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IMPLICATIONS FOR PAHO OF THE REPORT OF THE
EXECUTIVE BOARD WORKING GROUP ON THE WHO
RESPONSE TO GLOBAL CHANGE

Draft Study Report on the Establishment of a Joint and Cosponsored
UN Programme on HIV/AIDS

1. Background

In May 1993, the World Health Assembly adopted a resolution (WHA46.37) requesting that the Director General of WHO study the "feasibility and practicability" of establishing a joint and cosponsored UN Program on HIV/AIDS in close consultation with the Executive Heads of UNDP, UNICEF, UNFPA, UNESCO and the World Bank. The results of the study were to be submitted to the ninety-third session of the WHO Executive Board in January 1994. This resolution was endorsed by the Governing Councils of UNDP and UNFPA.

In July 1993, the Economic and Social Council (ECOSOC) adopted a resolution emphasizing its full support for WHA46.37 and calling upon the Executive Heads of UNDP, UNESCO, UNFPA, UNICEF, and the World Bank to cooperate fully in the consultative process described therein.

As the initial resolution emanated from the World Health Assembly, WHO was designated as the coordinator of the consultative process, with the understanding that all the cosponsoring organizations were equal partners in this process, the end result of which would ideally be a proposal having the full support of all the organizations. A proposal for a Joint and Cosponsored UN Program on HIV/AIDS is outlined in Annex II. Three alternative secretariat models | A, B, and C | were proposed to fulfill the objectives and functions defined for the Program.

At a meeting of the UN Secretary-General and the Executive Heads of five of the six

organizations¹ in October 1993, option A was agreed upon. Under option A, the UN Program would be "administered by WHO", which must accommodate the preferences and operating procedures of the other organizations. The cosponsoring agencies approved a direct programmatic and financial accountability between the headquarters of the Program and Country staff and activities. At country level, at the expressed desire of the co-sponsoring agencies, the Program would work through the framework of the coordination mechanisms set up by the UN Resident Coordinator. In addition, individual cosponsors would be asked to organize activities on behalf of the Program; these activities would be undertaken at both global and regional levels. In addition, the Program would place an officer in most countries, and this staff member would be supervised by the Resident Coordinator under the direction of the U.N. Development Program.

2. Critiques to the Proposed Establishment of a Joint and Cosponsored UN Program on HIV/AIDS (with emphasis on option A)

In general, the proposed Program weakens the role of WHO, PAHO and the other Regional Offices of the Organization and sets a negative precedent for other health initiatives of WHO, as the leading international health agency.

At the country level:

The potential problems and impact of option A will be as follows:

1. The proposed Program does not strengthen the **role of the Ministry of Health**; instead, it will result in its further weakening within the Government in dealing with national health problems. Thus, the promotion of a national coordinating operational scheme without a leading role for the Ministry of Health under the reasoning that AIDS is an intersectoral issue, strengthens the notion that the Ministries of Health are powerless, inefficient or "incapable" of leading the fight against AIDS.
2. The proposed structure isolates HIV/AIDS programs, thus negating the thrust of PAHO policy to use the wide attention given to AIDS to obtain secondary benefits for other disease control programs, such as tuberculosis and other STDs, or to strengthen local health systems. For this reason, the new program will further undermine comprehensive health development efforts directed towards integration at the country level. On the other hand, it affects the effectiveness of the fight against AIDS since it depends on direct activities and support which can *only* be provided by the health sector and services.

¹The World Bank has not yet decided to join.

3. The proposal focuses solely on UN system bureaucratic coordination requirements and not on how best to respond to needs at both the national and local levels; the emphasis of the document is on the needs and functions of the international secretariat.
4. Within the UN system, the responsible individual would be the UN Resident Coordinator. The interagency staff will report to him/her and secondarily to the Global AIDS Program Director and "liaise with all technical staff recruited by the UN systems organizations for AIDS/HIV activities." However, UN Agencies may still set up separate AIDS programs, thus negating completely the purpose of the local coordinating mechanism, and becoming an obstacle to actual coordination.
5. There is no clear role for the PAHO/WHO representatives; actually, as defined in the document, the PWR's role is unnecessary, since the new Program's staff member in each country will assist the UN Resident Coordinator and report to the U.N. Program Director.
6. The arrangements for resource mobilization, funding, and financial monitoring are unclear or utterly optimistic, assuming that the national committees will be able to raise money for the national program, and that each agency will maintain direct contact with donors, raise funds individually and still coordinate and harmonize these activities with the Program headquarters.

At the Regional level

All WHO Regions are treated the same, regardless of capabilities. Technical and financial cooperation functions are being completely centralized in the proposed UN Program, with no involvement of Regional Offices, including PAHO. From Geneva headquarters, activities will be carried out directly with over 160 country programs | a costly and inefficient approach, recreating existing mechanisms and duplicating existing structures. The unique role, functions and capabilities of PAHO are overlooked completely.

At Headquarters level (WHO)

1. **WHO will be seriously damaged and weakened by this proposal.** As an example, throughout the document it is recognized that AIDS is a health problem; however, the organizations involved are reluctant to recognize WHO as the "lead agency" in this technical area. In fact, WHO as a whole will subrogate its responsibilities to the UN program and its secretariat.

2. The governing structure of the proposed Program is very complicated, raising the potential for serious operational obstacles.
3. The Secretariat will not report to the Director-General but to the Governing Bodies of the Program. Furthermore, the Director of the Program will be designated by the UN Secretary General and not by WHO. No involvement of the Governing Bodies of WHO or its Regional Committees is indicated.
4. The level of centralization and concentration of resources is extreme.

3. Recommendations

1. Since AIDS is basically a health problem, PAHO/WHO must ensure that AIDS is primarily the responsibility of the health sector with the cooperation and participation of other sectors.
2. Every effort should be made to keep PAHO's leadership and coordinating role at the Region and country level in the Region of the Americas. Similarly, the Ministry of Health must continue to be the leading national institution for coordinating national programs and external cooperation in health.
3. National efforts to establish AIDS interagency committees and/or other coordinating mechanisms at country level should be strongly supported by the Regional office and the PAHO/WHO offices.
4. Once the composition, roles and functions of the governing structure of the proposed Program are clear, the "decision" role of PAHO in the selection of members of these Governing Bodies should be defined.
5. There should be flexibility and sharing of responsibilities in Regional and country resource mobilization activities; PAHO should no longer be subject to the approval of the Program secretariat in this regard.

Annex

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