



World Health Organization



United Nations Population Fund

High-level Consultation between WHO and UNFPA

Presided over by

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Director-General, WHO

and

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Summary Report

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EXECUTIVE SUMMARY

A high-level consultation was held at WHO Headquarters in Geneva, Switzerland on 9 December 2002 between the Director-General of WHO, Dr Gro Harlem Brundtland, and the Executive Director of UNFPA, Dr Thoraya Obaid, together with senior staff members from the two agencies. This consultation followed a meeting of technical staff from UNFPA and WHO on 17–18 June 2002 also held at WHO Headquarters in Geneva.

The purpose of both meetings was to enhance collaboration in implementing activities of mutual interest and to mainstream complementary efforts towards the fulfilment of international development goals in the area of reproductive health, including goals set by the International Conference on Population and Development (ICPD), the Fourth World Conference on Women (FWCW) and their respective five-year reviews of implementation, as well as the Millennium Development Goals (MDGs). This report summarizes the presentations made and the recommendations agreed upon at the high-level consultation.

The consultation focused on main issues of common concern to the two organizations, including, among others:

- the inclusion of the reproductive health goals in MDG reports;
- the inclusion of reproductive health in Poverty Reduction Strategy Papers (PRSPs);
- a common effort to ensure that reproductive health receives due investment within sector-wide approaches (SWAs);
- establishing the links between reproductive health, including maternal and neonatal health, and poverty;
- developing indicators for universal access to reproductive health for monitoring progress towards ICPD goals;
- bridging programme gaps between HIV/AIDS prevention and care and reproductive health services.

Agreements reached on these issues are summarized hereunder and further elaborated in the report:

- **Enhanced collaboration in UN processes.** Both agencies will reinforce the inclusion of reproductive health and gender in PRSPs, SWAs, health sector reforms and Common Country Assessments/United Nations Development Assistance Fund (CCA/UNDAFs). They will work together more strategically within United Nations Country Teams (UNCT) and United Nations Development Goals (UNDG) and make sure that reproductive health and gender are addressed in MDG country reports. The two agencies will coordinate plans for their participation in ICPD+10.
- **Collaboration in programme activities.** Both agencies will make efforts to link reproductive health and HIV/AIDS more explicitly, giving special attention to adolescent health and development, promotion of a rights-based approach, and sexually transmitted/reproductive tract infections (STI/RTIs). Dual protection against unwanted pregnancy and STIs, and increased access to skilled care during pregnancy, delivery and the postpartum period will be promoted.
- **Technical collaboration.** Consultations will be pursued to elaborate issues related to reporting on the ICPD goal of universal access to reproductive health by 2015, including goals, targets and indicators. In the context of collaboration on the WHO document on

maternal and neonatal health and poverty, both agencies will highlight the links between investment in reproductive health and poverty reduction. The two agencies will jointly develop a project proposal within the strategic partnership programme as part of the new UNFPA Technical Advisory Programme (TAP).

- **Joint publications.** The list of reproductive health commodities will be finalized and published. To advance advocacy and knowledge sharing, a joint advocacy brochure will be prepared on sexual and reproductive health and rights, and WHO will provide input into the preparations for the State of the World Population 2003 and 2004 reports.

The meeting reaffirmed the need to continue bilateral consultations twice a year, with a June working-level meeting and a meeting at the level of executive heads in December. It was decided to issue a joint letter from the Director-General of WHO and the Executive Director of UNFPA to regional and country office staff of both agencies informing them of the decisions reached at this meeting (see Appendix).

1. BACKGROUND

The United Nations Population Fund (UNFPA) and the World Health Organization (WHO) have collaborated over the years at both headquarters, regional and country levels in the areas of sexual and reproductive health, and of population and development. Both agencies are committed to providing concerted support to the achievement of international development goals in reproductive health. This partnership has contributed towards providing technical assistance and policy advice to governments on reproductive health and population programmes in order to help countries address reproductive health issues and evolving needs and to build national capacity and competence in service delivery.

The work of the Department of Reproductive Health and Research (RHR), within the Cluster on Family and Community Health (FCH) of WHO, is based on agreements adopted at ICPD and its follow-up, within the context of WHO's corporate strategic directions. Within WHO's corporate core functions, the Department's work focuses on generating evidence and new knowledge for action, standard-setting, development of norms and tools, technical, policy and programme support and advocacy.

Reproductive health is a central element of UNFPA's activities. The Fund assumes a strong leadership role in implementing the ICPD Programme of Action, guided by a rights-based approach and a holistic vision of reproductive health. The Fund works with partners towards integrating reproductive health and gender concerns in global and national development frameworks.

UNFPA is a cosponsor of the Special Programme of Research, Development and Research Training in Human Reproduction (HRP), along with the United Nations Development Programme (UNDP), WHO and the World Bank. As a cosponsor, it has made contributions both to policy directions of HRP and to its financial base.

Based on the need to foster and strengthen WHO-UNFPA collaboration in specific areas of mutual interest within the respective agencies' programmes of work, WHO and UNFPA convened a joint technical consultation in Geneva, on 17–18 June 2002, of which the main recommendations were as follows:

- **Millennium Development Goals (MDGs)**

Close collaboration should reinforce the implementation of common objectives towards achievement of the Millennium Development Goals (MDGs). WHO will keep UNFPA informed about its activities in pursuit of WHA Resolution 55/19 on WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration, in particular, on the request to the Director-General to develop a strategy for accelerating progress towards the attainment of international development goals and targets related to reproductive health.

- **Common framework for monitoring progress**

WHO and UNFPA proposed to develop a common framework for the routine monitoring of progress towards international development goals and MDGs, including the processes for country, regional and global monitoring.

- **Implementing best practices**

RHR and UNFPA, together with other programmes and agencies, have been actively involved in the development of the Implementing Best Practice initiative in reproductive health. It was proposed that RHR and UNFPA should discuss how to proceed with enhancing the operationalization and utilization of this initiative, perhaps with the involvement of Country Support Teams (CSTs) and the Quality of Care (QOC) initiative, as well as other partners.

- **Essential drugs and reproductive health commodities list**

It was agreed that the draft Reproductive Health Essential Drugs and Reproductive Health Commodity List will be published jointly by WHO and UNFPA as a discussion document, and a technical consultation to review experience with the list will be organized in one year.

- **Involvement of UNFPA in RHR priority-setting**

RHR is involved in priority-setting for reproductive health research and programmatic activities for the period 2004–2009. RHR proposed to invite UNFPA to participate in the Technical Consultations to examine priorities in the area of reproductive health.

- **Reproductive health in emergency situations**

WHO and UNFPA are committed to addressing reproductive health needs of individuals, families and communities during conflict and displacement. It was proposed to collaborate towards ensuring that there are adequate, appropriate and up-to-date guidelines addressing this issue, and the Technical Officer from the UNFPA Emergency Response Group should follow this up with WHO.

- **Strategic Partnership Programme (SPP)**

WHO looks forward to further strengthening collaboration with UNFPA through the proposed Strategic Partnership Programme. RHR will identify work plans on key product areas in line with the SPP operational framework as soon as it is finalized by UNFPA for bilateral collaboration.

2. OPENING REMARKS

Dr Gro Harlem Brundtland, Director-General, WHO

Sexual and reproductive health occupies a central place in the work of WHO and is the common ground of cooperation between our two agencies. Its importance is indicated in the 2002 World Health Report, which ranked unsafe sex as the second most important risk factor affecting health.

Yet, despite the efforts exerted since Cairo to promote the ICPD Programme of Action, reproductive health and, in particular, sexual and reproductive rights and the provision of information and services for adolescents remain sensitive, even contentious issues in many quarters. Perhaps this explains the regrettable failure of the Millennium Declaration to make reference to the ICPD goal of universal access to reproductive health services. As a result, this goal is missing from the Millennium Development Goals.

Sexual and reproductive rights, making pregnancy safer and HIV/AIDS are priority areas of work within our Family and Community Health Cluster and are mainstreamed all through the Organization. Also, adolescent sexual and reproductive health is of special concern to our work, as half the world's population is under 25 years of age and half of all new cases of HIV infection are among young people aged 15–24, with girls carrying the greater burden.

There are, however, several positive developments in furthering the goals of ICPD, despite the financial constraints we are experiencing, and of which UNFPA is painfully aware. For instance, remarkable progress has been made in many countries in moving forward the sexual and reproductive health and rights agenda, and this has been in no small measure the result of our joint commitment and UNFPA's tireless efforts.

I believe the last five years have been good for our relationship. We have come to a better understanding and appreciation of each other's strengths. We need to continue together on this path by advocating and programming for sexual and reproductive health in the spirit of Cairo, which we share. And we need to strengthen our cooperation at the country level so that our complementary strengths serve our constituencies in the most efficient and effective manner.

Dr Thoraya Obaid, Executive Director, UNFPA

My colleagues and I are very grateful for this opportunity to share views and discuss ways of strengthening our much-valued collaboration. No UNFPA alliance is more strategic than the longstanding one with WHO, and we are prepared to strengthen and expand this partnership—starting with our closest ally, the Family and Community Health Cluster headed by Dr Türmen, while reinforcing our collaboration with other departments in other clusters such as the Clusters on Evidence and Information for Policy and on Sustainable Development and Healthy Environments.

UNFPA's mission is to ensure that reproductive health, population dynamics and gender equality figure prominently on the development agenda, within the overarching framework of the Millennium Declaration and its goals and targets. Together with other partners, we should develop a strategy to defend the rights of women, men and adolescents

to access information and services, including by assisting countries in building national capacities towards the attainment of the ICPD goals. The reproductive health goal can and will be mentioned in national reports on the MDGs.

The WHO landmark publication by the Commission on Macroeconomics and Health in 2001 affirms that poor health is poverty's companion. This is also true of reproductive health. In this connection, it is worth mentioning that our State of the World Population (SWOP) Report was able to show that promoting better reproductive health also promotes economic growth and reduces poverty. The SWOP Report also underlined the threat of the HIV/AIDS pandemic and its close ties with poverty. We are collaborating with WHO and the World Bank on a major effort to better demonstrate the benefits of investing in reproductive health as an effective poverty reduction strategy.

Such evidence should strengthen the consensus around population and development reached at ICPD in 1994. It should ensure that reproductive health information and services are recognized as essential for meeting the Millennium Development Goals adopted in 2000, including the aim of reducing extreme poverty by half by 2015. Seven of the eight MDGs are highly sensitive to success in broadening access to reproductive health services. This should remind international donors that reproductive health programmes need and deserve funding. External assistance for these essential programmes is still less than half the required level.

Our respective roles are very clear. In the area of reproductive health, UNFPA assists countries in operationalizing reproductive health programmes in line with norms, standards and technical guidance provided by WHO. In June this year we held a bilateral consultation and we developed a matrix to highlight main areas of collaboration. This practical tool should enable us to maintain the flow of communication, respectful of each other's strengths and limitations.

3. SEXUAL AND REPRODUCTIVE HEALTH AT A CROSSROADS

Presentation by Dr Tomris Türmen, Executive Director, WHO/FCH

The ICPD Programme of Action marked a radical paradigm shift with the adoption of a holistic approach to reproductive health—a rights-based, gender-sensitive, client-centred approach, with attention to neglected issues such as female genital mutilation and violence against women.

Since then, the concept of reproductive health has been internalized in most countries. New policies and programmes have been defined, new partnerships formed and new evidence collected. However, there remain instances of only patchy implementations of holistic and integrated services, difficulties in scaling up to sustainable programmes, and uncoordinated approaches from multiple players. Globally, there has been progress in contraceptive use, newborn health and safer sexual behaviour, but no progress when it comes to maternal deaths, curable STIs, HIV/AIDS and unsafe abortion, for example.

New dimensions of the sexual and reproductive health agenda are emerging and include the need to:

- Advocate for reproductive health services to be used as entry points for HIV/AIDS prevention and care;
- Use reproductive health as a compelling basis for strengthening health systems;
- Demonstrate linkages between reproductive ill-health, poverty and development;
- Improve monitoring and evaluation to document progress in processes and outcomes;
- Strengthen the case for investing in sexual and reproductive health because of its impact on economic development.

The UNFPA/WHO partnership for better sexual and reproductive health can be effective in working closely with countries, dispelling misconceptions about reproductive health, uniting HIV and reproductive health constituencies and alleviating poverty.

Discussion

In the ensuing discussion, consensus emerged on a number of points:

- The concept of reproductive health requires continued advocacy. In some countries, it is accepted at a technical level but is not internalized politically. Countries with successful technical programmes such as the Islamic Republic of Iran and Sudan could be promoted as models for others.
- Both agencies need to promote reporting by countries on their progress towards attainment of the MDGs and other internationally agreed goals in reproductive health. This will require collaborative work to define "access to reproductive health"—an issue that is still unresolved.
- MDGs cannot be achieved without attention to the poorest segments of the population. The relationship between poverty and reproductive health needs to be explored. As a first step, UNFPA and WHO are collaborating with the World Bank and other partners in an analysis of the links between maternal and newborn health and poverty. A report of this analysis, expected in September 2003, may contribute to the ICPD+10 review that is being planned.
- There was agreement that the fields of reproductive health and HIV/AIDS should be brought closer together. Messages need to be harmonized, integrating human rights and health language. Lessons should be learned from countries where linkages between both have been strengthened. Costing studies would be useful to demonstrate that investing in reproductive health is cost-effective.
- There was considerable discussion on the promotion of abstinence-only programmes, sometimes made conditional to the availability of financial resources at country level. The consensus was that these programmes should not be set in opposition to other approaches in reproductive health but should create the opportunity for a constructive dialogue based on a positive attitude towards culture, religion and human rights. The need to defend the right of women to make reproductive choices was reaffirmed.
- Collaboration between UNFPA and WHO should continue to focus on:
 - reproductive health and poverty;
 - indicators for access to reproductive health services;

- strengthening the place of reproductive health in poverty reduction strategy papers and sector-wide approaches;
- developing the Strategic Partnership Programme;
- developing guidelines and tools - particularly for STIs and RTIs;
- finalization of the list of essential reproductive health commodities.

It was agreed that bilateral meetings should be held regularly and that, on the occasion of ICPD+10, a brochure should be issued highlighting areas of collaboration and complementarity between the two agencies.

4. STRATEGIC INITIATIVES: WHO AND UNFPA

Presentation by Dr Xavier Leus, Director, Cooperation and Country Focus (CCO), WHO

As an outcome of the Cabinet Project on Strategies for Partnership and Cooperation, the WHO Director-General announced the Country Focus Initiative (CFI) in the World Health Assembly in 2002. The aim was to scale up WHO's focus on countries to enable them to exert a greater influence on global and regional public health interventions.

The key instrument of the CFI is the Country Cooperation Strategies (CCS). These strategies are jointly defined for each country by national authorities and WHO for the medium term, and combine a realistic assessment of country needs with WHO's country and regional priorities and its corporate strategy. The CCS entails making strategic choices as to which aspects of the country's work on health and health development WHO is best placed to support, identifying components which are based on global areas of work outlined in the Programme Budget 2002-03. To date there are about 30 CCS papers, and this number is expected to double by the end of 2003.

The purpose of the CFI is to ensure that WHO focuses better on the needs of countries by supporting effective health action through both standard setting and technical cooperation. The expected outcomes are:

- improved core competencies of WHO country teams to enable them to pursue the agreed strategy;
- enhanced capacity of regional and Geneva-based WHO programmes to support country action;
- improved WHO administrative systems to support operations of WHO country offices more effectively;
- improved sharing of information between WHO and countries;
- increased ability of WHO to work with the UN system, the World Bank and other development partners;
- greater integration of health programmes in national development policies (theme groups, UN reform groups, macroeconomics and health committees, Global Fund, SWAPs, donor round tables).

Presentation by Ms Mari Simonen, Director, Technical Support Division (TSD), UNFPA

UNFPA's two-year transition process took account of important changes in the global environment since 1994, necessitating new strategies, staff skills and operational approaches to achieve the ICPD goals, the ICPD+5 key targets and the MDGs. This changing environment calls for reducing duplication with other agencies and increasing effectiveness of development aid in the context of poverty reduction. Furthermore, it calls for the Fund to adapt itself to new modalities of development cooperation, such as PRSPs, SWAps, health sector reform and MDGs.

UNFPA's new strategic direction includes the following elements:

- tying programme support to national policy development;
- building evidence base, test innovative approaches and strategies, identify lessons learned and replicate good practices;
- increasing visibility and credibility in national policy-making and planning processes;
- focusing primarily on the ICPD agenda rather than on independent projects;
- demonstrating progress through achieving measurable results;
- establishing strategic alliances with a wider range of partners to leverage resources in support of ICPD goals;
- proposing strategic interventions that can be adopted/scaled up by development partners.

Specifically, in the areas of reproductive health and gender, the Fund's strategy calls for adopting a rights-based, life-cycle approach to programming. In the area of policy dialogue, the strategy calls for highlighting issues of gender equity, equality and women's empowerment. In the area of population and development, it calls for enhanced capacity-building in data collection in order to demonstrate links between population trends, poverty and other economic and social challenges.

5. AREAS OF COLLABORATION AND KEY TECHNICAL ACTION POINTS

Presentations by Dr France Donnay, Chief, Reproductive Health Branch, UNFPA and Dr Paul Van Look, Director, Department of Reproductive Health and Research, WHO

The presentations reviewed the areas of collaboration developed at the June 2002 technical consultation between the two agencies, summarized progress made to date, discussed cross-cutting issues, proposed action points, and discussed a common agenda for the ICPD+10 conference. In both presentations, reference was made to the global conferences in which reproductive health had been discussed and the actions being taken by each agency to achieve the set goals.

Issues of common concern to the two agencies include:

- ensuring the inclusion of the reproductive health goals in MDG reports;
- ensuring the inclusion of reproductive health in PRSPs;
- ensuring that reproductive health receives due investment within health SWAps;
- establishing the links between reproductive health (including maternal and neonatal health) and poverty;

- developing indicators for access to reproductive health in order to monitor progress towards ICPD goals;
- reducing within the two organizations programme gaps between HIV/AIDS prevention and care and reproductive health services.

Specific areas of collaboration were outlined as follows:

1. *Family planning*. UNFPA and WHO will produce simplified tools for decision-making on contraceptive methods by both providers and clients, in particular on issues of safety and emergency contraception.
2. *Making pregnancy safer*. UNFPA and WHO will develop a common strategic framework on skilled attendance, develop a new partnership for safe motherhood and neonatal health, participate in a joint initiative on obstetric fistulae and participate jointly in the MDG Task Force on maternal and child health.
3. *Adolescent health and development*. The two agencies will collaborate on innovative programming for married adolescents and youth-friendly services. WHO will collaborate in the preparation of the SWOP 2003 Report, which will be on this theme. They will also collaborate on the revision of WHO counselling guidelines.
4. *STI/RTIs*. WHO will provide input into UNFPA information notes to country offices and share research and technical guidelines on microbicides and the female condom.
5. *HIV/AIDS*. The two agencies will collaborate on HIV prevention for young people and pregnant women (mother-to-child transmission), as well as on condom programming, including training on the male condom.
6. *Operationalization of reproductive health*. The two agencies will work together to improve quality of care, increase demand for services by the poor and make joint efforts to enhance reproductive health commodity security.
7. *Gender and rights*. Both will adopt a rights-based approach and work together with treaty bodies. They will cooperate in addressing gender-based violence and female genital cutting.
8. *Reproductive health in emergencies*. WHO/RHR will set technical standards to be reflected in jointly proposed guidelines and tools.
9. *Implementing the Best Practices (IBP) initiative*. UNFPA and WHO will enhance the operationalization and utilization of the IBP initiative, perhaps with the involvement of the UNFPA Country Support Teams (CSTs).

Discussion

The discussion that followed reached a consensus on the following action points:

- A joint letter will be issued to all WHO and UNFPA field offices from WHO Director-General and UNFPA Executive Director (see Appendix.)
- A joint UNFPA/WHO advocacy brochure on sexual and reproductive health and rights will be prepared.
- As part of their collaboration on the forthcoming WHO document on maternal and neonatal health and poverty, both agencies will highlight the links between increased investment in reproductive health and poverty reduction. WHO Country Representatives will be reminded to emphasize the link between reproductive health and poverty in the work of national commissions on macroeconomics and health.
- Both agencies will reinforce the inclusion of reproductive health and gender in PRSPs, SWAps, health sector reforms and CCA/UNDAFs.
- In 2003, WHO and UNFPA will work together on MDGs, making sure reproductive health and gender are addressed in country reports.

- A technical meeting will be organized by WHO to clarify issues related to reporting on the ICPD Goal of universal access to reproductive health by 2015, including targets and indicators.
- UNFPA and WHO will work more strategically to ensure coordination between themselves and UN Country Teams and other teams working on United Nations Development Goals.
- WHO will develop a plan for its contribution to ICPD + 10.
- Efforts will be made to emphasize the importance of the links between reproductive health and HIV/AIDS, and this topic could be included in ICPD+ 10 activities.
- UNFPA and WHO will give special attention to adolescent health and development, a rights-based approach, and STI/RTIs.
- The matrix on collaborative activities will be updated twice a year, and a summary with priority areas of collaboration will be circulated to the UNFPA Executive Committee along with the report of this meeting.
- It is recommended that bilateral meetings take place twice a year, once at the technical level and once at the executive heads level. The next technical level meeting is proposed for mid-2003, and the next heads-level consultation for December 2003.
- For the Strategic Partnership Programme, WHO was invited to submit to UNFPA a draft proposal outline, focusing on one or two specific products—with a clear understanding that the situation with regard to UNFPA resources next year is extremely uncertain.
- The list of reproductive health commodities will be finalized as a matter of high priority.
- With regard to the State of the World Population 2003 and 2004 reports, WHO was informed of the themes and invited to contribute to both reports.

APPENDIX

Joint Letter to WHO and UNFPA Field Offices



World Health Organization



United Nations Population Fund

Subject: WHO/UNFPA collaboration

To: UNFPA Country Representatives and CST Directors
WHO Regional and Country Offices

*cc: All UNFPA Staff
Senior Technical Staff, WHO FCH and EGB*



World Health Organization



United Nations Population Fund

17 April 2003

Dear Colleagues,

The high-level consultation between WHO and UNFPA in December 2002 prompted the present joint letter to our regional and country office staff with the aim of further enhancing our collaboration at country level and making our operations more effective. It was also agreed to continue regular senior staff technical meetings and annual reviews, at the Executive Head level, of progress made in areas of cooperation set forth below.

There is increasing recognition among multilateral agencies of the potential benefit of fostering strategic partnerships in which the comparative advantages of respective agencies are put to best use by placing emphasis on complementarity and synergy, and harnessing and utilizing available resources more effectively. In this connection, we were pleased to note that there has been a long-standing and fruitful collaboration between WHO and UNFPA at country, regional and headquarters levels, in the areas of sexual and reproductive health, gender, HIV/AIDS, and population and development.

Our agencies are committed to providing concerted support to the implementation of the Programme of Action of the International Conference on Population and Development (ICPD) and the Key Actions identified at ICPD+5. In addition, we realize that due to the inter-connected nature of the Millennium Development Goals (MDGs), implementation of the Cairo agenda is essential to the achievement of all MDGs, not only those related to population and reproductive health.

At our meeting we acknowledged that, in spite of our efforts and the commitments of governments and our partner organizations to achieve the international development goals in reproductive health, the burden of sexual and reproductive ill-health remains staggering. Reproductive ill-health accounts for some 30% of the overall burden of disease and disability among women of reproductive age in developing countries. Problems related to pregnancy and child-bearing represent 14% of healthy years of life lost in women of reproductive age, in addition to 13.8% lost because of sexually transmitted infections, including HIV. In WHO's World Health Report 2002, unsafe sex was identified as the second most important risk factor contributing to the global burden of disease. Globally, about 2.9 million deaths (5.2% of total) and 91.9 million DALYs lost (6.3% of all) are attributable to unsafe sex. By the end of 2002, an estimated 42 million adults and children were living with HIV/AIDS, with about 5 million new HIV infections annually, 50 per cent among young people aged 15-24 years. The majority of these infections—over 70 per cent—are attributable to unsafe sex. Women are more vulnerable and disproportionately affected.

Our agencies are committed to working together more closely to provide increased scientific and technical support to countries to ensure the implementation of equitable and high-quality prevention and care programmes, realizing that addressing reproductive health inequalities promotes socio-economic development and thus contributes to poverty reduction. We are also putting greater emphasis on a rights-based approach to programming in reproductive health, in part through promoting human rights instruments which provide a powerful basis for advocacy in favour of legal, legislative and policy reforms to improve reproductive health.

Specifically, we call upon all staff in our respective agencies, especially at the country level, to articulate consistent, ethical and evidence-based policy and advocacy positions for more effective reproductive health programmes. Areas of particular focus should include:

- providing updated guidelines on family planning for service providers and clients;
- maintaining an up-to-date joint UNFPA/WHO reproductive health commodities list;
- increasing access to skilled care during pregnancy, birth and the postpartum period for the reduction of maternal and newborn mortality and morbidity;

- promoting dual protection against unwanted pregnancy and sexually transmitted infections; and
- exchanging information and lessons learned in the provision of youth-friendly sexual and reproductive health services, especially in the area of HIV/AIDS prevention.

Our collaboration at country level in providing technical and programming guidance on substantive areas will become even more effective when placed within the context of CCA/UNDAFs, and in the formulation of operational strategies for SWAps and PRSPs.

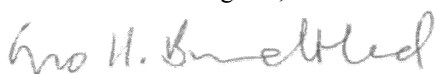
We, therefore, propose that in areas that fall within our respective mandates such as health, gender and poverty reduction, the following steps be taken towards a coordinated effort:

- WHO and UNFPA offices should work together in UN Country Teams to promote reporting on the ICPD goal of universal access to reproductive health (Principle 8, ICPD Programme of Action) while supporting the preparation of MDG national reports.
- WHO and UNFPA country offices will jointly promote ICPD-related issues in the framework of national activities in follow-up of the recommendations of the global report of the Commission of Macroeconomics and Health, issued in 2000.
- WHO and UNFPA will collaborate in health sector SWAps, specifically by advocating for adequate investments in reproductive health, including adolescent reproductive health; by strengthening logistics systems to ensure reproductive health commodities security; by gathering evidence and making a case for the cost-effectiveness of reproductive health interventions; by achieving wide stakeholder participation, as well as by ensuring that reproductive health interventions are adequately included in minimum packages of services, and that appropriate reproductive health indicators are used to monitor relevant health sector outcomes.
- WHO and UNFPA will adopt common strategies for making health, including reproductive health, a central theme and a political priority in policy instruments such as PRSPs, CCAs and UNDAFs, as well as for strengthening cross sectoral synergy between health and other sectors, especially gender and population.
- WHO and UNFPA will strengthen their collaboration to fight the HIV/AIDS epidemic, especially within UN Theme groups.
- WHO and UNFPA will jointly develop a Strategic Partnership Programme as part of the new UNFPA Technical Advisory Programme (TAP).

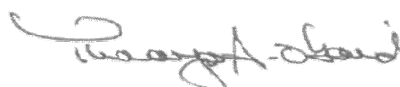
To enhance advocacy and knowledge sharing, we already agreed to publish a brochure highlighting the areas of collaboration between WHO and UNFPA. In this connection, we will ask you to provide country-level examples of disseminating evidence-based tools and experiences, joint technical consultations, joint missions and exchange of expertise.

We are confident that through our joint efforts, and in cooperation with countries, we can accelerate progress towards the attainment of the MDGs and thus contribute to the sustainable development of all the communities we serve.

With warmest regards,



Gro Harlem Brundtland,
Director-General, WHO



Thoraya Ahmed Obaid
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Ms Ina Warriner	Technical Officer, Preventing Unsafe Abortion
Ms Jane Cottingham	Responsible Officer, Gender Issues and Reproductive Rights
Ms Margaret UsherPatel	Technical Officer, Implementing Best Practices

Department of Child and Adolescent Health and Development (CAH)

Ms Jane Ferguson	Coordinator, Adolescent Sexual and Reproductive Health
Dr Adepeju Olukoya	Medical Officer, Adolescent Sexual and Reproductive Health

Department of Gender and Women's Health (GWH)

Dr Daniel Makuto	Acting Director
Dr Claudia Garcia-Moreno	Coordinator, Gender

Department of HIV/AIDS

Dr Isabelle de Zoysa	Director, Prevention
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Cluster on External Relations and Governing Bodies (EGB)

Ms Nadia Younes	Executive Director
Ms Cecilia Rose-Oduyemi	External Relations Officer, Governance

Cluster on Sustainable Development and Healthy Environments (SDE)

Dr Xavier Leus	Director, Cooperation and Country Focus (CCO)
Dr Peter Mertens	Coordinator, Cooperation with the UN and other International Organizations, CCO/UNI
Dr Regina Winkelmann	External Relations Officer, CCO/UNI