

WHO Reform: Engagement with non-state actors

The World Health Organization (WHO) is reforming to better address the increasingly complex global health challenges of the 21st century. The reform process has major implications for what WHO will work on, and how it will work, in the future. As one of the leading threats to global health and development this century, noncommunicable diseases (NCDs) are prominent within this agenda.

BACKGROUND

In 2011, WHO Director General Margaret Chan began a process of major WHO reform with three separate strands – (1) programmes and priorities (2) governance and (3) management. A central piece of WHO’s governance reform is a review of its policies for engagement with non-state actors (NSAs) in health – including hosted partnerships (such as Stop TB and Roll Back Malaria), the private sector and civil society. The overall objectives of these changes are to make better use of resources (knowledge, expertise, commodities, personnel etc) available among NSAs to support fulfillment of WHO’s mandate, and to maximize input from NSAs in WHO’s governance and consultations.

On 8th October 2013 WHO released a new discussion paper on WHO’s engagement with NSAs ahead of the informal consultation with Member States and non-State actors taking place at WHO HQ on 17-18 October. *****This is the first time that WHO will consult with Member States and all NSAs (private sector and NGOs) in one meeting on this issue.***

The new discussion paper summarizes key issues, challenges and recommendations that have emerged over the last 12 months through the various consultation processes with Member States, civil society and the private sector including 2 online consultations open to NGOs in October 2012 and March 2013 (NCD Alliance contributed to both), informal consultations in October 2012 and September 2013 (NCD Alliance represented at both), and Member State discussions at the 132 and 133rd EB Meetings, and 66th WHA. Based on input from these meetings/consultations, WHO has been asked to develop 3 policy papers for consideration at the 134th EB in January 2014, and 67th WHA in May 2014:

- Policy for WHO engagement with private sector
- Policy for WHO engagement with not-for-profit sector
- Overarching principles for engagement with non-state actors

ANALYSIS OF WHO DISCUSSION PAPER ON WHO’S ENGAGEMENT WITH NON-STATE ACTORS (8 OCTOBER 2013)

WHO DISCUSSION PAPER	NCD ALLIANCE RECOMMENDATIONS
<p>The overarching principles are that all engagement with non-state actors should:</p> <ol style="list-style-type: none"> a. Demonstrate a clear benefit to public health; b. Respect the intergovernmental nature of WHO; c. Support and enhance the scientific and evidence base that underpins WHO’s work; d. Be actively managed so as to reduce any form of risk to WHO (including conflicts of interest); e. Be conducted on the basis of transparency, openness and inclusiveness. <p>Clear boundaries for engagement with non-state actors include:</p> <ul style="list-style-type: none"> -Decision-making in governing bodies is the exclusive prerogative of Member States, which means that drafting and approval of resolutions do not include non-State actors -WHO’s processes in norms and standard-setting must be protected from any undue influence -WHO does not engage with industries that make products that directly harm human health, such as tobacco or arms -Engagement with non-State actors must not compromise WHO’s reputation 	<p>Multiple actors in global health have led to an expansion of programmes and projects that are often vertical and duplicative. WHO’s reform of engagement with external stakeholders should prioritise policy coherence, and synergies at global, regional and national levels.</p> <p>NCD Alliance also recommends the consideration of additional principles including:</p> <ul style="list-style-type: none"> • Shared but differentiated responsibility: including shared commitment, mutual accountability, reciprocity, and the recognition of different obligations in global health. This principle would be aligned to current trends in development cooperation and aid effectiveness as outlined in the Busan Partnership for Effective Development Cooperation, which has advanced a broad and inclusive approach to partnership. • Legitimacy – NCD Alliance stresses that the legitimacy of a non-State actor to contribute to public health is a fundamental principle for guiding WHO’s

	<p>interaction. Legitimacy criteria for NGOs would cover: membership; representativeness; governance; funding and interests; history and expertise; mandate and mission; and power to represent and speak for a large amount of members or patients.</p>
<p>To operationalise these overarching principles and enhance engagement, the following changes are proposed:</p>	
<p>Strengthening due diligence</p> <p>It is proposed that due diligence procedures are expanded and strengthened so as to be applied more systematically to all sorts of engagement and at all levels of the Organization. The revised procedure could also involve a public scrutiny phase where the public would be invited to draw attention to potential risks of engagement with a particular non-State actor that is being examined.</p>	<p>NCDA is supportive of this approach. In the March 2013 consultation, NCDA recommended that “discussions around conflict of interest are broadened from a sole focus on commercial interests, to include perceived or potential conflicts that may accrue due to financial support from other non-State actors, political relationships and other vested interests, and for this reason supports WHO’s unified approach to developing policies to manage engagement with both the private sector, NGOs and other non-State actors.</p>
<p>Strengthening the management of risk, including conflict of interest</p> <p>It is proposed that a comprehensive risk management approach be applied to WHO’s engagement with all non-State actors</p>	<p>See above</p>
<p>Increasing transparency</p> <p>It is proposed that transparency of engagement with all non-State actors be enhanced and made more systematic by an online transparency register. The register will provide basic information on the non-State actors with which WHO engages and detail the nature of the interaction.</p>	<p>NCDA is supportive of this approach. In the March 2013 consultation, NCDA called for a “transparency register for NSAs that could include information on an organisation’s governance, membership, activities, funding sources and interests”.</p>
<p>Enhancing engagement with non-State actors</p> <p>The following sections describe the current forms of engagement and examine to what extent this engagement and the management of associated risks could be strengthened.</p>	
<p>Attendance at WHO governing body sessions</p> <p>Currently, private sector entities do not attend the sessions of the governing bodies, although NGOs that represent the private sector may attend. Only NGOs that are in official relations with WHO are entitled to attend. To qualify to be “in official relations”, NGOs must have at least three years of collaborative work with WHO. However, there are a number of NGOs that are not in official relations with WHO but that wish to attend governing body sessions.</p> <p>A common suggestion is to establish an additional accreditation system specifically for the attendance of WHO governing body sessions. While this has the attraction of opening up participation in WHO meetings to all NGOs, it makes conducting the necessary process of due diligence more difficult and risks undermining the overarching principles.</p>	<p>The commitment, experience, and capacity of civil society in global health is unique. NGOs play a key role in advocacy and awareness-raising; providing technical and scientific expertise; delivering vital services; ensuring patient engagement; and developing and monitoring policy. For this reason, NCDA supports the first suggestion of an additional, more flexible accreditation system to grant NGOs and other entities without official relations status (such as the NCD Alliance and patient groups) access to WHO governance meetings. When widening parameters of engagement in consultation, WHO should however specifically consider the legitimacy of the NGO to contribute to a specific policy or strategy in public health.</p>

<p>Another suggestion has been to reform and streamline the official relations system to allow entry to those NGOs that cannot evidence the required “collaborative programmes with WHO” but which could provide input to governing body discussions</p>	
<p>More meaningful participation in governing bodies</p> <p>The pre-screening by the Secretariat of NGO statements could be replaced by a code of conduct and possible consequences in cases of breach of this code. In order to allow for more meaningful interaction with NGOs during the debates, NGOs could be encouraged to form self-organized groupings with similar interests. Such groupings of NGOs could have enhanced speaking rights in meetings, while individual statements could be made available on a dedicated website before the debate takes place.</p>	<p>NCDA is supportive of this approach</p>
<p>Participation in consultations in preparation of intergovernmental bodies</p> <p>WHO increasingly holds consultations with non-State actors in the preparation of intergovernmental agreements. NGOs in official relations are usually also admitted to such consultations.</p> <p>In addition, the involvement of the private sector in consultations and hearings has been handled on a case-by-case basis. Examples include the development of the Pandemic Influenza Preparedness (PIP) Framework and the ongoing processes on noncommunicable diseases. It is proposed that this continues.</p>	<p>Specific recommendations related to NGO participation in consultations:</p> <ul style="list-style-type: none"> - Organising consultation timelines to ensure civil society consultations are followed by those with Member States, such as the model piloted in the development of the Global Mental Health Action Plan. WHO Member States have stressed this is an effective model for understanding and listening to the views of NGOs in policy development. - Increased use of public hearings, and open Member State consultations that include NGOs as observers to ensure transparency. This has been critical in development of the Global Monitoring Framework for NCDs and Global NCD Action Plan 2013-2020. - Clear and well organised timelines for consultations, with respect to the range of WHO consultations an organisation may be participating in at one time. NGOs use significant financial and human resources to participate in WHO consultations, so adequate preparation and planning time is essential. - Documents, for consultations to be made available well in advance of deadlines to ensure NGOs can fully participate.
<p>Financial contributions</p> <p>Financial contributions to the Programme budget are an important part of engagement. Funding for the elaboration of norms and standards from any source that could influence that process continues to be strictly excluded.</p> <p>After implementing the strengthened due diligence, management of risks of engagement and increased transparency, WHO could accept project-based funding, non-earmarked contributions, or contributions earmarked at a high level. For activities where funding from individual entities could represent a conflict of interest, pooled funding could be introduced (such as the pool created by the PIP Framework, where vaccine producers pay into the pool, as individual contributions from specific companies might be problematic). WHO could also begin charging for specific services provided</p>	

<p>(e.g. although funding by pharmaceutical companies for the definition of the process of pre-qualification of medical products would be problematic, charging for the application of these norms in the pre-qualification process could be considered.)</p>	
<p>Human Resources</p> <p>Non-State actors can contribute to WHO's work through the provision of human resources, whether as formal secondments or in the form of pro bono work.</p> <p>The explicit management of the risks of such engagement, combined with public scrutiny through the transparency register, could allow WHO to use such arrangements more systematically.</p>	
<p>In-kind contributions</p> <p>WHO regularly receives in kind contributions such as drug donations for the treatment of neglected diseases. For such donations relevant internal guidelines apply, such as guidelines for medicine donations.</p>	
<p>Evidence generation, information gathering and research</p> <p>Experts participating in the guidelines development group are always participating in their individual capacity and are rigorously scrutinized for conflicts of interest. Individuals working for the private sector are excluded from serving in these groups.</p> <p>Collaboration and engagement in these fields can be enhanced if it is also subject to an explicit due diligence procedure, management of the risks of engagement and increased transparency. For guidelines development, where the knowledge available in the private sector is key to the elaboration of the guidelines, WHO will more systematically conduct public hearings, where private sector representatives can present the evidence without becoming part of the actual process of developing the guidelines.</p>	
<p>Advocacy and awareness raising</p> <p>WHO needs to be able to engage in dialogue with non-State actors particularly in the private sector as to how these actors themselves could improve their own activities to better protect and promote health. This dialogue has taken place so far only in very limited circumstances.</p>	
<p>Technical advice provided to countries</p> <p>For this work there is also scope for enhanced collaboration with non-State actors under condition of the agreement to such collaboration by the concerned Member State and an active management of the risks of engagement.</p>	<p>NCDA supports this approach.</p>
<p>Collaboration with NGOs in official relations</p> <p>The status of official relations could be made more meaningful by a stricter application of criteria and a clear definition of the contribution made by NGOs in official relations towards the implementation of the outcomes and outputs agreed in the Programme</p>	<p>NCDA supports this approach.</p> <p>Given that the current official relations system is restricted to international organisations, WHO should all consider integrating clear guidance for WHO engagement with NDAs at country level.</p>

<p>budget. Just as WHO collaborating centres are academic institutions with which WHO collaborates systematically, official relations will be limited to NGOs with which WHO collaborates systematically.</p>	<p>This would provide specific guidance for WHO Regional and Country Offices in engaging and partnering with national level NGOs, aligned to global principles and policies.</p> <p>A transparency register could also serve as a platform to strengthen information and communication about the work of WHO and national NGOs at the country level.</p>
<p>Application of policies and procedures</p> <p>Changes to policies and procedures will apply throughout the Organization and will be further elaborated. The Secretariat seeks guidance on the extent to which these policies are applied by hosted partnerships.</p>	

The NCD Alliance was founded by:

