

MEMORANDUM OF UNDERSTANDING (MOU)

BETWEEN

THE UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)

AND

THE WORLD HEALTH ORGANIZATION (WHO)

1. INTRODUCTION

1.1 This revised Memorandum of Understanding (MOU) between the Office of the United Nations High Commissioner for Refugees (UNHCR) and the World Health Organization (WHO) is intended to further strengthen cooperation between the two organizations for the benefit of persons of concern to UNHCR, who comprise refugees, returnees, and those internally-displaced and other persons within their country on whose behalf UNHCR has been authorized to act (henceforth referred to as "beneficiaries").

1.2 Underlying this MOU is the recognition of the respective mandates and responsibilities of each organization, and of the need to build on the comparative advantages of each in arrangements for cooperation that provide added value both for the beneficiaries and for the discharge of these mandates and responsibilities.

1.3 The Statute of UNHCR mandates the Office to assume the function of providing international protection to refugees and of seeking permanent solutions to the problem of refugees. Within the United Nations system, UNHCR is thus responsible for the protection and welfare of refugees, and for helping to find durable solutions including voluntary repatriation, local integration and resettlement in third countries. Subsequent General Assembly Resolutions have given UNHCR certain responsibilities in respect of stateless persons and returnees. In specific situations, and further to a request from the Secretary-General or a competent principal organ of the United Nations, UNHCR may also act on behalf of persons displaced internally for refugee-like reasons (IDPs), and of those threatened with displacement. The definition of persons within UNHCR's competence in the Office's Statute places emphasis on a well-founded fear of persecution. Additional criteria have been progressively added to accommodate the evolving nature of refugee flows. In many situations, UNHCR now provides protection and assistance to refugees fleeing persecution, conflict and widespread violations of human rights.

1.4 WHO's Constitution specifically mandates the Organization in the field of humanitarian assistance in emergencies "to act as the directing and coordinating authority on international health work, ... to furnish appropriate technical assistance and, in

emergencies, necessary aid upon the request or acceptance of governments." WHO is also mandated to provide, or assist in providing, upon the request of the United Nations, health services and facilities to special groups.

2. OBJECTIVES

This MOU has the following general objectives:

- 2.1 To reduce the mortality, morbidity and disability among the beneficiaries;
- 2.2 To promote the adequate, timely and cost-effective provision of health services for the beneficiaries;
- 2.3 To ensure effective coordination of health and nutrition policies at the international level as they affect the beneficiaries, with a view to achieving and reinforcing globally accepted standards;
- 2.4 To facilitate the sustainable reintegration of beneficiaries in their national communities;
- 2.5 To promote the development of institutional capacities to anticipate and address the health needs of beneficiaries both at the level of national health services, through their extension and reinforcement as necessary, and at the international level, including in particular with non-governmental organizations (NGOs).

3. RESPONSIBILITIES IN RELATION TO BENEFICIARIES

Refugees

3.1 UNHCR is responsible for the international protection and welfare of refugees, which may include the provision of assistance, including health care, in cooperation with host Governments and in line with their international obligations. The implementation of UNHCR assistance projects is normally entrusted to implementing partners, which are often non-governmental organizations. In large-scale emergencies or major operations, UNHCR will appoint health and nutrition coordinators, responsible for the implementation of its programmes and for coordination with host Governments, WHO and others concerned.

3.2 WHO will provide technical support and normative guidance to host Governments, UNHCR and other relevant organizations and assist the host Government in the extension of national health services to refugees where this is possible.

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Returnees

3.3 UNHCR and WHO will consult each other to ensure complementarity of activities for returnees.

3.4 WHO will seek to ensure that national health plans take into account the returnees' needs and give appropriate priority to the areas to which return is taking place. WHO will extend its country health programme activities as required to take account of the needs of returnees, with the aim of successful reintegration into the national health system.

3.5 UNHCR seeks to ensure that voluntary repatriation takes place under conditions of safety and with dignity. The duration and scope of UNHCR's activities in favour of the reintegration of returnees are limited and vary according to the needs of each operation and may be the subject of an operation-specific agreement with the countries concerned. These activities are generally within the framework of wider recovery plans for countries emerging from conflict.

3.6 UNHCR will coordinate any UNHCR-supported assistance in the health sector in returnee areas with the Government, WHO and others concerned in order to ensure that UNHCR activities are compatible with medium-and long-term national health plans, and are sustainable. In large-scale reintegration operations UNHCR may appoint a health coordinator for its programmes.

Internally displaced persons (IDPs)

3.7 The interventions of WHO and UNHCR in favour of IDPs are usually part of a broader United Nations coordinated plan of action. In UNHCR's case, these interventions are selective, as explained in 1.3 above, and UNHCR's involvement in health care will depend on the specific situation.

3.8 WHO will assist Governments and other authorities to coordinate and fulfil their obligations for the health care of IDPs. Within the context of the country programme, WHO will also focus on capacity-building of the Government and technical support to national programmes for the provision of essential health and related services.

Affected local host populations

3.9 WHO, through its country programme activities with national authorities, will support their actions to ensure that the health needs and well-being of the local host population are addressed.

3.10 The involvement of UNHCR with affected local populations is selective and normally focuses on those living within the areas where beneficiaries are located.

3.11 WHO and UNHCR will seek to mobilize support for national health services so that such services to the local population do not suffer unnecessarily from the presence of refugees, returnees or IDPs. Where beneficiary numbers are significant relative to locals in the same area, and where the health care available to locals would benefit thereby, UNHCR will seek to extend health services for beneficiaries to the local population, in agreement with the national authorities and WHO.

4. MAIN AREAS OF COOPERATION

Areas of collaboration between WHO and UNHCR include, but are not limited to, the following:

- 4.1 Coordinated contingency planning, normally undertaken in full cooperation with the national authorities and others concerned. Within this framework, UNHCR will invite WHO to participate in planning for possible refugee influxes or reintegration programmes;
- 4.2 Enhancement of the effectiveness of a collaborative response, including by keeping each other informed (as relevant) of potential or new population movements, and of potential or new health risks for beneficiaries;
- 4.3 Development of joint methodologies for assessing, monitoring and evaluating the health situation of beneficiaries and exchanging information on action required and intended;
- 4.4 Development of guidelines and best practices for the benefit of operations in favour of the beneficiaries on both technical/medical and managerial/programme issues;
- 4.5 Development of training materials and training activities for governmental and non-governmental organizations for the purpose of building institutional and operational capacity;
- 4.6 Development of applied research on technical and operational subjects, as requested by UNHCR, with a view to improving international knowledge on specific issues relevant to the health care of beneficiaries.

5. SPECIFIC RESPONSIBILITIES OF UNHCR and WHO

5.1 UNHCR will:

- 5.1.1 Consult and seek technical guidance from WHO on matters related to health care for beneficiaries;
- 5.1.2 Provide WHO with clear terms of reference or specifications for all assistance requested;

- 5.1.3 Seek WHO's support at the regional and country level when negotiating with the Government on the provision of health care services to the beneficiaries;
- 5.1.4 Coordinate with WHO in efforts to integrate beneficiary health care activities within the national health services;
- 5.1.5 Consult with WHO in order to identify suitable candidates for the consultancies/posts of UNHCR health and nutrition personnel;
- 5.1.6 To the extent possible and practical, provide logistical and other support to WHO staff working with UNHCR in the field within the framework of this MOU.

5.2 WHO will:

- 5.2.1 Expand, where possible, its ongoing support and assistance to Governments, including for the affected host population.
- 5.2.2 At the request of UNHCR, provide technical support, and short-term assistance, sectoral coordination, in areas including, but not limited to, the following:
 - * Defining health priorities in emergency response
 - * Health and nutrition assessment
 - * Prevention and control of communicable diseases
 - * Reproductive health
 - * Mental health and psychosocial welfare
 - * Health systems development and monitoring
 - * Training of national and NGO staff
 - * Epidemiological surveillance.
- 5.2.3 Contribute to further development and adaptation of training materials, guidelines and joint technical publications on health care for beneficiaries, in close collaboration with UNHCR, NGOs, academic institutions and others.

6. IMPLEMENTATION OF THE MOU

6.1 UNHCR designates its Director, Division of Operational Support (DOS) and WHO, its Director, Division of Emergency and Humanitarian Action (EHA), as responsible for the implementation of this Memorandum. UNHCR requests for WHO assistance, for example with the provision of staff support, shall be made through EHA. Communication regarding technical information and advice may take place directly with the responsible WHO unit, keeping EHA informed as appropriate.

6.2 At the field level, the WHO Representative or Regional Office (as appropriate) and the UNHCR Representative (through the UNHCR health coordinator where applicable) shall cooperate closely and, whenever feasible and appropriate, prepare a field-level Letter of Understanding translating the general provisions of this MOU into action required by the particular circumstances and needs of the beneficiaries.

6.3 Where WHO assigns staff to assist UNHCR in the field, their administration will remain the responsibility of WHO unless otherwise agreed. Such staff will have as a general responsibility to assure best possible practices in their field. They will report to a designated UNHCR officer in the field in respect of activities relating to UNHCR's overall responsibilities for the management and coordination of assistance to the beneficiaries. As with UNHCR's own technical field staff, they will have a functional responsibility to the health unit at UNHCR headquarters with respect to relevant UNHCR operational policies and guidelines. Whether technical support and backup is provided by UNHCR or WHO will be agreed on a case by case basis.

6.4 Each organization is responsible for mobilizing the resources necessary to discharge the responsibilities set out herein. For certain special operations, a decision may be taken to issue a joint appeal. Both organizations will participate in DHA-coordinated consolidated inter-agency appeal processes.

7. GENERAL CONDITIONS

7.1 This MOU shall not affect the relations of either signatory to its governing body, nor the relationship of UNHCR and its operational partners, nor the relationship between WHO and its correspondents including Ministries of Health and other organizations, both governmental and non-governmental.

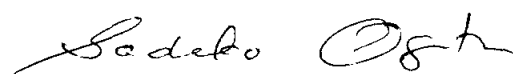
7.2 The implementation of the provisions of this MOU will be in compliance with the respective administrative rules and procedures of UNHCR and WHO and subject to the availability of resources.

7.3 This MOU shall be effective upon signature, and supersedes the Memorandum signed on 23 December 1987.

7.4 This MOU may be terminated by either party upon 90 days written notice.

7.5 This MOU may be modified at any time by mutual written consent of the parties.

Signed for UNHCR on



Sadako Ogata
United Nations High Commissioner
for Refugees

17 March 1997

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Signed for WHO on



Hiroshi Nakajima, M.D., Ph.D.
Director-General
World Health Organization

12 March 1997