

Delivering as One in Pakistan

***“Strengthening UN Country Team’s Coherent Support
to Public Health”***

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1. Introduction

The United Nations officially came into existence on 24 October 1945, mandated with its central role in maintaining international peace and security, developing friendly relations amongst nations, and promoting social progress with better living standards and respect for human rights. It is a unique international organization comprising of 192 sovereign States, representing virtually every country in the world, bound together by the principles of the UN Charter. In September 2000, some 150 presidents, prime ministers and other world leaders met to develop and endorse the "Millennium Declaration" and agreed on specific, obtainable goals aimed at overcoming hunger and poverty, ending conflict, promoting democracy, the rule of law and protecting the environment, to be met within a specified time-frame. The UN System has achieved several globally recognized successes and has provided the world community with several international conventions on socio-economic issues over the last sixty years, however, there was a growing perception that its programs were somewhat fragmented and overlapping, warranting more coordinated efforts at the country level in order to attain the Millennium Development Goals.

Responding to this concern, the UN Secretary General constituted in 2005 a 15 member **high-level panel on System-wide Coherence** co-chaired by the Prime Ministers of Pakistan, Norway and Mozambique who issued their report in November 2006. While acknowledging the achievements of the UN system, the distinguished members of the panel put forward a series of recommendations to overcome the fragmentation of the United Nations, highlighting that the UN's status as a central actor in the multilateral system was being undermined by lack of focus on results, thereby failing the poorest and most vulnerable. The HLP noted that "the UN's work on development and environment is often fragmented and weak. Inefficient and ineffective governance and unpredictable funding have contributed to policy incoherence, duplication and operational ineffectiveness across the system. Cooperation between organizations has been hindered by competition for funding, mission creep and outdated business practices." The report affirmed that the UN needed to overcome its fragmentation and 'deliver as one' through a stronger commitment to work together on the implementation of one strategy, in the pursuit of a uniform set of goals and concluded that "bold reforms are needed to improve the UN's effectiveness in delivering its mandate and responding to the new and growing challenges."

To promote the "Delivering as One" initiative, eight UN Member States namely **Albania, Cape Verde, Mozambique, Pakistan, Rwanda, Tanzania, Uruguay and Vietnam** were entrusted to pilot this mission and generate lessons to be considered for future replication. Since 2007, the eight countries have piloted the "DaO" initiative and introduced key reform elements enabling the United Nations Country Teams (UNCT) to culminate their joint efforts to develop "One Program", "One Budgetary Framework", "One Leader" and "One Office," to increase the coherence and effectiveness of their field operations. The DaO initiative calls on both the UN and Governments to eliminate unnecessary competition, duplication and overlap of agendas, and mandates the UN agencies to work in unison around a set of clearly articulated national goals. The latter is expected to improve coordination and facilitate the effective delivery of the UN mandates fostering socio-economic development.

Pakistan is a low-income country whose economy witnessed an economic growth of 6.1% during 2008, however, strong pressures from both within and outside the country are leading to inflation ranging from 17.2 - 25.5% during the past year. The per capita income is currently US\$ 1,046. Pakistan's most pressing health problems result from poverty and its accompanying deprivations such as low literacy, inadequate sanitation facilities, unsafe water, poor living conditions, malnutrition, and a high prevalence of communicable diseases and disabilities. The government regards health as an integral part of human development, but has to contend with huge challenges such as an infant mortality rate of 73 per 1,000 live births, under-5 mortality rate of 90 per thousand and an annual population growth rate of

1.8. Health spending has not kept pace with the economic growth or inflationary trends, and has remained at around 0.6% of GDP since 2000 despite the yearly attained monetary increments. Health interventions are carried out through 948 hospitals (having 103,037 beds), 561 rural health centers, 5,310 basic health units, 4,794 dispensaries and 96,000 outreach community-based Lady Health Workers. A total of 133,956 medical doctors, 9,012 dentists, and 65,387 nurses are registered in the country, which are working both in the public and private health sectors. The Ministry of Environment is tackling issues such as safe water supply, proper sanitation facilities and climate change, which have a major bearing on health.¹

The major nation-wide health interventions include universal access to maternal, neonatal and child care services in the framework of PHC, the control of communicable diseases such as tuberculosis, malaria, HIV/AIDS, hepatitis viral infections and vaccine preventable diseases with focus on polio eradication, the control of the growing burden of non-communicable diseases, and addressing major risk factors such as tobacco use and the promotion of health and nutrition; all in the context of poverty reduction and the country's socio-economic development framework.

2. From UNDAF to the One UN Joint Programme:

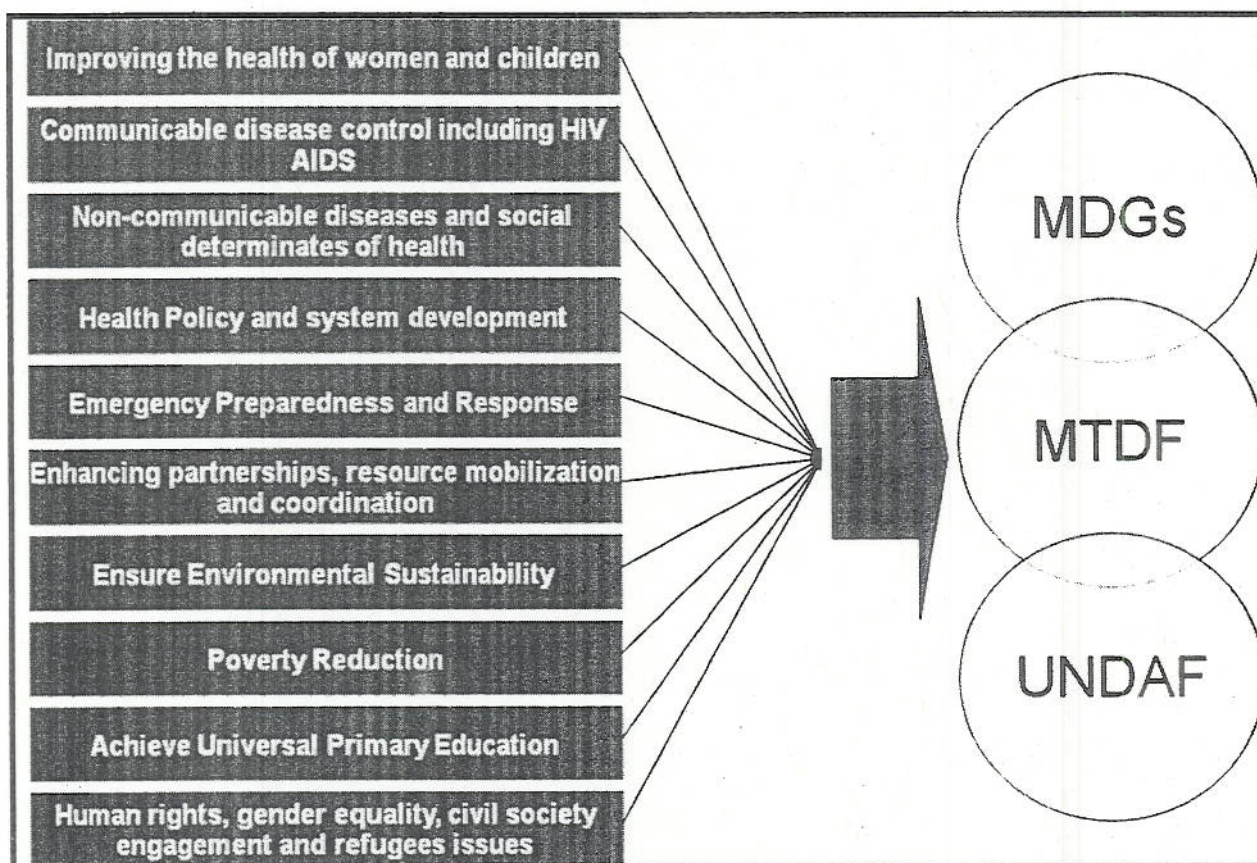
The country's existing **UN Development Assistance Framework (UNDAF)** for the period 2003-2008, developed on the basis of the **Common Country Assessment**, was extended till end-2010, to facilitate piloting the UN Reform in Pakistan with full alignment with the national development goals expressed in Pakistan's Medium Term Development Framework (MTDF), Poverty Reduction Strategy Paper (PRSP), Millennium Development Goals (MDGs), and Vision 2030; and review its focus to respond to the genuine and rapidly evolving development needs of the country. "Delivering as One" is the key theme for piloting UN reform and improving the technical and operational comparative advantages in its four core advisory, advocacy, convening and service delivery domains, and carrying them out in a coherent, effective and efficient manner. In this new environment, the 19 UN agencies working in Pakistan, have unanimously endorsed the DaO vision whereby the entire UN technical assistance in the country for the period 2009-10 was overwhelmingly translated into five thematic areas that respond to the pre-defined national priorities and are fully supported by federal and provincial governments, partners and shared with civil society organizations and health development partners.

The main objective of this reform is not simply to 'Deliver as One' but also to 'Deliver Better' by pursuing the following key operational strategies:

- Ensuring faster and effective development operations and progress towards achieving the MDGs while focusing on the poor and disadvantaged.
- Pursuing a more coherent and coordinated approach to achieve the jointly set strategic development goals and thus avoiding duplication, parallel implementation and competition.
- Reducing transaction costs by rationalizing business practices and sharing services.
- Harnessing the expertise, experience and capacity of different UN agencies and pooling these resources for effective implementation.
- Encouraging government partners to adopt the principles inherent to the 'Delivering as One' initiative to enable better coordination and coherence between their sectoral development plans and focus their strategic policies on promoting equity, universal access to essential social services and poverty reduction.
- Encouraging donor partners to align their development contributions with national development policies and develop a donor coordination network that inculcates predictability in aid provision and focuses on MDGs.

- Rendering the UN system more transparent to its national partners by following mechanisms consistent with good managerial practices by the government and CSOs, which generate regular feedback on the progress of their technical assistance and collectively attained results.
- Enhancing inter-sectoral collaboration between different ministries and line departments to scale up their synergistic impact on the socio-economic social sectors so that social determinants operated outside the formal sectoral domains can be addressed significantly.

Pakistan's National Priorities addressed in Key Policy Documents and the One UN Programme



3. Country level Governance Structure of the UN Reform Process

The entire UN reform process is led by the **Government** which chairs the High-level Committee. It also co-chairs the Executive Panel along with the UN Resident Coordinator, and ensures that the five Joint Programmes (JPs) are aligned with the national priorities. The process is supported by **donor partners** contributing to the Transformation Fund envisaged to speed up the UN reform process and the MDG fund that will incrementally finance the JPs. **The UN Country Team (UNCT)** comprising of representatives of all the 19 UN agencies led by the **UN Resident Coordinator (RC)**, ultimately bears the responsibility to collectively engage in the participatory design process and assume a leading and facilitatory role in planning the different JPs by involving all the tiers of the government (federal,

provincial and district) and other stakeholder partners. Monitoring and evaluation (M&E) of performance and impact of UN activities in the country will be harmonised and unified across the joint programs. A standardized system for M&E is being evolved whereby regular M&E reports will be submitted to all relevant stakeholders. **UN headquarters and regional bureaus** are expected to support the piloting phase by granting 'key authorities' to the RC, UNCT and support staff members to engage fully in the reform process at the country level, participate in evaluating the outcomes of the piloting phase, advise on the harmonisation of core business practices, and disseminate knowledge and experience.

3.1. High Level Committee (HLC): The HLC on UN Reform in Pakistan established in early 2007 is the supreme body that brings together Government, UN and development partners and oversees the entire reform process, monitors its progress, and provides the required institutional support for the One UN initiative in the country. It is chaired by the Prime Minister or his/her representative and consists of the main sectoral line departments of the government both federal and provincial level that are engaged in this process and representatives from the UN agencies and donor partners.

3.2. Executive Committee for One Programme: This is a subsidiary body under the High Level Committee (HLC), which focuses on and supports the acceleration of the One Programme implementation and its resource allocation process. Representing the broad constituency of the High Level Committee, the Executive Committee consists of the Secretary of the Economic Affairs Division (EAD) as Chair representing the government, the UN Resident Coordinator and one donor representing the aid-giving agencies.

3.3. United Nations Country Team (UNCT): The UNCT consists of the heads of all agencies, funds and programs of the United Nations represented in Pakistan. The UNCT is the inter-agency coordination and decision-making body, led by the UN Resident Coordinator. Within the One Program context, the UNCT has a very critical role of providing the UN institutional support to the planning, implementation and monitoring of the DaO process and the overall coordination of the JPs executed to complement the development agenda of Pakistan.

3.4. Joint Program Steering Committees (JPSCs): This is a government/UN joint forum aimed to provide strategic guidance for implementation of the five Joint Programmes covering the entire spectrum of the DoA initiative. Each JPSC supports the planning, resource allocation and implementation of its JP as well as all the JP components being carried out under each specific JP. The JPSCs have also the role to streamline in their JPCs' operations the four cross-cutting issues i.e. refugees, human rights, civil society engagement and gender parity. Each JPSC is co-chaired by a Government representative at the level of Federal Secretary (or equivalent) and by a UNCT member co-chairing the respective TWG. A JPSC includes one representative from each participating UN organization and one representative from each participating national partner. In addition, observers could be invited from amongst donor partners, civil society organizations and other stakeholders, as deemed necessary.

3.5. Thematic Working Groups (TWGs): This forum brings together all the UN agencies participating in a JP to effectively support the DaO initiative and better align their technical assistance with the government priorities and development aspirations. The TWGs are established to harmonize the internal coordination of the UN supportive operations to the JP and its JPCs and build the required synergy.

3.6. JPC Task Force: Each JPC is managed by a Task Force (TF), which is responsible for the implementation and management of the activities stipulated by the UN and government partners. Each

Task Force is co-chaired by a Government representative and a UNCT member. Its membership consists of one representative of each participating UN agency and participating government line departments and other national partners.

4. The One UN Program in Pakistan

The One UN Programme is constituted by the five Joint Programs developed to complement, support and catalyze five major priority sectors identified by the government for which the UN technical capacities were readily available. The development process of each of these JPs was preceded by a government, UN, CSOs participatory exercise that duly incorporated the situation analyses of the current development status of the sector, a SWOT exercise to perceive the challenges inherent to each JP implementation, an inter-agency capacity surveys to assess the comparative advantages of each UN organization, and consultations with the federal and provincial authorities to ensure a wide range consensus and ownership of this joint initiative.

The key outcomes of the five joint programs and their thematic linkages to public health are highlighted below:

Joint Program	Key Outcomes	Linkages with Public Health
Agriculture, Rural Development and Poverty Reduction	<ul style="list-style-type: none"> • Contribution of agriculture & rural development to poverty reduction increased • Decent work, productive employment and skills development • Empowerment & equity promoted for poor and vulnerable groups in target areas • MDG-driven pro-poor policy framework strengthened 	<ul style="list-style-type: none"> ▪ Poverty Reduction ▪ Increased livelihood opportunities with enhanced food security and nutrition
Participating Agencies: FAO, ILO, UNDP, UNESCO, UNIDO, UNIFEM, WFP, UNHCR, WHO, UNICEF, UNFPA (11)		
Education	<ul style="list-style-type: none"> • Universal, free and compulsory quality basic education for all children, especially girls • Literacy and non-formal basic education programs for out-of-school children and youth • Strengthened education system Focus on technical and vocational education (TVE) and life skills development for adolescents and youth 	<ul style="list-style-type: none"> ▪ Opportunities for child development ▪ Female education ▪ Promotion of School Health
Participating Agencies: UNICEF, UNESCO, UNHCR, WFP, ILO, UNFPA, UNDP, FAO, UNIDO (9)		
Environment	<ul style="list-style-type: none"> • Institutional mechanisms for integrated environmental management • Safe water and sanitation • Integrated natural resource management • Sustainable urbanization • Green industries, waste management, energy and green jobs 	<ul style="list-style-type: none"> ▪ Environmental health ▪ Hazardous solid waste management including Hospital waste ▪ Access to safe water and improved sanitation ▪ Food safety
Participating Agencies: UNDP, UNESCO, UNFPA, UNICEF, UN-HABITAT, UNEP, WHO, ILO, FAO, UNIDO, UNHCR (11)		
Disaster Risk Management	<ul style="list-style-type: none"> • Policies and guidelines, information/communication, capacity building, community organization for DRM 	<ul style="list-style-type: none"> ▪ Emergency preparedness and response ▪ Human resources development on HEPR ▪ Community risk management ▪ Enhanced safety laws and infrastructure/safety of health facilities

Participating Agencies: FAO, UNDP, UN-HABITAT, UNFPA, UNIFEM UNESCO, WFP, WHO, UNHCR, UNAIDS, OCHA, ILO (12)		
Health and Population	<ul style="list-style-type: none"> • Maternal, Neonatal and Child Health • Health System Strengthening • Communicable Disease Control • Health Promotion and Nutrition • HIV and AIDS • Population Census 	
Participating Agencies: WHO, UNICEF, UNFPA, WFP, IOM, UNHCR, UNESCO, UNIFEM, ILO, UNDP, UNAIDS, UNODC, UNIDO, FAO (14)		

One Program Budget Overview

The One UN Program Budget overview in US\$ million, is shown in the below table:

	Determined Needs
Agriculture, Rural Development and Poverty Reduction	260
Disaster Risk Management	206.4
Education	260.8
Environment	76.3
Health and Population	383.4

5. The Health and Population Joint Program

The health profile of Pakistan is characterized by a high population growth rate, high fertility rate and low contraceptive prevalence rate, high infant and child mortality rates, high maternal mortality ratios, and a high burden of communicable diseases accounting for around a half and highly preventable deaths occurring in Pakistan every year. The country is one of the remaining four wild Poliovirus endemic countries in the world, globally ranking eighth in Tuberculosis burden of disease, with rapidly spreading Falciparum Malaria in Sindh, Balochistan and FATA, and with alarmingly high HBV and HCV endemicity. With regard to HIV/AIDS, Pakistan is placed in the low prevalence but high-risk category. At the epidemiological level the country is categorized as having a 'concentrated epidemic' among the high risk group of injecting drug users (IDUs). The status of malnutrition and the growing trends of unhealthy sedentary lifestyle with consumption of high degree of unsaturated fats and the growing epidemic of tobacco use have made the nation face a double burden of diseases, where paradoxically the prevalence of non-communicable diseases (NCDs) is rapidly growing.

To mitigate this challenging slow pace of health development, the Government of Pakistan has endorsed a health development framework in the orbit of PHC committing to ensure universal coverage and accessibility to essential healthcare services with focus on MNCH and communicable diseases control interventions through a grassroots strategy supported by 100,000 village-based Lady Health Workers (LHWs), strengthening the district health system network and promoting inter-sectoral action.

The H&P Joint Programme was designed in close collaboration with federal and provincial health policy makers and senior managers of the health sector in close interaction with civil society organizations and international partners. Apart from the Population Census joint program component, which constitutes a major milestone for all national developing policies and strategic plans, the remaining five H&P components address the above outline public health priorities and are fully aligned

with the National Health Policy, the PRSP and MDGs-stated national goals and targets, MTDF and Vision 2030 of Pakistan.

The following is an outline of the six Joint Program Components, their respective envisaged outcomes and the UN agencies participating in their implementation:

JP Component 1 : MNCH and FP/RH in the context of PHC	
Outcome 1 (UNICEF, WHO, UNFPA)	Public and not for profit services and strategies for integrated Maternal Neonatal and Child Health (MNCH) and Family Planning/ Reproductive Health (FP/RH) services are consistently implemented.
Outcome 2 (UNICEF, WHO, UNFPA)	Community demand and participation and inter-sectoral linkages for MNCH & FP/RH Services are improved
Outcome 3 (UNICEF, WHO, UNFPA, WFP)	Nutrition status especially of infants, young children and child-bearing women is improved
JP Component 2: Communicable Disease Control	
Outcome 1 (WHO, UNICEF, UNHCR)	Morbidity and Mortality due to vaccine preventable diseases reduced; Expanded Program on Immunization, Polio Eradication and Measles elimination programs have achieved their targets
Outcome 2 (WHO, UNHCR, WFP, IOM)	TB and other priority endemic communicable diseases controlled
Outcome 3 (WHO, UNICEF, UNHCR)	Malaria incidence reduced and an integrated national program for zoonotic and vector-borne diseases operational at national, provincial and district level
Outcome 4 (WHO)	Viral Hepatitis B & C are prevented and controlled
Outcome 5 (WHO, UNICEF)	An integrated communicable disease surveillance and outbreak response system is operational at federal, provincial and district levels
Outcome 1 (WHO, UNICEF, WFP, UNFPA, UNESCO)	Knowledge and practices for health promotion (attitudes, behavior/lifestyle) and avoidance of health risks and disease prevention are improved (Nutrition related)
Outcome 2 (UNICEF, WHO, WFP, UNHCR)	Nutritional status of the population is improved
JP Component 4: Health System Development	
Outcome 1 (WHO, UNHCR, UNICEF, ILO, UNIFEM, UNFPA)	An effective system of human resource development for Health and Population is adopted
Outcome 2 (ILO, WHO, UNICEF, UNFPA)	An equitable, effective health and population financing system is in place
Outcome 3 (WHO, UNHCR, UNICEF, UNFPA)	Policy and management decisions by Federal, Provincial and District government on health and population issues are evidence-based using research and improved information system

Outcome 4 (WHO, UNHCR, UNICEF, UNFPA)	Effective systems for management of medical technologies are used
Outcome 5 (WHO, UNDP, ILO, UNICEF, UNFPA)	Quality assurance and regulation systems in public and private services delivery are fully utilized
Outcome 6 (UNDP, UNFPA, UNHCR, UNICEF, WHO)	Governance in health and population systems is significantly improved
JP Component 5 HIV and AIDS	
Outcome 1 (UNODC, UNAIDS, UNFPA, UNICEF, ILO, UNESCO, WHO)	HIV Transmission is contained in the vulnerable groups by contributing 10% towards National Strategic Targets
Outcome 2 (UNDP, UNAIDS, ILO, UNESCO, UNICEF, IOM)	Multi-sectoral opinion leaders take up and integrate HIV & AIDS issues in their program portfolios and policies (government, religious leaders, media, parliamentarians, employers, workers' , educators, and agriculture extension workers representatives)
Outcome 3 (UNICEF, WHO, WFP, ILO, UNAIDS, UNIFEM, UNFPA, UNDP, UNODC, UNHCR)	Accessibility and utilization of quality treatment by all People Living with HIV (PLHIV) is improved (focus women and children). Support for all persons infected and affected by HIV is increased through strengthening CSOs working with PLHIV (focus on women and children) (support: social, spiritual, and economic)
JP Component 6 : Population Census	
Outcome 1 (ILO, UNDP, UNESCO, UNFPA, UNICEF, UN-HABITAT, UNIFEM)	Enabled Pakistan Census Organization in adoption of modern technology & approaches to conduct accurate housing and population census

UN Agencies working in Health & Population

	WHO	UNICEF	UNFPA	WFP	UNHCR	IOM	UNESCO	ILO	UNIDO	FAO	UNIFEM	UNDP	UNAIDS	UNODC	TOTAL
JPC 1	X	X	X	X	-	-	-	-	-	-	-	-	-	-	4
JPC 2	X	X	-	X	X	X	-	-	-	-	-	-	-	-	5
JPC 3	X	X	X	X	X	-	X	X	X	X	-	-	-	-	9
JPC 4	X	X	X	-	X	X	-	X	-	-	X	X	-	-	8
JPC 5	-	-	X	-	X	X	X	X	-	X	X	X	X	X	10
Total UN Agencies: 14															

The Health and Population Joint Programme Budgetary Outlay

Health and Population	383.4
4JPC-1 MNCH,FP& RH	82.3
JPC-2 Control of Communicable Diseases	206.1
JPC-3 Nutrition & Health Promotion	54.9
JPC-4 Health System Development	12.6
JPC-5 Control of HIV & AIDS	16.2
JPC-6 Population Census	11.3

5. Discussion: Process, Progress, Expectations and Concerns

The process of the UN Reform has resulted in a significant departure from the traditional structures for coordinating agency-specific development work, packaged together in the UNDAF format. The new paradigm of engagement aimed at a real search for strategic partnerships that substantiate a vision for "delivering as one". Contrary to the previous scenarios of no compulsions for joint action, the One UN programme mandates the need for concrete joint programming supported by a high level of coherence, efficiency, effectiveness, accountability and management for results coupled with a sincere understanding that this exercise would fail to succeed without a clear national ownership, leadership and support. On the other hand, the UN professional teams were engaged for the first time in a joint exercise that obliged them to explore linkages between the development assistance being carried out by their agencies and collectively design comprehensive interventions that are fully aligned with national developmental strategies and priority goals designed to achieve specified developmental targets and goals. To provide effective support to this approach, the UN had to liaise closely with all key national institutional counterparts at federal and provincial/district levels. The following is an account generated from this hands-on experience reflecting the progress, expectations and concerns related to some of the key perceptions of the DaO reform initiative:

1. *Inclusiveness of the One UN Process:* The DaO collective experience has substantiated a highly inclusive and participatory process, steered directly by the government through the "High Level Committee" (HLC) with the active involvement of the senior managers of the participating line departments and the UN agencies, which in turn operationalize the DaO through the work of the different JPSCs. At the UNCT and TWG level, decisions were made through consensus regardless of the operational size of the agencies. However, it was outlined that the scope of consensus building would have produced better results if the provincial partners were engaged at an earlier stage of the DaO planning process. Similarly, the need for greater civil society participation was strongly emphasized in order to recognize their exceptional role in leveraging the development process through their easy access to the grassroots level with capacity building to engage them in the development process.
2. *Leverage Cohesion and Complementarity:* There was an evident realization on the part of all the UN agencies that the DaO would enable all UN agencies to benefit from the comparative advantages outlined in their agencies' mandates as well as from the evolving complementarities. They will be able to avert unnecessary duplication and overlap and better redefine their operational capacities enabling them to work for more efficient division of labour. The process will also facilitate the design of shared thematic areas and the possibility to

create linkages between JPCs and different JPs across sectoral domains. The desire of being part of the DaO initiative initially challenged all the UN agencies on how to fit many of their core activities to the new paradigm of joint programming and implementation. To sustain this new partnership, efforts were made by the UNCT to give sufficient programmatic space to all participating UN agencies. Similarly, the “stand-alone” interventions not accounted by the DaO programme, were closely liaised with the respective national counterparts and reflected in the One UN budgetary framework. The refugee population particularly benefited through agreement emerging from the DaO initiative, as the districts in which they were hosted are covered by the initiative. Through this process, the agencies have accepted the challenge to deliver on their comparative advantages and mandated core competencies, which will undoubtedly offer a unique opportunity to scale up the UN collective impact on the national development process and benefit from the evolving search for internal complementarity and linkages with government institutions and CSOs.

3. *DaO and the Harmonization Effort:* Harmonization is closely linked with shared developmental objectives, accountability and management pursued for results and driven by sentiments of mutual goodwill, confidence and trust. The conflicts of interests inherent to the process were realities that needed to be addressed during the course of JPs and JPCs’ design. Different modalities were pursued by different TWGs to manage the same. In this context, most TWGs have opted for identifying the sectoral nationally stated priorities and assessed the comparative advantages, programmatic commitments and capacities of each of the participating agencies offering every agency the choice to engage in one or more of the stipulated outcomes as relevant to their mandates and comparative advantages. This exercise was strongly facilitated by the agencies specific capacity assessment survey and the JPCs’ SWOT analysis of different JPCs illustrating emerging opportunities for inter-agency complementarities and synergies. This exercise at times generated an active debate between some specialized agencies and others with more multi-sectoral scope of development focus but were resolved through the existing shared commitment to sustain the effectiveness of this partnership and create space for the joint action. Budgeting different outputs in the various JPCs and the selection of convening agencies also posed a planning challenge at times that was resolved through consensus-based negotiation. The UNCT has acknowledged the DaO being a powerful instrument for information sharing and a process for joint knowledge development. It has also contributed in generating a UN mindset ready to accept the value of collective ownership, shared accountability inherent to each agency’s specific mandates. The initiative has also shown how many of the operational domains of many development sectors were influencing the outcomes stipulated by other sectors and how the DaO can bridge this gap by breaking the existing inter-sectoral walls, that are irrelevant when envisaged from the grassroots level perspective, which tend to regard these socio-economic realities as inter-dependent needs requiring to be addressed from a single platform.
4. *Sustainability of DaO Initiative:* The DaO initiative reflects an evident departure from fragmentation, overlap, competition and operational *verticalities* that have afflicted the UN in the past. To overcome these challenges, the UN in Pakistan endorsed the attainment of MDGs as their collective goal and accepted to build together conducive operational and managerial environment that needs to be replicated in all the three tiers of the UN system for these gains to be sustainable. At country level, the UN has to sharpen its focus on results and undertake the required operational and managerial adjustments, mobilize capacities and consolidate partnerships with government, CSOs and development partners. The planning of DaO and the implementation of JPs has to respond to the correct geographical focus rather than traditional UN zonal affiliation, and effectively align all JPs with nationally stipulated development priorities. The process has to inculcate greater UN system-wise capacity building and leadership development, and evolve a change in the concept of partnership whereby CSOs and

target populations are treated as partners and right holders rather than contractors and beneficiaries, respectively. At the UN regional and HQ levels, a clear, strong and unequivocally coordinated message needs to emerge and be disseminated to different UN country offices to catalyze the global UN commitment to the DaO initiative. The sustainability of this initiative also sets the balance between an agency's daily operational obligations and their defined outputs with an emerging imperative to successfully co-manage the JPs with all engaged stakeholders to attain the collectively defined outputs and outcomes. The volatile and evolving political, security and humanitarian challenges being faced by the country may dilute the DaO focus to these evolving competing priorities. The level of UNCT coordination and its effective focus on its mandated roles in the DaO framework is another major factor that can drive this process to its desirable implementation phase and mobilize a critical mass of coordinated UN action coupled by explicit government ownership and commitment and long-term donor support, paving the way for the sustainability of this noble course. However, the success of the DaO initiative is strongly dependent on the sustained financial support to be provided by the donor partners.

5. *Alignment of the UN Joint Programs with National Priorities:* A critical analysis of the developmental needs of the country stipulated in the MTDF, MDGs and PRSP strategic and programmatic deliberations has offered the UN an opportunity to fully align with key national development priorities. To substantiate this commitment, the UN has allocated 60 – 80% of its commensurate funds for this initiative, indicating the relationship between the stipulated JPs and their expected outputs and outcomes that are monitored through a set attainable targets, baselines, indicators and measures of verification. This high level of transparency has enabled the government to reliably predict and mainstream UN technical support into the national development processes. The UN capacity assessment was used as a reality check of what the UN can offer when undertaking the DaO reform process. Although at the government level, the EAD has formally assumed the coordination of this process, it was the ownership of the process of alignment by the line ministries, which have the institutional mandate to enhance and coordinate the DaO operations at provincial and district levels. The UN has to substantiate its commitment to human rights, gender equity, civil society participation, governance and refugees as well to the universal rights for health and education. The alignment process has also strengthened its implementation process by the UN focus on MDGs and the effectiveness of their operations, as well as through their inter-active roles of advisory, advocacy, convening and service provision. To maintain the effective course of this development process, the alignment spirit has to transcend amongst all other partners, especially IFIs and bilateral development partners and emerge as an essential and necessary determinant of the quality of partners' involvement in development, and ensure the predictability of their aid support of national development goals and targets.
6. *The important role of H&P development for attaining MDGs 4, 5 and 6:* For the health and population development sector, currently supported by two separate ministers, to achieve the assigned MDGs. The two ministries have endorsed a joint MoU mandating them to forge the spirit of functional integration at the operational level consistent with the UN H&P JP and jointly attract the support of other sectors, addressing the key social determinants of health. In the Pakistan perspective, fourteen (14) agencies have desired to invest a portion of their country programme resources into health and population. This has generated for the first time a converged unity of purpose and an opportunity for all agencies to focus on one or more of the six priority H&P national JPCs as relevant to their comparative advantages and operational capacities. Similarly, the social determinants of health being implemented through the other four JPs enable health partners to establish inter-sectoral collaboration. The DaO paradigm has therefore offered a new opportunity where inter-sectoral approaches to development – a subject that has always remained elusive, can become a tangible reality. Through DaO, health and

population supporting agencies also participate in other JPs to build synergies and complementarities. On the other hand, several agencies have seen the health and population sector as a key determinant for their mandated roles, where H&P Joint Programme outcomes will positively affect the results of their interventions.

7. *Key cross cutting issues:* The foremost emerging challenge is how effectively the One UN Programme can enhance the mainstreaming of the four identified cross-cutting issues namely, human rights, gender parity, civil society organizations and refugees. It is one thing to show commitment for the concept, but quite another to tangibly address these values on the ground. The cross cutting issues (CCIs) were recognized as shared responsibilities across JPs. There was a strong feeling, however, that generic mainstreaming may not do the work, hence the need to apply more quantifiable instruments to assess the level of strategic and operational consideration of these CCIs in the JPs. The steps to be pursued include undertaking critical analysis for their added values to JP and JPCs; setting direct or proxy measures to assess their impact; appointing focal points on CCIs to ensure the necessary oversight at each JP; developing relevant advocacy messages and communication strategies; and coordinating closely with and supporting the national champions on these four CCIs. These proactive measures will considerably enhance the mainstreaming of CCIs in the implementation and provide the UN System with a unique opportunity to substantiate their impacting role on the MDGs.

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