WHO Reform: NGO consultation

Consultation on WHO’s engagement with NGOs: Issues to consider in the formulation of a policy

I. INTRODUCTION

1. Decision WHA65(9) requested that a draft policy paper on WHO’s engagement with nongovernmental organizations be presented to the Executive Board at its 132nd session in January 2013.¹

2. To propose a draft policy it is important to take stock of the evolution of the NGO sector, of the historical evolution of the frameworks guiding WHO’s engagement with nongovernmental organizations (NGOs) and of the current practices in this regard. Such a review, and the views expressed by several NGOs, have made possible to identify a few critical issues that ought to be considered in the formulation of a draft policy which will be brought to the consideration of the Member States for their endorsement.

3. This paper describes the issues that according to the analysis conducted and the views heard need to be addressed by the policy. It is intended to inform a Consultation with NGOs to be held on October 18th 2012 and eventually the drafting of a proposed policy to be submitted to the Executive Board.

II. WHO ENGAGEMENT WITH NGOs

4. Article 71 of the WHO Constitution states that “The Organization may, on matters within its competence, make suitable arrangements for consultation and co-operation with non-governmental international organizations and, with the consent of the Government concerned, with national organizations, governmental or non-governmental”

5. Civil society at large and nongovernmental organizations in particular are increasingly recognized as important actors in social, political and economic development. NGOs have been able to address issues that organizations in other sectors cannot do. NGOs have emerged in large part to bridge the gap between what governments and corporations can do and what society needs or expects.

6. Civil society organizations (CSOs) have played a critical role in supporting WHO to fulfil its primary mandate i.e. “the attainment by all peoples of the highest possible level of health” There is considerable on-going collaboration along the six WHO core functions that contributes to the achievement of the objectives of the WHO General Program of Work. CSOs have been instrumental

¹ The WHA stressed that the Director- General be guided by the following principles:(i) that the intergovernmental nature of WHO’s decision-making remains paramount (ii) that the development of norms, standards, policies and strategies, which lies at the heart of WHO’s work, must continue to be based on the systematic use of evidence and protected from influence by any form of vested interest; (iii) the need for due consultation with all relevant parties keeping in mind the principles and guidelines laid down for WHO’s interactions with Member States and other parties; (iv) that any new initiative must have clear benefits and add value in terms of enriching policy or increasing national capacity from a public health perspective; (v) that building on existing mechanisms should take precedence over creating new forums, meetings or structures, with a clear analysis provided of how any additional costs can lead to better outcomes
in advocating for issues of public health promoted by WHO and taking them to a broad audience, as well as bringing to the attention of WHO health issues experienced at the grassroots level, performing a watchdog function in the protection of public health concerns, raising sensitive issues that WHO as an intergovernmental organization may not always be in a position to address. CSOs continue also to be important partners of WHO at the national level as they are often involved in humanitarian response and in building up national capacity of health systems and implementing WHO programmes at country level.

7. From 1948 to 1986 WHO NGO relations were governed by a set of working principles by which international NGOs could be admitted into official relations with WHO. Relations with regional and national NGOs were also provided for. Essentially the principles served as an accreditation policy to the governing bodies but did not offer a programmatic framework for guiding consultative and collaborative processes.

8. Since the adoption in 1987 of the current Principles (WHA40.25), governing relations between WHO and NGOs, the basis of an official relationship has been a mutually agreed three year plan for collaboration. There is a provision for informal relations between WHO and NGOs, in particular enabling information exchange with NGOs as well as enabling ad hoc joint activities. Relations with national and regional NGOs have been an integral element of WHOs framework for interaction with NGOs. Insofar as collaboration with national NGOs is concerned, the Principles call for consulting with the government concerned.

9. During 2001 and 2002 a review of the current WHO principles comprising analysis of the situation, consultations within WHO HQ, regional and some country offices, as well as NGOs and other development partners, concluded that the Principles were “… inadequate to meet the needs of WHO and the needs and aspirations of civil society, and recommended that they should be replaced by a twofold policy of accreditation and collaboration”.

10. Various versions of a twofold policy were considered by the governing bodies, most recently in 2004 at the 57th WHA (document A57/32). Several issues were raised and it was considered that they required further discussion: an independent review of mechanisms to safeguard WHO’s integrity including the WHO Guidelines for Interactions with Commercial Enterprises; arrangements by the regional committees for the accreditation of national or regional NGOs; the need for consultation with the government concerned in connection with the application of the collaboration policy to national NGOs; and provisions for the discontinuance of collaboration and reporting requirements. Decision WHA57 (12) postponed, inter alia, the consideration of the policy.

11. The subject was not taken again by the Governing Bodies until recently, associated to the debates on improving engagement with stakeholders as part of the discussions on WHO Reform. It is therefore now that a new policy for WHO engagement with NGOs needs to be formulated and adopted by Member States so the existing constrains can be overcome.

IV: ISSUES TO CONSIDER IN THE FORMULATION OF A REVISED POLICY FOR WHO ENGAGEMENT WITH NGOs

12. The most critical issues that need to be addressed in the formulation of a draft policy of WHO engagement with NGOs, identified in the review of current practices and existing frameworks, can be summarized as follows:

   (i) The need for seeking the views of nongovernmental organizations in the development of health policies and strategies (consultation);
   (ii) The importance of improving the modalities for engaging nongovernmental organizations in the different WHO activities at country, regional and global level in pursuit of the WHO General program of Work (collaboration);
   (iii) The importance of updating the practices and the criteria for accreditation and of defining modalities of NGO participation in the Governing Bodies meetings (accreditation);
The need for seeking the views of nongovernmental organizations in the development of health policies and strategies (consultation);

13. Informal relations enable the Secretariat and NGOs to consult and exchange information freely regardless of whether an NGO meets the criteria for official relations. The absence of reporting requirement makes it difficult to evaluate this aspect of the current Principles. However, WHO policy development and revisions as well as the development of certain WHO norms, standards and publications, involve wide consultation with NGOs.

14. NGOs play a valuable and vital role at the formative stages of the development or revision of policies. WHO also considers its participation in the meetings of NGOs to be an effective means of influencing on the development of NGO policies, norms and standards, while at the same time providing access to and feedback from important professional or scientific bodies.

15. The strengthening of the engagement and contribution of CSOs in WHO’s work could be achieved through more proactive approach that can boost the consultative dimension of WHO engagement with NGOs.

16. In this regard it would be important to identify concrete mechanisms that can facilitate such a consultative process such as a global civil society mechanism or hearings associated to the development of major policies and strategies.

17. The policy should also encourage Member States to hold national level policy dialogues with civil society on health matters including those concerning WHO. Involvement of civil society at the national level will greatly assist Member States in their interaction with WHO at the regional and international levels and this in turn will strengthen the ability of WHO to play a leading role in global health.

18. It is important to ensure inclusiveness in WHO consultation processes with NGOs. In this sense it would be important for the new policy to adopt a sufficiently broad and clear conception of civil society to adequately reflect the range of CSOs that support WHO’s mission. This should include social movements and horizontal networks and the way the policy is implemented should allow them to be consulted, to collaborate with them and to be fully accredited to WHO for purposes of participation in WHO meetings.

The importance of improving the modalities for engaging nongovernmental organizations in the different WHO activities at country, regional and global level in pursuit of the WHO General Program of Work (collaboration)

19. The modalities of collaboration between nongovernmental organizations and WHO span throughout the full spectrum of the core WHO functions stated in the 11th General Program of Work, namely: joint action for providing leadership on matters critical to health; support in shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge; support in the process of setting norms and standards and promoting and monitoring their implementation; support in articulating ethical and evidence-based policy options; joint action for providing technical support, catalysing change, and building sustainable institutional capacity; and support in monitoring the health situation and assessing health trends.

20. All WHO Regional Offices report and value collaboration with NGOs, including at the country level. In addition country offices increasingly seek to involve national NGOs in the development of country cooperation strategies. At the country level in addition to national level NGOs some regions have interaction with community based organizations and a strong interest in organizations that are effective at social mobilization campaigns. Another point of interest is that several regional offices reported their experiences with the development of networks or forums that bring together likeminded NGOs around specific issues as effective coordinating mechanisms. As with WHO HQ the majority of relations are informal.
21. The policy should have a component that fosters and governs WHO Secretariat’s collaboration with NGOs. The purpose of such policy would be to provide clear guidance to WHO staff, its member states and to CSOs on how to encourage and secure meaningful participation and collaboration of CSOs with WHO. Collaboration between NGO and the WHO should aim at advancing the objectives and policies of WHO. It is also very important that the policy establishes appropriate safeguards, including increased transparency, to eliminate all risks of real or perceived conflicts of interests.

22. Engagement with NGOs should not be associated to any vested interest and WHO should ensure the necessary due diligence to protect itself from such potential risk. The criteria to be followed in this regard should not be different from the criteria applied to the engagement with other stakeholders such as private commercial entities, philanthropic institutions, collaborating centers and academic and research institutions.

23. WHO interacts with a wide range of organizations and entities, with diverse structures, mandates and funding sources. To date, however, WHO has made no differentiation between the organizations and entities interacting with it and all organizations are considered to be NGOs. This is so despite the key criterion for admission of NGOs into official relations is that the NGO “shall be free from concerns which are primarily of a commercial or profit-making nature”.

24. The policy should include the definition of a process that will be put in place to assess the nature of the collaboration between WHO and a non-governmental organization with respect to the principles concerning any direct or indirect engagement in actions contrary to public health principles, or favoring commercial interest of the NGO concerned or the commercial interest of third parties. If such an assessment reveals potential conflict of interest the collaboration should not be implemented.

25. In addition, it is imperative to differentiate between NGOs with commercial interests/links and those without such interests and links, as market interests/links can conflict with health outcomes. This is of great importance in light of WHO’s public health mandate, and most particularly its normative and policy role, and given the possibility of real or perceived conflicts of interest between commercially linked motives and public health goals. Accordingly, it is important that the definition of NGOs and the scope of the policy include only nongovernmental organisations that are independent of the for-profit sectors.

26. A separate policy to guide WHO’s interactions with not-for-profit philanthropic organizations should be developed to ensure transparency with regard to WHO’s interactions with such organizations, and to have in place an adequate safeguard mechanisms against conflicts of interests. Such policy should also establish criteria to identify these organizations, so as to ensure that philanthropic organizations falling within the category are organizations that have aims and purposes consistent with WHO’s Constitution and the policies of the Organization and are not driven by commercial or other interests that could conflict with WHO’s public health mandate.

The importance of updating the practices and the criteria for accreditation and of defining modalities of NGO participation in the Governing Bodies meetings (accreditation);

27. The 1987 “Principles Governing Relations between the World Health Organization and nongovernmental organizations” define the procedures for NGOs to enter into official relations. To obtain the status of “official relation”, NGOs need to establish a joint programme of work and a 3-year plan with a technical department of WHO. A review process of these relations is based on 3-year reports and the drawing up of new work plans. The process is perceived as complex and lengthy in comparison to existing accreditation procedures in UN agencies. It is deemed as important to revise it and to distinguish between an accreditation component of the policy and the consultation and collaboration components of the policy.

28. Since 1948 international NGOs in official relations with WHO have been accorded the privilege of automatically being invited to participate, without right of vote, in WHO governing bodies and, as appropriate, conferences convened by such bodies, to request or be invited to speak at such bodies. The current principles note that a national organization would normally present its views through its government or through the international NGO to which it is affiliated, unless other arrangements are
made. NGOs may also have access to non-confidential documentation and the right to submit a memorandum to the DG who would determine the nature and scope of its circulation, including to a governing body.

29. With regard to NGO participation at WHO HQ governing bodies less than 50% of the NGOs in official relations attend the WHAs and slightly less than 30% the January EB sessions, and even less the May EB sessions. While most NGO delegations are small, some NGO delegation has as many as 30 to 60 representatives.

30. The accreditation component of the Policy should contain procedures pertaining to NGOs attendance at WHO meetings and privileges available to such NGOs. In contrast to the current “official relations” system, accreditation should not be conditional on working relations with the Secretariat. The accreditation policy should enable NGOs including “social movements and horizontal networks” that have aims and purposes consistent with the WHO’s Constitution and that are in conformity with the policies of the Organization, to participate in governing body and other meetings convened by WHO as observers without voting rights. Under the policy, accredited NGOs should have the right to appoint representatives to participate in WHO meetings and the freedom to make statements without prior scrutiny and censorship.

V: CONCLUSION

31. The review and updating of the principles governing WHO’s relations as a result of the analysis of current practices, the consultations with both Member States and Nongovernmental organizations, and the debates on improving the interaction with constituencies other than member States that have been part of the WHO Reform discussions, will inform the Draft Policy on the WHO’s engagement with NGOs that will be proposed to the 132nd Session of The Executive Board in January 2013.

32. The new policy should recognize the importance of civil society and its contributions to public health, the growth in the numbers and influence of nongovernmental organizations active in health at global, regional and national levels, and the need to improve existing collaboration and dialogue with nongovernmental organizations encouraging new cooperative activities with such bodies for advancing WHO policies, strategies and general programmes of work. It should as well widen the scope of the definition of NGOs to have greater inclusiveness and should attempt to differentiate NGOs from private related entities.

33. The new policy should recognize the importance of having WHO proactively consulting nongovernmental organizations in the development of policies, strategies, programs, norms and standards and of having a greater engagement of the Governing Bodies in this consultative process. To strengthen the practice of consulting with all relevant parties and encourage a wider input into the policy development work of WHO, an explicit component for public consultation, including the use of online mechanisms, should make part of the policy.

34. The new policy should also attempt to be more pragmatic by dissociating the collaboration with nongovernmental organizations from the formalities of “recognition” of current practices for NGOs “designation in official relations with WHO”. It should state that collaboration should be based on the identification of “common ground” for working together, on a series of principles that promote programmatic synergy and prevents any possible conflict of interest, and on well-defined modalities of joint work along the lines of the core WHO functions stated in the 11th General Program of Work.

35. The new policy should define eligibility criteria and a process for nongovernmental accreditation to the Health Assembly, Executive Board, Regional Committees and committees and conferences convened under their authority. It should also stipulate the privileges and responsibilities associated to the accreditation. The revised rules for NGO participation in WHO meetings at the international level should harmonize and streamline the participation of observers at regional committees.

36. Finally, the new policy should address the challenges of conflict of interest in the engagement with nongovernmental organizations and define the criteria to be followed to ensure compliance with this fundamental tenet.