WHO REFORM: TOWARDS A NEW POLICY OF WHO ENGAGEMENT WITH NONGOVERNMENTAL ORGANIZATIONS (NGOs)

Consultation with NGOs 18 October 2012

The Sixty-fifth World Health Assembly requested the Director-General to present a draft policy paper on WHO's engagement with nongovernmental organizations to the WHO Executive Board at its 132nd session in January 2013 (Decision WHA 65(9)) As a step in developing the draft policy WHO convened a one day consultation with NGOs to learn of their perceptions of WHO's engagement with NGOs, as well as their views and ideas for the draft policy.

In addition to inviting all NGOs in official relations with WHO, a number of NGOs in informal relations with WHO, including foundations, were invited. Sixty three participants representing 44 nongovernmental organizations participated. Those unable to attend were able to listen to the consultation via Webex, as well as WHO regional and country offices. In addition a number of NGOs submitted written comments.

A background document prepared for the consultation outlined three main pillars for WHO's engagement with NGOs in the future, namely, consultation, collaboration, and accreditation.

Dr Margaret Chan, Director-General, WHO, welcomed those present and explained that the purpose of the consultation was to gather the views of NGOs which would inform the preparation of the draft paper to be submitted to the WHO Executive Board. She drew attention to the “unique political space” occupied by nongovernmental organizations, which served as a “counterbalance to commercial interests and political views”. She underscored the fact that conflicts of interest are a mutual concern of WHO and NGOs. However, she said that the issue was not clearly black and white. Dr Chan concluded by asking the participants to keep in mind that the intergovernmental nature of WHO’s decision-making was paramount.

Following a presentation by the WHO Secretariat on current practices in WHO's engagement with NGOs for consultation, collaboration and accreditation and on the proposed components of a new policy, the floor was opened for comments.

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General comments

Nongovernmental organizations welcomed the initiative to consult, though felt that the value of the consultation would have been enhanced had WHO Member States been present. It was emphasized that the global health landscape and the number and range of actors, including NGOs active in health was different from that of 30 years ago, when the current policy for WHO’s relations with NGOs was adopted. The WHO policy therefore needed to take into consideration the current situation, while at the same time NGOs recognized that the WHO Member States would remain the primary counterparts for WHO. Appreciation was expressed by a group of NGOs on the background paper prepared by the Secretariat, particularly with reference to the inclusive definition of civil society organizations presented there. It was suggested that other UN agencies’ frameworks for working with Civil Society should be looked at.

There was consensus that a new policy based on the three pillars, consultation, collaboration, and accreditation to WHO governing bodies, outlined in the background document, promised more effective WHO NGO relations in the future. In addition, NGOs identified the need for such a policy to set out mechanisms to address the following concerns which thread through all three pillars,

- definition of NGO and civil society
- conflict of interest
- transparency
- accountability

Another concern of those present was the need for coherence between a new NGO policy and those for partnerships, private sector, and philanthropic entities and for ensuring that such new policies would be fully and adequately implemented.

With regard to the matter of definition of NGOs, civil society, networks etc., there were diverse views. Some present wished to see a clear distinction made between NGOs with commercial interests/links and those without such interests and links. Accordingly it was suggested that relations with NGOs with commercial interests/links be considered within the context of the private sector policy to be developed. Other NGOs commented that with an objective of better achieving WHO’s goals, such a distinction could be counterproductive, for example, limiting the range of opinions and expertise available to WHO and Member States. There was a call from some NGOs that the scope of the NGO policy be limited to NGOs that are independent of the for-profit sectors therefore suitable criteria for this purpose needed to be identified. Others highlighted that within future new processes (collaboration, consultation and accreditation), all NGOs should be treated in the same way.

There were concerns expressed about the extent to which a new policy would open the door for single issue NGOs as opposed to NGOs whose focus was largely public health.
It was stressed that WHO needs to remain protected from real or perceived conflicts of interest in its work, especially in the process of setting norms and standards. A Declaration of Interest (DoI) was seen as an important tool, though such would not solve the conflict and appropriate action may have to be taken. Some NGOs said that the same level of transparency and accountability should apply equally to all NGOs. Thoughts were expressed that no entity is free from vested interests. Some NGOs however pointed out that from a public health perspective; the real concern is commercial interest as it could conflict with health outcomes.

As a means of ensuring transparency in all relations with NGOs some suggested that WHO consider adopting a similar system to the Transparency Register used by the European Union.

NGOs are seen as efficient implementers in many countries and often reach communities that are otherwise difficult to access. NGOs requested WHO play a more active role at country level, particularly but not exclusively in emergencies, to ensure support in the monitoring of medical responses and the regulatory process. A stronger engagement of WHO in the United Nations’ Country teams was also perceived as important.

In the view of some NGOs WHO could improve relations with NGOs by encouraging, to the extent possible, a more consistent approach across all levels, from country to country, and region to region and between the various levels of WHO. With regard to participation in WHO governing bodies, some claimed that WHO could learn from agencies like UNAIDS, ILO, FAO and the Global Fund to Fight HIV/AIDS, TB and Malaria which provide for NGO representation and have resourced platforms for facilitating collaboration between the organizations, NGOs and the private sector.

**Collaboration**

Some NGOs envisaged four kinds of collaboration at the national level:

- **Action** for responding to large epidemics, civil strife, and other humanitarian action. This is where national NGOs come into their own as they know the terrain and people.

- **NGOs** should act as weather stations, alerting WHO at the global and regional levels to new situations that could call for action and or policies.

- **Advocacy** at the global level is effective, however, WHO and NGOs could and should do more to transmit information to the country level.

- At the national level the voice of the public is missing in public health matters. National and local NGOs can be effective at social mobilization campaigns.

WHO could encourage initiatives to bring together Member States and civil society in public health dialogue. WHO could also do more to help improve the quality of NGO skills etc. by leveraging their contacts with NGOs that have special expertise to transfer skills. In addition national, and in
particular local NGOs, may often have knowledge that could benefit and be helpful in other countries, WHO should promote that knowledge, and in this sense help such NGOs analyse and document their good practices.

The nature of the collaboration with NGOs differs between the three levels of the Organization. The regional and country offices are often working with regional or country based NGOs that are not in official relations with WHO, but there is insufficient information. Any general framework for collaboration should aim at guiding the collaboration but at the same time allow for flexibility to take into consideration the country specifics, including the dynamics between civil society and government.

There was a general understanding that there is a need for WHO to provide clear guidance for WHO staff members on the development of relations with NGOs. WHO could be more proactive in seeking interaction with NGOs.

Some NGOs in official relations with WHO expressed that such a status is an advantage for their efforts to increase membership.

An element of the new collaboration policy could provide for WHO support for NGO objectives and room for NGOs to serve as a watchdog on how WHO implements its policies. In connection with the latter reference was made to the International Health Partnership which is using an independent expert review group to track implementation of donor promises and results.

During the discussion on collaboration, it was stressed there was a need to establish appropriate safeguards, to strengthen WHO’s conflict of interests policy to eliminate risks of real or perceived conflicts of interests. While at the same time increasing transparency about the nature of collaboration between WHO and the NGOs.

Several NGOs pointed out there was a need for a separate policy to be developed to guide WHO’s interactions with not-for-profit philanthropic organizations, with appropriate safeguards against conflicts of interests. NGOs stressed the importance of developing such a policy and called on WHO to take action to that end.

During this discussion some NGOs highlighted that the differentiation between NGOs with commercial interests/links and those without such interests and links applies not only to collaboration, but also to consultation and to accreditation.

**Consultation**

Participants considered that this consultation should be linked with other meetings on the development of policies and suggested that WHO Executive Board Members be present at future NGO consultations.
For some, a consultation component of the policy should contain provisions for NGOs to be involved from the beginning in the planning and conceptualization of discussions. Others considered it important that a new policy should facilitate national level consultations and NGO participation, to promote the public voice. Certain NGOs favored at the international level multi-stakeholder consultations and reference was made to negotiations on the Pandemic Influenza Preparedness (PIP) framework. Others pointed out that WHO should not focus on one model. It was noted that certain consultations on the PIP framework involved civil society and industry because some Member States felt that since industry had to make financial contributions they should be consulted which led to calls for civil society to be included in the discussions. For the deliberations of the Consultative Expert Working Group (CEWG), public hearing was the mode for consultations. Thus the mode of consultation selected should depend on the issue being discussed.

A major concern, however, centered on improved transparency and accountability in the consultation processes. It was suggested that all names and affiliations should be made publicly available to ensure transparency with regard to interests involved, particularly commercial interests. The funding of NGOs was also raised as a problematic issue. Some NGOs representing patient groups received the majority of their funding from industry, others from governments. Reference was also made to the emergence of philanthropic actors and their impact and influence on NGOs and international multilateral organizations such as WHO. It was suggested that such actors should not be included in consultation process together with the NGOs.

The quality of consultations may be enhanced by diversity but all WHO’s stakeholders should have access to the same information, some NGOs said. It was suggested to look at other mechanisms for consultations such as web platforms and teleconferences to foster a more inclusive process. There should also be a process of making use of major groups with similar interests to feed into the process of consultation.

It was highlighted that the responsibility for advocacy lies with the NGOs in their own countries and that many of the organizations need to be more visible and promote greater engagement with their own governments.

**Accreditation**

Accreditation to the WHO governing bodies was considered to be of major importance as it enabled NGOs to engage with WHO Member States. Participants welcomed the proposal to provide for an accreditation policy that did not have, as a condition, collaboration with WHO. Nonetheless, some NGOs highlighted that collaborative work plans were a good way to assess concrete contributions made by NGOs and represented an important tool for the accountability of NGOs. In addition NGOs requested access to the WHO Programme, Budget and Administration Committee of the Executive Board.
Currently some NGOs in official relations with WHO enabled other NGOs to join in their delegations and be associated with statements to the WHO governing bodies, effectively the latter NGOs had a voice but without WHO or the Member States having knowledge of them and the diversity of engagement for public health they represent. An accreditation policy would improve transparency as all those accredited would be required to provide information about their interests, funding, membership etc.

The Secretariat queried whether an accreditation policy would lead to larger numbers of NGOs at WHO governing bodies. However NGOs pointed out that the numbers were unlikely to be unmanageable and that NGOs were able to organize themselves whereby like-minded NGOs worked on delivering a single statement rather than individual statements and thus discussions were unlikely to be prolonged. It was recalled that already NGOs negotiated and prepared common statements during Health Assemblies when the agenda had been crowded and limited time is available for interventions.

It was thought that the WHO governing bodies meetings could serve to provide a greater synergy between Member States and NGOs. A number of suggestions were made to improve synergy. The following three current practices at WHO HQ governing body meetings were considered by some NGOs to be an obstacle to effective exchanges between NGOs and Member States. They are: a requirement to submit statement requests 24 hours in advance, the practice of reviewing statements which on occasion may lead to a request being declined and permitting NGOs to speak only after Member States. It was suggested that NGOs be added to the regular list of speakers and speak in-between Member States’ interventions to make the discussion more dynamic. In addition some NGOs stated that the practice of requiring prior submissions of statements should be dropped.

The opportunity to organize meetings during the World Health Assembly, which enabled direct interaction between Member States and NGOs, was valued. WHO should look into ways and means of increasing the availability of rooms to enable a larger number of such interactions and NGOs requested that they be allowed to organize side-events not only in the evenings but also during lunchtime.

On differentiating between NGOs, it was pointed out that several UN bodies distinguish between the different constituencies, adding that different colored badges could be issued for the different constituencies.

**Follow-up to the consultation**

A report will be circulated to all participants, as well as being posted on the WHO website.

The Secretariat will share the outcome of the consultation at a briefing for Member States scheduled for the end of October 2012.

The draft policy document will incorporate inputs from the consultation and will be shared with NGOs prior to its finalization. NGOs would be welcome to submit comments.