WHO/INA/97.2
Distr.: General
Original: English

WHO GLOBAL PARTNERSHIP INITIATIVES FOR HEALTH DEVELOPMENT

WORLD HEALTH ORGANIZATION
Geneva, 1997

WHO/INA/97.2
Distr.: General
Original: English

WHO GLOBAL PARTNERSHIP INITIATIVES FOR HEALTH DEVELOPMENT

WORLD HEALTH ORGANIZATION
GENEVA, 1997

CONTENTS

PREFACE

In recent years increased recognition has been given to the need to focus on the coordinated implementation of activities in support of peoples' health and sustainable development in countries. The World Health Organization (WHO) is advocating strongly to place people at the centre of development where health must be a priority. In this regard I believe the Organization has to be at the forefront in working for the most vulnerable groups in society. A vital element of this work is to use every opportunity to forge stronger partnerships with organizations and institutions which have an influence on development, both within and outside the United Nations system.

The attached document summarizes the progress made in putting mechanisms into place to work more effectively across institutions with countries to improve the health and well-being of the people of all nations. I am pleased to say that an ever-increasing number of groups of organizations and civil society are taking steps to join forces with WHO in the Global Partnership Initiatives for Health Development. This reflects the recognition that health is a fundamental right of every human being and that achieving peoples' health contributes both to the development and the attainment of peace and security within and among nations.

Yuji Kawaguchi, M.D., Ph.D.
Director, Division of Interagency Affairs

* * * * * *

The essence of the messages addressed in the document has been provided to a broad range of partners through, for example, keynote speeches and invited lectures delivered, inter alia, at: The American Association of Public Health Annual Meeting, New York; Emory University, Atlanta; University of California, Los Angeles; Boston University; University of Haiwaii; University of Michigan, in 1996; and at the University of Virginia, in 1997.

1. THE GLOBAL HEALTH SITUATION TODAY

"COUNTRIES NEED PARTNERSHIPS FOR HEALTH, NOT PRESCRIPTIONS"

Today the world is changing drastically and rapidly in the political, economic and social arenas. Despite considerable improvements to people's lives and to their health in particular, the world is nevertheless facing unprecedented public health problems. Diseases once thought to be defeated are re-emerging; others have developed resistance to antibiotic drugs; previously unknown diseases continue to emerge; lifestyle-related diseases, the major source of morbidity and mortality in developed countries, are on the rise in developing countries as well, and the extent of disability associated with diseases has not yet been fully reckoned with. This situation should also be seen within the context of the political and economic changes which in recent years have benefited a great many people but which for others have led to increased impoverishment, inequality and insecurity. The end of the Cold War offered new possibilities for nation-building and development; nevertheless violent conflicts and civil wars have escalated in many regions.

The many instances of natural disasters and emergencies are calling for more financial resources thus reducing the resources available for building some of the blocks of the development process. Increased political instability, local wars and political conflicts have created an estimated 20 million refugees in the world (14.5 million granted asylum in another State; 5.4 million displaced within their own countries), making a high demand on already weak infrastructures and societies. Also, with regard to the environment, despite efforts and world concern, such as those addressed at the United Nations Conference on Environment and Development (UNCED), Rio de Janeiro, 1992, both global and local deterioration continues. Rapidly growing urban centres, in the absence of action to ensure the infrastructure services, are exacerbating the environment and health problems.

On our planet Earth, of the approximately 5.8 billion human beings, the largest portion of these — roughly 4.6 billion — are living in developing countries. Every day 1 billion people face questions of survival. The average life expectancy at birth in the least developed countries is only 52 years, the least being 38 years only; in comparison, the average life expectancy in developed countries is 75 years (with a maximum of 80 years).

Other data as provided[1] below draws attention to selected important elements of the global health picture:

- In 1995, 52 million people died worldwide;
  Among them: 15.1 million people died from infectious and parasitic diseases; over 11 million children died before the age of 5 years in developing countries, despite the fact that the technology exists to prevent most of these deaths; malaria was the cause of 2 million deaths, and half of them were in children; 10 million people died from circulatory diseases; 3 million adults died of diseases related to smoking.

- Every day 8500 new HIV infections are recorded; 22.6 million adults are currently infected by HIV/AIDS. By the year 2000 it is estimated that a cumulated number of 40 million people will be infected[2].

- In general half of the world population lacks regular access to the most essential drugs.

The disparities in the health sector mirror the disparities in societies, and the public health sector itself is also beset with problems. Despite the advocacy of primary health care in the last two decades, services and training of health personnel are still largely curative and hospital-based; also the distribution of such personnel within countries is often unregulated and therefore uneven;

[1] The World Health Report 1996 — "Fighting disease, fostering development".
[2] UNAIDS Fact Sheet, December 1996.

e.g. the populations in many rural areas are deprived of services largely because health personnel choose to work in more central urban areas.

There are, of course, some positive signs of a healthier situation in some countries. A number of governments are recognizing the need for health sector reform, seeking efficiency, a comprehensive approach, effective delivery through decentralization and adoption of a better methodology for financing and use of resources. There are other pockets of success and bright hope, with real development starting to take place through reduction in civil conflicts in a number of countries: democratic processes in several countries are paving the way for their independent, sustainable development. With a peaceful environment, stable governance and a sharing of responsibilities by the people, improvements in the level of economic growth and quality of life can be achieved. Peace, stability and development, including an acceptable level of health, are the rights of all people of every nation, and should be in their hands.

Whilst there are some improvements in the level of access to local health services in a number of developing countries, as noted above, there is nevertheless a need to look at the severe difficulties faced by the health service systems in most of the least developed countries. This paper addresses below those issues which are fundamental to dealing with such difficulties in a pragmatic and sustainable manner.

2. WHO's MANDATE

WHO is the only agency of the United Nations system which has been given the Constitutional mandate by the Member States to direct and coordinate international health work.

The Constitution, which became effective on 7 April 1948, also states that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social condition". The representatives of the 61

Member States adopting this Constitution also declared that this principle was "basic to the happiness, harmonious relations and **security** of all peoples" and that "unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger".

It is questionable, therefore, despite history-making achievements in the field of **medicine**, whether **health** has been sufficiently reckoned with as a peaceful and powerful lever for overall development, and growth of nations, at the same time capable of bringing populations out of the dismal despair and danger that many unnecessarily find themselves in. The current widening gaps in health status are not conducive to peace and security and the global community has a duty to bring all forces to bear to attain an acceptable level of health for all people.

With the increasing gaps in levels of health between countries and regions, as well as within countries, well documented in other publications of WHO, the Organization has, in recent years, taken action to deepen its collaboration with existing partners and to extend it to some of the many potential organizations, both within and outside the United Nations system, as well as with nongovernmental organizations and other elements of civil society. This collaboration is conducted in the spirit of full partnership for the maximum benefit of the people of the Member States.

Since 1993 a series of actions have therefore been initiated by the Division of Interagency Affairs at WHO Headquarters, and implementation has been successfully embarked upon at all levels of the Organization. These initiatives **— WHO's Global Partnership Initiatives for Health Development** — are now incorporated in the mainstream of the Organization's policy directions, having been discussed by WHO's governing bodies in 1996 and endorsed by the Forty-ninth World Health Assembly in resolution WHA 49.19. This was the first time in the history of WHO that this type of resolution had been adopted. The major policy orientation objectives of the resolution are:

(1) to place and maintain health at the centre of national development and regional and global cooperation;
(2) to ensure complementarity and cost-effectiveness in the allocation and use of resources for health by all parties concerned;
(3) to promote the continued development of strategic alliances with intergovernmental organizations and other important institutions to meet the health needs of Member States; and,
(4) to contribute to the capacity-building of developing countries.

The Forty-ninth World Health Assembly of May 1996 welcomed these forward-looking measures taken by WHO to revitalize existing relations and to form new ones, and also commended the progress made at global, regional and country level to implement the WHO policy to strengthen and form new partnerships within the United Nations system currently under reform and with different elements of civil society to place health at the centre of development. The Assembly urged Member States, together with WHO, to play a strong coordinating role in working with external partners in health development, to establish health as a central component of national development and to ensure capacity-building for health and overall development.[3]

Effectively working together in this type of enhanced partnership through international collaboration within the United Nations system, among universities, development agencies, foundations, nongovernmental organizations, private sector, and WHO, with the people of the Member States and their governments at the centre, a different health picture can be created, despite the current difficult world situation. The journey into the twenty-first century has already started but there is still unlimited scope to better harness and deepen shared perceptions and strategies for health action. Speaking the same language and demonstrating solidarity of action, at

[3]World Health Assembly Resolution WHA49.19: Collaboration within the United Nations system and with other intergovernmental organizations: WHO policy on collaboration with partners for health development (Annex 1).

different levels and in different forums, will also surely influence many other decision-making groups, both international and national, and move them to join forces in the Initiatives. As partners unite, economies of scale can become effective. The central common issue for broad participation and support is the health of the people of all nations. Investment in such synergistic actions can lead to major improvements in people's health and make a greater contribution to the economic and social development of all societies than hitherto has been considered.

3. PARTNERSHIP DEVELOPMENT

At this juncture, in order to put WHO's partnership development work into context, it will be useful to recall the corporate as well as the specific responsibilities of the Division of Interagency Affairs of WHO. First, the Division serves as the Organization's focal point for facilitating and ensuring coordination of its activities with external partners. Second, the Division maintains high-level contacts with Member States, organizations and bodies of the United Nations system, and other partners, in order to foster maximum collaboration and relevance and effectiveness of action. Third, the Division mobilizes support for the implementation of these activities.

In order to overcome the many and varied challenges, there is a need to make efforts that go beyond goodwill and combine all available resources to fight for the health of all individuals and communities. Health is an objective and a human right in itself; it is also a major pillar of development.

The following factors are the most important in meeting the above challenges: (1) whether the leaders in Member states, health workers and the general public support the Organization's directions and leadership in support of the policy framework promulgated by the World Health Assembly; and (2) whether a number of other groups already engaged in health activities would be willing to join forces in line with the underlying principles of WHO's Global Partnership Initiatives for Health Development.

The Division of Interagency Affairs is facing up to the challenges and deepening its dialogue with long-standing as well as new partners to establish what can be done **together** to make a difference and achieve a significant sustainable improvement in the health of the people throughout the world. This task requires innovative ways of working, particularly considering the many and varied serious activities that have already been undertaken in the past. In this regard, it has been strongly expressed that the traditional individual bilateral and/or multilateral external aid are not enough: there is a need to overcome narrow boundaries of individual institutional interests and to work together for the common goals of Member States, as defined by the governments themselves. The WHO Global Partnership Initiatives for Health Development are based on a framework which pulls together the resources — intellectual as much as financial — of all partners for this purpose, with the international health leadership and coordinating function of WHO. The Initiatives are not based on the "main player" principle but act as catalysts for harnessing all capacities to improve the health of people and thus lay a foundation more likely to reap peace, security and development.

The internal expertise and capacities within WHO have been examined and an analysis made concerning the groups with which a better collaboration and extension of partnership relations would further enhance health development. Three categories clearly come to the fore, namely (1) within the United Nations system; (2) outside the United Nations system; and, (3) groups focusing on thematic initiatives according to health priorities. These categories are addressed as follows:

Within the United Nations system

The membership of the Administrative Committee on Coordination (ACC), chaired by the Secretary-General of the United Nations, consists of 27 agencies, largely divided into two groups: (1) "specialized agencies" including organizations such as WHO; and (2) the United Nations Programmes and Funds.

In order to place health at the centre of social and economic development, WHO, in pursuing its constitutional mandate, acts as the directing and coordinating authority on international health work and as such promotes collaboration with those United Nations agencies, Programmes and Funds which, while having their own specific mandate, are engaged in health and health-related activities. Such partner agencies include UNICEF for children's health, UNFPA in the area of reproductive health, UNEP on environmental health, FAO on nutrition and, on a smaller scale, such bodies as UNDP and UNESCO, which are concerned with HIV/AIDS and health education, and ILO on occupational health.

In the case of UNICEF, the joint activities have been reviewed by a policy guiding group, the UNICEF/WHO Joint Committee on Health Policy (JCHP), formed in 1948 and consisting of six Executive Board members of each organization. Through this mechanism, the health policy decided by the WHO governing bodies is translated into plans for joint action. Some of the most vivid examples are the Expanded Programme on Immunization, the prevention and control of diarrhoeal diseases, acute respiratory infections, and efforts to strengthen district level health services. The two organizations are sharpening up this collaboration, not only at the global level, but particularly at the level of the country, in order to avoid any unnecessary duplication and ensure that the resources expended are in line with the priorities as defined by the countries themselves.

Another issue of crucial concern is that of the environment where within the entire United Nations system and based on the outcome of the United Nations Conference on Environment and Development (UNCED), Rio de Janeiro, 1992, WHO is responsible for taking the lead with respect to environmental health.

The designation of such leadership roles needs to be respected to the full if sound complementary action is to take place.

World Bank

It is important to stress the strong partnership arrangements being built up with the World Bank. WHO has a long history of collaboration with the World Bank with a co-signed Memorandum of Understanding established in 1976. In recent years, the World Bank's increasing shift of resources into the social sector confirms the recognition by investment experts that economic development cannot be achieved without development in the social sector, particularly that of human resources. Fiscal year 1996 was the year of the highest lending to the health sector in the history of the World Bank, with US$2.3 thousand million of new commitments.

The World Bank and WHO have therefore developed a specific collaborative framework to support each individual country's health development. The thrust of the collaboration is to combine the Bank's resources, particularly financial, with WHO's policy guidance and technical expertise and cooperation process with the ministries of health of Member States. Since the first WHO/World Bank Review Meeting in Geneva[4], organized by the Division of Interagency Affairs in 1994, and with persistent and consistent follow-up of the activities worldwide[5,6], WHO and the Bank together have deepened their understanding of the most crucial elements of health development particularly in developing countries. As a result, the World Bank-financed development projects in countries are increasingly coming into line with Member States' priority needs and the advice and health policy directions of the World Health Assembly. The good consultation mechanism developed between WHO and the Bank has laid the foundation for maximum cooperation with the Member States.

---

[4] WHO/World Bank Partnership - Recommendations for action for health development. Report on a WHO/World Bank review meeting, Geneva, 31 October-2 November 1994 (document WHO/INA/95.1).

[5] WHO/World Bank Partnership - Procedural strategies for implementation of recommendations for health development (document WHO/INA/96.1).

[6] WHO/World Bank Partnership - The reform of the World Bank and its implications for health development. Report on a briefing meeting, Geneva, 12 June 1996 (document WHO/INA/96.2).

This type of consultation process may not necessarily be applicable to all agencies. One of WHO's strengths lies in the fact that, of all the UN agencies, it has the largest number of country offices, ensuring constant high quality advice to the ministries of health. The constant availability and provision of reliable health information and consultation mechanisms have been the crucial keys and the basis for the effective collaboration with the World Bank and other partners concerned.

Regional development banks

A similar deve' _ nent process has been conducted with five regional development banks (African Development Bank, Asian Development Bank, European Bank for Reconstruction and Development, Inter-American Development Bank, Islamic Development Bank). One example of successful collaboration has been the policy agreement reached with the African Development Bank, whereby, through regular joint consultative meetings, priority health programmes of each country are identified for possible receipt of financial support from the African Development Bank. Such a mechanism is particularly important to reduce duplication by making the best use of the most crucial available health information derived through WHO, with the country, for priority setting.

These types of partnership-building with the World Bank and other regional development banks are clear examples of success. However, as the funds from these banks are lending money which needs to be paid back after a certain number of years, sound guidance before projects start and lending begins is crucial for Member states, to avoid unnecessary borrowing and possibly a large financial burden in the future.

In 1994 the amount of financial resources allocated by the multilateral development banks for the social sector totalled approximately US$7.3 thousand million. It is believed that this level will be maintained and that the value of this type of partnership arrangement for health development will increase in the coming years.

Regional intergovernmental organizations

In recent years, regional intergovernmental organizations have become more influential with regard to the policy directions of the Member States of such organizations, such as the European Union (EU), the Association of Southeast Asian Nations (ASEAN) and the Southern African Development Community (SADC). These bodies are looking into ways of achieving better governance and to prevent conflicts as well as criteria for prioritized support for socioeconomic development.

WHO is actively building up new partnership relations with these regional groups, and social development is becoming a major focus of their interest. Collaborative actions with the intergovernmental organizations are being planned in a spirit of partnership and will be pursued more closely in the coming years in order to enhance technical and financial support for health development in countries in need.

Civil society

Many elements of civil society, such as nongovernmental organizations (NGOs), academic institutions, universities, foundations and the private sector, are vitally important groups for health development.

Nongovernmental organizations

WHO has long-standing close working relations with a large part of the NGO community; as of 1997, 188 NGOs in official relations with WHO[7] are working in support of internationally agreed policies in various fields of health. These NGOs are usually international groups made up of national entities. However, the time has now come to move ahead to take into account more national and regional NGOs, many of which are already participating, but on

[7] Directory of Nongovernmental Organizations in Official Relations with WHO. (Document WHO/INA/NGO/1995)

an ad hoc basis, in the health development process in a number of countries and in various areas, including humanitarian activities. In addition to technically oriented nongovernmental organizations, very strong partnership relations have been launched with others, such as the International Medical Parliamentarians Organization (IMPO). IMPO gives firm recognition to the value of global health development policies set by the World Health Assembly and is working with WHO to strengthen health development as a major component of national social and economic development. Such cooperation with parliamentarians is vital for the strengthening of national legislative processes for health development which are very much required in a large number of both developing and developed countries.

Academic institutions

In all countries of the world, universities and other academic institutions play the most crucial role for human resources' development and transfer of technologies. They are also at the centre of research activities. However, whilst much research is being conducted by various bodies it is sometimes questionable whether this is either the most relevant to the real needs of the people and/or whether the knowledge gained is being translated into action to meet the priority health development issues of the countries and being used most effectively for actual service delivery.

WHO has therefore considered it necessary to provide a platform and the opportunity for close interaction between academic institutions in developing and developed countries to, first of all, have full access to information on WHO and become partners in its activities for health. This approach also fosters opportunities for the activities of the academic institutions to be more closely associated with the areas of needs for health development in their own countries. Through matching WHO's international health directing and coordinating function with the enormous intellectual wealth of universities and other academic institutions, some of the widening gaps in health status can be rapidly reduced or even eliminated.

Examples of such collaboration are reflected in the successfully-completed one year consultation period with leaders of selected institutions based in the USA. The first such consultation took place at Emory University, Atlanta, which identified large areas for potential collaborative efforts for the African continent. A second one was at the University of California, Los Angeles (UCLA) to collaborate with Asian, Middle East, and African countries in their own health sector reform process. On the basis of these selected experiences, there is confidence that mechanisms for this partnership development with universities and other academic institutions can be put in place involving both developed and developing countries with WHO and other associated partners, including bilateral and multilateral funding institutions. This type of alliance should provide a stronger basis for conducting, in a concerted manner, the most necessary activities for countries' sustainable health development.

Opportunities will be seized whereby the many different experiences can be shared directly among those working together for change through improved communication systems and computer networks. Activities at the field level in this area will provide some models for follow-up with the private sector, including private foundations and private companies interested in introducing technology to support health development.

Foundations and private enterprises

WHO has a long history of collaboration with some major foundations in global health development. With increased awareness and commitment of large and middle-sized foundations, a much more useful and clear process can be created to link and complement other partnership activities, such as those of NGOs and universities and other academic institutions.

With regard to private enterprises, WHO has some experience in selected programme areas, such as tropical diseases and pharmaceuticals. There are a number of areas which could be suitable for potential support, especially

from the private sector — pharmaceutical, communication, computer, laboratory, environmental health, etc. A clear-cut framework for working with these types of private companies, be they technical or financial, has yet to be established. WHO is reviewing the various areas, paying particular attention to any possible sensitive issues, and it is hoped that some good models of collaboration can be developed. General trends show that WHO, an intergovernmental organization, should identify mechanisms whereby the private sector could be associated with the overall strategies and resources for national health development. For this, additional experiences and a review of each area of collaboration on a case by case basis will be important, bearing in mind that the basic agreement is founded on the acceptance of the overriding principle of WHO's mission, which is to cooperate with countries to achieve the highest attainable standard of health for their peoples.

Traditional approaches

Last, but by no means least, the traditional bilateral support from industrialized countries for health development in developing countries through technical cooperation activities calls for continued evaluation and evolution. Placing the recipient countries at the centre, and combining this with the mandated function of WHO to act as the directing and coordinating authority in international health work, is crucial if there is to be maximum impact from the resources available. Reduced financial resources for development is the current trend among industrialized countries' development agencies, due to so-called "donor-fatigue", as well as their search for more value for their money. It is imperative that WHO and development agencies compare notes and strive for a much closer collaborative effort, fully respecting the recipient country's health needs and priorities. In the final analysis, what is most important is for governments of developing countries to manage their own health matters in an independent and self-sustaining manner. To this end, there is some hope that a gradual shift from quantity to quality support, particularly in health, will yield the necessary results. However, it is considered that the currently available financial resources derived from aid agencies are either insufficient, or are being used in an uncoordinated manner, thus decelerating

this process. This situation must first be closely examined providing the basis and legitimacy for increased investment. In this respect, the framework for the WHO Global Partnership Initiatives for Health Development would provide a new avenue for bilateral development agencies to achieve a more effective use of funds for the achievement of peoples' health development.

WHO seeks to coordinate efforts for capacity building in Member States through continued advice and technical cooperation, with the countries at the centre of the coordination of the external resources, based on their own health priority setting processes. In this way a new way of working with existing and potential external partners is being sought, so that complementarity, consistency and effectiveness will be the rule and not the exception.

More effective conduct of WHO activities

WHO can be much more effective in conducting its activities. Its efforts to make the Global Partnership Initiatives for Health Development work for the Member States are certainly some of the most important: for this it is essential to ensure the leadership role of WHO in health development, its quality support to all Member States, and the maximum effectiveness and efficient use of external technical and financial resources available for the countries in need.

In the domain of thematic approaches, the top priority for WHO is support for African health development within the larger context of African recovery and development. Support to African countries is not a local but a global issue. The lack of such integration of the people of the African continent into global development is not a political, social or economic option.

A second thematic approach is on filling the social gaps created during the recent dynamic development, particularly in the economic area, in parts of Asia and the Pacific.

4. FOCUSED SUPPORT AND THEMATIC APPROACHES

African health development

Concerning support for health development within overall African recovery and development, WHO's policy orientation is, **first of all**, to support the country-driven and collective agendas of African governments and their institutions. **Second**, the Organization facilitates action relating to the commitments of African Heads of States and Governments which are articulated in the Cairo Agenda for Action of 1995[8]. **Third**, WHO is a most active partner organization in support of the health sector reform component and health-related programmes of the United Nations System-wide Special Initiative on Africa, agreed upon by the Administrative Committee on Coordination in October 1995 and launched in March 1996. These approaches have been endorsed by the World Health Assembly through Resolution WHA49.20: "Collaboration within the United Nations system and with other intergovernmental organizations: orientation of WHO policy in support of African recovery and development", adopted in May 1996 (Annex 2). **Fourth**, WHO strongly promotes the Treaty establishing the African Economic Community. In this connection, at the request of the Organization of African United (OAU), WHO prepared a health protocol for the Treaty which is being accepted by all governments in Africa. It is crucial that the health issue is given a permanent central place in the overall development, peace and security agendas in African countries. **Fifth**, WHO is strengthening the already existing strategic alliances with the OAU, the Economic Commission for Africa and the African Development Bank.

The above information provides some concrete examples of WHO's Global Partnership Initiatives for Health Development linking regional organizations,

[8] Organization of African Unity (OAU), Fifth Conference of African Ministers of Health Cairo, 24-29 April 1995.

UN regional agencies and regional development banks. All are working according to their specific but complementary health policy orientations which WHO has assisted to develop.

Sixth, WHO is also working with sub-regional organizations, such as the Southern African Development Community (SADC) and the Common Market for Eastern and Southern Africa (COMESA) which are working increasingly in the social sector, including health.

Lastly, within WHO, it is important to note the establishment of an Organization-wide WHO Working Group on Continental Africa in 1994. This group is facilitating WHO's coordinated response and contribution to the implementation of the United Nations New Agenda for Development of Africa in the 1990s (UN-NADAF) and the activities just listed above. This Working Group includes representatives of all relevant WHO headquarters' programmes and the two regional offices — for sub-Saharan African and the Eastern Mediterranean — as well as the WHO Office for the Organization of African Unity and the Economic Commission for Africa, located in Addis Ababa, Ethiopia. As Chairman of the Working Group, the Director of the WHO Division of Interagency Affairs is able to provide the overview required for broad coordination and harnessing of efforts which can have a substantial impact at the country level, not otherwise achievable through independent unconnected approaches. Reference is made to this particular aspect in the strong belief that the potential exists to deepen existing and create many new partnerships in support of Africa, as fostered by WHO in the field of health.

Asia and the Pacific

For Asia and the Pacific, more time and resources are needed to develop a comprehensive process. However, the efforts to strengthen partnership relations between WHO and the Asian Development Bank, for example, have already started through policy dialogue with substantial technical inputs from WHO. It is hoped that this collaborative activity, which only got underway in 1996, will provide a tremendous opportunity for a number of

institutions to work hand in hand with WHO in support of different Member States in Asia and the Pacific, particularly those aiming to fill the gaps in health status in Southern Asia and some parts of South-East Asia.

* * *

The above are examples of activities of the WHO Global Partnership Initiatives for Health Development which are growing rapidly because governments recognize that the inherent potential is greater than hitherto probed. There is a need for a better understanding among all parties concerned; their full participation is required in order to provide the best expertise based on their experiences in public health development in developing countries. In particular, intensive participation of universities and other academic institutions and the private sector in these Initiatives is expected by the Member States.

The cooperation of all partners is called upon for the betterment of people's lives and to pave the way for overall development, peace and security in the coming century that can do justice to the knowledge gained to date.

ANNEX 1

WHA49.19 Collaboration within the United Nations system and with other intergovernmental organizations: WHO policy on collaboration with partners for health development

The Forty-ninth World Health Assembly,

Concerned about the widening gap in health status of populations within countries and between developed and developing countries, as well as the recent drastic changes affecting socioeconomic development;

Welcoming WHO's forward-looking measures to revitalize existing relations and to form new ones with intergovernmental organizations concerned with health and health-related fields, and the significant steps taken to develop WHO's new partnership with the World Bank and to agree on action to combine the two organizations' complementary technical expertise and financial resources,

1. COMMENDS the progress made at global, regional and country level to implement the WHO policy of forming and strengthening partnerships within a United Nations system currently under reform and with different elements of "civil society" to place health at the centre of development;

2. URGES Member States, together with WHO, to play a strong coordinating role in working with external partners in health development, to establish health as a central component of national development, and to ensure capacity-building for health and overall development;

3. CALLS ON the international community, including development agencies and "civil society", to join forces in pursuing the WHO policy on collaboration with partners for health development and to mobilize further necessary technical and financial resources;

4. REQUESTS the Director-General to keep the Health Assembly informed of intensified collaboration with partners in the United Nations system, in particular the World Bank, and of developments in strategic alliances with intergovernmental organizations, notably the five regional commissions of the United Nations Economic and Social Council, the five regional development banks, and other regional intergovernmental institutions including the Organization of African Unity, the European Union, the Organization of American States, the African Economic Community and Asia-Pacific Economic Cooperation.

Hbk Res., Vol. III (3rd ed.), 7.1.1

(Sixth plenary meeting, 25 May 1996 - Committee B, third report)

ANNEX 2

WHA49.20 Collaboration within the United Nations system and with other intergovernmental organizations: orientation of WHO policy in support of African recovery and development

The Forty-ninth World Health Assembly,

Deeply concerned about the serious situation affecting health and development in Africa, and the need for intensified, coordinated action;

Welcoming the steps taken by the Administrative Committee on Coordination to launch the United Nations System-wide Special Initiative on Africa;

Welcoming further the conclusions reached at ACC's first regular session of 1996 on the need to foster a decentralized, "country-driven" approach to implementation, to make maximum use of existing coordination mechanisms, in particular the lead and collaborating agencies, and to encourage the building of strong partnerships with governments, nongovernmental organizations and other elements of "civil society";

Appreciating the World Bank's action to mobilize the resources required for implementing the Special Initiative, the framework developed by the Bretton Woods institutions to solve the debt problems of African and other heavily indebted countries, and the need to foster health and social development in the context of structural adjustment;

Appreciating WHO's active promotion of and support for the Treaty Establishing the African Economic Community and its assistance in drafting the health protocol at the request of the Organization of African Unity;

Recognizing the solid basis for health development support constituted by WHO's organizational arrangements, including the network of collaborating centres and other partnerships, within and outside Africa,

1. WELCOMES the steps taken by WHO to ensure coordination of interagency support for implementation of the health component of the United Nations System-wide Special Initiative on Africa;

2. ENDORSES the orientation of WHO's policy in support of African recovery and development, responding to nationally defined needs and priorities, making full and effective use of African institutions as well as other partnerships within and outside the United Nations system;

3. URGES Member States to adapt their plans for health development support to reflect the specific framework for health policy and establishment of priorities in the African countries concerned, as endorsed by the WHO Regional Committees for Africa and the Eastern Mediterranean, and by the Health Assembly;

4. INVITES all development agencies and multilateral financial institutions concerned, including the World Bank, to make concerted efforts with WHO to mobilize the technical and financial resources required to implement the Special Initiative and other high-priority health initiatives in support of African recovery and development;

5. REQUESTS the Director-General to keep the Health Assembly informed of progress made in these initiatives, ensuring that the health component is placed at the centre of African development.

Hbk Res., Vol. III (3rd ed.), 7.1.1

(Sixth plenary meeting, 25 May 1996 - Committee B, third report)

Further information on the meeting and follow-up activities available from:

Division of Interagency Affairs (INA)
World Health Organization
CH-1211 Geneva 27
Facsimile No. (41-22) 791 48 43
Telephone No. (41-22) 791 27 39/27 41