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Partnerships for health in the European Region

Introduction

1. Partnership is a crucial element of Health 2020. It requires Member States and WHO to work closely together and to reach out to other partners. As Health 2020 considers public health to be a dynamic network of stakeholders at all levels of society for supporting action with unity of purpose across the Region,¹ working in partnership is necessary to create an enabling environment for WHO's public health policies that facilitate whole-of-government and intersectoral collaboration for health, develop broad international, national and local constituencies for health, create policy coherence among the different actors and ensure efficient use of resources. The Regional Committee for Europe, at its 60th session in Moscow, Russian Federation, in September 2010 discussed documents EUR/RC60/12 and EUR/RC60/12 Add.1 on "Partnerships for health in the WHO European Region" and adopted resolution EUR/RC60/R4.

2. Since then, good progress has been made and the Organization is defining WHO's engagement with non-state actors as a key element of governance reform. In view of this activity and the need for alignment and harmonization within WHO, the Twenty-first Standing Committee of the Regional Committee for Europe (SCRC) decided to postpone preparation of the partnership strategy that had been requested in resolution EUR/RC60/R4.

3. Extensive discussions took place at the global meetings of the governing bodies in 2014, including the 134th session of the Executive Board, the twentieth meeting of the Programme, Budget and Administration Committee and the Sixty-seventh World Health Assembly. While there was unanimous support by Member States for the thrust of the Director-General's proposals, some Member States found certain areas were either problematic or required further clarification.

4. The World Health Assembly, therefore, adopted decision WHA67(14), which refers the draft framework of engagement with non-state actors (document EUR/RC64/21) as well as the comprehensive report by the Director-General on outstanding issues and questions raised by Member States (document EUR/RC64/22) to this year's sessions of the regional committees for further discussion.

¹ Health 2020: a European policy framework supporting action across government and society for health and well-being. Copenhagen: World Health Organization; 2013.

Objectives

5. In view of the developments described above and as per decision WHA67(14), an overarching framework for the Organization's engagement with non-state actors will be presented to the Executive Board and the World Health Assembly in 2015.

6. The aim of this document, therefore, is not to present a complete partnership strategy for the European Region but rather to give an overview of the current focus of the Regional Office's work on partnerships and to describe progress made to date.

Policy framework

7. Article 2 of the WHO Constitution states that one of WHO's functions is "to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate". Global collaboration is further guided by international agreements and policies related to partnerships, for example, the Millennium Development Goals (MDGs), the declarations on aid effectiveness endorsed in Rome (2002) and Paris (2005), the *Accra Agenda for Action* (2008) and the current United Nations reform. At the regional level, Health 2020, the European policy framework for health and well-being, and action plans and policies adopted by the Regional Committee promote the building and strengthening of partnerships. Health 2020 advocates multistakeholder involvement and a whole-of-government and whole-of-society approach.

Hosted partnerships

8. World Health Assembly resolution WHA63.10 on "Partnerships", inter alia, guides WHO's decisions on when and how to engage in partnerships and collaborative arrangements. It also clarifies the requirements when WHO is the host organization for a partnership, which calls for full alignment with WHO's accountability framework, operational platform and rules.

9. The European Observatory on Health Systems and Policies is the WHO European Region's only hosted partnership. The Regional Office has a dual role, as both a member of the partnership and the hosting organization. In the latter role, the Regional Office and the Steering Committee of the Observatory are working on achieving full compliance with the partnership policy, in order to avoid the challenges presented in the document. The Observatory amended its logo to emphasize the hosting relationship with the Regional Office and is taking steps to ensure consistency in the treatment of staff; an external evaluation has been undertaken and, on the basis of the results, the governance of the Observatory has been amended. Close collaboration has been established between the Observatory and various divisions at the Regional Office, especially for providing technical support and expertise for policy development.

10. The Regional Office has reviewed other partnerships that could fall under the partnership policy.

Global health partnerships

11. Since the beginning of the millennium, a number of global health partnerships have been established. The European Region has strong collaborations with some of the major partnerships

such as The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund), the GAVI Alliance, the Stop TB Partnership, Roll Back Malaria and the Global Health Workforce Alliance.

12. Since establishment of The Global Fund in 2001, the Regional Office has worked closely with the Secretariat of The Global Fund and provides technical assistance to recipient countries. In 2011, there was an exchange of letters and a joint operational plan was signed to establish more strategic collaboration, to ensure regular cooperation, strengthened technical support, oversight, effective and efficient implementation of disease control programmes supported by The Global Fund and integration of the health systems strengthening approach into existing and future programmes at country level.

13. In the same year, The Global Fund and the Regional Office jointly launched the MDR-TB action plan and The Global Fund contributed to the development of the HIV/AIDS action plan. Close collaboration between WHO regional offices and headquarters means that The Global Fund increasingly endorses and uses WHO normative guidance. The strengthened collaboration has resulted in multiple joint missions, joint participation in events, programme evaluations, preparation of proposals, concept notes and phase 2 applications. Much of the joint work involved other partners, such as the Stop TB partnership, UNAIDS and Roll Back Malaria. Current collaboration is focused on the new structure and working procedures of The Global Fund.

14. Collaboration between the GAVI Alliance and its partners is based on global work plans. With regional representatives of the United Nations Children's Fund (UNICEF) and the World Bank, the Regional Office supports coordination of GAVI activities in Member States and provides technical assistance in proposal development, implementation, monitoring and evaluation to countries eligible for GAVI assistance.

15. The Regional Office is committed to continue its close collaboration with the global health partnerships active in the Region, to align policy work and strengthen collaboration, including providing advice and technical support to countries that are or will no longer be eligible for funding from the GAVI Alliance or The Global Fund.

United Nations system

16. As the United Nations specialized agency for health, WHO collaborates with its sister agencies to ensure effective coordination, synergy and policy coherence. The Regional Office has had excellent bilateral relations with agencies working in health or health-related areas for many years, including UNAIDS, UNICEF, the United Nations Development Programme (UNDP), the United Nations Economic Commission for Europe (UNECE), the United Nations Environment Programme and the United Nations Population Fund (UNFPA). In line with Health 2020, collaboration with the International Labour Office is being strengthened.

17. In the context of United Nations reform, the Regional Office supports coordination among the United Nations agencies through well-established regional- and country-level mechanisms. The Regional Coordination Mechanism (RCM) is chaired by UNECE and the regional United Nations Development Group (UNDG), formerly called the Regional Directors Team, is chaired by UNDP. The aim of the back-to-back meetings scheduled about every six months is to provide leadership, foster communication and policy symmetry at the regional level and provide strategic guidance and support to resident coordinators and United Nations Country Teams (UNCTs). The Regional Office hosted meetings of the UNDG and the RCM in 2011 and 2013.

18. An interagency working group on MDGs was established by WHO in collaboration with other United Nations agencies in 2010 within the RCM. Outcomes of its work were a regional update on MDGs (finalized at the end of 2011), an interagency report on the post-MDG process and a number of advocacy and issue briefs in 2013. Under the auspices of the UNDG, United Nations agencies collaborate in a Roma regional working group, which facilitates the activities of various agencies on Roma issues. In 2013, the RCM, inspired by Health 2020, discussed collaboration on social determinants of health, and the UNDG discussed integration of Health 2020 into the forthcoming United Nations Development Assistance Framework (UNDAF). In 2014, the RCM agreed to establish a regional interagency working group on implementation of the noncommunicable diseases action plan and enhance collaboration among agencies on social determinants of health and multisectoral work in line with Health 2020.

19. At the country level, the Regional Office's country offices are members of UNCTs and participate in related coordination mechanisms, such as UNDAF, the ONE United Nations programme and the "Delivering as One" pilot programme. Currently, many countries in the Region are developing new UNDAFs. Guidance and thematic training are provided by the Regional Office to ensure clear outcomes related to health.

20. To improve support to Member States, the WHO Regional Office for Europe, UNFPA and UNICEF signed a joint action framework during the 63rd session of the Regional Committee for Europe in September 2013. The aim is to shape partnerships among the three organizations to allow them to more effectively support Member States in achieving the health-related MDGs 4, 5 and 6. This includes addressing new challenges in the Region in the context of Health 2020 and assisting countries in aligning their priorities in accordance with Health 2020, the United Nations Secretary-General's *Global Strategy for Women's and Children's Health*, the "A Promise Renewed" initiative and the programme of action of the International Conference on Population and Development. The joint action framework includes development of a joint work plan and regular follow up and monitoring of achievements. A first planning meeting to design a joint work plan was hosted by the Regional Office in January 2014.

Relations with the European Union

21. In the European Region, the European Union and its institutions are key actors in health. Geographically, more than half of the Region's Member States belong to the Union or seek to join. The Regional Office's principal partner in the European Union is the European Commission. The Regional Office also works very closely with the European Council through its presidency, the European Parliament and relevant European Union agencies.

22. WHO and the European Commission concluded exchanges of letters in 1972, 1982 and 2000 to consolidate and intensify cooperation. In 2003, they signed a framework agreement to facilitate future collaboration by easing the administrative differences between them. In 2010, Zsuzsanna Jakab, WHO Regional Director for Europe, and John Dalli, European Commissioner for Health and Consumer Policy, agreed on a joint declaration to invigorate policy dialogue and technical cooperation. In the declaration, the two bodies agreed on six priorities for collaboration, with roadmaps: innovation and health; health security; modernizing and integrating the public health information system; investing in health; health inequalities; and strengthening cooperation in countries outside the European Union. Senior officials of WHO and the European Commission normally meet once a year to discuss priorities and possible collaboration at both global and regional levels. At the technical level, high-level representatives and technical experts meet several times a year to follow up on key areas of the roadmaps.

23. Since 2010, the Regional Office has been working more and more with the countries holding the Presidency of the Council of the European Union in order to ensure coherent follow up of priorities in the Region, sound out provision of support on health issues to countries holding the Presidency and support the Presidency in its involvement in WHO's governing bodies. The WHO office in Brussels also works closely with the European Parliament, especially by providing technical input into debates and hearings related to health issues.

Relations with other regional organizations

24. The aim of various networks based on country groupings is to streamline collaboration in the European Region. The Regional Office works with several of these networks. It seeks the added value and comparative advantage of each network it decides to join, hence avoiding duplication of work in Member States.

25. In 2002, the South-eastern Europe Health Network (SEEHN) was established under the Stability Pact for South-eastern Europe. In its early years, this was a health collaboration targeted at peace and reconciliation, but it has developed into a regional partnership that now promotes population health and health equity through an intersectoral approach. Improvement of population health in the SEEHN countries is acknowledged as one of the preconditions for employment, social cohesion and economic development, as shown in the incorporation of health indicators and health policy commitments into the regionally inclusive growth strategy, SEE 2020. The Regional Office, through its investment in health and public health in its offices in Copenhagen and Venice, played a key supporting role in developing the health pillar and indicators of the SEE 2020 strategy. While SEEHN is currently establishing a permanent secretariat with four positions funded by regular contributions, the Regional Office remains a key technical partner.

26. In 2012, the Regional Office and the Eurasian Economic Community signed a memorandum of understanding to foster closer collaboration. The Health Council of the Commonwealth of Independent States represents nine countries and focuses on five broad areas of health: quality control of medicines; medical prevention and health systems development; epidemiological surveillance; HIV/AIDS, tuberculosis and malaria; and sanitary security. Cooperation with the Regional Office is being reviewed and the participation of the Regional Office in some Health Council meetings, especially those on noncommunicable diseases and HIV/AIDS, was strongly welcomed.

27. The Regional Office is a founding member of the Northern Dimension Partnership in Public Health and Social Well-being, which is a cooperative effort of ten governments, the European Commission and eight international organizations. It provides a forum for concerted action to tackle challenges to health and social well-being in the Northern Dimension area and oversees a number of expert and task groups that work on a variety of health issues; for example, primary health care, alcohol, noncommunicable diseases and occupational health. The Regional Office contributed to shaping the strategy for 2010–2014 and has been involved in several working groups in order to align the activities with WHO policies and guidance. In 2014, the Regional Office will be a member of an expert group on preparation of the new strategy and hosted its second meeting on 25 March 2014.

Intergovernmental organizations

28. Relations with a number of intergovernmental organizations, such as the Organisation for Economic Co-operation and Development (OECD) and the Council of Europe, are well established in the European Region and based on global and/or regional agreements.

29. OECD and WHO established a framework for mutually agreed health priorities in 1999 and 2005, particularly in relation to health and development. This long-standing relationship focuses on improving the collection, harmonization and dissemination of health data and indicators, issues in health systems and environment and health, and noncommunicable diseases. At the 62nd session of the Regional Committee in 2012, a joint action plan was signed to intensify collaboration in the European Region in developing reliable health information and analysing challenges to health systems and policy responses. Work on health information will continue to be at the core of the collaboration, especially on defining indicators and joint datasets. There is also active collaboration in devising indicators for well-being as part of Health 2020 monitoring. In the area of health systems, successful collaboration and joint meetings have been held that are linked to the Oslo and Tallinn meetings and close collaboration with the senior budget official's network of the OECD has been highly successful. Regular review of the joint action plan and continued participation in governing meetings will ensure further strengthening of the partnership.

30. Collaboration with the Council of Europe is based on a tripartite exchange of letters between the European Commission, the Council of Europe and WHO, and also on Regional Committee resolution EUR/RC51/R9 on the "Coordination of work with the Council of Europe in the field of health". For many years and until the disbandment of the Council of Europe Health Committee, the Regional Office and the Council of Europe collaborated on a number of issues. Work on some issues and on other aspects of the Regional Office's work continues in other Council of Europe committees, such as on pharmaceuticals, blood and organ transplants, Roma health and human rights issues. WHO headquarters and Regional Office technical units continue to collaborate with these committees as appropriate.

Engagement with non-state actors

31. WHO's engagement with non-state actors is central to the governance of global health.

32. While clarification of the Organization's rules of engagement with non-state actors has taken the better part of three years, the issue is now in front of the Regional Committee, as per decision WHA67(14) on "Framework of engagement with non-State actors" and as referred to in paragraphs 4 to 6 above.

33. Following discussions by all six regional committees, next year's governing bodies should be able to adopt both a broad framework for engagement with non-state actors, as well as four separate, detailed policies and operational procedures, decision and rules for engagements with nongovernmental organizations, private commercial entities, philanthropic foundations and academic institutions.

34. Relations are governed by the *Principles Governing Relations with Nongovernmental Organizations*,² which defines the official accreditation policy for such organizations. There is currently no specific procedure in place for official relations between WHO and organizations that are active only at regional level. That does not prevent intensive collaboration with such organizations in many technical areas, including consultation in drafting policy documents (for example, for the drafting of Health 2020), implementation and advocacy. Nongovernmental organizations are increasingly interested in the work of the Regional Office and the Regional Committee.

35. The Twenty-first SCRC, through its subgroup on governance, has discussed at some length the involvement of nongovernmental organizations at sessions of the Regional Committee. Initiatives to ensure more active involvement of these organizations at future sessions of the Regional Committee are being developed and options such as posting pre-recorded nongovernmental organization statements on the Regional Committee website, establishment of a nongovernmental organization panel and giving the organizations space during technical briefings are being considered.

36. Other aspects of engagement with non-state actors, such as with private commercial entities, philanthropic foundations and academia in the European Region will have to be deferred to RC65, in light of the World Health Assembly's decision WHA67(14) referred to above.

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² Principles governing relations with nongovernmental organizations. In: WHO/Civil Society Initiative (CSI)/WHO's relations with NGOs [website]. Geneva: World Health Organization; 2013 (<http://www.who.int/civilsociety/relations/principles/en/>, accessed 14 July 2014).