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PARTNERSHIPS FOR HEALTH

The WHO Regional Office for Europe works with a wide variety of partners interested in health to achieve its goals and implement its strategies.

This paper reviews the Regional Office's collaborative activities over the past twelve months, with particular emphasis on three key partners: the Council of Europe, the European Union and the World Bank.

Over the last year, the Regional Office has also pursued its collaborative activities with bodies in the United Nations system and with intergovernmental and nongovernmental organizations. Annex 1 gives a few selected examples of current collaboration, while Annex 2 contains the Memorandum of Agreement that was part of the Exchange of Letters between WHO and the Commission of European Communities, signed by the Director-General on 14 December 2000.

INTRODUCTION

1. The WHO Regional Office for Europe (WHO/EURO) is engaged in numerous collaborative ventures, as has always been the case. Many of these are a legitimate part of the search for greater efficiency in field programmes, and they often arise from local initiatives. They range from mere participation in meetings held with other institutions to joint implementation of practical actions.
2. The country strategy adopted by the Regional Committee in 2000¹ provides for strengthened partnerships for health. Indeed, the limited Regional Office resources available to individual countries makes it more necessary than ever before to build in joint, synergistic approaches with all possible partners, while respecting the values and basic strategic principles under which WHO operates.
3. The documents submitted to the Regional Committee at previous sessions listed and described the collaborative activities carried out during the year. The paper this year illustrates a more strategic approach to the partnerships under way. In the past year, this has taken the form of forging closer links with three partners who are particularly active in carrying out international work for health in the European Region:
 - the Council of Europe
 - the European Union
 - the World Bank.
4. Of course, WHO/EURO is not dissociating itself from its other partners, some of whom are mentioned in Annex 1; it is more a question of stressing the need to work out proper strategies for joint action with them. Collaboration is therefore continuing with the many other bodies in the United Nations system, as well as with the extended network of nongovernmental organizations (NGOs) that have traditionally been in relations with WHO/EURO, especially for field work.

COUNCIL OF EUROPE

5. The Council of Europe is recognized as a major player in the areas of ethics and human rights.
6. New health technologies, the reorganization of health systems throughout Europe, the increased involvement of certain actors on the health scene (e.g. the private sector) and the health impact of other human activities, especially the least desirable ones (i.e. the conflicts afflicting part of the Region), all open up “natural” areas for cooperation: several lines of action have accordingly been identified and/or strengthened in the past year.

Active collaboration on joint projects

7. During the Regional Director’s visit to Strasbourg in December 2000, it was agreed that WHO/EURO would actively associate itself with the Council of Europe in the context of the Initiative for Social Cohesion (ISC) under the Stability Pact. The Pact is an international cooperative project bringing together more than 60 partners to tackle the situation in seven countries of south eastern Europe (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the former Yugoslav Republic of Macedonia, Romania and the Federal Republic of Yugoslavia) and their neighbours (Hungary, Slovenia and Turkey). Health is only one aspect of the ISC. WHO/EURO is a partner and member of the working group responsible for drawing up, with the Council of Europe, an action plan for health. This was consolidated and validated in

¹ *The WHO Regional Office for Europe’s country strategy: “Matching services to new needs”*. Copenhagen, WHO Regional Office for Europe, 2000 (document EUR/RC50/10).

April by the Health Network for the countries concerned (an ad hoc network set up for this activity) and was then submitted to the ISC partners. They endorsed it as the second component of the ISC Action Plan, thereby constituting its health objectives and strategies (accessible from the Stability Pact's website at www.stabilitypact.org). Specific projects are being prepared with the countries concerned.

WHO/EURO, in cooperation with the Council of Europe, will organize a meeting with the relevant health ministries in Dubrovnik at the end of August 2001, in order to confirm the participants' political commitment and priorities. The ISC secretariat will then select projects for submission to the second Regional Funding Conference (Bucharest, October 2001). The aim is to have, by next year, one or two projects funded and carried out, as well as an evaluation of the work already done.

From an observer to an active partner

8. WHO/EURO has always been represented at meetings of the European Health Committee (CDSP), but it is now playing a full part in some technical working groups and related projects:

- the working group on “The patient and the Internet”;
- the working group on “The impact of information technologies”;
- preparations for the seventh Conference of Health Ministers (Oslo, 2003) on “Human rights, dignity and health”.

Use by WHO/EURO of work done by the Council of Europe

9. The Steering Committee on Bioethics (CDBI) is doing work on biotechnologies and the human genome, and this forms a solid foundation on which WHO/EURO can build. It has been decided not to duplicate this work. In particular, within the context of projects on these issues being carried out by WHO headquarters (a special report for the Director-General on the human genome, the ELSI (Ethical, Legal and Social Implications) initiative, a biotechnology conference for developing countries), it has been proposed that the views of the Council of Europe should be taken into account, rather than organizing regional consultations specific to WHO.

Collaboration with other Council of Europe bodies

10. In May 2000, the Special Representative of the WHO Director-General in the Russian Federation signed an agreement with the Council's Directorate-General for Legal Affairs on activities related to tuberculosis in prisons. WHO/EURO participates in the Committee of Experts on Pharmaceutical Questions and in the work of the Pompidou Group (drug abuse and addiction).

Tripartite collaboration between WHO, the Council of Europe and the European Commission

11. The question of putting this type of cooperation on an official basis is being studied. Meanwhile, the tripartite project on the European Network of Health Promoting Schools is continuing. This project has a coordinator in each of the 40 countries involved. The coordinators' aims are to stimulate schoolchildren to take responsibility in the field of health, and to teach them how to do so.

12. There are plans to continue this approach in future, taking an even more active part in the work of the Council of Europe, strengthening joint projects and launching new ones as needed: for example, the topics dealt with by the Council of Europe do not cover all the fields of action that WHO/EURO can take in the area of ethics. This was one of the findings from work done on this question by a subgroup of the Standing Committee of the Regional Committee. The subgroup hopes that WHO/EURO will adopt an ethical approach focused on the organization and financing of health systems. Efforts will accordingly be made to develop these issues in partnership with the Council of Europe.

EUROPEAN UNION

13. A very large number of collaborative activities are under way on a wide range of issues with different sectors of the European Commission. In particular, documents on the health status of populations are being jointly produced, both bodies are represented in working groups on the methodology of collecting health data, and WHO/EURO participates in meetings of health directors of the European Union; it is also involved in environmental projects and in cooperating with the newly independent states under the TACIS programme, it participates in project HOPE and it is collaborating with the Commission on harmonizing pharmaceutical regulations. The two bodies also jointly organized the Stockholm Conference on Young People and Alcohol, which the European Commissioner responsible for Health and Consumer Protection attended.

14. Several recent events justify a fresh approach to cooperation with the European Union:

- The exchange of letters between WHO and the European Commission, signed by the Director-General of WHO and the European Commissioner for Health and Consumer Protection, based on a memorandum laying down the framework for future collaborative activities (see Annex 2) that was drawn up with the assistance of the WHO Office at the European Union. The priorities are grouped around several main thrusts: methodologies, strategies and health policies for tackling specific diseases (tuberculosis, HIV/AIDS, emerging diseases, malaria, and antimicrobial resistance); the environment, in terms of safety and health protection; development and poverty; and priorities for research and technologies.
- The changes taking place within the European Commission itself:
 - The public health programme is due to be adopted by the end of 2001. It covers numerous fields of action in common with those of WHO/EURO: health information systems, responses to health threats, the environment and health, surveillance of communicable diseases, action on health determinants, food safety and nutrition;
 - The Commission has clearly expressed the concern that health considerations must be taken into account in other European policies. At the same time, the Directorate-General for Public Health and Consumer Protection (SANCO) has been entrusted with managing the *Groupe Interservice Santé* (the interdepartmental group on health), which is responsible for “coordinating” or, as a minimum for listing, the health activities of the Commission. Thus all cooperation by WHO/EURO should ultimately involve the public health division of this Directorate;
 - Cooperation between the European Commission and countries outside the European Union is being simplified and reorganized within one single structure, AIDCOP. This simplified interface should open up opportunities for WHO/EURO.
- The process of enlargement, which will modify the composition of the European Union. In this context, WHO/EURO has made an assessment of the situation in the candidate countries. Properly speaking, the accession process itself is not part of WHO’s mandate, but it could have repercussions on the health of the populations involved and on relations between WHO/EURO and the European Union. The situation assessment that has been made can serve to guide cooperation with these countries in this specific context, in particular with regard to health monitoring and the exchange of information. A panel discussion on this question will be organized in conjunction with the Regional Committee session.

15. In-depth work has been done in parallel by the WHO Office at the European Union in Brussels and by the European Commission to describe the fields of action of the two bodies and to identify ongoing collaborative ventures and places where the organizational structures are similar (they are not easy to superimpose). The WHO Office at the European Union has organized and will continue to organize briefing sessions for WHO/EURO staff, to consolidate their knowledge of the European institutions.

WORLD BANK

16. There is extensive cooperation at country level with teams from the World Bank. This is often the result of a local initiative or a good working relationship between the team and WHO/EURO staff. Examples include cooperation on drugs, poverty, the description, analysis and financing of health systems, health promotion and the environment. The countries concerned include, in particular, Azerbaijan, Croatia, the former Yugoslav Republic of Macedonia, Georgia, Kazakhstan, Kyrgyzstan and Turkey. The partnerships established around the European Observatory on Health Care Systems, for instance, bring together other funding and coordination bodies such as the European Investment Bank, the governments of Greece, Norway and Spain, the London School of Economics and Political Science, the London School of Hygiene and Tropical Medicine, and the Soros Foundation/Open Society Institute, on the one hand, and all the countries of the European Region, on the other, in order to produce country reports and assessments.

17. On the occasion of a visit to the World Bank in Washington, during which he met all the country desk officers for the area covered by WHO/EURO, the Regional Director made a detailed review of ongoing and desired cooperation in each country. His visit also confirmed that, when they operate smoothly, these collaborative ventures are highly beneficial to both organizations; on the other hand, where they do not exist, no one sees an advantage in them. The need for a more structured approach was highlighted, especially since the missions of WHO and the World Bank are complementary and potentially synergistic. More specifically, WHO/EURO has the technical competence and legitimacy to analyse and advise on the drafting of health policies, roles that are clearly acknowledged by the World Bank.

18. An official agreement on cooperation for the continent of the Americas has been signed by the World Bank and the Pan American Health Organization (the WHO Regional Office for the Americas).

19. It is planned to organize a meeting in Copenhagen in September 2001 with the World Bank staff responsible for European activities, to continue drawing up a strategy for more structured cooperation with WHO/EURO.

CONCLUSION

20. WHO/EURO has adopted a more structured approach to cooperation with other organizations. This phased approach is based on making an assessment of current cooperation and gaining a clearer understanding of the expectations and orientations of the partners concerned. During the past year, this initiative has mainly involved the Council of Europe, the European Union and the World Bank. The process will be taken forward and intensified, however, applying the same strategy to other partners such as bodies within the United Nations system, bilateral cooperation agencies, other international organizations and NGOs. To this end, a new regional adviser has been recruited to work at WHO/EURO.

Annex 1

SELECTED EXAMPLES OF COLLABORATION WITH OTHER BODIES

UNITED NATIONS SYSTEM

During the year there was continued collaboration with organizations in the United Nations system, and in particular with the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the United Nations Development Programme (UNDP) and the Joint United Nations Programme on HIV/AIDS. Examples of cooperation with certain United Nations entities are given below.

United Nations Environment Programme and United Nations Economic Commission for Europe

UNEP and UN ECE are active members of the European Environment and Health Committee.

WHO/EURO and UN ECE together provide the secretariat for implementation of the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes.

WHO/EURO is collaborating in the development of a legally binding international protocol on strategic environmental assessment to the UN ECE Convention on Environmental Impact Assessment in a Transboundary Context.

WHO/EURO and UN ECE jointly organized a high-level meeting on transport, environment and health in Geneva on 4 May 2001, at which it was agreed that further preparatory work needs to be done before a decision can be taken on whether to start negotiations on a Framework Convention on Transport, Environment and Health. This work should be carried out at international level by a tripartite task force established within the framework of the processes laid down in the London Charter and the Vienna Declaration, in preparation for a second high-level meeting to be convened in 2002.

UNEP will also give support to the secretariat of the tripartite Task Force mentioned above. In addition, WHO/EURO participates in the Mediterranean Action Plan, which is implemented under the auspices of UNEP.

Food and Agriculture Organization of the United Nations

WHO/EURO, FAO and the International Office of Epizootics held a global meeting in Paris from 11 to 14 June 2001 to address questions regarding the crisis caused by bovine spongiform encephalitis (BSE) in the countries of the European Union. BSE has had major global repercussions on both human and animal health, as well as on international trade. Increasing concern has built up around key questions such as: What is safe to eat? Is enough being done to protect the human populations from BSE? How does BSE spread? What can scientists and decision-makers do to improve communication about the risk of BSE?

United Nations Inter-Agency Group

Several joint activities have been initiated by the European Network for Health Promoting Schools (ENHPS) and the United Nations Inter-Agency Group on Young People's Health Development and Protection. These include measures under a workplan on Life Skills Education programmes for senior lecturers from teacher training institutes in the three Baltic States and in four countries of central and eastern Europe (Bulgaria, the Czech Republic, Poland and Slovakia).

Other United Nations agencies

The Office of the Special Representative of the WHO Director-General (DGR) in the Russian Federation has frequent and extensive contacts with all the United Nations agencies active in the country; in fact, the humanitarian crisis in the northern Caucasus has led to daily contacts with representatives of the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the United Nations Office for Coordination and Humanitarian Affairs, the World Food Programme, and the International Organization for Migration. There is also close collaboration with the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The United Nations Theme Group on HIV/AIDS is made up of the co-sponsors of UNAIDS: WHO, the United Nations Development Programme, the United Nations Population Fund, UNICEF, ILO, the World Bank and UNHCR. The Theme Group organized a joint donor conference on HIV/AIDS in Moscow in November 2000, at which approximately US \$20 million was requested from the donor community. The first HIV prevention project has been launched by WHO as a direct result of the conference.

During the course of last year, two United Nations consolidated appeals were prepared, in response to which WHO has received US \$2.1 million from donors to implement the Organization's humanitarian assistance programmes in the northern Caucasus.

In June 2000, the family of United Nations agencies in the Russian Federation, under the leadership of the United Nations Resident Coordinator, started to prepare a "Common Country Assessment" (CCA), to be followed by a United Nations Development Assistance Framework (UNDAF) later this year. The draft CCA was finalized in February 2001. The chapter on the health sector, which was drawn up under the leadership of the DGR, analyses health sector challenges and future strategic approaches.

OTHER INTERNATIONAL ORGANIZATIONS

Organisation for Economic Co-operation and Development

The Regional Office has had a long-standing relationship with OECD. Environment and health is one of the principal areas of cooperation, with activities related to nuclear accidents, chemical accidents, urban development and air quality. The two bodies are also working together on the Healthy Cities project, while the exchange of health data is continuous.

The Framework for Cooperation between OECD and WHO, which was signed in December 1999, identifies the following key areas for joint work:

- statistical description and analysis of health systems;
- biotechnology, food safety and chemicals management; and
- development indicators.

Global Environment Facility

The GEF, which was launched in 1991 and re-structured after the "Earth Summit" in Rio, brings together 166 member governments, the scientific community, and a wide spectrum of private and nongovernmental organizations to discuss a common global agenda.

The International Waters Programme of the GEF has been an area of particularly close collaboration. Since GEF's inception, the Regional Office has been instrumental in the development of major programmes such as the Strategic Action Plan for the Danube River Basin and the Strategic Plan for the

Black Sea. A collaborative project is currently under way on recreational and groundwater management in the Caspian Sea Region.

Particularly interesting new opportunities for collaboration relate to the Stockholm Convention on Persistent Organic Pollutants, which should enter into force later this year.

Central Asian Economic Community

The CAEC brings together Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan.

A memorandum of understanding with the Executive Committee of the Interstate Council of CAEC was signed on the occasion of the Regional Director's visit to Kyrgyzstan in April 2000.

OTHER BODIES INCLUDING NONGOVERNMENTAL ORGANIZATIONS

Russian Red Cross Society

The Special Representative of the WHO Director-General in the Russia Federation has signed an agreement of collaboration with the Russian Red Cross Society. Collaborative activities include developing tuberculosis treatment and humanitarian assistance in the northern Caucasus.

EuroPharm Forum

The EuroPharm Forum, founded in 1992, aims to improve health in Europe through partnership between European pharmaceutical associations and WHO. At the ninth annual meeting in October 2000, the 92 participants from 28 countries decided to start collecting data in order to measure the results of project implementation. Mid-term results were also presented from the twinning programme, where countries of central and eastern Europe work with those from western Europe on running a patient education campaign under the slogan "Ask about your medicines".

European Forum of Medical Associations and WHO

The Office of the Special Representative of the Director-General has been in contact with selected national medical associations in the Russian Federation to clarify the complicated situation there.

Soros Foundation/Open Society Institute

The Open Society Institute has been involved in many projects run by the Regional Office. A memorandum of understanding has been signed as a framework for a strategy of more comprehensive collaboration.

Annex 2

MEMORANDUM

CONCERNING THE FRAMEWORK AND ARRANGEMENTS FOR COOPERATION
BETWEEN THE WORLD HEALTH ORGANIZATION AND THE COMMISSION OF THE
EUROPEAN COMMUNITIES

MEMORANDUM

concerning the framework and arrangements for cooperation between the World Health Organisation and the Commission of the European Communities

A. PRINCIPLES AND OBJECTIVES

1. The World Health Organisation and the European Communities have common interests in health and health-related fields. They are both committed to promoting and improving health, reducing avoidable mortality and activity-impairing disability, preventing disease, and countering potential threats to health. They are both aiming at making contributions towards ensuring a high level of health protection and at placing health at the core of the international development agenda in the fight against poverty, the protection of environment, the promotion of social development, and the raising of living and working conditions.
2. Both the Commission and the World Health Organisation, in their respective legal context, are devoted to serving the needs of their Member States and partner countries, helping the development and maintenance of effective health interventions, healthy environments, and efficient health systems, and engaging the various actors and stakeholders in the health field in forming collaborative and action-oriented partnerships aiming at delivering relief, containing crises and outbreaks of disease, and imparting knowledge and skills. Both draw from the expertise and resources of their respective Member States to add value to their efforts and achieve coordination in the design and implementation of health and health-related policies. Both are dedicated to forging harmonious relations and avoiding unnecessary duplication of effort when pursuing common goals. This partnership for health recognises the specific comparative advantages of the World Health Organisation and the Commission.
3. The World Health Organisation has a unique role in advocating health and advising on the full range of health issues, and at providing technical expertise in the field of health. The role of the Commission in health is laid down in the Treaties of the European Communities and is governed by specified conditions on competence and responsibilities with regard to the scope and nature of its activities. Cooperation between the two bodies must respect the differences in institutional and operational arrangements governing their action. Each has strengths and advantages that should be brought to bear upon their cooperation in order to make their actions in the field of health complementary and mutually reinforcing. Whilst each has its own priorities and programme of work, they can nevertheless promote joint work and coordination of action in technical and field activities, and make practical arrangements for routine and ad hoc exchanges of information and sharing of experience.

B. AREAS OF COOPERATION

1. Generating, collecting, processing and disseminating authoritative information and data for use by national administrations, professionals and other parties with an interest in the field of health, while respecting data protection requirements, in order to provide a sound basis for the monitoring of health and health determinants, the design of effective policies and measures, the undertaking and evaluation of implementing activities, and the timely introduction of corrective action.
2. Developing methodologies and tools for health monitoring and disease surveillance, analysing and targeting for action specific health and health-related problems, assessing and prioritising health interventions, and aiding health system development.
3. Strengthening communicable disease surveillance and improving responses.
4. Exchanging information and sharing experience on the evaluation of health effects of agents in the environment and on the setting and scientific and technical review of health and health-related criteria and guidelines aiming at a high-level of health protection in order to strengthen and maintain health risk reduction policies.
5. Promoting health related research and technological development, taking stock of its results, and developing advice on applications in the health and health-related fields.
6. Mobilising and coordinating where appropriate resources for health interventions in collaboration with recognised actors in this field and cooperating in emergencies such as those resulting from natural catastrophes.
7. Seconding staff for the purpose of mutual information and provision of expertise.

C. PRIORITIES

1. Without prejudice to other issues that may acquire more importance or require immediate attention and action, and subject to the results of joint periodic reviews, priorities for cooperation shall include:

- 1.1. the development of health indicators and the collection and dissemination of data on health status and health policies and systems, promoting evidence-based approaches;
 - 1.2. linking communicable disease surveillance and health monitoring networks;
 - 1.3. the development of methodologies and standards for analysis and reporting, and the provision of advice on and plans for responses to, in particular, malaria, HIV/AIDS, tuberculosis, emerging diseases and antimicrobial resistance threats;
 - 1.4. the development of sound policies and efficient systems geared towards sustainable health development including the alleviation of poverty, the effective tackling of prioritised health scourges and threats and the combining of efforts to help developing and market-transition countries;
 - 1.5. criteria and guidelines in particular on safety and health protection against physical, chemical, and biological agents;
 - 1.6. health research and technological development priorities;
 - 1.7. the reduction of tobacco consumption through the negotiation, adoption and implementation of a framework convention on tobacco control and the exchange of information and dissemination of good practices on smoking abatement.
2. The activities to be pursued in the context of these priorities shall be agreed upon at the meetings described in D and may take the form set out below:
- 2.1. exchanging of information, documentation and sharing of experience and enhancing cooperation on:
 - 2.1.1. elaboration of criteria and guidelines; and
 - 2.1.2. drawing up instruments and other documents of legislative relevance;
 - 2.2. setting-up of databases and facilitating access and use;
 - 2.3. providing advice and technical support on health and health-related matters;
 - 2.4. elaboration of reports;

- 2.5. conduct of analysis;
- 2.6. financing of projects;
- 2.7. participating in committees and working groups in conformity with rules applicable to such participation;
- 2.8. joint undertaking of work with appropriate assignment of tasks between the two parties;
- 2.9. provision of expertise by the secondment of staff.

D. PROCEDURES

The World Health Organisation and the Commission of the European Communities agree to establish and undertake the following procedures for the conduct of their cooperation activities:

1. As regards relations between, on the one hand, the Commission of the European Communities and on the other, the World Health Assembly and the Executive Board of the World Health Organisation:
 - 1.1. the Commission will be invited to attend meetings of the World Health Assembly, the Executive Board, and the Regional Committees, and to participate in their deliberations in accordance with their respective Rules of Procedure and practices applicable to observers;
 - 1.2. the Commission will be provided with the reports of the World Health Assembly, the Executive Board, and the Regional Committees, and with the reports that the Director-General of the World Health Organisation submits to the World Health Assembly and the Executive Board;
 - 1.3. the Commission may submit memoranda to the Director-General, who shall determine the need and scope of their circulation;
 - 1.4. the Director-General of the World Health Organisation may, after consultations with the Commission of the European Communities, draw the attention of the competent governing body of the World Health Organisation to the question of participation of the Commission on the work of that body in specific cases, such as, for example, the negotiation of international agreements, and on the status of the European Communities under such agreements;
 - 1.5. each party will invite the other to participate in the work of committees and working groups, with respect to items on their agenda in which the World Health Organisation and the Commission have a common interest, in conformity with their rules applicable to such participation.

2. As regards relations between, on the one hand, the Director-General of the World Health Organisation and on the other, the Commission:
- 2.1. the Director-General of the World Health Organisation and the Member of the Commission responsible for Public Health will consult each other whenever necessary on questions of mutual interest. This consultation should as far as possible aim at achieving coordination and the widest possible application of relevant instruments and other documents adopted by either party;
- 2.2. the Director-General of the World Health Organisation and the Member of the Commission responsible for Public Health, accompanied by high-level officials from both sides, will participate, as a general rule once a year, in an exchange of views and review of relevant activities and current and future plans of work, in order to take stock of the state of and further enhance cooperation between the Commission and the World Health Organisation;
- 2.3. the Director-General of the World Health Organisation and the Member of the Commission responsible for Public Health will take suitable measures to ensure close liaison and cooperation between officials of the two parties. For this purpose, a senior official shall be appointed by each party to follow the progress of cooperation and act as a point of contact and coordination in this respect.
3. Complementary and practical arrangements
- 3.1. Meetings shall be held, as a general rule once a year, on the one hand between the Director responsible for Public Health in the Directorate-General for Health and Consumer Protection of the Commission accompanied by senior officials from services concerned with matters covered by this memorandum and the Commission liaison official and, on the other hand, with Regional Directors, in particular, the Regional Director for Europe, Heads of clusters, and the liaison official of the World Health Organisation. These should review progress of work in the priority areas of cooperation, exchange of information on and examine future collaborative projects and identify meetings and events calling for a cooperative effort and coordination, and prepare reports to the meeting mentioned in D.2.2.
- 3.2. Regular and ad hoc meetings may be held between officials of the two parties with notification to, and participation as far as possible, of liaison officials, covering practical matters of cooperation, in particular the implementation of projects and the participation in committees, groups and working parties and the preparation of documents.
4. Financial cooperation
- 4.1. Cooperation between the Commission and the World Health Organisation may take the form of financing by the two sides of projects undertaken by third parties or financial assistance by the Commission to activities undertaken by the World Health Organisation. Progress on projects in the context of financial cooperation will be reviewed at the meetings referred to in D.2.2 and D.3.
- 4.2. Financial assistance by the Commission to activities undertaken by the World Health Organisation shall be in accordance with the 'Agreement between the United Nations and the European Community on the principles applying to the financing or co-financing by the Community of programmes and projects administered by the United Nations' which entered into force on 9 August 1999, and the Verification Clause Agreement between the European Community and the United Nations, which entered into force on 1 January 1995, both as may be modified or clarified by agreement between the Commission and the World Health Organisation, in particular in the light of modifications or clarifications to the Agreements between the Community and the United Nations.
- Such activities receiving financial assistance from the Commission shall be the subject of specific project agreements.