

## MANDATE OF KEY U.N. AGENCIES

### UNDRO

"UNDRO's mandate covers all aspects of disaster relief as well as preparedness and prevention activities. Its main broad features are: relief coordination, disaster preparedness, disaster prevention, technical assistance in prevention and preparedness". (Taken from: UNDRO Information sheet, March 1989)

### MANDATE

By res.2816 (XXVI) of 1971, the UN General Assembly authorized the establishment of a permanent office in Geneva to be the focal point for disaster relief, preparedness and prevention in the UN system, headed by a Disaster Relief Coordinator who reports directly to the Secretary-General. The Coordinator's responsibilities include:

- a) mobilizing, directing, and coordinating the relief activities of the various organizations of the UN system in response to a request for disaster assistance from a stricken state.;
- b) coordinating UN assistance with assistance given by inter-governmental and non-governmental, in particular by the ICRC;
- c) promoting the study prevention, control and prediction of natural disasters;
- d) assisting in providing advice to governments on pre-disaster planning in association with relevant voluntary organizations;
- e) acquiring and disseminating information relevant to disaster relief.

### UNHCR

"The UNHCR, acting under the authority of the UN General Assembly assumes the function of providing international protection to refugees who fall within the scope of the UNHCR Statute, and of seeking permanent solutions for the problem of refugees by assisting Governments and, subject to the approval of the Governments concerned, private organizations to facilitate the voluntary repatriation of such refugees, or their assimilation within new national communities. (Source: Statute of the office of the UNHCR, published 1978).

## MANDATE

By res.319 (IV) of 1949, the UN General Assembly decided to appoint a UN High Commissioner for Refugees after the International Refugee Organization terminated its activities. The Statute of the Office of the UN High Commissioner for Refugees, detailing its functions and responsibilities, was embodied in res. 428 (V) of 1950, and the office came into being on 1 January 1951. UNHCR reports annually to the Assembly through ECOSOC

The High Commissioner's role was at first non-operational, limited mainly to the international protection of refugees. Subsequently, the Assembly authorized him to appeal for funds to enable emergency aid to be given to the most needy groups of refugees within his mandate. Since 1958, the Assembly also authorized the High Commissioner to appeal for funds to finance permanent solutions and to provide care and maintenance for all (officially declared) refugees.

## UNICEF

"It is UNICEF's responsibility to assist developing countries in the formulation of policy, plans and programmes for children; and to assist them in the implementation and evaluation of programmes or services benefitting children. All such programmes are planned by government officials in consultation with UNICEF field staff". (Taken from Memorandum of Understanding on collaboration between UNICEF and WHO, no date)

## MANDATE

By res.57(I) of 1946, the UN Assembly established the UN International Children's Emergency Fund as a temporary body to provide emergency assistance to children in war-ravaged countries. By res.802(VIII) of 1953, it placed the fund on a permanent footing and charged it with giving assistance, particularly to developing countries, in the development of permanent child health and welfare services, and decided to change the name of the fund to the UN Children's Fund retaining the UNICEF symbol. UNICEF report to ECOSOC.

## ANNEX IV

### MANDATES OF THE LEAGUE OF RED CROSS AND RED CRESCENT SOCIETIES AND THE INTERNATIONAL COMMITTEE FOR THE RED CROSS

#### LCRCS

"The LRCRCS objective is to prevent and alleviate human suffering through the activities of national Red Cross and Red Crescent Societies and so contribute to peace. The League encourages the creation and development of National Societies in countries all over the world; it advises and assists National Societies in the development of their services of the community; it organizes and coordinates international relief for victims of natural disasters and refugees outside areas of conflict, often launching world-wide appeals for aid; it also promotes the adoption of national disaster preparedness plans. The League is the permanent liaison body of National Societies and acts as their spokesman and representative internationally". (Taken from: Information sheet published by the League - no date)

#### MANDATE

Founded 5 May 1919, in Paris, on the initiative of Henry P. Davison, one of the leaders of the American Red Cross (presumably, the aims are self-mandated.

#### ICRC

"The principal objective is to act as a neutral humanitarian institution and neutral intermediary in cases of armed conflicts. Its principal activities are to assure protection and assistance to people in case of armed conflicts, to provide medical assistance to victims, to intervene to protect prisoners, to conduct searches for missing persons, and to establish humanitarian principles of warfare. It also extends its support in catastrophes and emergencies" (Taken from: Briefing from Director-General's courtesy visit to the President of the ICRC, August 1988).

#### MANDATE

Founded 17 February 1863 in Geneva, as the International Committee for Relief of Wounded Soldiers. Present name adopted in 1880. In law, the work of the ICRC is based upon the Geneva Conventions and their additional protocols, the Statutes of the International Red Crescent Movement, and the resolutions adopted by International Conferences of the Red Cross and Red Crescent.

## MEMORANDA OF UNDERSTANDING

### MEMORANDUM OF UNDERSTANDING BETWEEN THE WORLD HEALTH ORGANIZATION AND THE UNITED NATIONS DISASTER RELIEF COORDINATOR

WHEREAS, the mandate of the World Health Organization (hereinafter referred to as WHO) stems from its Constitution, which states that one of the functions of the Organization shall be to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments (Article 2.d); the Constitution authorizes the Executive Board to take emergency measures within the functions and financial resources of the Organization to deal with events requiring immediate action and to undertake studies and research on emergency problems (Article 28.1); furthermore, the Constitution establishes a special fund to meet emergencies and unforeseen contingencies (Article 58); and

WHEREAS, the World Health Assembly resolutions emphasize the need to strengthen the Organization's capacity to promote approaches for prevention of adverse health effects and for preparedness of the Member States as well as for coordination of aid (WHA34.26); and the necessity of an integrated response linking emergency measures with long-term development, and the need to intensify WHO's technical cooperation at the country level to enable the Member States to enhance their emergency preparedness (WHA38.29); and

WHEREAS, The General Assembly of the United Nations, by Resolution 2816 (XXVI), endorsed the Secretary-General's proposals for the establishment of an adequate permanent office in the United Nations to be the focal point in the United Nations system for disaster relief matters (hereinafter referred to as UNDRO), and which would be headed by a Disaster Relief Co-ordinator; and

WHEREAS, by paragraph 3 of Article IV of the Agreement between the United Nations and WHO, WHO affirmed its intention of cooperating in measures necessary to make coordination of the activities of the specialized agencies and those of the United Nations fully effective; and

WHEREAS, since 1948 WHO has been rendering assistance to victims of disasters and epidemics, and since the establishment of UNDRO in 1972, WHO and UNDRO have been collaborating closely and effectively in matters of common concern; and

WHEREAS, in the spirit of close collaboration, the Director-General of WHO and the United Nations Disaster Relief Co-ordinator signed a Memorandum of Understanding in March 1979, which may be amended by mutual agreement.

NOW THEREFORE, based on a review of the developments in the field of emergency preparedness and response and aiming to improve the collaboration from experience gained, the contracting parties have agreed to the following arrangements:

1. General responsibilities of UNDRO and WHO

- a. UNDRO's role within the terms of the General Assembly resolutions 2816 (XXVI), 36/225, 37/144 and 41/201 is that of an overall coordinator of all disaster related assistance.
- b. UNDRO's responsibility is to mobilize, coordinate and direct disaster emergency assistance, as well as to promote disaster preparedness and disaster prevention.
- c. UNDRO is responsible for providing information to the international community on the emergency situation as a whole, and its responsibilities remain whether the disaster be sudden, such as an earthquake or slow in developing, such as a drought.
- d. UNDRO will continue to request WHO Headquarters and Regional Offices for technical advice for health aspects of emergency preparedness and relief (given by other donor agencies or organizations).
- e. WHO acts as the directing and coordinating authority on international health work. This direction and coordination is provided by its Headquarters and six Regional Offices as appropriate in a coordinated manner.

- f. WHO, through its Headquarters, Regional Offices and Representatives, will furnish technical cooperation and emergency response as an integral part of the global strategy for health for all and promote health emergency preparedness in its Member States.

## 2. Activities in which WHO and UNDRO will cooperate

### 2.1 Emergency Preparedness

- a. Support countries in the formulation of their national emergency preparedness and response programmes (EPR) and in their implementation, management, monitoring and evaluation.
- b. Promote emergency-related communication and exchange of information between WHO and UNDRO and with other organizations.
- c. Support studies on the epidemiology of emergencies, on early warning systems and on methods for situation assessment and evaluation.
- d. Organize and participate in training courses, workshops and meetings, including the preparation and distribution of training guidelines, manuals and other training materials.
- e. Any other relevant activity which is mutually agreed.

### 2.2 Emergency Response

- a. WHO and UNDRO will establish joint action in the field through their Headquarters and Regional Offices as appropriate, and through their country Representatives.
- b. WHO is represented in most developing countries by a WHO Representative (WR). UNDRO is represented by the UNDP Resident Representative (UNDP/RR). There will be cooperation between the Representatives of WHO and UNDRO.

- c. UNDRO arranges for the establishment of standing United Nations Disaster Teams in developing countries which operate under the responsibility of the UNDP Resident Representative/UN Resident Coordinator (UNDP/PROG/FIELD/110/REV.1). Representatives of other United Nations agencies, as well as interested parties in these countries, including diplomatic missions, take part in the work of the teams. WHO, through its country Representatives, Regional Offices and Headquarters, participates in the United Nations disaster teams and is responsible for the assessment of health requirements.
- d. UNDRO may send a Representative or Representatives from its Headquarters to disaster areas for on-the-spot assessment and to advise the Government of the disaster-stricken State. For all health problems and whenever practicable, Representatives from WHO Headquarters, Regional Offices, or experts already in the field will join these missions at short notice. As the need arises, UNDRO and WHO will consult on the financing of travel and subsistence allowance for the participation of WHO staff not assigned to the stricken country. The need for such joint missions will be judged on a case-by-case basis.
- e. UNDRO's activities in the mobilization, direction and coordination of relief assistance will continue until relief operations are phased out and the stricken State moves into the state of rehabilitation and reconstruction. WHO's technical cooperation includes rehabilitation and reconstruction of health services infrastructure, within the framework of the Organization's general health development policies.
- f. WHO will inform UNDRO of its activities in accordance with General Assembly resolution 2816 (XXVI) paragraphs 1 (1).

3. Requests for disaster relief assistance

- a. When it needs international assistance, the Government of a disaster-stricken State makes a request to UNDRO for disaster relief. Such a request will be regarded as having been addressed to the United Nations system in general. When any request for disaster relief assistance is made to or through UNDRO, the latter will promptly inform WHO, which, through

Headquarters, Regional Offices and WHO Representatives, will be responsible for the assessment and for recommendations on the action to be taken by the United Nations system and the international community in the area of health assistance. UNDRO and WHO will then consult each other on the implementation.

- b. When in case of an emergency a Government requests health assistance directly from WHO, WHO will keep UNDRO informed of such requests and of the action taken or proposed.
- c. WHO will provide technical advice to Governments or agencies willing to provide relief assistance in the health sector, and will keep UNDRO informed.
- d. UNDRO and WHO will share information on contributions made through them or known to have been made bilaterally to the disaster-stricken State by donors, so that such contributions can be taken into account when considering relief assistance, to avoid unnecessary duplication.
- e. UNDRO and WHO will collaborate in the development and implementation of concerted relief programmes as envisaged by General Assembly resolution 36/225, including issuance of joint appeals as appropriate.

#### 4. Communications

WHO and UNDRO recognize that the rapid exchange of information on matters of mutual interest is of paramount importance. To this end WHO and UNDRO will keep each other fully informed of any action they are taking and will, in particular, send each other copies of relevant cables and other communications. UNDRO will send situation reports to both WHO Headquarters and to the WHO Regional Offices as appropriate.

#### 5. Financial arrangements

- a. Funds transferred from one agency to the other for the implementation of some action related to a disaster, will be credited to the Trust Fund set up for the particular operation for which the funds are destined, and will be handled in accordance with the Financial Regulations, Rules or practices of the party concerned. Final accounting of such transactions will be



rendered in due course. Any unspent balance will be returned to the donating agency. Narrative reports of action taken and results achieved by WHO or UNDRO in using funds originally contributed to the other party will, whenever practicable, be furnished so that they may be communicated to donors.

- b. In every emergency operation receiving financial support from UNDRO, all information relevant to procurement, despatch, receipt, and final disposition of those relief supplies procured by WHO will be made available to UNDRO, as soon as practicable, for the purpose of informing donors and satisfying UNDRO's internal audit requirements.

6. Airfreight of relief supplies

WHO has gained a certain expertise in procuring and shipping medical supplies at special rates. UNDRO will, if necessary, reinforce this by seeking from air carriers on behalf of WHO free airfreight or concessional terms, also, for emergency relief situations in which UNDRO has not itself received a request from the stricken State. UNDRO and WHO will cooperate in matters of emergency supplies.

7. Review of collaboration

The Director-General of the World Health Organization and the United Nations Disaster Relief Co-ordinator, or their representatives, will meet from time to time in order to review and evaluate their collaboration in disaster-related matters, and to consider any improvements therein which may be suggested from experience.

8. Entry into force, amendment and duration

This Memorandum of Understanding shall enter into force upon its signature by the Director-General of the World Health Organization and the United Nations Disaster Relief Co-ordinator and shall supersede the previous Memorandum of Understanding, signed in March 1979. It may be amended by mutual agreement. It will remain in force until such time as it is terminated by mutual agreement or by one contracting party giving the other three months' written notice of termination.

---

Director-General  
World Health Organization

---

Under-Secretary-General,  
United Nations Disaster Relief  
Co-ordinator

---

Date

---

Date

MEMORANDUM OF UNDERSTANDING  
GOVERNING COLLABORATION AND COORDINATION  
BETWEEN THE UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES  
AND THE WORLD HEALTH ORGANIZATION

**WHEREAS**, the United Nations High Commissioner for Refugees (hereinafter referred to as "UNHCR") has the mandate to provide protection and assistance to asylum seekers, refugees, and returnees and

**WHEREAS**, an essential part of the assistance rendered comprises the provision of appropriate health services through the Ministry of Health, or other agencies, (hereinafter referred to as "operational partners") employed by UNHCR, and

**WHEREAS**, the World Health Organization (hereinafter referred to as "WHO") acts as the directing and coordinating authority on international health work, and encourages technical cooperation for health with Member States, selective collaborative efforts and arrangements are being pursued, including health of refugees, and

**WHEREAS**, UNHCR and WHO are concerned that millions of asylum seekers and refugees in the world have sought refuge in temporary settlements, which lack adequate health facilities, in neighbouring countries, and

**WHEREAS**, UNHCR and WHO are concerned that refugees returning to their country of origin should be reintegrated into their area of origin and that health services are adequately provided within the framework of the development priorities of the country of origin, and

WHEREAS, UNHCR and WHO desire to coordinate their efforts in order to pursue their common objectives, and to establish general principles and identify areas in which such cooperation may take place for the benefit of asylum seekers and refugees in the world,

NOW THEREFORE, UNHCR and WHO HEREBY AGREE to the following principles governing their cooperation:

#### ARTICLE I

##### Purpose

The purpose of this Agreement is to establish a framework for collaboration and coordination between WHO and UNHCR with the following objectives:

1. To contribute to the provision of essential health services, based on primary health care, to asylum seekers, refugees and returnees.
2. To develop the exchange of technical information between the two agencies.
3. To promote the knowledge and managerial capacity of national health authorities, United Nations organizations, bilateral agencies and non-governmental organizations regarding the provision of health care in temporary camps and settlements.
4. To encourage, where and when acceptable to the host country, the progressive integration of health care programmes for refugees and asylum seekers into the national health services of that country.

## ARTICLE II

### Areas of Collaboration and Coordination

The areas of collaboration and coordination between WHO and UNHCR include the following:

1. Evaluation of the health situation in temporary settlements and their surrounding communities, particularly at the outset of an emergency situation.
2. Development of training material and training activities for the personnel responsible for the planning, management, and provision of health care to asylum seekers and refugees.
3. Development of standards and protocols for preventive and curative health care in line with the health policies and strategies of WHO, as endorsed by its Member States.
4. Development of applied research on technical and operational subjects, as required, with a view to improving international knowledge on specific issues resulting from large population movements.

### ARTICLE III

#### Responsibilities of UNHCR and WHO

1. UNHCR and its operational partners will:
  - a. Consult and seek technical guidance from WHO on all technical matters related to primary health care of refugees or returnees.
  - b. Seek WHO's support at the regional and country level when negotiating with the Governments the provision of health care to asylum seekers, refugees and returnees.
  - c. Coordinate with WHO efforts to secure external funding for technical cooperation projects, in particular on integration of refugee health activities within the national health services.
2. WHO, in close consultation with the respective Ministry of Health, will:
  - a. Provide technical support on health matters to UNHCR and its operating partners, in order to ensure that health assistance to refugees complies with the national health strategies of the host country and with the health policies adopted by the World Health Assembly, which may be further elaborated by the Executive Board and the Regional Committees.
  - b. As feasible, make available to UNHCR, WHO staff and consultants experienced in specific technical or operational issues.

- c. Contribute to further development of training materials, guidelines and technical publications on health care of asylum seekers and refugees.
  - d. Assist UNHCR in the technical planning, monitoring and evaluation of health activities carried out by its operational partners.
3. UNHCR and WHO will jointly:
- a. Perform periodic field programming and evaluation missions of their activities related to the health status and health care of asylum seekers and refugees.
  - b. Exchange information and relevant reports.
4. Any specific activity undertaken jointly by UNHCR and WHO will be the subject of a separate project document and/or exchange of letters.

#### **ARTICLE IV**

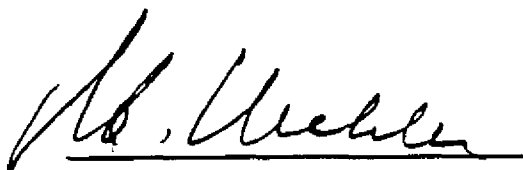
##### **General conditions**

- 1. Nothing in this Agreement will affect the contractual relationship and administrative supervision of UNHCR's operational partners nor the relation between the Ministry of Health and WHO in the Member States.
- 2. The implementation of this Agreement will be in compliance with the respective administrative rules and procedures of UNHCR and WHO and be subject to the availability of funds.

3. This Agreement will enter into force upon signature and shall be of indefinite duration.
4. This Agreement may be terminated by either party upon 90 days' written notice.
5. This Agreement may be modified at any time by mutual written consent of the parties.

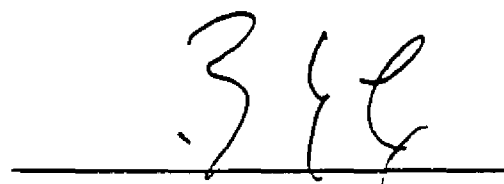
IN WITNESS WHEREOF, the duly authorized representatives affix their signatures to signify their agreement.

FOR THE WORLD HEALTH  
ORGANIZATION



Halfdan Mahler, M.D.  
Director-General

FOR THE UNITED NATIONS HIGH  
COMMISSIONER FOR REFUGEES



Mr Jean-Pierre Hocké  
High Commissioner for Refugees

Date: 23 December 1987

Date: 23 December 1987





## OPERATION SALAM

18 April 1989

*my dear Director General*

I am pleased to enclose herewith a mutually signed copy of the Memorandum of Understanding between the United Nations Office of the Co-ordinator for Afghanistan and the World Health Organization.

I have further taken note of the interpretative contents of your letter of 12 April 1989 regarding the implementation of the Memorandum of Understanding which UNOCA finds acceptable.

*With highest consideration.*

*Sadrudin Aga Khan*

Sadrudin Aga Khan

Dr. Hiroshi Nakajima, M.D., Ph.D.  
Director-General  
World Health Organization  
20, avenue Appia  
1211 Geneva 27

*[Signature]*  
Sadrudin Aga Khan  
DIRECTOR GENERAL'S OFFICE

20 APR. 1989



Office of the Co-ordinator for United Nations  
Humanitarian and Economic Assistance  
Programmes relating to Afghanistan

Villa La Pelouse, Palais des Nations

مكتب منسق الأمم المتحدة لمواضيع  
المساعدة الإنسانية والاقتصادية  
المتصلة بأفغانستان

Bureau du Coordonnateur des programmes  
d'assistance humanitaire et économique des  
Nations Unies relatifs à l'Afghanistan



Téléphone Central/Exchange: 91 21 11  
Direct: 91 27 77

In reply please refer to E/17/180/2 AFG(A)  
Prenez de répondre la référence:

His Highness Prince Sadruddin  
Aga Khan  
United Nations Co-ordinator for  
Humanitarian and Economic  
Assistance Programmes relating  
to Afghanistan  
Villa la Pelouse  
Palais des Nations  
1211 Genève 10

12 April 1989

Dear Prince Sadruddin,

Thank you for your letter of 24 January 1989 responding to our comments on the draft Memorandum of Understanding between your office and the cooperating agencies of the United Nations system.

I have reviewed the position regarding the assumption of responsibility for liability and indemnity, and agree that WHO will accept such responsibility for all personnel recruited by the Organization. Any extra charges for insurance premiums etc. will be included in the project costs, as is the case for other United Nations agencies.

With respect to programme support costs, these will have to be applied according to WHO procedures, but certain flexibility may be possible for large components of supplies or contractual services on a case by case basis where justifiable. In general, however, the application of 13% programme support costs will have to be retained.


I should also like to add the following comments on the standard text of the agreement:

With regard to paragraph 3 of the draft Memorandum of Understanding, the documents will be submitted to the Office of the Co-ordinator for comments so as to ensure full coordination with other agencies. The wording "in accordance with the Agency's rules and regulations" will apply in respect of "funds", as stated in line 9 of paragraph 3. Paragraph 4 will have to be applied in consistency with the internal law of the agency. In reference to paragraph 6, the interest earned on the balance of the Trust Fund will be used to finance projects/programmes funded by the Trust Fund.

With the above clarifications, I agree to proceed with the signing of the standard text of the Memorandum of Understanding communicated to us.

Yours sincerely,

cc: Regional Director, EMRO  
WR, Pakistan  
BFI, EMS, LEG  
Dr B. Jazbi

  
Hiroshi Nakajima, M.D., Ph.D.  
Director-General

10 April 1989

OPERATION SALAM

MEMORANDUM OF UNDERSTANDING BETWEEN  
THE OFFICE OF THE CO-ORDINATOR FOR HUMANITARIAN  
AND ECONOMIC ASSISTANCE PROGRAMMES  
RELATING TO AFGHANISTAN AND  
WHO

1. The vast relief and rehabilitation effort needed to provide humanitarian and economic assistance programmes relating to Afghanistan is of an enormous complexity. The Secretary-General's Appeal of 10 June 1988 was the leading step of a collaborative endeavour within the system to develop a concerted and co-ordinated programme of assistance for the Afghan people. It constitutes the framework for the actions which will be financed by the international community. To facilitate and encourage the contribution of substantial financial resources to the United Nations system, the Secretary-General has established an Afghanistan Emergency Trust Fund, hereinafter referred to as the Trust Fund.

2. In order to implement the programmes of assistance in a coherent manner, full co-operation has to be established and maintained between WHO and the Office of the Co-ordinator. The Office of the Co-ordinator will seek to facilitate this co-operation, while WHO will remain fully responsible for those activities entrusted to it within its respective mandates. Regular and timely information will be provided by WHO on

the implementation of all assistance, whether financed through the Trust Fund or directly. The Office of the Co-ordinator will be immediately informed of any contribution in cash or in kind received directly by WHO from a donor for humanitarian and economic assistance activities relating to Afghanistan. The Office of the Co-ordinator will keep WHO regularly informed of pledges announced and of payments made to the Trust Fund, as well as of transfer of funds from the Trust Fund to WHO.

3. Contributions by governments to the Trust Fund may be unearmarked or earmarked for certain programmes or agencies. For the purpose of effective implementation, programme/project documents describing the objectives to be achieved and the activities to be undertaken under Trust Fund financing, together with cost plans, shall be developed by WHO, reviewed by the Office of the Co-ordinator so as to ensure full co-ordination with other agencies and, when financed from unearmarked funds, signed by WHO and the Office of the Co-ordinator. Such documents should meet normal donor requirements for accountability, as well as information on the destination of funds. They should provide all the information needed for the purpose of programme/project monitoring. A cost plan with a specific time frame should be included so as to, inter alia, permit the implementation of the programme/project in phases or modules should sufficient earmarked resources to permit full funding not be available and in order to facilitate decisions regarding additional funding from unearmarked contributions at the disposal of the Co-ordinator. Programme/project documents should be reviewed at six monthly intervals. Relevant programme support costs may be provided for by WHO in a manner consistent with its procedures.

4. Earmarked contributions deposited by governments in the Trust Fund for allocation to WHO shall be immediately credited to the accounts(s) of WHO and WHO will be informed accordingly. The transfer to WHO will be effected by the United Nations Office at Geneva at the request of the Office of the Co-ordinator and will include a reference to the source of the funds and any special requirements to the donor.

5. Parts of the unearmarked contributions deposited in the Trust Fund may also be credited to the above account(s) for ongoing or new programmes/projects upon the decision of the Office of the Co-ordinator. Consultations with WHO, programme/project documents prepared by WHO and submitted to the Office of the Co-ordinator with a view to the allocation of unearmarked funds, and other relevant information, will be of assistance to the Office of the Co-ordinator in this regard. In the case of unearmarked funds, transfer of funds will be effected upon request by WHO every six months or as circumstances warrant, up to the level of the authorized allocation under each programme/project.

6. Any interest income deriving from the payments made from the Trust Fund to WHO shall be credited by WHO exclusively to the programme/project to which they were allocated and the Office of the Co-ordinator will be so informed.

7. WHO shall not enter into commitments nor assume any liability on behalf of the Office of the Co-ordinator in excess of the amounts transferred from the Trust Fund. WHO can, however, increase a project budget through its own funds and inform the Office of the Co-ordinator accordingly.

8. WHO shall provide the Office of the Co-ordinator with a brief inception report within three months of the transfer of the funds, followed by progress reports at regular intervals, to be determined by consultation between the Office of the Co-ordinator and WHO and, if required or appropriate, with the donor concerned. WHO shall also submit to the Office of the Co-ordinator annual financial statements showing income, expenditures, and unliquidated obligations broken down by project, assets and liabilities as at 31 December each year in respect of funds provided by the Office of the Co-ordinator, as well as a final report and a final financial statement upon completion of the programme/project.

9. Any unspent balance remaining upon the completion of a programme/project financed by the Trust Fund shall be applied by WHO to another programme/project, after consultation with the Office of the Co-ordinator for unearmarked funds and, if required or appropriate, by the Office of the Co-ordinator with the donor government concerned. For earmarked funds, the Office of the Co-ordinator shall be kept informed of the agency's action. If WHO has no other programme/project to which the unspent balance can be applied the balance shall be credited by WHO to the Trust Fund.

10. WHO shall maintain accounts, records and supporting documentation relating to the activities financed by the Office of the Co-ordinator in accordance with its own financial regulations, rules and directives. The funds transferred to WHO shall be subject to the internal and external auditing procedures laid down in the Financial Regulations and Rules of WHO.

11. This Memorandum of Understanding may be terminated by either party on three months written notice to the other party, subject to the continuance in force of paragraph 12 below.

12. On termination of this Memorandum of Understanding, the outstanding funds will continue to be held by WHO until all expenditures incurred up to the date of termination by WHO have been satisfied from such funds. Any surplus shall be returned to the Trust Fund in the case of unspent balances as described in paragraph 9 above.

13. In witness whereof, the undersigned, being duly authorized thereto, have signed this Memorandum of Understanding in three copies this 18<sup>th</sup> day of April 1989.

The Co-ordinator

Sadruddin Aga Khan.

Sadruddin Aga Khan

Director-General

H. Nakajima

Dr. Hiroshi Nakajima

## LETTERS OF UNDERSTANDING WITH LCRCRS AND ICRC

WORLD HEALTH ORGANIZATION



ORGANISATION MONDIALE DE LA SANTE

Téléphone Central/Exchange. 91 21 11  
Direct 91 27 77

In reply please refer to EPR-N61/348/19  
Préciser de rappeler la référence: OE/jc

Mr Cornelio Sommaruga  
President  
International Committee of the  
Red Cross  
17, avenue de la Paix  
1211 Genève

30 November 1987

Dear Sir,

The World Health Organization considers that its relationship with the International Committee of the Red Cross (ICRC), a humanitarian Organization with a specific mandate granted by the 166 States Party to the Geneva Conventions of 1949, can effectively contribute to the attainment of its overall objectives. In order to develop a meaningful partnership in health development, particularly in countries suffering from armed conflicts where the ICRC is present, it is important to stress clearly the role of the ICRC keeping in mind the resources and expertise which it can mobilize in specific circumstances corresponding to its official mandate, and to decide on the cooperation which will be maintained during a specific period.

The purpose of this letter is therefore to outline the basis of our official relations by defining the broad objectives of our collaboration and agreeing to a cooperation programme for the coming three years between the World Health Organization and the ICRC.

Following recent discussions with Dr O. Elo, who serves as liaison officer between the ICRC and the World Health Organization, the main elements of the cooperation programme, based on the broad objectives already outlined are listed hereunder.

/...



Mr Cornelio Sommaruga  
President  
International Committee of the Red Cross  
17, avenue de la Paix  
1211 Genève

N61/348/19

30 November 1987

- Exchange of information on health problems in conflict areas, with WHO officials and health authorities of the countries involved (during WHO Executive Board and World Health Assembly).
- Exchange of information on relief activities of both organizations.
- Cooperation in the training course "HELP" (Health Emergency in Large Populations) with the Medical Faculty of Geneva.
- Regular contacts to discuss technical problems on all health-related aspects of emergency, training material and rehabilitation with different WHO specialists.

Dr O. Elo, Chief of the Emergency Preparedness and Response Unit, Programme for External Coordination, will continue to be the WHO designated technical officer for all technical aspects of your collaboration with WHO, and he remains at your disposal for consultations on the above work programme or on any other technical matters.

Towards the end of the three-year period a consultation will take place between the WHO designated technical officer and the representative of the ICRC during which an assessment will be made of the extent to which the cooperation programme has been implemented.

Should the above be acceptable to the ICRC, the countersignature of its Executive Officer to this letter would signify the agreement of our two organizations to the basis for official relations. The signed original of this letter should be returned to WHO for record purposes.

/...

Mr Cornelio Sommaruga  
President  
International Committee of the Red Cross  
17, avenue de la Paix  
1211 Genève

N61/348/19

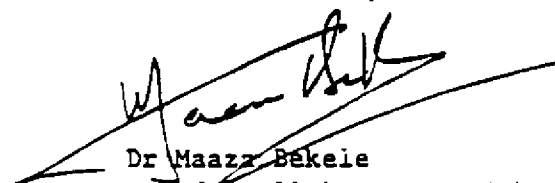
30 November 1987

I look forward to hearing from you and to future fruitful  
collaboration with your Organization.



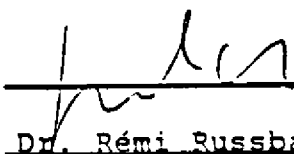
Dr O. Elo  
Chief, Emergency Preparedness  
and Response

Yours faithfully,



Dr Maaza Bekele  
Chief, Collaboration with the  
United Nations System,  
Nongovernmental and other  
Organizations

On behalf of the ICRC, I hereby  
agree to the contents of this letter  
as a basis for our official relations  
for the coming three years

Signed:   
Name: Dr. Rémi Russbach  
Date: 21 décembre 1987



Téléphone Central/Exchange. 91 21 11

Direct: 91

In reply please refer to .

N61/348/23

Prière de rappeler la référence:

*E. A. 87*  
*Geneva*  
*Dr Andrei K. Kisseley*  
Dr Andrei K. Kisseley  
Under-Secretary General  
League of Red Cross  
and Red Crescent Societies  
P.O. Box 372  
1211 Geneva 19

7 August 1987

Dear Sir,

The World Health Organization considers that its relationship with the League of Red Cross and Red Crescent Societies can effectively contribute to the attainment of its overall objectives. In order to develop a meaningful partnership in health development it is however important to define clearly the role of the League keeping in mind the resources and expertise which it can mobilize, in specific circumstances corresponding to its official mandate, and to decide on the activities which will be undertaken jointly during a specific period.

The purpose of this letter is therefore to outline the basis of our official relations by defining the broad objectives of our collaboration and agreeing to a joint work programme for the coming three years between the World Health Organization and the League of Red Cross and Red Crescent Societies.

Following recent discussions with Dr K. O. Elo, who serves as liaison officer between the League of Red Cross and Red Crescent Societies and the World Health Organization, the main elements of the joint work programme, based on the broad objectives already outlined, are listed hereunder.

1. Promotion of communication and information on Emergency Preparedness and Response matters between WHO and the League of Red Cross and Red Crescent Societies.
2. Assessment of the Emergency Preparedness and Response programmes and support to the formulation of local programmes and plans of action, programme implementation, monitoring and evaluation.

./..

7 August 1987

N61/348/23

3. Preparation of training guidelines, manuals and other training materials for disaster preparedness and response.
4. Organization of, or participation in emergency preparedness and response training courses and workshops.
5. Review and support to the establishment and improvement of health information systems.
6. Assessment of the impact of emergencies on the local health services and help in the formulation of priorities in order to provide a prompt and adequate response in the health sector, including standardization of foreign aid to avoid duplication.
7. Provision of technical advice on all health-related aspects of emergencies.
8. Participation in health aspects of post-emergency evaluations.
9. Participation in post-emergency rehabilitation and reconstruction of health services.
10. Assistance to and collaboration between the League health delegates and WHO staff in the field.

While the League of Red Cross and Red Crescent Societies, through the National Societies, is in a position to provide immediate emergency relief in the event of a disaster, WHO, through its intimate association with the Ministries of Health of the affected countries, is in a position to facilitate initial contacts and coordination of emergency relief as well as to provide technical guidance. Thus, the activities of both organizations complement each other.

Dr K. O. Elo, Chief of the Emergency Preparedness and Response Unit, Programme for External Coordination, will continue to be the WHO designated technical officer for all technical aspects of your collaboration with WHO, and he remains at your disposal for consultations on the above work programme or on any other technical matters.

Towards the end of the three year period, a consultation will take place between the WHO designated technical officer and the representative(s) of the League of Red Cross and Red Crescent Societies during which an assessment will be made of the extent to which the joint work-programme has been implemented.

./...

Dr Andrei K. Kisselev, Under-Secretary General,  
League of Red Cross and Red Crescent Societies,  
Geneva

Page 3

7 August 1987

N61/348/23

Should the above be acceptable to the League of Red Cross and Red Crescent Societies, the counter-signature of its Executive Officer to this letter would signify the agreement of our two organizations to the basis for official relations. The signed original of this letter should be returned to WHO for record purposes.

I look forward to hearing from you and to future fruitful collaboration with your organization.

Yours faithfully,

(for) Dr K. O. Elo  
Chief, Emergency Preparedness  
and Response

Dr Maaza Bekele  
Chief,  
Collaboration with the United  
Nations System, Nongovernmental  
and other Organizations

On behalf of the League of Red Cross  
and Red Crescent Societies,  
I hereby agree to the contents of  
this letter as a basis for our  
official relations for the coming  
three years.

Signed:



Andrei K. Kisselev, M.D.  
Under-Secretary General

Name:

Date:

16th November, 1987

## LIST OF NGO's

O.L.A.

NONGOVERNMENTAL ORGANIZATIONS  
IN OFFICIAL RELATIONS WITH WHO  
ORGANISATIONS NON GOUVERNEMENTALES  
EN RELATIONS OFFICIELLES AVEC L'OMS

VI.  
Page 1  
15 October 1990

Arranged in alphabetical order according to the English Keywords  
Par ordre alphabétique selon le mot clé anglais

	<u>Pages</u>
A. International Association for <u>Accident</u> and Traffic Medicine (IAATM) Association internationale de Médecine des Accidents et du Trafic .....	11
<u>Aga Khan Foundation</u> (AKF) Fondation Aga Khan .....	11
International Federation on <u>Ageing</u> (IFA) Fédération internationale de la Vieillesse (FIV) .....	11
International Association of <u>Agricultural</u> Medicine and Rural Health Association internationale de Médecine agricole et de Santé rurale .....	11
International Group of National Associations of Manufacturers of <u>Agrochemical</u> Products Groupement international des Associations nationales de Fabricants de Produits agrochimiques (GIFAP) .....	12
International <u>Air</u> Transport Association Association du Transport aérien international .....	12
International Council on <u>Alcohol</u> and Addictions (ICAA) Conseil international sur les Problèmes de l'Alcoolisme et des Toxicomanies ..	12
International Commission for the Prevention of <u>Alcoholism</u> and Drug Dependency (ICPA) Commission internationale pour la Prévention de l'Alcoolisme et de la Pharmacodépendance (ICPA) .....	12
International Society for Biomedical Research on <u>Alcoholism</u> (ISBRA) Société internationale pour la Recherche biomédicale sur l'Alcoolisme .....	13
World Federation of Societies of <u>Anaesthesiologists</u> (WFSA) Fédération mondiale des Sociétés d'Anesthésiologistes .....	13
International Union of <u>Architects</u> (IUA) Union internationale des Architectes (UIA) .....	13
International <u>Astronautical</u> Federation Fédération internationale d'Astronautique .....	14
B. International Society for the Study of <u>Behavioural Development</u> (ISSBD) Société internationale pour l'Etude du Développement du Comportement .....	14
International Union of <u>Biological</u> Sciences (IUBS) Union internationale des Sciences biologiques (UISB) .....	14
International Society of <u>Biometeorology</u> Société internationale de Biométéorologie .....	14

NONGOVERNMENTAL ORGANIZATIONS  
IN OFFICIAL RELATIONS WITH WHO  
ORGANISATIONS NON GOUVERNEMENTALES  
EN RELATIONS OFFICIELLES AVEC L'OMS

	<u>Pages</u>
International Clearinghouse for <u>Birth</u> Defects Monitoring Systems Organisation internationale des Systèmes de Surveillance des Anomalies congénitales .....	15
Christoffel-Blindenmission (CBM) Mission chrétienne pour les Aveugles .....	15
International Agency for the Prevention of <u>Blindness</u> (IAPB) Organisation mondiale contre la Cécité .....	15
World <u>Blind</u> Union (WBU) Union mondiale des Aveugles .....	16
International Society of <u>Blood</u> Transfusion Société internationale de Transfusion sanguine .....	16
International <u>Brain</u> Research Organization (IBRO) Organisation internationale de Recherche sur le Cerveau .....	16
International Society for <u>Burn</u> Injuries (ISBI) Société internationale de Soins aux Brûlés .....	17
C. International Union against <u>Cancer</u> Union internationale contre le Cancer (UICC) .....	17
International Association of <u>Cancer</u> Registries Association internationale des Registres du Cancer .....	17
International Society and Federation of <u>Cardiology</u> Société et Fédération internationale de Cardiologie .....	17
International Federation of <u>Chemical</u> , Energy and General Worker's Unions (ICEF) Fédération internationale des Syndicats de Travailleurs de la Chimie, de l'Energie et des Industries diverses .....	18
International Federation of Clinical <u>Chemistry</u> (IFCC) Fédération internationale de Chimie clinique (FICC) .....	18
International Union of Pure and Applied <u>Chemistry</u> Union internationale de Chimie pure et appliquée .....	18
International Society of <u>Chemotherapy</u> (ISC) Société internationale de Chimiothérapie .....	18
Save the <u>Children</u> Fund (UK) (SCF) Save the Children Fund (Royaume-Uni) .....	19
International Organization of <u>Consumers</u> Unions (IOCU) Organisation internationale des Unions de Consommateurs .....	19
International <u>Cystic</u> Fibrosis (Mucoviscidosis) Association Association internationale de Lutte contre la Mucoviscidose .....	19

		<u>Pages</u>
D.	World Federation of the <u>Deaf</u> Fédération mondiale des Sourds .....	19
	International <u>Dental</u> Federation Fédération dentaire internationale (FDI) .....	20
	Industry Council for <u>Development</u> (ICD) Conseil de l'Industrie pour le Développement (CDI) .....	20
	International <u>Diabetes</u> Federation Fédération internationale du Diabète .....	20
	International Special <u>Dietary Foods</u> Industries (ISDI) Fédération internationale des Industries des Aliments diététiques .....	20
E.	International Union for Health <u>Education</u> Union internationale d'Education pour la Santé .....	21
	World Federation for Medical <u>Education</u> (WFME) Fédération mondiale pour l'Enseignement de la Médecine (FMEM) .....	21
	Network of Community-Oriented <u>Educational</u> Institutions for Health Sciences (NCOEHS) Réseau des Etablissements de Formation en Sciences de la Santé orientés vers les Besoins de la Communauté ....	21
	International <u>Electrotechnical</u> Commission (IEC) Commission électrotechnique internationale (CEI) .....	21
	International Society of <u>Endocrinology</u> Société internationale d'Endocrinologie .....	22
	International Federation of Hospital <u>Engineering</u> (IFHE) Fédération internationale d'Ingénierie hospitalière .....	22
	International Federation for Medical and Biological <u>Engineering</u> (IFMBE) Fédération internationale de Génie médical et biologique .....	22
	International <u>Epidemiological</u> Association (IEA) Association internationale d'Epidémiologie .....	23
	International League against <u>Epilepsy</u> (ILAE) Ligue internationale contre l'Epilepsie (LICE) .....	23
	International <u>Ergonomics</u> Association (IEA) Association internationale d'Ergonomie .....	24
	International <u>Eye</u> Foundation, Inc. (IEF) Fondation internationale pour les Yeux .....	24



NONGOVERNMENTAL ORGANIZATIONS  
IN OFFICIAL RELATIONS WITH WHO  
ORGANISATIONS NON GOUVERNEMENTALES  
EN RELATIONS OFFICIELLES AVEC L'OMS

		<u>Pages</u>
F.	International Federation for <u>Family Life Promotion</u> (IFFLP) Fédération internationale d'Action familiale (FIDAF) .....	24
	International Union of <u>Family Organizations</u> (IUFO) Union internationale des Organismes familiaux (UIOF) .....	24
	International Federation of <u>Fertility Societies</u> (IFFS) Fédération internationale des Sociétés de Fertilité .....	25
G.	World Organization of National Colleges, Academies and Academic Associations of <u>General Practitioners/Family Physicians</u> (WONCA) Organisation mondiale des Collèges nationaux, Académies et Associations académiques des Généralistes et des Médecins de Famille (WONCA) .....	25
	International Center of Social <u>Gerontology</u> (ICSG) Centre international de Gériatrie sociale (CIGS) .....	25
	World Association of Girl Guides and Girl Scouts (WAGGGS) Organisation mondiale des Guides et des Eclaireuses .....	26
	International Federation of <u>Gynecology</u> and Obstetrics (IFGO) Fédération internationale de Gynécologie et d'Obstétrique (FIGO) .....	26
H.	International Committee for Standardization in <u>Haematology</u> (ICSH) Comité international pour la Standardisation en Hématologie .....	26
	International Society of <u>Haematology</u> Société internationale d'Hématologie .....	27
	National Council for International <u>Health</u> (NCIH) Conseil national pour la Santé internationale .....	27
	Medicus Mundi Internationalis (International Organization for Cooperation in <u>Health Care</u> ) (MMI) Medicus Mundi Internationalis (Organisation internationale de Coopération pour la Santé) .....	27
	International Federation of <u>Health Records</u> Organizations Fédération internationale des Associations du Dossier de Santé .....	28
	<u>Helen Keller International</u> , Incorporated (HKI) Helen Keller International, S.A. ....	28
	World Federation of <u>Hemophilia</u> Fédération mondiale de l'Hémophilie .....	28
	International <u>Hospital</u> Federation Fédération internationale des Hôpitaux .....	29
	International Federation for <u>Housing</u> and Planning Fédération internationale pour l'Habitation, l'Urbanisme et l'Aménagement des Territoires .....	29

NONGOVERNMENTAL ORGANIZATIONS  
 IN OFFICIAL RELATIONS WITH WHO  
 ORGANISATIONS NON GOUVERNEMENTALES  
 EN RELATIONS OFFICIELLES AVEC L'OMS

		<u>Pages</u>
	International Association of <u>Hydatid</u> Disease Association internationale d'Hydatidologie .....	29
	International Federation of <u>Hydrotherapy</u> and <u>Climatotherapy</u> (IFHAC) Fédération internationale du Thermalisme et du Climatisme (FITEC) .....	29
	World <u>Hypertension</u> League (WHL) Ligue mondiale contre l'Hypertension .....	30
I.	International Union of <u>Immunological</u> Societies (IUIS) Union internationale des Associations d'Immunologie .....	30
	International Federation for <u>Information</u> Processing (IFIP) Fédération internationale pour le Traitement de l'Information .....	30
L.	International Council for <u>Laboratory</u> Animal Science (ICLAS) Conseil international des Sciences de l'Animal de Laboratoire .....	30
	International Association of Medical <u>Laboratory</u> Technologists (IAMLT) Association internationale des Techniciens de Laboratoire médical .....	31
	International Academy of <u>Legal Medicine</u> and Social Medicine Académie internationale de Médecine légale et de Médecine sociale .....	31
	The International <u>Leprosy</u> Association Association internationale contre la Lèpre .....	31
	International <u>Life</u> Sciences Institute (ILSI) Institut international des Sciences de la Vie .....	31
	The International Association of <u>Lions</u> Clubs (Lions Club International) (IALC) Association internationale des Lions Clubs (Lions Club International) .....	32
	International Association for the Study of the <u>Liver</u> Association internationale pour l'Etude du Foie .....	32
	International Union of <u>Local</u> Authorities (IULA) Union internationale des Villes et Pouvoirs locaux .....	32
	International Association of <u>Logopedics</u> and <u>Phoniatrics</u> Association internationale de Logopédie et Phoniatry .....	32
M.	International Association for <u>Maternal</u> and Neonatal Health (IAMANEH) Association internationale pour la Santé de la Mère et du Nouveau-Né .....	33
	African <u>Medical</u> and Research Foundation International (AMREF) Fondation internationale pour la Médecine et la Recherche en Afrique .....	33
	Christian <u>Medical</u> Commission (CMC) Commission médicale chrétienne .....	33
	Commonwealth <u>Medical</u> Association Association médicale du Commonwealth .....	33

NONGOVERNMENTAL ORGANIZATIONS  
IN OFFICIAL RELATIONS WITH WHO  
ORGANISATIONS NON GOUVERNEMENTALES  
EN RELATIONS OFFICIELLES AVEC L'OMS

O.L.A.

Pages

International Federation of <u>Medical</u> Students Associations Fédération internationale des Associations d'Etudiants en Médecine .....	34
<u>Medical</u> Women's International Association (MWIA) Association internationale des Femmes Médecins (AIFM) .....	34
International Federation for Preventive and Social <u>Medicine</u> (IFPSM) Fédération internationale de Médecine préventive et sociale (FIMPS) .....	34
Commonwealth Association for <u>Mental</u> Handicap and Developmental Disabilities (CAMHADD) .....	35
World Federation for <u>Mental</u> Health Fédération mondiale pour la Santé mentale .....	35
Joint Commission on International Aspects of <u>Mental</u> Retardation Commission mixte sur les Aspects internationaux de l'Arriération mentale .....	35
International Union of <u>Microbiological</u> Societies (IUMS) Union internationale des Sociétés de Microbiologie (UISM) .....	36
International Confederation of <u>Midwives</u> Confédération internationale des Sages-Femmes .....	36
International Federation of <u>Multiple</u> Sclerosis Societies (IFMSS) Fédération internationale des Associations de la Sclérose en Plaques .....	37
International Association of Environmental <u>Mutagen</u> Societies Association internationale des Sociétés de la Mutagenèse de l'Environnement ....	37
International Society for Human and Animal <u>Mycology</u> (ISHAM) Société internationale de Mycologie humaine et animale (SIMHA) .....	37
N. World Conservation Union (International Union of Conservation of <u>Nature</u> and Natural Resources) (IUCN) Union internationale pour la Conservation de la Nature et de ses Ressources (IUCN) .....	37
World Federation of <u>Neurology</u> (WFN) Fédération mondiale de Neurologie (FMN) .....	38
Collegium Internationale <u>Neuro-Psychopharmacologicum</u> (CINP) .....	38
World Federation of <u>Neurosurgical</u> Societies (WFNS) Fédération mondiale des Sociétés de Neurochirurgie .....	38
World Federation of <u>Nuclear</u> Medicine and Biology (WFNMB) Fédération mondiale de Médecine et de Biologie nucléaires .....	39
International Physicians for the Prevention of <u>Nuclear</u> War (IPPNW) Association internationale des Médecins pour la Prévention de la Guerre nucléaire .....	39

		<u>Pages</u>
	International Committee of Catholic <u>Nurses</u> and Medicosocial Workers (ICCN) Comité international catholique des Infirmières et Assistantes médico-sociales (CICIAMS) .....	39
	International Council of <u>Nurses</u> Conseil international des Infirmières .....	40
	International Union of <u>Nutritional Sciences</u> Union internationale des Sciences de la Nutrition .....	40
O.	International Commission on <u>Occupational Health</u> (ICOH) Commission internationale pour la Médecine du Travail (CIMT) .....	40
	World Federation of <u>Occupational Therapists</u> (WFOT) Fédération mondiale des Ergothérapeutes .....	41
	International Federation of <u>Ophthalmological Societies</u> Fédération internationale des Sociétés d'Ophtalmologie .....	41
	International Society of <u>Orthopaedic Surgery</u> and Traumatology Société internationale de Chirurgie orthopedique et de Traumatologie (SICOT) ...	41
	International Federation of <u>Oto-Rhino-Laryngological Societies</u> (IFOS) Fédération internationale des Sociétés d'Oto-rhino-laryngologie (IFOS) .....	41
	OXFAM .....	41
P.	International Association for the Study of <u>Pain</u> (IASP) Association internationale pour l'Etude de la Douleur (AIED) .....	42
	International Medical Society of <u>Paraplegia</u> (IMSP) Société médicale internationale de Paraplégie .....	42
	World Federation of <u>Parasitologists</u> Fédération mondiale des Parasitologues .....	42
	International Planned <u>Parenthood</u> Federation Fédération internationale pour la Planification familiale .....	43
	Inter- <u>Parliamentary</u> Union (IPU) Union interparlementaire (UIP) .....	43
	International Academy of <u>Pathology</u> (IAP) Académie internationale de Pathologie .....	43
	International Council of Societies of <u>Pathology</u> (ICSP) Conseil international des Sociétés d'Anatomie pathologique .....	43
	World Association of Societies of (Anatomic and Clinical) <u>Pathology</u> (WASP) Association mondiale des Sociétés de Pathologie (anatomique et clinique) .....	44
	International <u>Pediatric</u> Association Association internationale de Pédiatrie .....	44

NONGOVERNMENTAL ORGANIZATIONS  
IN OFFICIAL RELATIONS WITH WHO  
ORGANISATIONS NON GOUVERNEMENTALES  
EN RELATIONS OFFICIELLES AVEC L'OMS

O.L.A.

	<u>Pages</u>
Commonwealth <u>Pharmaceutical</u> Association (CPA) Association pharmaceutique du Commonwealth .....	44
International <u>Pharmaceutical</u> Federation Fédération internationale pharmaceutique .....	45
International Federation of <u>Pharmaceutical</u> Manufacturers Associations (IFPMA) Fédération internationale de l'Industrie du Médicament (FIIM) .....	45
International Union of <u>Pharmacology</u> (IUPHAR) Union internationale de Pharmacologie .....	45
International Federation of <u>Physical</u> Medicine and Rehabilitation Fédération internationale de Médecine physique et de Réadaptation .....	46
World Confederation for <u>Physical</u> Therapy (WCPT) Confédération mondiale de Physiothérapie .....	46
<u>Population</u> Council Conseil de la Population .....	46
World Federation of <u>Proprietary</u> Medicine Manufacturers (WPPMM) Fédération mondiale des Fabricants de Spécialités grand public (FMFSGP) .....	46
International Association for Child and Adolescent <u>Psychiatry</u> and Allied Professions Association internationale de Psychiatrie de l'Enfant et de l'Adolescent et des Professions affiliées .....	47
World <u>Psychiatric</u> Association (WPA) Association mondiale de Psychiatrie .....	47
World Association for <u>Psychosocial</u> Rehabilitation (WAPR) Association mondiale pour la Réadaptation psychosociale .....	47
World Federation of <u>Public</u> Health Associations Fédération mondiale des Associations de la Santé publique .....	47
R. International <u>Radiation</u> Protection Association (IRPA) Association internationale de Radioprotection .....	48
International Commission on <u>Radiation</u> Units and Measurements (ICRU) Commission internationale des Unités et des Mesures de Radiation .....	48
International Society of <u>Radiographers</u> and Radiological Technicians Association internationale des Techniciennes et Techniciens diplômés en Electro-Radiologie médicale .....	48
International Commission on <u>Radiological</u> Protection Commission internationale de Protection radiologique .....	48
International Society of <u>Radiology</u> Société internationale de Radiologie .....	49

NONGOVERNMENTAL ORGANIZATIONS  
IN OFFICIAL RELATIONS WITH WHO  
ORGANISATIONS NON GOUVERNEMENTALES  
EN RELATIONS OFFICIELLES AVEC L'OMS

		<u>Pages</u>
	International Committee of the <u>Red Cross</u> (ICRC) Comité international de la Croix-Rouge (CICR) .....	49
	League of <u>Red Cross</u> and Red Crescent Societies Ligue des Sociétés de la Croix-Rouge et du Croissant-Rouge .....	50
	World <u>Rehabilitation</u> Fund, Inc. ....	50
	<u>Rehabilitation</u> International (RI) .....	50
	International League against <u>Rheumatism</u> (ILAR) Ligue internationale contre le Rhumatisme .....	50
	<u>Rotary</u> International (ROTARY) ...	51
S	Inter-American Association of <u>Sanitary</u> and Environmental Engineering Association interaméricaine de Génie sanitaire et de l'Environnement .....	51
	International Union of <u>School</u> and University Health and Medicine Union internationale d'Hygiène et de Médecine scolaires et universitaires .....	51
	Council for International Organizations of Medical <u>Sciences</u> (CIOMS) Conseil des Organisations internationales des Sciences médicales .....	51
	International Council of <u>Scientific</u> Unions (ICSU) Conseil international des Unions scientifiques (CIUS) .....	52
	World Organization of the <u>Scout</u> Movement (WOSM) Organisation mondiale du Mouvement scout .....	52
	International Council on Jewish <u>Social</u> and Welfare Services Conseil international des Services juifs de Bienfaisance et d'Assistance sociale	52
	International Council on <u>Social</u> Welfare (ICSW) Conseil international de l'Action sociale (CIAS) .....	53
	International <u>Sociological</u> Association (ISA) Association internationale de Sociologie (AIS) .....	53
	International Federation of <u>Sports</u> Medicine Fédération internationale de Médecine sportive (FIMS) .....	54
	International Organization for <u>Standardization</u> (ISO) Organisation internationale de Normalisation .....	54
	International Association for <u>Suicide</u> Prevention (IASP) Association internationale pour la Prévention du Suicide .....	54
	International College of <u>Surgeons</u> Collège international des Chirurgiens .....	54
	International Federation of <u>Surgical</u> Colleges Fédération internationale des Collèges de Chirurgie .....	55

NONGOVERNMENTAL ORGANIZATIONS  
IN OFFICIAL RELATIONS WITH WHO  
ORGANISATIONS NON GOUVERNEMENTALES  
EN RELATIONS OFFICIELLES AVEC L'OMS

		<u>Pages</u>
T.	World Federation of Associations of Clinical <u>Toxicology</u> Centers and Poison Control Centers Fédération mondiale des Associations des Centres de Toxicologie clinique et des Centres anti-poisons .....	55
	International Organization against <u>Trachoma</u> (IOAT) Organisation internationale pour la Lutte contre le Trachome .....	55
	Council of Directors of Institutes of <u>Tropical</u> Medicine in Europe (TROPMEDEUROP) Assemblée des Directeurs des Instituts de Médecine tropicale d'Europe (TROPMEDEUROP) .....	56
	International Union against <u>Tuberculosis</u> and Lung Disease Union internationale contre la Tuberculose et les Maladies respiratoires .....	56
U.	World Federation of <u>United</u> Nations Associations (WFUNA) Fédération mondiale des Associations pour les Nations Unies .....	56
V.	International Union against the <u>Venereal</u> Diseases and the Treponematoses Union internationale contre les Maladies vénériennes et les Tréponématoses .....	56
	World <u>Veterans</u> Federation (WVF) Fédération mondiale des Anciens Combattants (FMAC) .....	57
	World <u>Veterinary</u> Association (WVA) Association mondiale vétérinaire .....	57
	World <u>Vision</u> International (WVI) Vision mondiale internationale .....	57
W.	International Solid <u>Wastes</u> and Public Cleansing Association (ISWA) Association internationale pour les Résidus solides et le Nettoyement des villes .....	58
	International Association on <u>Water</u> Pollution Research and Control (IAWPRC) Association internationale pour la Recherche et le Contrôle de la Pollution des Eaux .....	58
	International <u>Water</u> Supply Association (IWSA) Association internationale des Distributions d'Eau (AIDE) .....	58
	International Council of <u>Women</u> Conseil international des Femmes .....	58
Y.	World Assembly of <u>Youth</u> (WAY) Assemblée mondiale de la Jeunesse .....	59

**MEMORANDUM OF UNDERSTANDING WITH IAEA**

**available in WHO, Geneva**