



EUROPEAN
COMMISSION

WORLD HEALTH
ORGANIZATION



MEMORANDUM OF UNDERSTANDING

Concerning the establishment of a strategic partnership between the World Health Organization and the Commission of the European Communities in the field of development.

Considering the Exchange of Letters between the World Health Organisation ('WHO') and the Commission of the European Communities ('the Commission') concerning the consolidation and intensification of co-operation¹ dated January 4th 2001;

Considering the Commission's Communications to the European Council and Parliament *Building an effective partnership with the United Nations in the fields of Development and Humanitarian Affairs*² and *The European Union and the United Nations: the choice of multilateralism*³;

Considering the Strategic Programming Dialogue between the WHO and the Commission on humanitarian assistance which commenced in December 2002⁴ and is regarded as the appropriate framework for cooperation in the field of humanitarian affairs;

The Commission and the WHO hereby establish a strategic partnership ('the Partnership') with the aim of enhancing and increasing the effectiveness of both partners in their efforts to achieve their common goals and objectives in the field of development.

A. GOAL AND OBJECTIVES

1. Through the Partnership, the Commission and the WHO will work towards the shared goal of reducing poverty and achieving the Millennium Development Goals (MDGs) and other internationally agreed development targets, by making the greatest possible contribution to improving health outcomes, particularly in poor populations.
2. The present Partnership complements and further develops within the field of Development the ongoing overall cooperation between the Commission and the WHO which is promoted in accordance with the above-mentioned Exchange of Letters.

¹ 2001/C 1/ 04

² COM (2001) 231 final

³ COM (2003) 526

⁴ Organised by the European Commission's Humanitarian Aid Office (ECHO)

3. In particular, the objectives of the Partnership are:
 - to foster close collaboration at all levels between the Commission and the WHO on matters pertaining to health and development,
 - to build on each others' comparative advantage in order to make specific contributions to strengthening health systems and improving health outcomes, especially of the poor, in developing countries.
4. The objectives of the Partnership will be achieved through:
 - regular policy dialogue between the WHO and the Commission;
 - enhanced collaboration at all levels, in particular at country level; and
 - financial co-operation in WHO's operational activities where there is added value, relevant impact, common interest and adequate capacities.

B. SCOPE

1. The geographical scope of the Partnership is limited to those countries classified as 'developing' according to the OECD-DAC list of aid recipients⁵.
2. WHO and the Commission will seek to work closely together on matters of mutual interest related to development at global, regional, and country levels.
 - 2.1. Specific areas where collaboration at country level is likely to be especially productive are health sector dialogue; the development of sector-wide approaches in health; ensuring the place of health in the preparation and implementation of poverty reduction strategy papers; and in monitoring progress against core health indicators, including those for monitoring the health MDGs.
 - 2.2. In countries where both partners have common interests, they will work together to harmonise their respective country support or cooperation strategies based on national policies, priorities and strategies, taking into consideration the principles of coherence, coordination and complementarity. In particular, the partners will seek synergies in areas of common interest and where there is added value.

C. AREAS FOR POLICY DIALOGUE

Policy issues of mutual concern include:

1. Working progressively towards **universal access** to health services;
2. Establishing the necessary **institutional capacity** at country level to enable developing countries to achieve the health-related MDGs;

⁵ DAC List of Aid Recipients as at 1st January 2003

3. Increasing **aid effectiveness** for health and harmonisation of the activities of donor agencies;
4. Developing a response to the growing **double burden** of communicable and non-communicable diseases in developing countries. (Including prevention, preparedness and early response activities, and promotion of recommended protocols.)
5. Promotion of **linkages from relief to development** in the area of health;
6. Enhancing **cross-sectoral** work to improve health outcomes;
7. Increasing the availability of **global public goods** relevant to the needs of developing countries;
8. Strengthening capacity to monitor **progress in health** in relation to the health MDGs and the role of health in national poverty reduction strategies and sector-wide programmes; and
9. **Cross-cutting issues** related to health, for example tobacco control and international trade policy.

D. AREAS FOR FINANCIAL COOPERATION

1. The WHO and the Commission have agreed that financial collaboration at global and country levels should focus – in the first instance – on the achievement of three sets of specific outcomes: reducing maternal mortality, accelerated action on communicable diseases and monitoring progress in achieving better health outcomes.
 - 1.1. **Reducing maternal mortality:** In the field of safe motherhood and newborn health, the work of the Partnership will contribute to a reduction of maternal mortality and morbidity, and increased access to and use of high quality reproductive and sexual health services. This will be achieved through a particular focus on improving skilled attendance at childbirth, and strengthening the provision of basic health services and comprehensive emergency obstetric care within health systems.
 - 1.2. **Accelerated action on communicable diseases:** In the field of communicable diseases the Partnership will contribute to: (a) actions to combat HIV/AIDS, TB and malaria that are in line with the EC Communication on *Accelerated action against HIV/AIDS, malaria and tuberculosis in the context of poverty reduction*⁶; (b) the final eradication of polio in ways that strengthen health systems; and (c) the control of other communicable diseases, such as meningitis.
 - 1.3. **Monitoring progress in achieving health outcomes:** The Partnership will contribute to the strengthening of global and country level monitoring of progress against a set of core health indicators, and specifically the health-related Millennium Development Goals, by focusing on strengthening and reform of systems for monitoring progress

⁶ COM (2001) 96 final and COM (2003) 93 final.

at national level. This will include actions to improve epidemiological surveillance of communicable diseases, and monitoring progress in strengthening health systems.

- 1.4. Both partners acknowledge that effective health systems are vital for achieving the specific outcomes outlined above. Financial cooperation provided under this Partnership will therefore be provided in ways that strengthen and develop health systems in the countries concerned.
- 1.5. Specific support may be included to assist countries with the preparation of the health component of poverty reduction strategy papers and other forms of health investment planning.
2. €25 million is already being provided from the 9th European Development Fund intra-ACP allocation for support to the EC/ACP/WHO Partnership on **pharmaceutical policies**. This joint action is aimed at improving the accessibility, quality and use of essential medicines in the African, Caribbean and Pacific (ACP) countries.
3. Further areas for financial support may be defined at a later date.

E. ARRANGEMENTS

The WHO and the Commission agree to undertake that the following operational arrangements for the Partnership will apply:

1. Policy dialogue between the Commission and WHO in relation to this Partnership will be elaborated through formal, regular bilateral meetings, where discussions will take place on policy matters of common interest to the two partners. Senior level meetings shall be held once a year between the Director-General responsible for Development in the Commission, or a representative nominated by him, with the participation of other concerned Commission services, and the Assistant Director-Generals in the WHO, or their nominated representatives, to review progress of work in the priority areas of cooperation and to discuss policy, technical and operational issues related to furthering the objectives of the Partnership.
2. The focal points for the Partnership will be, on the one hand the Directorate-General responsible for Development in the Commission, and on the other the Office of the Director-General, represented in Brussels by the WHO office at the European Union. The focal points shall ensure internal coordination of the implementation of the partnership.
3. Regular and *ad hoc* meetings may be held between officials of the two partners with notification to, and participation as far as possible of, liaison officials. These would cover 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. The Commission will be invited to participate in the work of committees and working groups relevant to the Partnership, with respect to items on the agenda

of the WHO, in conformity with the rules applicable. The WHO will be invited to participate in conferences and other activities organised by the Commission.

5. The partners undertake to report on the progress of the Partnership to the High Level Meeting established in the exchange of letters between the Commission and the WHO, dated 4th January 2001.

F. FINANCIAL FRAMEWORK

1. Financial assistance by the Commission to activities undertaken by the WHO shall, unless otherwise agreed in exceptional circumstances, be in accordance with the Financial and Administrative Framework Agreement between the European Communities and the United Nations, which entered into force on 29th April 2003⁷. In particular, disbursements may be made on the basis of the achievement of agreed results.
2. Any financial support should be additional to WHO's regular budget, permitting the acceleration of the delivery of results, or widening the scope and/or the geographical extension of the programme concerned.
3. Programming of resources made available by the Commission under this Partnership will be carried out in conjunction with the relevant parties representing those countries or regional groupings for which the funds are earmarked.
4. The partners will within the Partnership also consider possibilities of an enhanced, more predictable, multi-year financial co-operation in area(s) agreed under the Partnership.

G. DURATION

The Partnership enters into force at the date of the signature of this Memorandum and has indeterminate duration. The content of the Partnership is to be reviewed within the procedures established in this Memorandum in three years.

⁷ Signed by WHO on 11 December 2003.

Done at 2 July 2004

**For the Commission of the European
Communities**

For the World Health Organization

Poul NIELSON
Commissioner for Development and
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