
First regular session 2004

23 to 30 January 2004, New York

Item 12 of the provisional agenda

Other matters

**REVIEW OF THE WHO/UNICEF/UNFPA COORDINATING COMMITTEE
ON HEALTH**

1. Attached is the Review of the WHO/UNICEF/UNFPA Coordinating Committee on Health (EBPDC10/5) with an annex containing the Report of the Evaluation Units of WHO, UNICEF and UNFPA (EBPDC10/5/ANNEX).
2. At its third session (19-20 April 2001, New York), the WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH) requested the CCH secretariat to conduct a joint review of the CCH current terms of reference, roles, functions and methods of work in order to assess its “relevance, value-added and effectiveness”. Based on the findings of the review, it is recommended to the Executive Boards of the three organizations that the CCH be discontinued and that the secretariats of the three organizations continue to strengthen coordination among the organizations.
3. **The Executive Board may wish to decide to discontinue the WHO/UNICEF/UNFPA Coordinating Committee on Health as recommended in the Review of the WHO/UNICEF/UNFPA Coordinating Committee on Health (EBPDC10/5/ANNEX).**



WORLD HEALTH ORGANIZATION

**PROGRAMME DEVELOPMENT COMMITTEE
OF THE EXECUTIVE BOARD
Tenth meeting
Provisional agenda item 4**

**EBPDC10/5
27 November 2003**

Review of the WHO/UNICEF/UNFPA Coordinating Committee on Health

1. At its third session, the WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH) (New York, 19 and 20 April 2001) agreed that the CCH secretariat should draw up terms of reference and conduct a joint review of “its current terms of reference, roles, functions and methods of work”, which would be submitted and discussed at its fourth session.
2. Accordingly, the performance of CCH has been reviewed in order to assess its relevance, value-added, and effectiveness. The findings and recommendations of the review carried out by an external consultant together with a representative from the evaluation units of the three organizations concerned are attached as an Annex.
3. PDC is invited to review the report, take note of the findings and recommendations, and make recommendations to the Executive Board.



Original: English

29 September 2003

**Review of the WHO/UNICEF/UNFPA Coordinating
Committee on Health (CCH)**

Report of the Evaluation Units of WHO, UNICEF and UNFPA

Summary

This report presents the findings and recommendations of the joint review of the WHO/UNICEF/UNFPA Coordinating Committee on Health. In the light of alternative collaborative mechanisms that have developed since the Committee's establishment in 1997, and the balance of costs and achievements, it is recommended to the Executive Boards of WHO, UNICEF and UNFPA that the Coordinating Committee on Health (CCH) be discontinued. It is also recommended that the secretariats of the three organisations continue to strengthen coordination among the organisations.

I. Introduction

1. The WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH) was established in 1997.

2. At its third session in April 2001, the Coordinating Committee on Health «discussed its current terms of reference, roles, functions and method of work. Among the concerns raised were the added value of the Committee, given the remarkable strides made in recent years in interagency collaboration at both the managerial and technical levels; the costs in financial resources and staff time of CCH sessions, with the participation of 16 members from three Executive Boards; and problems of continuity given the rotating nature of the membership of the Executive Boards of the three agencies. It was agreed that the secretariat of the Committee should develop terms of reference and conduct a joint review of this matter, to be presented and discussed at the agenda of the fourth session.»

3. The purpose of this review of the performance of the Coordinating Committee on Health is to assess the relevance, value-added, and effectiveness of the Committee in relation to the current context, including the reforms initiated by the Secretary General of the UN and other forms of inter-agency cooperation, and to propose recommendations. Full terms of reference for the review are attached at Annex I.

4. Review methodology has included a comprehensive desk review of over 150 relevant documents; email questionnaires to selected CCH members, observers and country team participants; and 24 key informant interviews with selected members of the secretariats of WHO, UNICEF and UNFPA and the CCH secretariat.

5. The present report gives the findings and recommendations of this review. It outlines the changing dynamics of cooperation in health among WHO, UNICEF and UNFPA. In particular, it highlights the reforms initiated by the Secretary General of the United Nations and a range of new collaborative mechanisms being used by the three organizations at global and country levels. The report explores the implications of these developments for the future of the CCH, in relation to its effectiveness and resource costs (with current costs amounting to an estimated US\$ 110,000 for a session). On the basis of the balance of costs and advantages, and in the light of alternative collaborative mechanisms that have developed since its establishment in 1997, the report recommends to the Executive Boards of WHO, UNICEF and UNFPA that the CCH be discontinued and that the secretariats of the three organisations continue to strengthen coordination among the organisations.

II. The establishment of the CCH

6. The UNICEF/WHO Joint Committee on Health Policy (JCHP) was established in 1948, with six members each from the UNICEF and WHO Executive Boards. While formally meeting biennially, in practice, the JCHP latterly met every year. By common consent, it seems to have been regarded as an effective committee.

7. In 1995, a UNFPA proposal to consider joining the JCHP triggered a protracted period of discussion and consultation among the parties concerned. The WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH) was established in 1997 as the tripartite successor to the JCHP. Like the JCHP, the CCH is a

consultative, not a decision-making, body. After some debate, the CCH's terms of reference were finalised in January 1999 as being:

- To facilitate the coordination of health policies and programmes of the three organisations;
- To review the overall needs for strategic, operational and technical coordination in the fields of maternal, child, adolescent and women's health with a prioritized focus on disease and health ramifications based on WHO mortality and morbidity statistics, and reproductive health, including family planning and sexual health, ensure regular exchange of information in these areas, and to make recommendations to the respective Executive Boards for follow-up action by the secretariats, as appropriate, with due regard for the respective mandates of the organizations involved;
- To promote consistency in implementation strategies and activities among the three organisations and with other partners, for the maximum benefit of Member States, especially at the country level within the context of the Resident Coordinator system and, in this context, to ensure that these are guided by the overall policy framework for health development as defined by the World Health Assembly;
- To receive and review progress and assessment reports presented by the Director-General of the World Health Organisation, the Executive Director of UNICEF and the Executive Director of UNFPA, on activities pertaining to the health of children, young people and women, with a prioritized focus on disease and health ramifications based on WHO mortality and morbidity statistics, including reproductive health, and to review any orientation of strategy that may be necessary to meet agreed objectives, with due regard for the respective mandates of the agencies involved;
- To consider matters of common concern to WHO, UNICEF and UNFPA that the Executive Boards or the secretariats of the respective organisations may refer to the Committee;
- To report to the WHO, UNICEF and UNFPA Executive Boards on the foregoing matters.

III. Composition and working processes of the CCH

8. The CCH is composed of 16 Executive Board members (six from WHO and five each from UNICEF and UNFPA), selected by their respective Boards on the basis of one from each region of the Board concerned. Staff from the secretariats of the three organizations attend the CCH meetings but they are not formal members of the Committee. The CCH is required to meet biennially, or in special session if required, normally in Geneva. It has now met three times: in July 1998, December 1999 and April 2001. It had provisionally intended to hold a fourth meeting in November 2003 but this has been postponed, pending consideration of this report of the CCH Review by the three Executive Boards concerned in January 2004. The Committee is chaired in rotation by a member of the Executive Board of each

organisation. WHO, as lead agency in international health, chaired the first session; UNICEF the second; and UNFPA the third.

9. From the outset, there was universal recognition of the importance of improved coordination and collaboration. A key argument expressed in favour of expanding the JCHP to include UNFPA with WHO and UNICEF was that this would provide the only venue where members of all three Executive Boards could discuss health policy issues common to the three organizations. At the same time, some concerns were expressed about: the degree of commonality of interests among the three organizations; the effect of enlarging the committee from 12 to 16 members; the need - which had become apparent with the JCHP - to meet annually rather than biennially; and the focus and methods of work in a more complex structure.

10. These problems have been periodically discussed since, but not effectively resolved. For example, it was agreed that "the agenda be organised in such a way that matters of direct reference to UNFPA were clustered together. This selective management of the agenda would enable UNFPA to organise the attendance of its Board members and staff in the most economical and effective way it might wish to adopt". This approach to the agenda, with its implication that some items would be of interest only to UNICEF and WHO, does not seem to have been put into practice.

11. Similarly, a recurring suggestion that the CCH should meet at least once a year in the interests of continuity and impact has not been implemented.

12. There is a critical issue about lack of continuity in CCH membership. This factor was specifically highlighted by the Committee in calling for a review, and was cited by many review interviewees as a cause of CCH inefficiency. Only four Executive Board members, all from UNFPA, have attended two CCH meetings; all other members have attended only one. While the Executive Heads of the three organizations have attended every session, there have been changes in the Executive Heads of both UNFPA and WHO since the CCH was established. Including the secretariats, only two individuals - Carol Bellamy, Executive Director of UNICEF, and Tomris Turmen of WHO - have attended all three CCH meetings. This problem was compounded in the 2001 meeting by increased representation of countries by diplomats from their permanent missions in New York, without technical expertise in the subjects under discussion.

13. There may well be a relationship between these factors relating to lack of continuity and expertise among CCH members and the view expressed during interviews that the CCH's greatest potential strength - the intergovernmental nature of the body - has not been realized in practice. Some interviewees feel that the body itself has not assumed ownership of the Committee, which has been led, in practice, by the secretariats of the three organizations.

14. There has been repeated discussion of the merits of involving the World Bank in the CCH, plus occasional references to UNAIDS' participation. A World Bank representative has attended one CCH session and UNAIDS representatives two sessions, all as observers.

15. Evidence, both from the Committee and the secretariats, indicate some dissatisfaction with the running of the Committee, for example in relation to overloaded agendas and lack of time for proper consideration of items during the first two sessions; the need for timely circulation of papers prepared in a common format; and a call for more focused follow-up recommendations and more specific

progress reports. A proposal for pre-clearance of some issues by teleconference or correspondence does not appear to have been implemented. Interview evidence suggests that the 33 discrete action points from the CCH's second session overwhelmed the technical divisions concerned and obscured the true priorities.

Conclusions

16. If the CCH is retained, urgent action should be taken to resolve these chronic problems. Options include meeting annually, dealing with issues between meetings by teleconference and correspondence, considering in full Committee a manageable set of priority items, and monitoring progress on a focused set of action points. The critical need is to ensure greater continuity and technical understanding among the membership, though this may be difficult given the rotation of members on the Executive Boards of the parent organizations.

IV. Costs of the CCH

17. In commissioning the current review, the CCH itself cited the costs in financial resources and staff time of CCH sessions, with the participation of 16 members from three Executive Boards, as one element raising concerns about the added value of the CCH (CCH3/01/6: report of CCH meeting 19-20 April 2001).

18. Available financial information suggests that the first two CCH sessions cost about US\$ 100,000. Known direct costs for the third session in 2001 amount to US\$ 106,000; the true cost (for example, including some costs for translation and word-processing absorbed by the organizations) is likely to be nearer US\$ 110,000. There are no obvious factors that would reduce the cost of future meetings. Key informants do not see this as a worthwhile investment.

19. Staff and member time involved in attending and servicing CCH meetings cannot be quantified but is likely to be high. The formal CCH reports for the three two-day sessions to date indicate a total of 109 attendances (45 from members, 56 from the secretariats, 3 from World Bank and UNAIDS observers, and 5 from country teams to discuss SWAps). This is an underestimate, since the lists of secretariat participants for the second and third meetings are not comprehensive.

20. While CCH secretariat documents do not provide the basis for a full estimate of the time expended in support of the CCH, they do paint a vivid picture of the extensive effort involved for the CCH secretariat in servicing a body of this nature and size that meets biennially for two days. They also provide a partial insight into the considerable burden on liaison points in UNFPA and UNICEF, and on those technical divisions concerned with CCH issues.

21. The parent Executive Boards and their secretariats also face recurring tasks in relation to selection of CCH members and regular consideration of CCH reports.

Conclusions

22. The direct costs of a further CCH meeting would be US\$ 110,000 as a minimum, plus extensive amounts of staff time to service the meeting. Significant additional resource costs include the time of all meeting participants, and those associated with tasks falling to the parent Executive Boards.

V. The effectiveness, relevance and influence of the CCH

23. The review has sought to address the issues of the effectiveness, relevance and influence of the CCH through email and interview responses from key informants, supplemented by documentary analysis.

Effectiveness of the CCH as a coordinating mechanism

24. Informants stress the importance of close and effective collaboration at global, regional, and country levels among the three agencies. They feel that collaboration, coordination, and joint programming have increased significantly among WHO, UNICEF and UNFPA since 1997, when the CCH was established. This improvement has occurred at managerial and at technical levels, both at the global and at the country levels. The three agencies are now taking a more coherent and collaborative approach to the development and implementation of strategies, programmes and activities, (for example, in relation to the reduction of maternal mortality and combating HIV/AIDS). At a working level, interviewees reported strong and structured relationships among the agencies. Coordination takes place on an almost daily basis to ensure joint global strategies and effective support of country programmes.

25. Moreover, the same period has also seen the strengthening or creation of a wide range of other coordination mechanisms (see [section VI](#) below).

26. The overwhelming view of staff respondents in all three agencies is that the CCH has, in general, not realised its potential and has contributed relatively little to the improvements noted. Nor has it provided a common framework for the development of joint working at a technical level. Achievements on this front are generally attributed to more effective bilateral meetings between the agencies and the new mechanisms.

27. These views are shared by some past CCH members in the sample of respondents to date. Others, however, note the CCH's shortcomings in continuity and efficiency, but feel that the Committee has facilitated enhanced coordination. The views of past CCH members in relation to the CCH's effectiveness and added value tend to be strongly polarised.

Relevance of the CCH

28. Some interviewees had participated in JCHP meetings and found them more substantive and productive, perhaps because the discussions focused on specific technical matters. This, in turn, may be related to the need for greater continuity and technical expertise among CCH members. In addition, the JCHP's format of a high-level meeting with a focused agenda, followed up by working groups, is commended.

29. By contrast, the CCH is felt to lack focus and clarity about its role. There has been an uneasy evolution from the JCHP as a forum primarily for technical discussions between WHO and UNICEF to the CCH as an inter-agency coordinating body alongside a number of other coordination mechanisms. Achievements cited include its work on maternal mortality indicators, and endorsement in 1999 of a three-pronged strategy for Prevention of Mother-to-Child Transmission of

HIV/AIDS. Other Committee recommendations did not prove practicable, eg for Theme Groups for Maternal Health and for Adolescent Health.

30. Evidence from both documents and interviews suggests that the reports of the CCH have contributed relatively little to discussions in the Executive Boards, and perhaps least of all to the WHO Board. There has been a growing trend over time for the Executive Boards to note, rather than take action on, CCH reports. Board comments increasingly concern CCH process issues. To date, the Executive Boards have not used the opportunity provided by the CCH's terms of reference to refer matters of common concern to WHO, UNICEF and UNFPA for the Committee's consideration.

31. While exchange of information clearly does take place, (for example, the discussion of SWAp at the last CCH session in 2001), the CCH is not seen as a cost-effective vehicle for this purpose. Some interviewees argue that the true exchanges take place in other fora. This contributes to a sense among staff in all three agencies that the CCH is an additional burden rather than an integral part of regular work, like some current large partnerships.

Influence on other agencies and impact at country level

32. Overall, there is little evidence from interviews or documentation of the CCH influencing the work of other agencies. The outstanding example is action taken after the second session of the CCH to express concern about the negative implications of the draft revised ILO Maternity Protection Convention in relation to the provision of nursing breaks for working mothers. At the request of the CCH, the Executive Heads of WHO, UNICEF and UNFPA successfully lobbied the Director General of the International Labour Organization.

33. Key informants point to the CCH's lack of a uniform action plan and of impact in achieving convergence at country level. In particular, it is suggested that the CCH has not succeeded in clarifying the division of tasks among the agencies, which would have been helpful at country level. What the CCH had hoped to achieve at field level is felt to have been taken over by other new coordinating mechanisms (see [section VI](#) below).

Conclusions

34. The overwhelming, though not unanimous, view of respondents is that the CCH has been overtaken by developments and provides little, if any, unique added value. They recognise the continuing need for the three agencies to forge even closer and more effective relationships, but against the background of a broader range of partnerships for which new mechanisms are better suited. These conclusions are supported by documentary evidence suggesting relatively low effectiveness, relevance and influence. The reciprocal relationships between the CCH and the Executive Boards of its three constituent organizations seem to have been cordial, but not as fruitful as might be hoped in relation to the cost of the Committee and its support.

VI. The CCH's relationship to other coordination bodies

The general context and United Nations reform

35. One earlier factor in boosting coordination of efforts in the UN system and beyond was a series of UN global conferences resulting in common programmes of action. Of particular relevance to the parties involved in the CCH were the World Summit for Children in 1990, the International Conference on Population and Development (ICPD) in 1994 and the Fourth World Conference on Women in 1995.

36. The establishment of the CCH in 1997 coincided with the launch of a vigorous and continuing programme of UN reform with a particular focus on greater coordination, coherence and accountability within the UN system at both international and country levels.

37. Key new measures applicable to WHO, UNICEF and UNFPA include:

- *the establishment of the UNDG* in which UNFPA, UNICEF and WHO participate. Four members – UNDP, UNICEF, UNFPA and the World Food Programme – form an Executive Committee (ExCom), which the Director General of WHO attends on an ad hoc basis if issues of specific interest and relevance to WHO are discussed. Beyond the UNDG, there is a wider *UN Chief Executives Board for Coordination (CEB)*, which includes the Bretton Woods institutions;
- *the strengthening of the resident coordinator's role* in relation to the *UN country team* in developing countries;
- also at country level, the development and implementation of *the Common Country Assessment and the UN Development Framework*, and the establishment of cross-cutting *UN Theme Groups*;
- the intention to develop by September 2003 *a UNDG Implementation Plan*, together with a document clarifying the specific roles and responsibilities of the various UN entities in the area of technical cooperation;
- *UN simplification and harmonisation initiatives*;
- the *Millennium Declaration*, with its *Millennium Development Goals (MDGs)* and *targets* (including key goals for health), which provide a common policy framework for the whole UN system and beyond. Progress towards the MDGs is being closely monitored, and reported on annually by the Secretary General of the United Nations.

38. To combat the challenge of HIV/AIDS, a specific UN entity - UNAIDS - was established in 1996 as a consolidated effort of six agencies, including WHO, UNFPA and UNICEF. In 2001, clear targets were set in a Declaration of Commitment and a UN System Integrated Plan on AIDS was drawn up, linking the AIDS-related budgets and work plans of 29 UN funds, programmes and agencies. In individual countries, most UN entities have joined the UN Theme Group on HIV/AIDS to devise and implement integrated strategies.

39. UNAIDS is an important factor in this review in providing a new focus for UN-wide coordination on HIV/AIDS. It also demonstrates a wider point that policy coordination on complex health issues increasingly goes beyond meetings of selected Executive Board members to embrace a more inclusive mix of

governments, the UN system, the multilateral banks, donors and civil society. Some new global health initiatives, (for example, the Global Alliance on Vaccines and Immunization (GAVI) and various disease elimination public-private partnerships), also include representatives of the private sector.

National development frameworks

40. The period of the CCH's existence has also seen growing support from multilateral and bilateral agencies, (including WHO, UNICEF and UNFPA) for a variety of national development frameworks. These operate both at the macro level (for example, poverty reduction strategies), and at the sector level, most notably in the form of sector-wide approaches (including health and education SWAs). The effect has been to stimulate WHO, UNICEF and UNFPA at country level to collaborate in wider discussions on common strategies and plans, and to move towards common management arrangements for support to national governments.

Bilateral coordination mechanisms between WHO, UNICEF and UNFPA

41. UNICEF and UNFPA are closely associated through founder membership of the UNDG and are members of its Executive Committee. Since 1998, UNICEF and UNDP/UNFPA have held annual joint meetings of their Executive Boards (with WFP participation since 2001). The prime focus of attention for the joint Board meetings has been UN coordination mechanisms, particularly the CCA/UNDAF and the Millennium Development Goals. The Director-General of WHO attended the UNICEF Executive Board in September 2003.

42. Despite the establishment of the CCH in 1997, there have continued to be bilateral meetings between WHO and UNICEF and between WHO and UNFPA at both technical and Heads of Agency levels, though not to date at Executive Board level. Bilateral meetings between WHO/UNICEF and WHO/UNFPA were held in 1999 and 2002, and resulted, on each occasion, in joint letters to the field from the respective Heads of the Agencies. At the December 2002 WHO/UNFPA high-level consultation, it was agreed to continue regular senior technical staff meetings and annual reviews of progress in cooperation at Executive Head level.

43. The meeting reports and subsequent letters place strong emphasis on collaboration and coordination, and reinforce this by defining joint priorities, detailing concrete steps to improve coordination, and seeking proposals for further improvements. They are, in general, very specific and geared to action. For example, the note of the WHO/UNFPA meeting of 17-18 June 2002 specifies areas of collaborative work, key activities and focal persons in WHO and UNFPA. Addressing letters to regional and country staff underlines the joint intent to secure more effective bilateral collaboration at all levels of the organisations. This is reinforced in the case of WHO/UNFPA by a prospective commitment to annual review of progress. The CCH does not appear to have generated such letters, except from the UNFPA Executive Head to her staff after the second CCH session.

44. While the notes of both 1999 bilateral meetings referred to the CCH as providing opportunity for further discussion of coordination, no mention of the CCH was made in the 2002 bilateral meeting notes and letters. The documents do not indicate that recommendations from the CCH provided a framework for discussion or action.

Conclusions

45. Taken together, these developments are transforming the context within which the CCH operates. Its predecessor, the JCHP, was among the first coordination mechanisms within the UN system. By contrast, the CCH's constituent entities - UNFPA, UNICEF and WHO - are now working to a common set of policy goals subject to close and public monitoring. Improved coordination and collaboration have been facilitated by the creation of new and more dynamic mechanisms, which include a wider range of agencies. Long-standing bilateral links among the three organizations comprising the CCH have been considerably strengthened. These interactions appear to be resulting in concrete proposals for action. The CCH itself does not seem to have provided a framework for these discussions nor generated comparable action.

VII. Conclusion

46. Indications from the review suggest that the CCH has not been as effective as envisaged, and - given the emergence of more dynamic and practical mechanisms - now adds little value. There is a strong finding among the secretariats of all three organizations that the CCH should be discontinued. Responses from Executive Board members of the CCH tend to be more mixed. While it would be possible to recommend ways of improving the overall performance of the CCH (including more frequent meetings and greater continuity of membership), its added value would remain questionable.

47. In these circumstances, and in the light of the Secretary-General's concern to dispense with mandates and activities no longer relevant, it seems justified to question whether the CCH is still required as a coordination mechanism for UNFPA, UNICEF and WHO on health issues. Most coordination needs can be dealt with adequately by other existing mechanisms.

48. There are strong parallels with the UNESCO/ UNICEF Joint Committee on Education, which was dissolved earlier in 2003 on similar grounds, including intensified collaboration stemming from global conferences and new UN mechanisms, strengthened interaction between the executive heads and senior secretariats, and wider collaborative frameworks.

49. It is recommended to the Executive Boards of WHO, UNICEF and UNFPA that the Coordinating Committee on Health (CCH) be discontinued.

50. It is also recommended that the secretariats of the three organisations continue to strengthen coordination among the organisations.

WHO/UNICEF/UNFPA COORDINATING COMMITTEE ON HEALTH (CCH)
Review commissioned by CCH Secretariat
as an Agenda item for its fourth session (November 2003)

Terms of Reference

1. **Background**

The UNICEF/WHO Joint Committee on Health Policy was established in July 1948. In 1995, UNFPA proposed to its Executive Board that it consider the possibility of becoming a member of the UNICEF/WHO Joint Committee on Health Policy (JCHP), the predecessor of the CCH. In March 1996 the UNDP/UNFPA Executive Board reaffirmed the need for close collaboration and asked UNFPA to explore ways to further strengthen coordination in order to develop better health policies and programmes, including reproductive health, in the context of the follow-up to the International conference on Population and Development (ICPD).

This culminated in a process that began with a request by the UNDP/UNFPA Executive Board that its President “ascertain the views of the Executive Boards of the World Health Organization and the United Nations Children’s Fund on possible membership in the Joint Committee on Health Policy”(decision 96/38). The three Executive Boards subsequently agreed to establish the WHO/UNICEF/UNFPA Coordinating Committee on Health and to amend accordingly the terms of reference of its predecessor, the WHO/UNICEF Joint Committee on Health Policy (JCHP).

In 1997, the WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH) was established by resolutions of the respective Executive Board of each Agency.

2. **Terms of reference of the CCH**

During its first meeting of July 1998, the Coordinating Committee on Health considered document CCH (98)/2 which recalled almost fifty years of WHO/UNICEF collaboration through JCHP, and the expansion of JCHP to include UNFPA. The document outlined the steps taken to establish the Terms of Reference and included the text approved by the WHO Executive Board at its 100th session as well as the recommendations of the Executive Boards of UNICEF and UNDP/UNFPA. With the agreement of CCH, a draft text was circulated providing the text approved by the WHO Executive Board, with amendments proposed by the UNICEF Executive Board. CCH agreed to this consolidated text which was submitted to the three Executive Boards as CCH’s recommendation on the Committee’s Terms of Reference. They are as follows:

- To facilitate the coordination of health policies and programmes of the three organisations;
- To review the overall needs for strategic, operational and technical coordination in the fields of maternal, child, adolescent and women’s health with a prioritized focus on disease and health ramifications based on WHO mortality and morbidity statistics, and reproductive health, including family planning and sexual health, ensure regular exchange of information in these areas and to make recommendations to the respective Executive Boards for follow-up action by the secretariats, as appropriate with due regard for the respective mandates of the organizations involved;
- To promote consistency in implementation strategies and activities among the three organisations and with other partners, for the maximum benefit of Member States, especially at the country level within the context

of the Resident Coordinator system and, in this context, to ensure that these are guided by the overall policy framework for health development as defined by the World Health Assembly;

- To receive and review progress and assessment reports presented by the Director-General of the World Health Organisation, the Executive Director of UNICEF and the Executive Director of UNFPA, on activities pertaining to the health of children, young people and women, with a prioritized focus on disease and health ramifications based on WHO mortality and morbidity statistics, including reproductive health, and to review any orientation of strategy that may be necessary to meet agreed objectives, with due regard for the respective mandates of the agencies involved;
- To consider matters of common concern to WHO, UNICEF and UNFPA which the Executive Boards or the secretariats of the respective organisations may refer to the Committee;
- To report to the WHO, UNICEF and UNFPA Executive Boards on the foregoing matters.

The CCH is composed of 16 members of the Executive Boards of the three organisations. Members are selected by their respective Boards on the basis of one from each region of the Board concerned. The CCH meets biennially, or in special session if required, normally in Geneva. The Committee is chaired in rotation by a member of the Executive Board of each organisation. As lead agency in international health, WHO chaired the first session of July 1998. The second session held in December 1999 was chaired by UNICEF. The third session occurred in April 2001 and was chaired by UNFPA.

WHO provides the secretariat for the Committee and, in consultation with UNICEF and UNFPA, jointly convenes intersecretariat meetings to prepare the agenda and supporting documentation for the sessions of the Committee. Intersecretariat meetings may also be convened in alternate years, where appropriate with other organisations active in health, to ensure a coordinated approach at country level.

3. Purpose of the Review

While commitment to the CCH as an intergovernmental coordination body seems high, there have been concerns voiced from within and externally to the CCH regarding its effectiveness. A review at this point is timely as it comes after a quinquennium of CCH functioning and coincides with a desire to review its mechanism in the spirit of reforms initiated by the Secretary General of the United Nations.

At its third session held in New York on April 19-20, 2001, the Coordinating Committee on Health « discussed its current terms of reference, roles, functions and method of work. Among the concerns raised were the added value of the Committee given the remarkable strides made in recent years in interagency collaboration at both the managerial and technical levels; the costs in financial resources and staff time of CCH sessions, with the participation of 16 members from three Executive Boards; and problems of continuity given the rotating nature of the membership of the Executive Boards of the three agencies. It was agreed that the secretariat of the Committee should develop terms of reference and conduct a joint review of this matter, to be presented and discussed at the agenda of the fourth session.» in November 2003. (Paragraph 53 of the Report of the third session of the CCH - E/ICER/2001/11)

The purpose of this review of the performance of the Coordinating Committee on Health is to assess the relevance, value-added and effectiveness of the Committee in relation to the current context, including the reforms initiated by the Secretary General of the UN and other forms of inter-agency cooperation, and to propose recommendations.

4. Scope and Key Issues

With reference to the agreed major themes of the CCH collaboration, the review will look at the CCH experience and focus on the following key questions:

a) Effectiveness of CCH as coordinating mechanism:

Has the CCH facilitated agreement among the three agencies on common strategies and the development of coherent policy advice?

Has it contributed to improved collaboration and increased complementarities and synergies between the three organizations?

Has it promoted consistency in implementation of strategies, programmes and activities among the three organizations?

To what extent, has the CCH ensured a coordinated approach at country level?

b) Relevance of the CCH

What are the main outcomes of the CCH?

What contribution do reports of the CCH make to discussions held in the Executive Boards?

What decisions were taken as a result of the discussion and what was the follow-up?

Were the outcomes relevant for national programmes?

c) Efficiency of the CCH

What have been the human and financial costs associated with running the CCH?

How much leadership and management time does the CCH require of each organization?

Was the contribution of the CCH to the discussion at the Executive Boards efficient in having decision made?

Was there any follow-up?

d) Impact of the CCH

Has the work of CCH influenced the work of other agencies working in Health?

To what extent has CCH contributed to better quality health services and promoted more efficient use of resources at country level?

e) Composition and working processes of the CCH

Are the current working relationships efficient?

To what extent does the rotation of the members of the CCH hinder the efficiency of the Committee?

f) Relationships to other Coordination bodies

What other coordination mechanisms have emerged over the last few years in health?

To what extent do functions between CCH and other existing coordination mechanisms overlap and duplicate?

In light of other coordination mechanisms, what contribution does the CCH provide, making it a unique added-value coordination mechanism?

5. Implementation of the Review

The review will be managed by the Evaluation Units of the three organisations. The CCH Secretariat will be informed on a regular basis of the progress of work.

6. Methodological Approach

Below is an indicative approach for the review. This final methodology is to be designed by the evaluation units of the three organisations.

Phase I: Desk Review (15 working days)

First there will be comprehensive desk review of background documentation, related UN resolutions and reports, CCH minutes, guidelines and reports. This will provide a preliminary analysis.

Phase II: Key Informant Interviews. (15 working days plus up to 4 travel days)

Following the desk review, the key informants will be interviewed in New York and Geneva. The key informants are – CCH membership, agency headquarters and field staff, donors and other organisations active in coordinated approaches at country level. In addition, telephone interviews and/or email exchanges will be held with those key informants who are not based in Geneva or New York. The purpose of the informant interviews is to enrich the information contained in the preliminary analysis. The process will also enable the validation of the preliminary findings, conclusions and recommendations.

Phase III: Report writing (12 working days)

A draft report will be circulated to the present members of the CCH and to the Secretariat of each organisation at the end of August. Following discussions and comments received, the draft report will be finalised in September 2003.

7. Composition of the Team

The Evaluation Team will consist of representatives from the evaluation units of the three organizations (as equal partners), a research assistant and a consultant. The consultant will assist in the fact gathering and in the preparation of the report.

8. Timing

Depending on the selection and availability of the evaluation team, it is anticipated that the review will start in June 2003 and will last over the period of 3 months.

9. Reporting

A succinct report in the English will be produced with no more than 10 pages. The report will include an executive summary and will address all of the key issues indicated above. The report will be structured to provide succinct conclusions for each issue as well as specific, targeted and action-oriented key recommendations. The annex will include the terms of reference.

The report will be submitted to the secretariats of the three organizations.

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