

EXCHANGE OF LETTERS**between the World Health Organisation and the Commission of the European Communities
concerning the consolidation and intensification of cooperation**

(2001/C 1/04)

A. LETTER FROM THE WORLD HEALTH ORGANISATION

Sir,

During the course of last year, a series of discussions were held between the World Health Organisation and the Commission of the European Communities in which the need was stressed from both sides for the further development and intensification of their cooperation. My visit to the Commission shortly after my election as Director-General of the WHO, and again this year, allowed me to emphasise the importance I attach to fostering the closest possible collaboration of my organisation with the Commission, and served to identify a number of policy objectives on which to work together, as well as procedures for ensuring that our cooperation is conducted in an effective and efficient manner.

Our cooperation hitherto has been based on an exchange of letters that took place in 1982 between the European Communities, represented by Mr I. Richards, then Member of the Commission, and the WHO, represented by Mr H. Mahler, its Director-General at that time. This exchange of letters confirmed an earlier exchange between the Commission and the Regional Committee for Europe of the WHO, which was concluded in 1972. In 1992, a joint statement of intent was concluded between Mr J. Prat, then Director-General of DG I of the Commission and Mr M. Abdelmoumène, Deputy Director-General of the WHO at that time, with a view to the reinforcement of cooperation between the Commission and the WHO. Cooperation between the two sides has grown apace since then and produced very satisfactory results indeed in a number of domains, in particular health research, development and humanitarian aid, environment, chemical, produce and food safety, communicable disease surveillance, and health monitoring.

Significant political, social, economic, demographic, environmental and scientific developments have, however, taken place since the previous exchanges of letters and also since the joint statement of intent; these developments have transformed the way we look and act on health and on diseases, presented us with new and more complex problems and set a number of challenges which we should respond to with speed and determination. More recently, the WHO underwent radical restructuring designed to make it more effective and responsive to its member's needs; on the other hand, the coming into force of the Amsterdam Treaty conferred upon the Community new and wider powers in the field of health.

The Commission and the WHO have roles and duties, which extend worldwide. Whilst their nature, means and procedures are different, they have nevertheless common interests in a large number of areas related to health. Above all they are both committed to striving for a high level of human health protection and health improvement. From their effective cooperation in this changed and changing world a lot of good can be derived not only for the Member States of the European Union which are all members of the WHO but also for the other countries which are represented at the WHO. Member States of the European Communities and those of the WHO have repeatedly stressed the need for such cooperation and the desire to avoid any unnecessary duplication in effort while pursuing common objectives.

It is for these reasons that I propose that we strengthen and intensify, through a new exchange of letters, our framework of cooperation, both as regards areas and priorities as well as procedures and arrangements. This framework is contained in the attached memorandum which sets out the objectives, priorities, areas of cooperation, as well as procedures, activities and practical arrangements for its implementation.

I would like to propose that this letter and memorandum, and the letter with your reply, be regarded as approval by both sides of measures which, without prejudice to any future conclusion of a general agreement with the European Community, will take the place of the arrangements entered into by the Commission and the WHO by the previous exchange of letters and the joint statement of intent. These measures will enter into force on the date of your reply.

Yours truly,

Gro Harlem BRUNDTLAND

Director-General of the WHO

B. LETTER FROM THE COMMISSION OF THE EUROPEAN COMMUNITIES

Madam,

I have the honour to acknowledge receipt of your letter concerning the consolidation and intensification of cooperation between the World Health Organisation and the Commission of the European Communities.

The Commission shares your views on the need to join forces to face up to the rapid changes that are taking place throughout the world and which present new and formidable challenges to health and the systems that have been established to protect and improve it. Your efforts to re-cast the WHO structures, policies and priorities, strengthen the WHO's leadership role in health, and forge influential partnerships to meet these challenges are praiseworthy and deserve our support.

The Treaty establishing the European Community requires the Community to make a contribution towards ensuring a high level of health protection. With the entry into force of the Treaty of Amsterdam on 1 May 1999, new powers were conferred upon the European Community to act in areas of direct and indirect relevance to health. In particular, Article 152 of the EC Treaty stipulates that a high level of health protection shall be ensured in the definition and implementation of all Community policies and activities, and directs action towards improving public health, preventing human illness and diseases and obviating sources of danger to human health.

Article 152 reiterates the obligation on the European Community, introduced with the Maastricht Treaty, to foster cooperation with international organisations competent in the sphere of health. In anticipation of the entry into force of the Maastricht Treaty, a statement of intent was signed, as you also have pointed out, by our appointed delegates in 1992. In this statement, the conclusion of a framework arrangement between the WHO and the Commission was foreseen, as was the establishment of a WHO liaison office in Brussels.

I am pleased to acknowledge the progress that has been made not only these two points but also on matters of practical collaboration, joint work and complementary effort in many areas of policy of relevance to health, a broad description of which had already been presented in a Commission communication in May 1993. Since the publication of that document, our cooperation was extended and deepened, and I seize this opportunity to express my appreciation for the contributions made by the WHO to the work of the Commission; I noted with satisfaction, in this context, your intention to strengthen the Brussels Liaison Office of the WHO, expressed during your visit to the Commission in January of last year.

The Commission welcomes your proposal to proceed with a new exchange of letters aiming at promoting closer cooperation with your organisation and achieving progress in the shaping of all policies and measures of concerns to the European Communities and the WHO, that reduce the burden of avoidable mortality and morbidity, counter risks to health, improve health and health systems, and create the conditions for advances in knowledge and technology in the service of health. The Commission agrees that, in pursuing such goals, both sides should aim at providing the best possible added value to their Member States, while respecting the different nature, procedures and means of each, undertaking complementary and coordinated activities and avoiding any unnecessary duplication of effort. The Commission considers that it should now take practical steps to establish an appropriate framework of relations with the WHO, which will take the place of those set out in the previous exchange of letters and the aforementioned statement of intent.

I am therefore pleased to inform you, on behalf of the Commission of the European Communities, that I approve of the measures described in the memorandum and that it, together with your letter of . . . and this reply shall constitute the instrument governing the relations between the World Health Organisation and the Commission of the European Communities.

Yours truly,

David BYRNE

Member of the Commission

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.

