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### **Partnerships for health: Collaboration within the United Nations system and with other intergovernmental and nongovernmental organizations**

This paper reviews the collaborative activities of the Regional Office with emphasis on traditional strategic partners such as the European Union and its institutions, the Council of Europe, the World Bank, other United Nations organizations such as the United Nations Children's Fund, the Joint United Nations Programme on HIV/AIDS and the United Nations Population Fund, and nongovernmental organizations (NGOs) as well as new strategic partners. It is not an exhaustive report, but it highlights the major developments in maintaining and establishing partnerships at regional and country levels.

- The paper starts with an outline of the Office's strategic vision concerning the development of strong, effective and sustainable partnerships.
- The second part reports on some of the Office's most important efforts in maintaining and strengthening cooperation with partner organizations.
- The third part provides examples of partnership mechanisms and a country case study with regard to two technical items on the agenda of the fifty-fourth session of the Regional Committee, "Environment and health" and "Noncommunicable diseases".
- The final part focuses on collaboration with NGOs, by summarizing the achievements of the "Civil Society Initiative" and the outcome of the debates on a new NGO policy at the Fifty-sixth and Fifty-seventh World Health Assemblies, and provides concrete examples of the value added by working with NGOs.

The Annexes to the paper contain:

- a matrix of partner organizations, categorizing their specific collaboration with the Office; and
- a list of the web sites of major partners.



## Contents

	<i>Page</i>
The Regional Office's strategic vision of partnerships .....	1
Partnership developments at the Regional Office .....	2
Selected examples of implementation of the partnership vision.....	3
Development of new strategic office-wide partnerships .....	6
Development of partnerships at technical programme level .....	7
Development of partnerships at country level .....	8
Partnerships in the areas of environment and health and of noncommunicable diseases .....	9
Environment and health: Follow-up to the Fourth Ministerial Conference (Budapest June 2004) ...	9
European Strategy on Noncommunicable Diseases: Partnerships in countries .....	11
Nongovernmental organizations.....	12
Improving cooperation at headquarters, regional and country levels .....	12
Annex 1. Matrix of partners and type of partnership .....	15
Annex 2. Web sites of WHO partners .....	19



## The Regional Office's strategic vision of partnerships

1. Partnership is one of the main strategic components of the WHO Regional Office for Europe's strategy for working with countries "Matching services to new needs", set out in document EUR/RC50/10 and adopted by the Regional Committee in September 2000 (Resolution EUR/RC50/R5).

2. The basic principle underlying this partnership approach is to progressively enhance cooperation with selected partners who share the Regional Office's values, vision and objectives, in order to provide stronger, complementary and consistent services to Member States. Agreed outcomes are achieved more rapidly by mobilizing the resources of partners through a coherent programme of action. These resources may include knowledge, expertise, human capacities and/or money. In other words, partnerships entail much more than traditional resource mobilization. They provide WHO with valuable opportunities to influence national and international health policy and action.

3. Since the adoption of the country strategy, intensified collaboration has been systematically developed:

- in the first phase (from 2001), with the Council of Europe, the European Union (EU) and the World Bank;
- in the second phase (from 2002), with other United Nations organizations, and in particular with the United Nations Children's Fund (UNICEF) and the Joint United Nations Programme on HIV/AIDS (UNAIDS);
- and most recently (from 2003), with development agencies and nongovernmental organizations (NGOs) such as Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), Kreditanstalt für Wiederaufbau (KfW) and the Netherlands Organisation for Health Research and Development (ZonMw) (German and Dutch technical and financial development agencies) and the Open Society Institute (OSI), in addition to existing partnerships, in particular with the development agencies of the United Kingdom, the Nordic countries, the International Committee of the Red Cross and Rotary International.

4. These partnerships have been developed through a horizontal approach, cutting across all five divisions in the Regional Office and including all relevant programmes and country offices. At the institutional level, the Regional Office has signed agreements with most of the above organizations specifying the scope, purpose and programme of collaboration. The implementation of these agreements with, for instance, the European Commission (EC), the Organisation for Economic Co-operation and Development (OECD) and the United Nations Population Fund (UNFPA) is regularly reviewed.

5. This paper focuses on the partnerships developed since the adoption of the country strategy. In reality, however, cooperation with many other governmental and nongovernmental organizations is ongoing and builds on a long common history. The main challenge for the future is to sustain and reinforce this cooperation with the organizations already mentioned and to initiate new partnerships following a similar methodology, in particular with NGOs, development and cooperation agencies, foundations and the private sector. In future these partnerships will also be strengthened and developed by WHO's increased staff presence and mandate in the countries.

6. Another challenge is to sustain and strengthen cooperation with the enlarged EU. Already, a number of activities have been jointly developed – in particular with the Directorates-General of Health and Consumer Protection, Research and the Environment and with the European Commission's Humanitarian Aid Office (ECHO). This cooperation will continue to address, in a coordinated way, domains of common concern such as communicable disease surveillance (secondment of WHO staff to the relevant directorate-general, preparatory work on the European Centre for Disease Prevention and Control, and joint action on other public health issues on the EU agenda). Health information is of particular importance in this partnership as it is essential for all countries. The Regional Office's Health

Evidence Network (HEN) is a good example of an initiative that will improve health intelligence for decision-makers. The work of the European Observatory on Health Systems and Policies is also a valued source of analysis and good practice with regard to issues such as access to and quality and financing of Member States' health services.

7. At this historic moment for Europe, WHO has a specific role to play in the wider European Region of 52 Member States. It brings together both EU and non-EU countries in forums where they can pursue their common commitments to protecting and improving the health status of their citizens, by sharing the analysis of common problems and examples of good practice with regard to organization of health systems. The Regional Office intends to develop this added value to the fullest extent. It is of prime importance that this collaboration continues to emphasize the complementary role of the two organizations, while respecting their different mandates and fields of competence.

8. As illustrated above, the partnership vision laid out in the country strategy has already been implemented to a great extent in the past four years. Based on the progress made and the lessons learned during the development process, new challenges can be taken up. In this perspective, the Regional Office is part of WHO's global partnership effort and already collaborates with the five other regional offices. In December 2003, for example, the Executive Management of the Regional Office for Europe exchanged experience during a week's visit at the WHO Regional Office for the Americas (PAHO), in particular with regard to the challenges posed by the diverse stages of economic development of their respective Member States. In its efforts to strengthen the country offices on the European Region, the Executive Management team at the Regional Office for Europe could draw on the lengthy experiences of its PAHO counterparts. Collaboration with PAHO and the other regional offices, and even closer exchanges with WHO headquarters, will be further developed in the future.

9. Partnerships are so essential today because society has changed and so has its inherent values. For WHO to reach as many people as possible, even with simple but important health messages, it can no longer speak with just "one voice". By working with partners other than governmental and intergovernmental institutions that have a different kind of accessibility and authority, the messages can be disseminated to a wider audience. In order to avoid partnerships being assessed exclusively on the amount of resources that partners provide, many different kinds and levels of partnerships need to be analysed. The Regional Office therefore has to identify different kinds of partnerships for different purposes and to apply tailored strategies. "Matching services to new needs" is equally applicable to selecting appropriate partners for particular tasks.

## Partnership developments at the Regional Office

10. The purpose of working in partnership with other organizations is to achieve better outcomes while avoiding duplication of efforts in a context of the limited and insufficient resources available to the health sector. Partnerships are fostered at all levels of the Organization. Coordinating and steering these different levels horizontally across the organizational structure is one of the functions of the External Cooperation and Partnerships (PAR) unit.

11. The last biennium (2002–2003) was characterized by the adoption of a common strategy to address Organization-wide partnerships, the development of mechanisms to build on the lessons learnt by individual programmes, and the strengthening of coordination among in-house programmes to address common partners. The PAR unit has been instrumental in guiding this process, working horizontally throughout the Office in close liaison not only with directors and technical programmes but also with WHO headquarters and other regional offices. The Regional Office for Europe has been developing and maintaining day-to-day collaboration with the WHO Office at the European Union (WEU) and the WHO Office at the United Nations (WUN).

12. The "Matrix of partners" (Annex 1) lists the partners with whom the Regional Office and its programmes are working and specifies the nature of the various partnerships. However, it can only give a

limited impression of the wide range of partners that the Regional Office is really working with at regional, national and local levels.

13. The Regional Office continues to strengthen Office-wide partnerships where appropriate synergies exist to address the main public health issues in the European Region. Bodies involved include the European Commission (EC), the Council of Europe, the World Bank, and other specialized agencies of the United Nations system and partners. This approach has been encouraged and supported by the Member States.

## **Selected examples of implementation of the partnership vision**

### **European Commission**

#### **Partnership mechanisms**

14. The framework for cooperation established by the exchange of letters in December 2000 has laid the foundations for a very productive partnership. Furthermore, a “Financial and administrative framework agreement between the EC and WHO” has been signed (in December 2003) and will facilitate future collaboration by alleviating the bureaucratic and administrative differences between the two organizations.

15. The partnership is institutionalized by regular meetings.

- Once a year, the WHO Director-General and the Regional Director participate in the annual high-level meeting with the relevant European Commissioners, to reaffirm priority areas for cooperation and identify possible means of further implementation (Fourth High-Level Meeting, July 2004).
- Once a year (in October), senior management staff from the various directorates-general, WHO headquarters and the Regional Office evaluate and elaborate further strategies and agree on concrete action plans for implementation.
- Every three months staff from the Directorate-General of Health and Consumer Protection, WEU and the PAR unit meet to discuss and evaluate cooperation issues covering “one WHO”; twice a year a representative of the Council of Europe attends these meetings.

16. The exchange of staff through the secondment of a staff member from the Regional Office to the Commission in the field of communicable disease has been positively evaluated, especially in the areas of the severe acute respiratory syndrome (SARS) and the International Health Regulations, and the contract has accordingly been extended for another two years (until 2005). Furthermore, the Directorate-General of Health and Consumer Protection has recently appointed a special advisor to work even more closely with WHO by, for instance, facilitating a seminar on possible collaboration between the Regional Office and the EC’s future European Centre for Disease Prevention and Control.

#### **Main areas of collaboration**

17. In 2003, five projects for collaboration were identified in the Directorate-General’s public health programme (2003–2008), including the Health Evidence Network and the long-standing tripartite work (with the Council of Europe) on the European Network of Health Promoting Schools. Collaboration between WHO and the EC extends to working with the directorates-general responsible for the environment, research, development and trade, as well as with ECHO.

18. Collaboration between the EU and WHO has been very successful in domains such as tobacco control. Cooperation has also commenced in the complex area of diet and physical activity. It is already well established through a shared commitment to strengthen the prevention, control and treatment of noncommunicable diseases, expressed *inter alia* by the Regional Office’s input into EU strategies on environment and health. These areas will remain priorities for collaboration. The EC is also actively engaged in preparations for the WHO European Ministerial Conference on Mental Health (Helsinki,

2005). Additional future priorities are communicable disease control and surveillance, including health security; health information; risk reduction; and the health aspects of EU enlargement and the wider Europe.

#### Box 1

##### **WHO's role in the Presidency of the European Union The Dublin conference on HIV/AIDS – an example**

The WHO Regional Office for Europe participated in preparing and conducting this year's international conference on "Breaking the barriers: partnership to fight HIV/AIDS", hosted by the Irish government in its capacity as President of the EU. High-level representatives gathered in Dublin on 23 and 24 February 2004 to discuss how to scale up and strengthen the response to HIV/AIDS.

The conference was attended by representatives of 55 European and central Asian countries, who signed the Dublin Declaration expressing their firm commitment to take action in the areas of:

- access to treatment;
- increased funding;
- establishment and reinforcing of HIV/AIDS partnerships; and
- promotion of strong and accountable leadership at the highest political level.

The Declaration not only created a benchmark against which to hold governments accountable but also ensured a more active and stronger role for people living with HIV/AIDS.

#### **Council of Europe**

##### **Partnership mechanisms**

19. Since 2001, staff from the Council of Europe, the EC and the Regional Office have met regularly for mutual briefings and exchange of policy information. The latest meeting took place in Luxembourg on 19 September 2003. In addition, WHO and the Council of Europe held a bilateral meeting in December 2003 to discuss future collaboration on the prevention of violence, especially in the context of mental health.

20. Participation in key meetings of both organizations has been an important way of exchanging information, ensuring coherence of policies and avoiding duplication of efforts. The Regional Office and WEU participate as observers in the six-monthly meetings of the Council's European Health Committee (CDSP) and report once a year on recent developments and achievements in this collaboration. A representative of the Council of Europe attended the fifty-third session of the Regional Committee in September 2003. Input was given on several areas of partnership, such as collaboration between the two agencies on Stability Pact activities. The Council has also been invited to be a member of the think-tank reviewing the values of "Health for All" as part of the current updating of the regional Health For All policy framework. During the past biennium, staff from WHO programmes participated in several meetings of the Council of Europe's committees of experts on a range of topics: bioethics; pharmaceuticals; management of safety and quality in health care; health and the media; impact of technologies in health care; palliative care; hospitals in transition; blood transfusion, immunohaematology; and quality assurance in blood transfusion services.

##### **Main areas of collaboration**

21. In 2002, the South-East European Health Network was established under the Stability Pact, a framework agreement on international cooperation to develop a shared strategy among all partners for stability and growth in south-eastern Europe. Since then, three regional projects (on mental health services, surveillance of communicable diseases, and food and nutrition policies) have been initiated. In October 2003, WHO and the Council of Europe decided to prolong their joint support to the Network by another two years, until 2005.



22. Support to the tripartite project on the European Network of Health Promoting Schools continues and a three-year workplan is being discussed by the International Planning Committee. The Council of Europe is actively engaged in preparations for the WHO European Ministerial Conference on Mental Health (Helsinki, 2005). Other important areas of collaboration are the Tobacco-Free Europe Initiative; pharmaceuticals; health in prisons; and the hospital programme.

### **World Bank**

#### **Partnership mechanisms**

23. The Regional Office has been very proactive in increasing its collaboration with the World Bank, not only at the levels of executive management and programme managers, but even more intensely at country level, especially in central and eastern Europe.

24. Institutional collaboration is fostered through regular video conferencing, three or four visits by senior staff each year, and numerous country coordination meetings and joint activities. Senior World Bank staff regularly participate in Regional Committee sessions, and WHO is technically involved in the annual thematic conferences organized by the Bank's Project Coordination Unit. Several technical meetings attended by Regional Office technical and country staff and World Bank task managers have resulted in a memorandum of understanding setting out well defined priorities for collaboration in specific countries.

#### **Main areas of collaboration**

25. Over the past year, WHO has been increasingly involved in collaborative activities with the World Bank thematic group on health, nutrition, population and poverty. This collaboration is particularly developed and of significant added value at country level in various eastern European countries. WHO and the World Bank have worked jointly on health system transformation programmes in several countries (e.g. Turkey). In the Russian Federation, both partners have cooperated efficiently and successfully on initiatives to combat tuberculosis and HIV/AIDS and on common strategies and activities in the area of pharmaceuticals.

26. The European Observatory on Health Systems and Policies, in partnership with the World Bank and the European Investment Bank, has worked in the past year on issues such as "health and European enlargement" and "social and voluntary health insurance," not only finding evidence of established parameters and future trends but also offering possible best case scenarios.

27. In Washington, DC, in December 2003, the World Bank's Director of Health, Nutrition and Population and the WHO Regional Director for Europe articulated the future strategic direction of both organizations as follows:

- to reinforce coordination in supporting national health strategies;
- to focus on the new member states of the EU;
- to jointly develop capacity for national health accounts;
- to review a decade of health care reforms; and
- to collaborate with EUROLAC, a forum addressing health-related Millennium Development Goals, and PAHO on promoting European experience of reform to Latin America and to step up mutual involvement in projects and country work.

### **United Nations Children's Fund**

#### **Partnership mechanisms**

28. In May 2002, the Regional Office and UNICEF held the first office-wide coordination meeting, led by their respective regional directors; in subsequent years this arrangement has continued at intervals of one to two high-level meetings per year. Technical issues are frequently discussed in depth by technical

staff from the two regional offices and intensive collaboration is ensured at country level. At the most recent coordination meeting (Geneva, May 2003), it was agreed that annual coordination meetings will focus on strategic and policy issues.

29. The Interagency Group on Young People's Health (IAG) demonstrates the effective collaboration between the two agencies in areas such as HIV/AIDS, youth-friendly services and life skills education. The work is carried out by joint missions, training and coordinating meetings. Other agencies and bodies of the United Nations system with a presence in the Region, such as UNAIDS, UNFPA, the United Nations Office for Drug Control (UNODC), the United Nations Education, Scientific and Cultural Organization (UNESCO), the World Bank and the United Nations Development Programme (UNDP), participate in the IAG.

### **Main areas of collaboration**

30. UNICEF and WHO have an extensive background of joint work at country level in areas such as Making Pregnancy Safer, child and adolescent health, and nutrition. At the last coordination meeting a joint workplan was developed in the following areas: (i) Preventing Mother-to-Child Transmission of HIV/AIDS (PMCT); (ii) the central Asian republics and Kazakhstan Mother and Child Forum; (iii) HIV/AIDS; (iv) Nutrition; and (v) the Fourth Ministerial Conference on Environment and Health (Budapest, June 2004).

### **Development of new strategic office-wide partnerships**

31. The Regional Office has initiated new strategic and office-wide partnerships with several organizations. The purpose is to identify synergies, facilitate the exchange of knowledge about different initiatives taken by these organizations and define new areas of collaboration. This approach covers partnerships already established by technical programmes of the organizations involved.

32. The technical and financial agencies GTZ and KfW, for example, are German government corporations with the task of supporting international development, including the health sector. The first coordination meeting was held in February 2003. Areas of common interest were defined as: future partnerships at country level; knowledge management; evidence; secondments from GTZ; violence; and the "Backup Initiative" (HIV/AIDS). As a result of this meeting, several activities have been developed under that Initiative on HIV/AIDS, tuberculosis and violence. The Backup Initiative has been set up by GTZ to assist partner countries in the fight against HIV/AIDS, tuberculosis and malaria by helping them to access funds provided through global mechanisms. GTZ has been very active in the field of violence prevention and hosted the launch of WHO's *World report on violence and health* in Berlin in June 2003. KfW is considering establishing, with WHO, a regional network of three central Asian republics to fight the spread of tuberculosis. Up to now, KfW has lacked regional "toolboxes", while WHO bases its work on well functioning networks in the central Asian republics and Kazakhstan. In future, both agencies plan to integrate KfW approaches and resources into the WHO network.

**Box 2**

**GTZ joins forces with WHO  
“Knowledge hubs” as regional solutions to regional needs**

In the past few years there has been a significant increase in the amount of resources made available to fight HIV/AIDS, tuberculosis and malaria (e.g. the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM), World Bank loans and bilateral projects). Highly effective technologies exist for both preventing and treating these three diseases. There is now pressure on countries to accelerate their programming to a pace never before experienced and to deliver interventions on a scale never previously considered.

With funding from GTZ, the Regional Office developed three existing regional institutions and networks into centres that can take the lead in providing technical backup to the Global Fund process at regional and/or subregional levels. The three new centres are in:

- Kiev (Ukraine) – HIV/AIDS treatment and care;
- Zagreb (Croatia) – Second-generation HIV surveillance; and
- Vilnius (Lithuania) – Harm reduction.

These “hubs” provide direct technical assistance and form a support and resource network; they develop generic guidelines tailored to regional needs; and they build capacities.

With this innovative approach, GTZ and the Regional Office have shown not only that partnerships create synergies but also that sustainable development is achievable even under difficult conditions.

33. The Netherlands Organisation for Research and Development (*ZonMw*) is the Regional Office’s newest partner. *ZonMw* is providing financial support to the Gender Mainstreaming programme (2003–2004). Following a joint meeting in February 2004, *ZonMw* and WHO identified common areas of interest and planned further joint work, especially in the areas of alcohol and drug abuse, young people’s health and patients’ rights.

34. In 2003 the Open Society Institute (OSI) and the Regional Office extended the Memorandum of Understanding signed between the two organizations in 2000. Among civil society organizations, OSI is a major donor to WHO, supporting work in the areas of HIV/AIDS; tuberculosis; health care sector reforms (through the European Observatory on Health Care Systems and Policies); mental health (under the Stability Pact); and WHO’s country offices.

35. The Health Evidence Network (HEN) has been established by the Regional Office as a horizontal initiative in response to the need for rapid, evidence-based answers to questions on policy issues in public health and health care, and to provide easy access to databases containing evidence-based knowledge specifically for policy-makers. HEN is partially funded by the EC through the Directorate-General of Health and Consumer Protection. WHO headquarters, other United Nations agencies (e.g. UNICEF), the EC and other public health institutions are members of the HEN Editorial Board, which has an advisory function to help ensure the quality and relevance of information provided by the network.

### **Development of partnerships at technical programme level**

36. Several technical initiatives taken in the past biennium involved extensive consultation processes. Developing and maintaining partnerships is an important task of technical programmes, and one which requires considerable human and financial resources. Some examples are given below.

37. The meeting of directors of co-sponsoring agencies of UNAIDS agreed in December 2002 to promote a common strategy on the prevention of HIV infections in infants and young children in the European Region. Extensive technical consultations were held among several United Nations agencies in

order to build up a common understanding and reach agreement on this joint strategy, which is expected to be finalized before the fifty-fourth session of the Regional Committee.

38. In 2002, the Regional Committee urged Member States to develop comprehensive, multisectoral, national HIV/AIDS strategic plans and programmes and to promote effective collaboration between programmes to prevent and control tuberculosis and HIV infection. This has led to the elaboration of a European framework to decrease the burden of tuberculosis/HIV infection.

39. "Three by five" is a joint UNAIDS/WHO global initiative. The global WHO strategy document "*Making it happen*," launched in December 2003, describes how WHO and its partners will contribute to attainment of the target of having three million people on HIV/AIDS antiretroviral treatment (ART) in developing and transitional countries by the end of 2005. The Regional Office is establishing "3 by 5" country teams in the Russian Federation and Ukraine and will strengthen country work in 20 other Member States, in close collaboration with other United Nations organizations, interested parties and governments. The Regional Office's contribution includes:

- responding to direct requests for technical support from 10 countries;
- working with countries to develop treatment and care protocols;
- doing joint advocacy work with other United Nations agencies and European Member States on scaling up operations;
- developing partnerships with NGOs, treatment activists and people living with HIV/AIDS;
- planning ART scale-up for drug injectors jointly with other WHO regional offices and NGO networks; and
- developing regional technical resource networks for training and capacity-building.

40. *The European health report 2005* is being prepared with considerable and valuable input from several organizations and partners, such as the World Bank, UNICEF, UNAIDS, the Council of Europe and GTZ.

### **Development of partnerships at country level**

41. Partnerships with other United Nations organizations have improved substantially thanks to coordination and implementation within the context of the United Nations Development Assistance Framework (UNDAF) process. Cooperation with local organizations has also been strengthened under this framework.

42. WHO's 28 country offices in the European Region foster improvements in tailored country coordination with other United Nations organizations and with partners such as the World Bank and the EU. WHO liaison officers are members of United Nations Country Teams. They are actively involved, in collaboration with technical programmes, in the development of Millennium Development Goal reports, poverty reduction strategy papers (PRSPs) and common country assessments (CCAs). Eighteen Member States have developed or are developing PRSPs, the majority in close cooperation with and assisted by WHO. Country offices facilitate partnerships among WHO technical staff and relevant local organizations. They can carry out this role even more efficiently thanks to the positive effects of WHO headquarters' "Country Focus Initiative" and the WHO Regional Office's country strategy. Implementation of this initiative and strategy not only gives liaison officers a clearer and more powerful mandate, it also supports the process of raising more financial and human resources.

## Partnerships in the areas of environment and health and of noncommunicable diseases

43. Environment and health and the European strategy on noncommunicable diseases (NCDs), two technical items on the agenda of this session of the Regional Committee, provide the setting for the following case studies. As illustrated in the “Matrix of partners” (Annex 1), partnerships are created to reach specific objectives and are developed and maintained by different levels of WHO, depending on the nature and purpose of the individual partnership.

44. The European Environment and Health Committee (EEHC) is a good example of a regional multisectoral partnership which demonstrates how to strengthen and support country processes through a regional consensus mechanism. The EEHC facilitates bilateral partnerships amongst its diverse members. An example of partnerships at country level is presented by a case study on NCDs in Lithuania.

### Environment and health: Follow-up to the Fourth Ministerial Conference (Budapest June 2004)

#### *Director, Division of Technical Support (Health Determinants)*

45. “Since 1989 a ministerial conference on environment and health has been held every five years. The EEHC, a coalition of representatives of countries, intergovernmental organizations and international civil society, has brought together different actors to work on one common agenda. WHO serves as the secretariat and provides information and technical support.”

46. “Over the years, the EEHC has increasingly reflected the interventions and commitment of countries, thereby enhancing their sense of ownership. The process has been strengthened by the collaboration between WHO and international organizations such as the European Environment Agency (EEA). The characteristics of the committee ensure the attainment of regional objectives, as country policy initiatives are put into practice.”

#### *European Environment and Health Committee*

47. International and intergovernmental organizations represented on the EEHC are the European Commission (Directorates-General of Health and Consumer Protection and of the Environment), EEA, the International Labour Organization (ILO), OECD, the Regional Environmental Centre for Central and Eastern Europe, the United Nations Economic Commission for Europe (UNECE), the United Nations Environmental Programme (UNEP), UNICEF, the World Bank and WHO. Civil society organizations represented are Eco Forum, the European Public Health Alliance (EPHA), the International Confederation of Free Trade Unions, the International Council for Local Environment Initiatives, the International Federation for Environmental Health and the World Business Council for Sustainable Development.

48. The Budapest Conference is expected to endorse a continuation of the EEHC with a revised mandate focusing on its core functions and with increased representation of Member States.

#### **Lessons learned**

49. The participation of civil society in the environment and health process in Europe has brought new perspectives and ways of implementing its outcomes. The education sector is an important partner in environment and health, as reflected in the “Young minds for healthier environments” project, which was developed to ensure the involvement of young people at the Budapest Conference.

#### **Challenges**

50. Although the ministerial conferences on environment and health (Frankfurt 1989, Helsinki 1994, London 1999 and Budapest 2004) have had a positive influence on policies and processes at national

level, they have been more effective in addressing environmental than health aspects. New mechanisms for international collaboration with other economic sectors need to be developed and WHO could play a role in developing a platform for involving these sectors.

### European Environment Agency

51. Cooperation with EEA has focused on:

- health and environment indicators, including the definition of child-specific indicators;
- numerous preparatory activities for the Budapest Conference in June 2004, e.g. developing an “Environment and Health Information System” (including EC);
- holding scientific meetings and launching an environment and health-focused web game for children; and
- evidence-based publications on children, health and the environment.

### Lessons learned and challenges

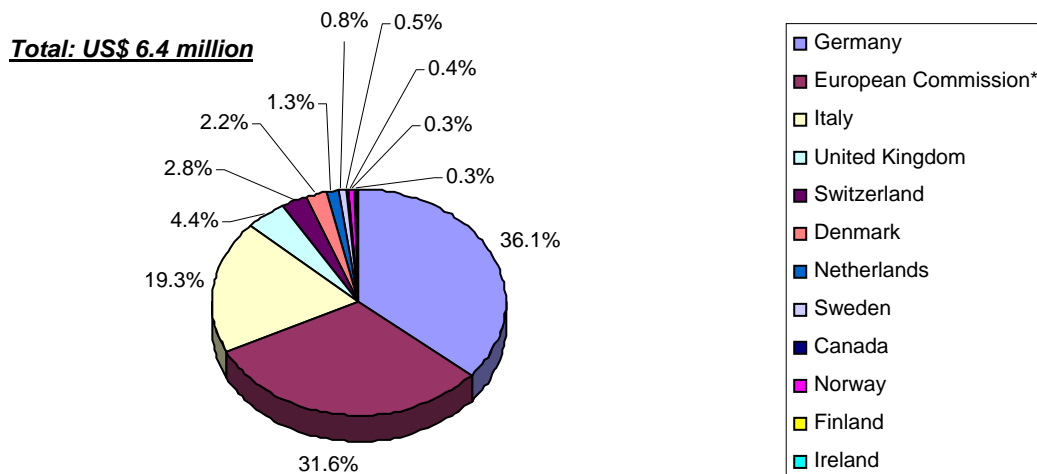
52. Close cooperation between WHO and its partners saves financial and human resources and avoids duplication of effort. Integrating environment and health topics in an overall framework combining both sectors has proven more effective and efficient than a theme-based approach.

53. Modalities of cooperation with international and UN organizations are changing. Following the Budapest Conference and country adaptation and implementation of the Children’s Environmental and Health Action Plan for Europe (CEHAPE), existing partnerships (e.g. with EC and EEA) have to be adjusted accordingly and new partnerships (especially with civil society organizations) have to be explored and developed.

#### Box 3

#### Voluntary donations to the Area of Work “Environment and Health” 2002–2003

Voluntary donations by Member States and other partners provide crucial financial support for this specific Area of Work. In the biennium 2002–2003, the Regional Office received additional resources in acknowledgement of the good results achieved by WHO.



– Regions, cities, development agencies, universities, private companies and NGOs are included in the country categories.

– Figures are based on internal budget data and do not include all in-kind donations made by Member States, e.g. Hungary for organizing the Budapest Conference and providing premises. Grateful acknowledgement was given at the Budapest Conference for the support (including voluntary donations) received from Member States and other partners for the Conference and the Environment and Health process.

\*Donations by the European Commission consist of contributions by various directorates-general (mainly those of Health and Consumer Protection, Environment and Research) as well as by the European Environment Agency.

## European strategy on noncommunicable diseases: Partnerships in countries

### *Director, Division of Technical Support (Reducing Disease Burden)*

54. “Noncommunicable diseases (NCD) account for the main burden of disease in Europe. At global level, the importance of NCD has been recognized in the endorsements by the World Health Assembly of the global strategies on NCD (2000) and diet, physical activity and health (2004). Multisectoral approaches are essential to addressing NCD.

55. The European Region of WHO is working towards a European NCD strategy, which calls for close collaboration between programmes within the Regional Office as well as partnerships with other agencies. A consultative process has been organized across the whole office. WHO headquarters and important potential partners such as the EC Directorate-General for Health and Consumer Protection, Member States and the European Network of the Countrywide Integrated Noncommunicable Disease Intervention (CINDI) programme have already been involved to obtain their firm commitment to the process. Working horizontally across the office and in partnership with other agencies requires a considerable investment in time and effort aimed at achieving a genuine exchange of information, mapping existing activities, identifying the added value of the different contributions and securing serious commitment from partners.”

### *Country example: Lithuania*

56. Collaboration between Lithuania and WHO started in the 1970s. Partnerships are developed through the main national NCD structures and specific partnerships supporting prevention and control strategies. The National Health Board’s Special Committee on NCD is developing an integrated approach to NCD prevention and control across diseases, socioeconomic determinants and risk factors. It consists of local representatives, experts and staff from specialized centres in areas such as cardiovascular diseases, mental health, nutrition and tobacco, most of whom are close partners of WHO. Lithuania’s WHO Liaison Officer participates in the National Health Board and its Special Committee on NCD. WHO’s work in Lithuania is supported by a network of national counterparts. Collaboration is reviewed every two years, when the Biennial Collaborative Agreement between the Ministry of Health and the Regional Office is agreed.

57. Current examples of partnerships with individual WHO programmes are:

- the CINDI Programme and the Mental Health programme are working together on integrated approaches to address community health problems, build up capacity in health promotion and develop health policy. In addition, the Open Society Fund is supporting a project to empower communities to cope with mental health problems;
- the health promoting schools project focuses on lifestyle and democracy; and
- the Lithuanian Healthy Cities network is helping municipalities to develop local health policies and participates in the National Health Board.

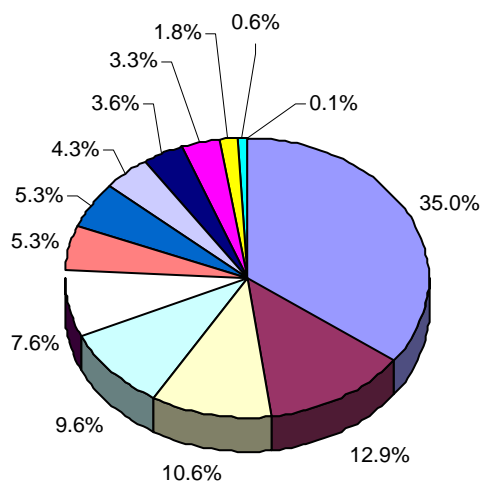
58. There are almost 100 NGOs related to health. They are recognized by politicians and decision-makers as serious partners and the National Health Board meets with them at least once a year.

#### Box 4

### Voluntary donations to the Area of Work “Noncommunicable Diseases” 2002–2003\*

Voluntary donations by Member States and other partners provide crucial financial support for this specific Area of Work. In the biennium 2002–2003, the Regional Office received additional resources in acknowledgement of the good results achieved by WHO.

**Total: US\$ 2.1 million**



– Regions, cities, development agencies, universities, private companies and NGOs are included in the country categories.

– Figures are based on internal budget data and do not include all in-kind donations made by Member States.

\*The figures consist of voluntary donations made to the Tobacco-Free Initiative, Mental Health, Alcohol and Drugs, Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) and Nutrition programmes.

## Nongovernmental organizations

### Improving cooperation at headquarters, regional and country levels

59. This section contains an overview of partnership activities with nongovernmental organizations (NGOs) at WHO headquarters, the Regional Office and country level. In close consultation with all regional offices, WHO headquarters is developing an NGO database and generic guidelines for WHO staff on how to initiate and strengthen collaboration with NGOs. Selected examples of WHO/NGO collaboration in the areas of poliomyelitis eradication and HIV/AIDS provide an insight into the wide range of joint activities. Finally a table showing NGO financial contributions to the Regional Office demonstrates that partnerships with NGOs not only yield benefits in terms of implementation but are also in the financial interests of the Organization.

### *Matters arising out of the Fifty-seventh World Health Assembly: Policy for relations with nongovernmental organizations*

60. WHO has traditionally worked with numerous health-specific NGOs at all levels. Current efforts to improve and establish even closer links with NGOs within the framework of the Civil Society Initiative (CSI), launched at the World Health Assembly in 2001, address the crucial role of civil society organizations (CSOs) in reaching public health goals, as well as the growing need for new processes of working with CSOs. CSOs include voluntary and nongovernmental organizations and other non-state and, generally but not exclusively, not-for-profit actors. The launch of CSI thus not only reflects a shift in



terminology with (CSO now being used more frequently than NGO), but also articulates the motivation to broaden the scope of partnerships with NGOs into new areas of work.

61. The new “Policy for relations with nongovernmental organizations” (as set out in document WHA57.32), developed by CSI in numerous workshops between WHO headquarters, regional offices and Member States, proposes ways to enhance WHO’s cooperation with CSOs at national, regional and global levels. The Fifty-seventh World Health Assembly in 2004 decided that further consideration would be given to the new policy after the Director-General had consulted more broadly with all partners and that a relevant draft resolution could be submitted to a subsequent Health Assembly through the Executive Board.

62. The process of reviewing the new policy and assessing collaboration with NGOs at regional and country level, conducted with the help of the regions, has contributed to the preparation of a database and a staff handbook. The database will analyse and make all information received by NGOs available to WHO staff. It will provide financial as well as policy information on NGOs, making it possible not only to gain insight into partnerships with NGOs in other regions but also to search for suitable NGOs and to establish partnerships according to specific objectives. The handbook on guidelines for enhanced cooperation with NGOs is being drawn up in consultation with the regions.

### **Regional examples**

63. Building alliances and networks for health has been central to the work of WHO in the European Region. Many programmes are working with a range of NGOs that share WHO’s values and offer opportunities to improve health outcomes.

64. Given the greater importance attached to partnerships since the adoption of the country strategy “Matching services to new needs” in 2000, WHO’s country offices will play an even more important role in the future than they already have in the past, in facilitating and enhancing collaboration among different actors on the health scene and in strengthening relations between governments and NGOs.

65. The added value of WHO working closely with NGOs is that they:

- apply WHO guidelines to their country operations;
- reach populations not accessible to WHO;
- train staff following WHO guidance; and, last but not least
- support WHO activities financially.

#### **Box 5**

#### **Global poliomyelitis eradication – Stop polio forever**

**Vaccine-Preventable Diseases and Immunization programme:** “In the global effort to eradicate poliomyelitis, Rotary International will have contributed over US\$ 500 million worldwide during 1988–2005 (1). Rotary members volunteered their time and personal resources to help immunize children during the mass national immunization days that were held in the Region during 1995–2002. In addition, they have launched massive fund-raising campaigns in an endeavour to fill the funding gaps that have existed globally and regionally over the years.

Since the Global Poliomyelitis Eradication Initiative was launched in 1988, three WHO regions have been certified poliomyelitis-free: the Americas in 1994, the Western Pacific in 2000 and the European Region in 2002.”

(1) *Global Polio Eradication Initiative, Estimated external financial resource requirements 2004–2008 (December 2003).*  
[http://www.polioeradication.org/content/publications/2004\\_frr.pdf](http://www.polioeradication.org/content/publications/2004_frr.pdf) (accessed 28 June 2004).

### Box 6

#### Fighting HIV/AIDS in Europe – Joining forces with NGOs

**HIV/AIDS programme:** “WHO has developed strong partnerships with nongovernmental and community-based organizations in its effort to respond rapidly to the HIV/AIDS epidemic in central and eastern Europe and central Asia.

One strategic partner in these endeavours is the “Central and Eastern European Harm Reduction Network”. Formed in 1997 as an affiliation of nongovernmental, government- and community-based organizations working in the field of harm reduction, it currently has over 200 member organizations in 26 countries. This network offers an entry point to populations most vulnerable to HIV/AIDS.

In the past year WHO has worked particularly close with this network of NGOs on:

- strengthening the role of community-based organizations in scaling up access to antiretroviral therapy;
- advocating for universal and affordable access to prevention, treatment and care services; and
- establishing and supporting a “knowledge hub” to provide regional training and technical support to strengthen capacity in priority areas of HIV/AIDS prevention.

The next step in joint efforts by NGOs and WHO will be to scale up training courses for medical staff and outreach workers on several key technical topics, to enable them not only to assist their clients more effectively but also to enhance advocacy and apply more evidence-based approaches.”

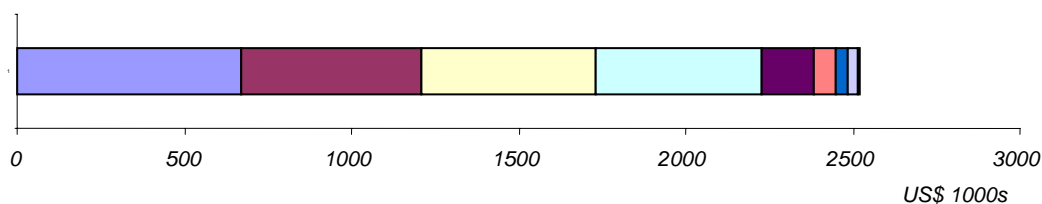
### Box 7

#### NGOs’ financial contributions to the WHO Regional Office for Europe

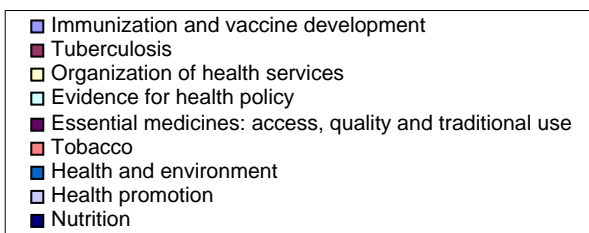
It is a little known fact that not only does collaboration with NGOs provide WHO with enhanced knowledge of national and local conditions as well as strong advocacy for public health matters, NGOs also provide resources in cash and in kind to WHO.

A review of internal budget data demonstrated that NGOs are important donors to many programmes of the Regional Office.

**Total: US\$ 2.5 million**



*The diagram shows voluntary donations made by NGOs to specific WHO areas of work in 2002–2003.*



Annex 1

**Matrix of partners and type of partnership**

**How was this matrix developed?**

Analysis of existing in-house information on partnerships (financial, legal, technical), complemented by a questionnaire (80% return rate) and interviews with programmes (January 2004 – May 2004).

**How should this matrix be interpreted?**

This matrix only provides a snapshot of existing partnerships.

Partnerships were classified into four types based on the nature of their outcomes:

**Strategic:** Partnerships aimed mainly at: 1) influencing the strategic agendas of other organizations; 2) influencing Member States indirectly including other ministries than just the Ministry of Health; 3) or influencing the population. Partnerships at the strategic level are often developed with a technical dimension.

**Technical:** Partnerships whose main focus is on strengthening technical cooperation at regional and/or country level.

**Financial:** The Regional Office gives or receives funds to carry out activities.

**In-country work/implementation:** Partnerships developed with the purpose of delivering the Regional Office's products and providing technical and policy input in key country initiatives.

Partner	Type of partnership			
	Strategic	Technical	Financial (R=received; G= given)	In-country work /implementation
<b>United Nations</b>				
UNICEF	X	X	R	X
UNFPA	X	X		X
UNDP	X	X	R	X
UNAIDS	X	X	R	X
ILO	X	X		X
UNECE	X	X	R	X
UNEP	X	X		
UNHCR				X
UNODC	X	X		X
UNESCO	X	X	R	X
FAO	X	X		
United Nations Centre for Human Settlement	X	X		
International Monetary Fund	X	X		
World Bank	X	X	R	X
Inter-Agency Group on Young People's Health	X	X		
Consolidated Interagency Appeals	X	X	R	X
United Nations Foundation			R	X
International Strategy for Disaster Reduction	X	X		
United Nations Development Fund for Women				X
World Meteorological Organization		X		
<b>European Union</b>				
Directorate-General (DG) Health and Consumer Protection	X	X	R	X
DG Research		X	R	X
DG Development	X	X	R	
DG Environment	X	X	R	
DG Enlargement				X
DG Employment and Social Affairs	X	X		
DG Transport	X	X		
ECHO		X		
European Environment Agency	X	X	R	X
European Agency for Reconstruction			R	X
Council of the European Union	X	X		X

Partner	Type of partnership			
	Strategic	Technical	Financial (R=received; G= given)	In-country work /implementation
<b>European Union (continued)</b>				
European Parliament	X			
European Agency for Safety and Health at Work	X	X		
European Foundation for Working and Living Condition	X	X		
Committee of the Regions		X		
<b>Intergovernmental organizations</b>				
Council of Europe	X	X	R	X
Council of Europe Bank	X	X	R	
Council of Europe – Congress of Local and Regional Authorities of Europe		X		
Organisation for Economic Co-operation and Development		X		
Organization for Security and Cooperation in Europe		X		
Nordic Council of Ministers	X			
Council of Baltic Sea States			R	X
Asian Development Bank	X	X		X
European Monitoring Centre for Drugs and Drug Addiction	X	X		
North Atlantic Treaty Organization	X			X
European Investment Bank	X	X	R	X
Office of International Migrations (OIM)	X	X		X
Task Force on Communicable Disease Control/Baltic Sea Region	X	X		X
Regional Environmental Center for Eastern Europe		X		
European Space Agency	X	X		
World Organization for Animal Health (OIE)	X			
<b>Bilateral agencies</b>				
GTZ (Germany)	X	X	R	X
KfW (Germany)			R	X
Sida (Sweden)	X	X	R	X
DFID (United Kingdom)	X	X	R	X
DANIDA (Denmark)	X	X	R	X
USAID (USA)	X	X	R	X
Centers for Disease Control and Prevention (CDC), Atlanta, USA	X	X	R	X
CIDA (Canada)	X	X	R	X
<b>Nongovernmental organizations/Foundations</b>				
International Committee of the Red Cross	X	X		X
International Federation of Red Cross and Red Crescent Societies	X	X		X
Soros/Open Society Institute	X	X	R	X
Bill and Melinda Gates Foundation			R	
Médecins Sans Frontières	X	X		X
CARE				X
Rotary International	X	X	R	X
Project Hope, United States	X	X		X
Merlin Emergency Relief, United Kingdom	X	X		X
EDUCAID, Italy				X
Aga Khan Foundation, United Kingdom				X
Rostropovich Foundation, United States		X		X
KNCV Royal Netherlands Tuberculosis Foundation	X	X		X
International Union Against Tuberculosis and Lung Disease	X	X		X
Finnish Lung Health Association	X	X	G	X

Partner	Type of partnership			
	Strategic	Technical	Financial (R=received; G= given)	In-country work /implementation
<b>Nongovernmental organizations/Foundations (continued)</b>				
Norwegian Association of Heart and Lung (LHL)	X	X		X
Doctors of the World, United States	X	X		X
Partners in Health, United States	X	X		X
Management of Science for Health United States	X	X		X
Programme for Appropriate Technology in Health, United States	X	X		X
Rational Pharmaceutical Management, United States	X	X		X
Eco-Forum		X		
International Conference of Free Trade Unions		X		
International Council of Local Environmental Initiatives		X		
International Federation of Environmental Health		X		
International Society of Doctors for the Environment		X	G	
Agence d'Aide à la Coopération Technique et au Développement, France		X		X
International Centre for Prison Studies, United Kingdom		X		
Cranstoun Drug Services, United Kingdom		X		
European Network of Smoking Prevention		X		X
International Union Against Cancer		X		
Framework Convention Alliance (Tobacco)		X	G	X
Zdrav Plus, Uzbekistan	X	X		X
John Snow International, United Kingdom	X	X		X
Kill TB Consortium, United Kingdom	X	X		X
European Science Foundation		X		
<b>Global/regional initiatives</b>				
Stability Pact (South-eastern Europe)	X	X	G	X
Global Fund to Fight AIDS, Tuberculosis and Malaria	X	X	R/G	X
Global Alliance for Vaccines and Immunization	X	X	R	X
Back Up Initiative (GTZ/Germany)	X	X	R	X
Global Environment Initiative				
Global Polio Eradication Initiative	X	X	R	X
<b>Private companies</b>				
Glaxo Smithkline		X	R	
Novartis		X	R	
Pharmacia and Upjohn		X	R	
Novo Nordisk		X	R	
Mercedes Benz			R	
<b>Others</b>				
Gorgas/University of Alabama	X	X		X
New Jersey Medical School	X	X		X
London School of Economics	X	X	R	X
Health Care Management Centre, University "Luigi Bocconi," Milan		X		
University of Liverpool, Department of Public Health		X		
Department of Preventive Medicine of Migration, Tourism and Tropical Dermatology, Istituto San Gallicano, Rome		X		
<b>Total</b>	71	96	42	68

**Total number of partners: 112**

***Percentage of partnerships by categories:***

<b>Category</b>	<b>%</b>
Strategic partnerships	63
Technical partnerships	86
Financial partnerships	38
Partnerships in country work	61

The sum of percentages in the table is over 100% because partnerships are not one-dimensional but are often maintained for various purposes. Close collaboration with the European Commission, for example, implies financial support to the Regional Office but is based on a political and technical dimension.

## Annex 2

### Web sites of WHO partners

The web sites of some of WHO's major partners highlighted in this document are given below.

#### **Central and Eastern European Harm Reduction Network**

Home page <http://www.ceehrn.lt>

#### **Council of Europe**

Social Cohesion section of the Council of Europe web site, provides links to the South East Europe Strategic Review on Social Cohesion (Stability Pact activities)

[http://www.coe.int/T/E/Social\\_Cohesion/](http://www.coe.int/T/E/Social_Cohesion/)

#### **DFID**

Institutional strategy paper on partnership with WHO, September 2002

[http://62.189.42.51/DFIDstage/Pubs/files/who\\_isp.pdf](http://62.189.42.51/DFIDstage/Pubs/files/who_isp.pdf)

#### **European Commission/DG Environment**

Provides information on the European Environment and Health Strategy and technical working groups on environment and health in which WHO is involved.

[http://europa.eu.int/comm/environment/health/index\\_en.htm](http://europa.eu.int/comm/environment/health/index_en.htm)

#### **European Commission/DG Health and Consumer Protection**

Cooperation with WHO: Contains documentation of cooperation since 1972, high-level meetings and exchange of letters.

[http://europa.eu.int/comm/health/ph\\_international/int\\_organisations/who\\_en.htm](http://europa.eu.int/comm/health/ph_international/int_organisations/who_en.htm)

#### **European Environment Agency**

Home page <http://www.eea.eu.int/>

#### **GTZ – Gesellschaft für Technische Zusammenarbeit**

Web page on social development issues, provides information on various health issues and cooperation with WHO (Backup Initiative, etc.).

<http://www.gtz.de/themen/social-development/english/>

#### **Netherlands Organisation for Health Research and Development (ZonMw)**

English introduction

<http://www.zonmw.nl/index.asp?s=4535#return%20to%20the%20English%20Introduction%20page>

#### **Rotary International**

Home page <http://www.rotary.org>

#### **UNAIDS**

Home page of UNAIDS, provides function to search for key partner documentation, features the WHO *World health report* and sections on the WHO/UNAIDS “3 by 5” Initiative.

<http://www.unaids.org/en/default.asp>

#### **UNICEF**

Home page <http://www.unicef.org>

**World Bank**

Health, nutrition and population web page of the World Bank, provides project information and country analysis, public health fact sheets and an overview of main areas of work, such as poverty and health and HIV/AIDS.

<http://www1.worldbank.org/hnp/>