and procedures may need to be reviewed*: in some countries, WHO is already heavily engaged in SWAps using existing rules and procedures. However, WHO may need to review some of these procedures as its engagement increases, in particular those concerning areas such as: signing codes of conduct and MoUs; planning monitoring and reporting of common activities; pooling of finances (in unusual circumstances); international procurement; and audit.

3.2.3 ***UN engagement in the time of direct budget support.*** In some countries, donors are moving towards direct budget support (DBS) to individual sector budgets and to non-sector investments. DBS is favoured by most of the recipient countries, as it reduces transaction costs, respects national government's systems, increases ownership and enables a closer view of the level of resources governments are committing to health. The approach is not favoured in countries where there is insufficient transparency of government financial systems, or insufficient capacity to manage the process. The move towards DBS is challenging the traditional role of the UN Funds and Programmes in the countries where it is happening, some of which face shrinking budgets as more donors adopt this approach. However for WHO, the move towards DBS provides major opportunities for WHO to move away from processing small amounts of activities, and allows more time for the ministry of health and WHO to discuss national policy and strategies, programme development, evaluation and coordination with partners.

3.3 WHO global and regional agreements and partnerships

3.3.1 ***Global and Regional WHO/UN agency relationships of potential use to WHO country teams.*** WHO maintains formal institutional agreements and partnerships with diverse institutions, notably with UN agencies, intergovernmental agencies, nongovernmental agencies and bilaterals. These relationships may be acknowledged in the form of formal institutional agreements, which consist of legally binding commitments of the Organization; MoUs, which are also institutional and legally-binding commitments that typically provide general guidance for pursuing shared interests; or 'joint letters' which are typically policy instruments that outline specific areas of mutual interest for more time bound agreements.

- *Formal institutional relationships*. Formal institutional relationships exist between the WHO and other UN agencies (e.g. International Labour Organization (ILO), Food and Agriculture Organization of the United Nations (FAO), United Nations Educational, Scientific and Cultural Organization (UNESCO), International Atomic Energy Agency (IAEA), International Fund for Agricultural Development (IFAD), United Nations Industrial Development Organization (UNIDO), Office International des Epizooties (OIE)).15 These agreements have been formulated to facilitate the attainment of the objectives set out in their respective constitutions, as well as to encourage close

[15] Basic Documents 2005, Forty-fifth Edition

cooperation and regular consultation on matters of common interest. As institutional agreements, they do not specify specific areas of collaboration but provide general guidance and outline protocols for collaboration (e.g. reciprocal representation, establishment of joint committees and exchange of information and documents). As such, agreements tend to focus on procedural rather than technical issues and are not yet focused on WHO's work at country level.

- *Global collaborative agreements*[16]: Global collaborative agreements focus on areas of specific and mutual interest and are therefore potentially helpful to WHO country teams. These agreements may be formulated in MoUs or Joint Letters. Annex 3 lists the major global collaborative agreements such as that with the UNFPA for working on population and development issues, in particular reproductive health; and with UNICEF combining the strengths of public health, child protection and human rights. Agreements typically concern collaboration in the areas of communicable and noncommunicable diseases, maternal, newborn and child health, health systems development, health services, health information, poverty reduction, and emergency and humanitarian assistance.

- *Regional collaborative agreements*: Many regional agreements exist with other UN agencies and development agencies that are frequently important for WHO's country work. Some of these collaborations are listed in Annex 4.

3.3.2 ***Global Health Partnerships:*** Many Global Health Partnerships (GHPs) have been set up in recent years '*to secure the sustainable scaling up of priority health interventions and investments, and to improve health outcomes and faster progress towards achieving the health and poverty reduction MDGs*'.[17] There are many diverse partnerships, but most are small and quite specialized, and most concerns at country level relate to a few major global health partnerships – the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the Global Alliance for Vaccines and Immunization (GAVI), Roll Back Malaria, Stop TB partnerships, the Health Metrics Network, and the Partnership on Maternal, Newborn and Child Health. One of the recommendations from the report to the High-Level Forum for health MDGs, is that GHPs agree to a set of 'best practice' principles for harmonization and alignment (see Annex 4), and that these are then endorsed by their governing bodies. These principles could then be taken forward by each GHP after assessing what changes are required and agreeing with national partners on what collective action is needed. In the meantime, these draft principles could be used as part of the dialogue at country level on how to make these GHPs more effective.

3.3.3 Separate guidance has been prepared on WHO country level engagement with GFATM.[18] Some of the issues raised in this guidance are common to other partnerships. Examples include:

- The Global Health Partnerships are creating **increasing demands on WHO** in the areas of coordination, technical support and grant negotiations.

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[16] Documents A58/40, A57/31 and A56/31: "Collaboration within the United Nations system and with other intergovernmental organizations".

[17] *Working Group on Global Health Partnerships*: Report to High Level Forum on the health MDGs, Oct 2005.

[18] *Guidance paper on Global Fund to fight AIDS, Tuberculosis and Malaria related activities in WHO*, March 2005

- WHO country office staff must be **kept briefed** regarding the dialogue on global health partnerships, and they should ensure that regional offices and headquarters are informed, particularly if problems arise in their country.
- Country offices should be **proactive in requesting technical support** to take forward their work; regional offices and headquarters should be able to respond to such requests if the work cannot be handled in country.
- WHO country offices will need to ensure that proposals are **aligned** with national policies and WHO normative guidance.
- WHO country offices should keep track of the **additional effort** expended in working with these global initiatives to assist with regional and global resource mobilization.

3.3.4 ***International nongovernmental organizations***. There are numerous global agreements with international nongovernmental organizations (NGOs), which allow them to access WHO meetings, to access non-confidential documentation and to send memos to the Director-General.[19] However, within countries there are many other national and international partnerships with NGOs.

4. Challenges for WHO at the country level

4.1 The broader alignment and harmonization agenda

The challenges for WHO include the following:

4.1.1 The Country Cooperation Strategy of WHO will continue to develop, and must remain the instrument for ensuring that WHO support to countries is well aligned in its country plans, and increasingly harmonized with other partners.

4.1.2 WHO must keep its privileged relationship with the Ministry of Health, and encourage a broader dialogue with other sectors on health. WHO will support government policies where they are in line with agreed international health norms and guidance, but where this is not the case WHO will continue to encourage the government to review evidence and create environments for open dialogue on national health sector policy options.

4.1.3 In countries that receive a large amount of support from international financing agencies, some of these agencies occasionally dominate the international policy dialogue with government. WHO will engage in the strategic dialogue in the health sector, if requested to do so by government, and gain support from regional offices and headquarters as necessary.

4.1.4 WHO is not a member of the UNDG's Executive Committee, but will strengthen its engagement as a Specialized Agency in the UNDG policy dialogue. This will happen through its offices in New York and through careful review as to how it may best participate in the working groups and task forces of the UNDG and its inter-agency Regional Directors Meeting.

4.1.5 WHO plays a role in many regional and global partnerships, which need to be periodically reviewed to ensure that they meet the needs of WHO priorities agreed

[19] http://www.who.int/civilsociety/relations/en/

with Member States. New partnerships may be required in areas of emerging importance to WHO, for example trade agreements and patents, which would require closer dialogue with the World Trade Organizaton (WTO), World Intellectual Property Organization (WIPO) and United Nations Conference on Trade and Development (UNCTAD).

4.2 Working within the United Nations Country Team

4.2.1 WHO is engaged in the UN reform process, participating and contributing to various UNDG working group and committees. A policy paper on WHO and the UN reform is in progress. It should help take stock of progress thus far, lessons learnt and the way forward for further WHO contribution.

4.2.2 WHO country offices must engage in the WHO–UN reform agenda at country level; WHO Representatives and Liaison Officers will use their judgement on how best to proceed. WHO's existing rules and procedures do allow WHO's to improve its influence and effective engagement in ensuring the efficiency of the UN country team as a whole.

4.2.3 WHO should collaborate in the development of the new versions of the UNDAF and contribute to cross-agency agendas where WHO has a comparative advantage, or when common positions and joint programming are required.

4.2.4 WHO should collaborate where relevant with the humanitarian community and coordination mechanisms related processes (e.g. Common Humanitarian Action Plan (CHAP) and Consolidated Appeals Process (CAP) bringing in its specific contribution on the health dimension of crises and emergency contexts.

4.2.5 The core functions for WHO could be adapted to actual functions in WHO country offices and be used to structure a more systematic approach to engaging in the UN reform process. These functions may have a different emphasis across Member States, but can act as a starting point for a more structured dialogue.

4.2.6 WHO needs to keep the attention of the UNCT on agreed global positions and technical guidance from WHO; in some situations WHO may hold different views from those of other UN agencies working on health, requiring careful negotiation.

4.2.7 WHO country teams will have "dual" accountability:

- As a representative of WHO to Member States, through Regional Director and the Director-General, for programme management and taking forward agreements made with WHO. Any programme commitments made by WHO to the UNCT and UNDAF must also be represented in the WHO country workplan, even if programme cycles are not synchronized.
- As a member of the UNCT to the UN as a whole, through the UN RC, on areas agreed through joint plans or the UNDAF and related processes. Accountability will also extend to security, for which the UN RC has direct line-management responsibilities for all UN agencies. The same applies during an emergency, where the UN RC is usually the designated UN Humanitarian Coordinator.

4.3 Working within wider partnerships:

4.3.1 With an increasing number of agencies at country level working in health, WHO country teams must prioritize their engagement and develop strategies together with the government that allow many agencies to engage in a way that keeps transaction costs to a minimum. WHO guidance will be widely available and accessible to national and international agencies in the country. WHO's role will vary between countries, and should always be agreed with government.

4.3.2 In countries moving fast to implement the Paris Declaration, WHO will work with the UNCT to find opportunities to use its 'evidence base' to influence and strengthen government health policies, systems and programmes. In these countries, the UNDG is looking for new and innovative ways of doing business; WHO will engage and learn through experience. A key focus is on building national capacities, and WHO should learn from which strategies have and have not worked in the past.

4.4 Internal WHO policies, procedures and capacities:

4.4.1 Considerable good practice already exists within current managerial systems, and should be shared and used as a starting point for developing new capacities. However, following the many calls for WHO to improve its managerial policies and procedures, it will need to review its managerial rules and processes at country level to find more effective ways of doing business with the UNCT and with partners.

4.4.2 WHO's CCS and country workplans are often already well-aligned with government health programmes. A key issue now is how to better harmonize these plans with national cycles and the UN without losing the current focus on national alignment.

4.4.3 As expectations of WHO have changed, some governments have requested that formal 'basic' agreements with WHO be reviewed to ensure that their expectations, as agreed in the CCS, are adequately addressed.

4.5 WHO Internal Communications

Although considerable effort is being made to improve the UN and development effectiveness globally, communication to WHO country teams is not always efficient. Often, the latest UNDG initiative is shared with the WHO country office via another UN agency, and new international development initiatives through donor partners. A corporate 'reading' of what is happening in these high-level discussions will facilitate a proactive role for country teams. Similarly, at the global level, WHO needs to develop positions based on an understanding of what issues need to be addressed from a country perspective. A more streamlined 'real-time', two-way communication system is required, that respects the roles of the three levels of WHO.

5. WHO's strategy on alignment and harmonization at the country level

WHO will strengthen its engagement in the global effort to harmonize and align international assistance, as directed by Governing Bodies, by promoting the internationally principles of good practice, namely: government ownership; harmonization of international assistance; alignment with national development priorities; and a focus on results and mutual accountability[20].

The following seven components will reinforce WHO's ability to strengthen its engagement in harmonization and alignment at country level:

a. WHO will engage with the UN and other international development partners.

- WHO will engage in UN reform, as a member of the UNCT, with the aim of keeping public health high on the agenda.

[20] Paris Declaration: http://www1.worldbank.org/harmonization/Paris/FINALPARISDECLARATION.pdf

- WHO will leverage its unique relationship with the MoH to lead the dialogue on national health policies and strategies with other ministries and other partners. Regional offices and headquarters will engage in global and regional dialogue regarding new health partnerships, development architecture, development effectiveness and capacity building needs and ensure that the views of country teams are represented.
- WHO country teams will communicate to all partners the role of WHO at the country, regional and global levels so that all partners have a clear idea of how WHO operates and the value it brings.

b. **WHO will continue to use the CCS as the key instrument for alignment** of WHO's work with national priorities. It is flexible enough to align with national programme cycles and is the tool for clarifying WHO's role in the UNCT and the UNDAF.

c. **WHO will provide effective and timely backstopping and information-sharing**
- Regional offices and headquarters will provide appropriate and timely backstopping to WHO country teams to help define and adjust WHO's role in a changing environment and provide required support for specific situations, e.g. fragile states.
- WHO will provide relevant and timely communication on reforms in the UN and the international development architecture. Headquarters will provide short briefs to regional and country offices to keep them updated. The Department of Country Focus will ensure that any urgent communications are sent directly to WHO Representatives and copied to regions; in most situations however the usual route of communicating through regions will be used.

d. **WHO will prepare and update coherent global, regional and local policy positions** for engaging with the UN and other development partners at the country level. This is a critical role for the Country Support Unit Network and regional focal points on partnerships and coordination.

e. **Where Basic Agreements with Member States are problematic WHO will review the situation** and ensure that WHO as a whole learns from the process. This should occur only in countries where WHO Representatives see current interpretation as hindering WHO's ability to perform and deliver in accordance with the priorities agreed with government in the CCS.

f. **WHO will develop a cross-regional strategy to build WHO country capacity** for engagement in the alignment and harmonization agenda. This will include documenting and sharing good practice, and induction and training of country teams. A training toolkit is already being developed to address capacity building needs (including knowledge and skills building and policy guidance) identified from an analysis of WHO's role and implications in alignment and harmonization at country level[21].

g. **WHO will monitor progress in three ways:**
- by reporting to Governing Bodies on progress overall against the areas highlighted in the WHA resolution 58.25;
- by monitoring the development and implementation of the capacity building strategy; and
- by developing a cross-regional mechanism for assessing WHO country effectiveness that involves the UNCT and development partners.

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[21] Summary Report: Training Module on Alignment and Harmonization Workshop - 10 to 11 April 2006 - Geneva.

6. Possible WHO roles for alignment and harmonization at country level

To fully implement the strategy, WHO country teams may undertake the following suggested roles (Box 5)[22]. These possible roles are structured along the five components of the Rome commitment and the Paris Declaration and should, together with adequate and timely backstopping from regional offices and headquarters, facilitate and empower WHO country teams to engage in alignment and harmonization at country level.

These possible roles may be used as a flexible reference list and should be adapted and/or supplemented to by the WHO Representatives and his team when defining WHO's role and contribution to a specific country context at a specific time.

	Box 5: Possible WHO's roles for alignment and harmonization at country level
OWNERSHIP	o Work with governments to propose a road map towards A&H around health. o Help governments to identify and prioritize agenda issues. o In all relevant situations/interventions, consider what should be done differently to reinforce country ownership. o Support governments to translate Millennium Development Goals (MDGs) into policies and strategies, and to incorporate priorities into national development plans, the Medium Term Expenditure Framework (MTEF), annual budgets and measurable results matrices. o Provide technical support to governments engaged in Sector-wide approaches (SWAps). o Work with governments to lead the coordination of available resources for health. o Facilitate country learning by doing and through information sharing from other countries (especially their A&H agendas).
ALIGNMENT	o Base WHO cooperation and support (strategies, policy dialogue) on government priorities and national tools/strategies within the UNDAF as an UNCT member. o Support governmental cross-cutting reforms (decentralization, public sector reform, HRH, PFM). o Use and advocate the use of country systems to the extent possible. This position is the point of departure for SWAps. Assist in the formulation of sector reform (SWAp). o Support efforts to strengthen and enhance capacity of national systems, in particular carry out (joint) diagnostic reviews. o Build capacity in all government structures, instead of introducing by-pass procedures, as part of national development plans. o Sign and advocate for the agreement of the performance assessment framework (PAF) and SWAp code of conduct. o Work to make/mobilize aid more predictably. o Reduce and coordinate parallel project implementation units. o Establish baseline data with governments.
HARMONIZATION	o In the context of UNCT/UNDAF and based on CCSs and comparative advantages, agree on lead responsibilities in the dialogue with governments and national health agendas. o Participate in the negotiation dialogues with the government and other partners on policy positions, arrangements, procedures. o Encourage common arrangements with the UN and other partners. To the extent possible, work via joint assessments, planning, funding, procurement, monitoring, evaluation, reporting. o Carry out only joint missions/diagnostics in cooperating countries. o Participate in joint inter-agency technical teams on thematic issues and in multi-partners capacity building programmes. o Encourage information sharing among development partners.

[22] Summary Report: Training Module on Alignment and Harmonization Workshop - 10 to 11 April 2006 - Geneva.

MANAGING RESULTS AND ACCOUNTABILITY	***Vis-à-vis results-based management*:** o Support the government in developing results-based frameworks and reporting. o Encourage results-based reviews as part of the government's planning cycle, jointly with other developments partners. o Contribute to the strengthening of health information systems in order to provide reliable data for reporting. o Support the provision of timely, transparent and comprehensive information on aid flows and planned interventions. o Participate in assessments of aid effectiveness reforms. ***Vis-à-vis accountability:*** o Encourage community participation and parliament/civil society involvement in addressing major health issues. o Strengthen the decentralization processes and government accountability on local level.

Annex 1: Key contacts in WHO and location of relevant resources

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Annex 2: Global collaborative agreements

Global collaborative agreement	Partner(s)	Duration of agreement	For more information:
Memorandum of Understanding (MoU) with the United Nations Children's Fund (UNICEF) and the Office of the High Commissioner for Human Rights (OHCHR) for supporting the UN Secretary-General's Study on Violence against Children			
MoU for joint fundraising, regional consultations and development of a common framework for preventing violence against children that combines the strengths of human rights, child protection and public health.	OHCHR, UNICEF	2005–present	• Memorandum of Understanding • http://www.violencestudy.org/r25
UN Road Safety Collaboration			
International cooperation in the field of road safety.	UN	2004–present	• UN 60th General Assembly Resolution (October 2005) • UN Road Safety Collaboration (March 2005) – Partner profiles • WH0 57th Assembly Resolution (May 2004) – Requesting WHO to coordinate road safety within the UN • http://www.who.int/violence_injury_prevention/road_traffic/en/
Collaboration with Joint United Nations Programme on HIV/AIDS (UNAIDS)			
• **WHO/UNAIDS "3 by 5"** Global initiative to provide antiretroviral therapy to 3 million people with HIV/AIDS in developing countries by the end of 2005.	UNAIDS	2003–present	• Roles and responsibilities of UNAIDS co-sponsors and secretariat (March 2004) • Progress report (March 2004) • http://www.who.int/3by5
• **WHO/UNAIDS HIV Vaccine Initiative** Initiative to promote the development and evaluation of HIV-preventive vaccines and to address issues of future access, with a focus on developing countries.	UNAIDS	2000–present	• http://www.who.int/vaccine_research/diseases/hiv/en/

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Global collaborative agreement	Partner(s)	Duration of agreement	For more information
Investment Partnership for Polio			
Innovative financing mechanism for procuring oral poliovirus vaccine for poliomyelitis eradication campaigns in Nigeria and Pakistan.	World Bank, Gates Foundation, Rotary International, UN Foundation	2003–present	• Press Release (2003)
Partnership for Maternal, Newborn and Child Health (formerly the Partnership for Safe Motherhood and Newborn Health)			
Partnership to strengthen maternal and newborn health efforts at the global, regional and national levels in the context of equity, poverty reduction and human rights.	UNICEF, UNFPA, World Bank	2002–present	• Conceptual and Institutional Framework (October 2005) • www.pmnch.org
Joint Letter on WHO/United Nations Population Fund (UNFPA) Collaboration			
Collaboration on work on population and development issues, in particular, reproductive health. Collaborative activities include a global campaign for reduction of maternal mortality, dissemination of a report on Measuring Access to Reproductive Health by 2015, strengthening the linkages between reproductive health and HIV policies and programmes, ensuring the visibility of reproductive health in national and international development frameworks, and assisting countries in the implementation of the Reproductive Health Strategy adopted in 2004 by the World Health Assembly.	UNFPA	2002–present	• Cover letter – 2nd High-level Consultation (October 2004) • Report – 2nd High-level Consultation (June 2004)

Cities Affected by Incentives	Incentives	Incentives Expiration	Job Commitments
Cities Not Affected by Incentives			
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Cities Affected by Incentives Not Included in Analysis			
[illegible]	[illegible]	[illegible]	[illegible]
Cities Affected by Incentives Included in Analysis			
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Global collaborative agreement	Partner(s)	Duration of agreement	For more information
MoU with the General Secretariat of the African, Caribbean and Pacific Group of States (ACP)			
Joint development of health systems, capacity building of human resources, improved management of the health sector, programmes and policies to combat disease, improvement in the coverage, quality of, and access to health services, research on health care, reproductive and sexual health issues, and promotion of the involvement of all actors in health development.	ACP	2002–present	• Memorandum of Understanding
Partners for Parasite Control (PPC)			
Global health alliance to tackle worms, schistosomiasis and soil-transmitted helminths.	World Food Programme (WFP), World Bank, UNICEF, Food and Agriculture Organization of the United Nations (FAO)	2001–present	• Joint Statement with UNICEF (2004) • Deworming to meet the MDGs (2005) • Third meeting report (November 2004) • School deworming (November 2003) • PPC Newsletter (July 2003) • WHA54.10 – Schistosomiasis and soil-transmitted helminth infections (March 2001) • WHA54.R19 – Schistosomiasis and soil-transmitted helminth infections (May 2001) • http://www.who.int/wormcontrol/about_us/en/
United Nations Pilot Procurement, Quality and Sourcing Project			
Project aimed to provide access to products for treating HIV/AIDS, tuberculosis and malaria that are of acceptable quality.	UNICEF, UNFPA, UNAIDS, World Bank	2001–present	• Project description • WHO 57th Assembly Resolution – Scaling up treatment and care to HIV-AIDS (May 2004) • Procedure for prequalification of products and manufacturers (October 2001) • http://mednet3.who.int/prequal/

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Global collaborative agreement	Partner(s)	Duration of agreement	For more information
Memorandum concerning the framework and arrangements for cooperation with the Commission of the European Communities			
Cooperation on the areas of health information, health systems development, disease surveillance, health and the environment, health-related research and technological development, resource mobilization and emergencies.	Commission of the European Communities	2001–present	• Exchange of letters and Memorandum
UN Millennium Project			
Concrete action plan to reverse the grinding poverty, hunger and disease affecting billions of people worldwide. Action plan contains quantified targets, the Millennium Development Goals, to be met by 2015.	UN agencies, World Bank	2000–present	• UN 55th General Assembly Resolution (September 2004) – Adoption of the UN Millennium Declaration • www.unmillenniumproject.org
Global Outbreak Alert and Response Network (GOARN)			
Technical collaboration of existing institutions and networks pooling human and technical resources for rapid identification, confirmation and response to outbreaks of international importance.	UNICEF, United Nations High Commission for Refugees (UNHCR), International Committee of the Red Cross (ICRC)	2000–present	• Primary aims • Report of the initial meeting of partners (April 2000) • http://www.who.int/csr/outbreaknetwork/en/
The Stop TB Partnership			
Partnership to realize the goal of eliminating TB as a public health problem and, ultimately, to attain a world free of TB.	UNICEF, UNAIDS, World Bank, Global Fund to fight AIDS, Tuberculosis	2000–present	• Basic framework • WHO 58th Assembly Resolution – Sustainable financing for TB prevention and control • www.stoptb.org

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	and Malaria (GFATM)		
United Nations Ad Hoc Interagency Task Force on Tobacco Control			
Multisectoral collaboration on tobacco or health, with particular emphasis on developing appropriate strategies to address the social and economic implications of the impact of tobacco or health initiatives.	UN agencies, World Bank, World Trade Organization (WTO)	1999–present	• Economic and Social Council (ECOSOC) report • http://www.who.int/tobacco/global_interaction/un_taskforce/en/
Global collaborative agreement	**Partner(s)**	**Duration of agreement**	**For more information**
Inter-Agency Standing Committee Task Force on Gender and Humanitarian Assistance			
Task Force to integrate a gender perspective into humanitarian assistance.	OCHA, FAO, ICRC, OHCHR, United Nations Development Programme (UNDP), UNFPA, UNHCR, UNICEF, United Nations Development Fund for Women (UNIFEM), WFP	1999–present	• Report of activities in 2005 (November 2005) • Workplan for 2006 (November 2005) • http://ochaonline.un.org/webpage.asp?MenuID=9898&Page=1961
Roll Back Malaria Partnership			
Partnership for a coordinated international approach to fight malaria, to support regional, country and thematic partnerships, scale up action in countries, build capacity	UNICEF, UNDP, World Bank,	1999–present	• Global Strategic Plan 2005–2015 • http://www.rollbackmalaria.org/

for up-to-date and consistent technical guidance, monitor progress and evaluate achievements. Partnership is composed of seven constituencies: multilaterals and development partners, Organization for Economic Co-operation and Development (OECD) donor countries, NGOs, foundations, research and academia, the private sector, malaria-endemic countries, and the GFATM.	Africa Development Bank Group, Asian Development Bank		
Framework for cooperation with the Organization for Economic Co-operation and Development			
Cooperation on the areas of health statistics and analysis of health systems; biotechnology, food safety and chemicals management; development indicators.	OECD	1999–present	• Exchange of letters and Framework for cooperation

Global collaborative agreement	Partner(s)	Duration of agreement	For more information
Cooperation Agreement with the Government of France			
Cooperation around the specific areas of the revision of the International Health Regulations, the fight against communicable diseases, and the development of health policies.	France	2003–2006 (renewable)	• Cooperation agreement (in French)
United Nations Disaster Assessment and Coordination (UNDAC) team			
Stand-by team of disaster management professionals who carry out rapid assessment of priority needs and support national authorities and the United Nations Resident Coordinator in coordinating international relief on-site.	OCHA, UNDP, WFP, UNICEF	Ongoing	• UNDAC Field Handbook • http://ochaonline.un.org/webpage.asp?MenuID=2893&Page=552
UN Field Security Management System			
Strengthened and unified system for the safety and security of employed personnel and their eligible dependants.	UN agencies	Ongoing	• UN 60th General Assembly (August 2005) – Report of the Secretary General on Safety and Security of UN Personnel • http://www.un.org/reform/dossier.html

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Annex 3: Regional collaborative agreements

Regional collaborative agreement	Partner(s)	Duration of agreement	For more information:
WHO Regional Office for Africa and WHO Regional Office for the Americas			
Partnership in the field of Development with the Commission of the European Communities Partnership to strengthen cooperation in developing countries (i.e. Angola, Burkina Faso, Guyana, Haiti, Kenya, Malawi, Niger, United Republic of Tanzania), with particular emphasis on reducing maternal mortality, accelerating action against diseases of poverty and strengthening capacity to monitor progress in achieving the Millennium Development Goals.	European Communities	2004–2009 (agreement to be signed)	• Memorandum of Understanding (Draft) • http://intranet.who.int/homes/gpr/governments/cooperation/EU_index.shtml
WHO Regional Office for Africa[23]			
Contract with the Bureau Central de Coordination (BCECO) Training of health workers.	BCECO	2005–present	• Contract agreement (French)
Memorandum of Understanding with the Economic Community of West African States (ECOWAS) Fight against HIV/AIDS, tuberculosis and other related infectious diseases.	ECOWAS	2003–present	• Memorandum of Understanding
Memorandum of Understanding with the Common Market for Eastern and Southern Africa (COMESA) Fight against HIV/AIDS, tuberculosis and other related infectious diseases.	COMESA	2002–present	• Memorandum of Understanding

[23] *The Work of WHO in the African Region*, Annual Report of the Regional Director, 2004 p.5.

Major regional programme agreement	Partner(s)	Duration of agreement	For more information
WHO Regional Office for Africa (cont'd)			
Memorandum of Understanding with the United Nations Economic Commission for Africa (ECA) Cooperation in promoting the economic and social development of African countries. Areas of cooperation include the definition and implementation of health policies, preparation and funding of joint projects, exchange of information on social economic conditions, and coordination of technical cooperation.	ECA	2002–present	• Memorandum of Understanding
Southern African Development Community (SADC) Providing assistance in the health and related fields.	SADC	2002–present	• Memorandum of Understanding
Cooperation Agreement with the Intergovernmental Authority on Development (IGAD) Providing assistance in health and related fields, particularly in undertaking health data collection and analysis, formulating health policies and providing health training.	IGAD	2001–present	• Cooperation agreement • Amendment to the Cooperation agreement
Memorandum of Understanding with the Economic Community of Central African States (ECCAS) Fight against Malaria, HIV/AIDS, tuberculosis and other communicable diseases.	ECCAS	2001–present	• Cooperation agreement
Agreement with the Union Economique et Monétaire Ouest Africaine (UEMOA) Provide assistance in the health sector and related sectors for health development. Fight against epidemics.	UEMOA	2000–present	• Cooperation agreement (French)

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Major regional programme agreement	Partner(s)	Duration of agreement	For more information
WHO Regional Office for Africa (cont'd)			
Agreement with the Organisation de Coordination pour la Lutte contre les Endémies en Afrique Centrale (OCEAC) Strengthen the cooperation between the two parties through an exchange of experiences and in order to undertake joint actions in areas of mutual interest.	OCEAC	2005–2008 (renewable)	• Cooperation agreement (French)
Memorandum of Understanding with the International Atomic Energy Agency (IAEA) Health systems and services development.	IAEA	2004–2009	• Memorandum of Understanding
Agreement with the African Intellectual Property Organization (AIPO) Agreement for the protection of African developments of medical material.	AIPO	To be signed	• Cooperation agreement (French)
Memorandum of Understanding with the Community of Sahel–Saharan States (CEN-SAD) Fight against HIV/AIDS, tuberculosis and other related infectious diseases.	CEN-SAD	NA	• Memorandum of Understanding (English) • Memorandum of Understanding (French)
Pan American Health Organization/Regional Office for the Americas[24]			
Public Health in the Americas Initiative Framework to support Latin American countries in efforts to promote social protection strategies. Processes of reform concentrate on financial and organizational changes of health systems and human resources education.	International Labour Organization (ILO), International Swedish	1999–present	• Public Health in the Americas – Rationale

[24] *Working Together for the Health of the Americas*, Annual Report of the Director, 2005.
Moving towards a New Century of Health in the Americas, Annual Report of the Director, 2003.

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	Development Coordination Agency (SIDA), United States Agency for International Development (USAID), etc.		
Agreement with the International Federation of the Red Cross Collaboration to reduce childhood deaths, fight disease, promote blood donation and improve disaster preparedness.	International Federation of the Red Cross	2002–present	• http://www.paho.org/English/DPI/pr020515.htm
Task Force for Maternal Mortality Reduction Task Force to address maternal mortality reduction with a special focus on countries with high maternal mortality ratios and significant in-country disparities.	UNFPA, UNICEF, USAID, Inter-American Development Bank, World Bank, Population Council, Family Care International	2004–2014	• Joint Statement of Support, including five priority actions for 2004–2014
Agreement with the Government of Sweden on Support to Health Development Programmes in Central America 2005–2007 Collaboration to promote equity in health among vulnerable populations in Latin America and the Caribbean, including social protection in health, reducing	SIDA	2005–2007	• Agreement

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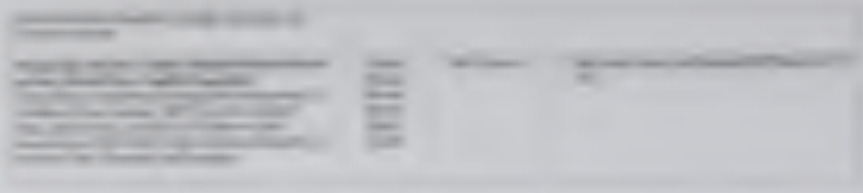
gender and ethnic inequities in health, and family and community health.			
Partnership with the Catholic Medical Mission Board and the Bristol-Myers Squibb Foundation Joint efforts to implement the Integrated Management of Childhood Illness strategy (IMCI), provide essential drugs, and promote prevention of mother-to-child transmission of HIV/AIDS in the Dominican Republic, El Salvador, Haiti, Honduras and Nicaragua.	Catholic Medical Mission, Bristol-Myers Squibb	2004–present	• http://www.paho.org/English/DD/PIN/pr041216.htm



Major regional programme agreement	Partner(s)	Duration of agreement	For more information
WHO Regional Office for the Eastern Mediterranean[25]			
Memorandum of Understanding with the International Federation of Red Cross and Red Crescent Societies Framework for cooperation in developing and implementing joint initiatives to support the countries of the Region in achieving health for all. Main areas of collaboration include the prevention and control of communicable diseases, the promotion of voluntary blood donation, and the preparation and response to emergencies and disaster situations.	International Federation of Red Cross and Red Crescent Societies	2003–present	• Memorandum of Understanding
Memorandum of Understanding with the United Nation Economic Commission for Africa (ECA) Cooperation in promoting the economic and social development of African countries. Areas of cooperation include the definition and implementation of health policies, preparation and funding of joint projects, exchange of information on socioeconomic conditions, and coordination of technical cooperation.	ECA	2002–present	• Memorandum of Understanding
Memorandum of Understanding with the Common Market for Eastern and Southern Africa (COMESA) Fight against HIV/AIDS, tuberculosis and other related infectious diseases.	COMESA	2002–present	• Memorandum of Understanding

[25] *The Work of WHO in the Eastern Mediterranean Region*, Annual Report of the Regional Director. 1 January–31 December 2004, p. 11.
The Work of WHO in the Eastern Mediterranean Region, Annual Report of the Regional Director. 1 January–31 December 2003, pp. 10–11.

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Major regional programme agreement	Partner(s)	Duration of agreement	For more information
WHO Regional Office for the Eastern Mediterranean (cont'd)			
Cooperation Agreement with the Intergovernmental Authority on Development (IGAD) Providing assistance in health and related fields, particularly in undertaking health data collection and analysis, formulating health policies, and providing health training.	IGAD	2001–present	• Cooperation agreement • Amendment to the Cooperation agreement
Memorandum of Understanding with the Community of Sahel–Saharan States (CEN-SAD) Fight against HIV/AIDS, tuberculosis and other related infectious diseases.	CEN-SAD	NA	• Memorandum of Understanding
Memorandum of Understanding with the Organization of Arab Red Crescent and Red Cross Societies (OARCS) Preparing for and responding to emergencies and disaster situations; exploring collaboration in other areas such as water and sanitation, pre-hospital care, and mental health emergency, and post-disaster situations; preventing and controlling communicable diseases; and promoting voluntary blood donation.	OARCS	NA	• Memorandum of Understanding

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Major regional programme agreement	Partner(s)	Duration of agreement	For more information
WHO Regional Office for Europe[26]			
Joint Declaration on Co-operation and Partnership with the Council of Europe and the European Commission Cooperation in the areas of equity in health, health information, health promotion, quality and safety of organs and substances of human origin, and drug dependence.	Council of Europe, European Commission	2001–present	• Exchange of letters • http://intranet.who.dk/eprise/main/WHO/Intranet/InfoServ/PAR/20050124_9
Memorandum of Understanding with the European Centre for Disease Prevention and Control Collaboration on all areas concerning communicable disease, particularly on air-borne diseases, vaccine-preventable diseases, sexually transmitted infections and blood-borne viral diseases, food- and water-borne diseases, diseases of environmental origin, zoonoses, antimicrobial resistance and nosocomial infections, serious imported diseases and other travel-related health issues.	European Centre for Disease Prevention and Control	2005–2010 (renewable)	• Memorandum of Understanding • http://intranet.who.dk/eprise/main/WHO/Intranet/InfoServ/PAR/20050124_9
Memorandum of Understanding with the Open Society Institute Collaboration in the areas of the development of a public health workforce, development of public-health educational institutions, development of computer- and Internet-based information systems for public health purposes, development of evidence-based health policies and management of health care systems.	Open Society Institute	2000–2006 (renewable)	• Memorandum of Understanding • Amendment to the Memorandum of Understanding • http://intranet.who.dk/eprise/main/WHO/Intranet/InfoServ/PAR/20050124_9

[26] EUR/RC54/6, Report of the Regional Director on the work of WHO in the European Region, 2002–2003.

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Major regional programme agreement	Partner(s)	Duration of agreement	For more information
WHO Regional Office for South-East Asia[27]			
Memorandum of Understanding with International Federation of Red Cross and Red Crescent Societies Collaboration to ensure an effective health system response in the prevention and control of communicable diseases (including HIV/AIDS), promotion of blood donations and preparedness and response to health emergencies and disasters.	International Federation of Red Cross and Red Crescent Societies (IFRC)	2003–present	• Memorandum of Understanding • http://intranet/EN/Section1257.htm
Memorandum of Understanding with the South Asian Association for Regional Cooperation (SAARC) Cooperation towards the goal of health for all based on the primary health care approach; technical cooperation particularly in the areas of malaria, tuberculosis and HIV/AIDS, with a focus on developing countries.	South Asian Association for Regional Cooperation	2000–present	• Memorandum of Understanding • http://intranet/EN/Section1257.htm
Memorandum of Understanding with Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) Collaboration for health sector reform and health financing, human resources development, sexual and reproductive health, HIV/AIDS, prevention of drug abuse, child health and health promotion.	Deutsche Gesellschaft für Technische Zusammen-arbeit (GTZ)	2004–2007 (renewable)	• Memorandum of Understanding • http://intranet/EN/Section1257.htm
Memorandum of Understanding with ASEAN Disaster Preparedness Centre Collaboration around the prevention and control of communicable and noncommunicable diseases; environmental health; quality assurance of essential medicines; nutrition and food safety, health promotion; and human resources development.	ASEAN	1997–2006 (renewable)	• Memorandum of Understanding • http://intranet/EN/Section1257.htm

[27] The Work of WHO in the South-East Asia Region, Report of the Regional Director 01 July 2003 – 30 June 2004, p 115–116.

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Major regional programme agreements	Partner(s)	Duration of agreement	For more information
WHO Regional Office for South-East Asia (cont'd)			
Memorandum of Agreement with the UN Office on Drugs and Crimes Cooperation to better support effective regional and national responses to HIV vulnerability through drugs.	UN Office on Drugs and Crimes (UNODC)	2003–2006	• Memorandum of Agreement • http://intranet/EN/Section1257.htm
WHO Regional Office for the Western Pacific[28]			
Memorandum of Understanding with the Secretariat of the Pacific Community Collaboration to address health policy issues and public health concerns and to support information exchange and other activities of mutual interest.	Secretariat of the Pacific Community	2000–present	• Memorandum of Understanding • External cooperation and partnership (ECP) link on www.intranet.wpro.who.int
Memorandum of Understanding with ASEAN Disaster Preparedness Centre Collaboration around the prevention and control of communicable and non-communicable diseases; environmental health; quality assurance of essential medicines; nutrition and food safety; health promotion; and human resources development.	ASEAN	1997–2006 (renewable)	• Memorandum of Understanding • http://intranet/EN/Section1257.htm
Letter of Agreement with the Food and Agriculture Organization of the United Nations Agreement for implementing the join project "Improving Food Safety and its Management in Cambodia, Lao People's Democratic Republic and Viet Nam.	Food and Agriculature Organization of the United Nations (FAO)	(To be signed – 2006)	• Letter of Agreement • External cooperation and partnership (ECP) link on www.intranet.wpro.who.int

28 The Work of WHO in the Western Pacific Region, Report of the Regional Director 01 July 2004–30 June 2005, p 49–50.
The Work of WHO in the Western Pacific Region, Report of the Regional Director 01 July 2003–30 June 2004, p 174–175.

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Major regional programme agreements	Partner(s)	Duration of agreement	For more information
WHO Regional Office for the Western Pacific (cont'd)			
Memorandum of Agreement with the UN Office on Drugs and Crimes Cooperation to better support effective regional and national responses to HIV vulnerability through drugs.	UN Office on Drugs and Crimes (UNODC)	2003–2006	• Memorandum of Agreement • http://intranet/EN/Section1257.htm
Letter of Agreement with Joint United Nations Programme on HIV/AIDS (UNAIDS) Financial support from UNAIDS for implementation of activities for control of sexually transmitted infections (STIs), including HIV/AIDS.	UNAIDS	2004–2005	• Letter of Agreement • External cooperation and partnership (ECP) link on www.intranet.wpro.who.int

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Annex 4: Draft best practice principles for engagement of global health partnerships at country level[29]

Global Health Partnerships (GHPs) commit themselves to the following best practice principles:	
Ownership	
1	To respect partner country leadership and help strengthen the capacity of leaders to exercise it. GHPs will contribute, as relevant, with donor partners to supporting countries fulfil their commitment to develop and implement national development strategies through broad consultative processes; translate these strategies into prioritized results-oriented operational programmes as expressed in medium-term expenditure frameworks and annual budgets; and take the lead in coordinating aid at all levels in conjunction with other development resources in dialogue with donors and encouraging the participation of civil society and the private sector.
Alignment	
2	To base their support on partner countries' national development and health sector strategies and plans, institutions and procedures. Where these strategies do not adequately reflect pressing health priorities, to work with all partners to ensure their inclusion.
3	To progressively shift from project to programme financing.
4	To use country systems to the maximum extent possible. Where use of country systems is not feasible, to establish safeguards and measures in ways that strengthen rather than undermine country systems and procedures. *Country systems in this context would include mechanisms such as sector-wide approaches, and national planning, budgeting, procurement and monitoring and evaluation systems.*
5	To avoid, as far as possible, creating dedicated structures for day-to-day management and implementation of GHP projects and programmes *(e.g. Project Management Units)* .
6	To align analytical, technical and financial support with partners' capacity development objectives and strategies; make effective use of existing capacities; and harmonize support for capacity development accordingly.
7	To provide reliable indicative commitments of funding support over a multi-year framework and disburse funding in a timely and predictable fashion according to agreed schedules.
8	To rely, as far as possible, on transparent partner government budget and accounting mechanisms.
9	To progressively rely on country systems for procurement once the country has implemented mutually agreed standards and processes; and to adopt harmonized approaches when national systems do not meet agreed levels of performance.[30] To ensure that donations of pharmaceutical products are fully in line with WHO Guidelines for Drug Donations.[31]
Harmonization	
10	To implement, where feasible, simplified and common arrangements at country level for planning, funding, disbursement, monitoring, evaluating and reporting to government on GHP activities and resource flows.
11	To work together with other GHPs and donor agencies in the health sector to reduce duplication in missions to the field and diagnostic reviews assessing country systems and procedures. To encourage sharing of analytical work, technical support and lessons learned; and to promote joint training *(e.g. common induction of new Board members).*

[29] Working Group on Global Health Partnerships: Report to the High-level forum on the Health MDGs, October 2005

[30] Countries themselves may choose to take advantage of procurement pooling mechanisms or third-party procurement, to obtain economies of scale.

[31] see http://www.who.int/medicines/library/par/who-edm-par-99-4.pdf

12	To adopt harmonized performance assessment frameworks for country systems.
13	To collaborate at global level with other GHPs, donors and country representatives to develop and implement collective approaches to cross-cutting challenges, particularly in relation to strengthening health systems including human resource management.
Managing for results	
14	To link country programming and resources to results and align them with effective country performance assessment frameworks, and refrain from requesting the introduction of performance indicators that are not consistent with partners' national development strategies.
15	To work with countries to rely, as far as possible, on countries' results-oriented reporting and monitoring frameworks.
16	To work with countries in a participatory way to strengthen country capacities and demand for results-based management, including joint problem-solving and innovation, based on monitoring and evaluation.
Accountability	
17	To ensure timely, clear and comprehensive information on GHP assistance, processes, and decisions (especially decisions on unsuccessful applications) to partner countries requiring GHP support.
Governance	
18	In the interest of public accountability, to ensure that GHP purpose, goals and objectives are clear; procedures are transparent; and timely and comprehensive information is provided to publicly. *Key documents should be published on the Internet, including annual plans, budgets and performance reports (including income and expenditure reports); evaluations; standing orders, including processes for appointments of board members and chairs; and papers and reports of key meetings, especially board meetings.*
19	To be subject to regular external audit. There should be a strong commitment to minimizing overhead costs and achieving value for money.
20	To make clear and public the allocation of roles and responsibilities within the management structure of the partnership or fund. Overall decision-making powers should rest with a governing board or steering committee with broad representation and a strong developing-country voice.
21	To make clear and public the respective roles of the partnership and relevant multilateral agencies (especially where one of the latter houses the partnership).