



Collaboration with nongovernmental organizations

Review of overall policy on collaboration with nongovernmental organizations

Report by the Director-General

In accordance with decision EB99(18) this report assesses the present situation regarding collaboration with nongovernmental organizations, and considers the advantages, disadvantages and financial implications, of broadening WHO's related policy (see *Basic Documents*, forty-first edition, pp. 74-79, Principles governing relations between WHO and nongovernmental organizations. The Board is invited to endorse the approaches outlined in paragraphs 5 and 9, as proposed in paragraph 10.

INTRODUCTION

1. At its ninety-ninth session the Executive Board reviewed¹ two policy matters concerning relations with nongovernmental organizations (NGOs). The first drew attention to the prospect of WHO's increased cooperation with those whose main area of competence falls outside its purview (i.e. the health sector). The second related to the adoption by the United Nations Economic and Social Council of a revised resolution² on arrangements for consultation with NGOs that would grant national, subregional and regional NGOs consultative status. Current WHO policy for relations with such NGOs endorses informal relations but precludes formal relations. The Board requested a report on whether the criteria for admission into official relations should be revised to permit the establishment of formal relations with NGOs from sectors other than health and related fields, and to conform to the Economic and Social Council resolution. Part I of this document deals with the first issue, part II the second.

¹ "Collaboration with nongovernmental organizations: review of overall policy on collaboration with nongovernmental organizations (1994-1996)" (document EB99/35).

² United Nations Economic and Social Council resolution 1996/31, "Consultative relationship between the United Nations and non-governmental organizations".

I. COLLABORATION WITH NGOS OUTSIDE THE HEALTH AND RELATED FIELDS

2. The expertise, views and experience of NGOs enrich the work of WHO in a number of ways. Examples of collaboration forming the basis for formal relations are summarized in the Annex. While the informal exchange of views and participation in each other's meetings are common and sometimes naturally lead to collaboration, the transition from ad hoc contacts to planned collaboration requires time and concerted effort on the part of both WHO and NGOs. This involves determining whether to make the effort and for how long.

3. The few examples of informal collaboration with NGOs outside WHO's field of activity suggest that the advantages to WHO of formalizing relations with such NGOs would be similar to those currently enjoyed. In particular such collaboration might illustrate how sectors influence one another by their individual decisions. An additional advantage of collaboration would be the opportunity it would offer to explain the work of WHO and encourage informed debate and exchange with a broader public on global health issues. However, it is not known to what extent WHO would be able to respond to increased interest from NGOs in other sectors without the necessary programme framework, and how WHO would evaluate the potential of such NGOs in the absence of expertise in that sector. There is also a risk of WHO's focus being shifted unduly to the non-health sector.

4. In this respect, it is noted that preliminary suggestions for "indicators of success (or failure) for intersectoral initiatives" are being considered as part of consultations on the new global health policy. A consultation held in Geneva in May 1997 on the new health policy brought together NGOs from such sectors as education, agriculture and housing. They were highly supportive of the broad approach in the policy being developed for consideration and were convinced that "... the admission [into official relations] of multisectoral NGOs would reflect WHO's recognition in the new global health policy that many of the determinants of health lie outside the domain of the formal health care sector ...".

5. In the light of the above the Board may next consider the initiation of written consultation with some NGOs already in official relations, those from other sectors and other specialized agencies, to obtain their views on the establishment of formal relations between WHO and NGOs outside the health and related fields. The directions outlined in the new health-for-all policy for the twenty-first century that are being developed for consideration would be taken into account in any such consultation. In the meantime the Board may wish to encourage increased informal contacts with non-health-sector NGOs, with a request for a report on the outcome.

II. UNITED NATIONS ECONOMIC AND SOCIAL COUNCIL REVISED RESOLUTION ON ARRANGEMENTS FOR CONSULTATIONS WITH NGOS

6. The United Nations Economic and Social Council's revised resolution on arrangements for consultations with nongovernmental organizations (1996/31) permits the granting of consultative status to national, subregional and national NGOs in addition to international NGOs. It notes, *inter alia*, that the consultative arrangements "are to be made, on the one hand, for the purpose of enabling the Council or one of its bodies to secure expert information or advice from organizations having special competence ... and, on the other hand, to enable international, regional, subregional and national organizations that represent important elements of public opinion to express their views." Notwithstanding the value of the resolution for the United Nations, certain circumstances seem to militate against its use as a model for WHO. Section 5 of the Principles reflects the special role and nature of the WHO regional structure: regional or national NGOs affiliated to international NGOs in official relations with the Organization are, by definition, in official relations with WHO regional offices, and the regional offices may establish working relations with regional and national NGOs not in official relations. WHO is trying to encourage the sharing of information between the regions about such NGOs with a view to making it more broadly available to the Members of WHO, and has other mechanisms for obtaining expert individual and regional contributions.

7. The technical nature of WHO's work demands that the view of a particular NGO should represent the consensus of its collective membership, not that of a member or region. This is of particular importance with regard to the setting of norms or standards.

8. Furthermore, in accordance with paragraph 2.3 of the Principles, which states that exchanges of information with NGOs and reciprocal participation in technical meetings may continue on an ad hoc basis without time limit and without written agreement, it is already the practice of WHO to invite, *inter alia*, NGOs to participate in WHO meetings regardless of their status with WHO. This appears to apply Article 71 of the WHO Constitution, which authorizes "... arrangements for consultation and co-operation with nongovernmental international organizations ...". Within this general framework, current policy on NGOs has evolved to focus on collaboration as a basis for official relations.

9. The Board may thus simply wish to take note of United Nations Economic and Social Council resolution 1996/31 on "consultative relationship between the United Nations and non-governmental organizations", and to make no change in WHO's current policies on national, subregional and regional NGOs.

ACTION BY THE EXECUTIVE BOARD

10. The Board is invited to endorse the approaches outlined in paragraphs 5 and 9.

ANNEX

EXAMPLES OF TYPES OF WHO/NGO COLLABORATION

Advisory - An international coordinating group led by WHO and comprising the International Federation of the Red Cross and Red Crescent Societies, *Médecins sans Frontières*, the *Association pour l'Aide à la Médecine préventive*, etc., coordinated the best use of the limited (14 million doses) vaccine available for the control of epidemic meningitis in Africa and advised WHO on the best means of allocating the vaccine.

Advocacy - The large national membership of such NGOs as the International Council of Women contributes to the broad dissemination of key WHO health education and information serving to strengthen national NGO activities, and their contribution to debate on women's issues.

Coordination and service provision - Illustrated by the cooperation between WHO and a group of NGOs concerned with blindness. For example, in July 1996 WHO held a meeting on "low vision care for the elderly" hosted by a national member of the World Blind Union. The meeting reviewed data on the magnitude of the problem, both in developed and developing countries, discussed strategies for problem identification and assessment, and the priority needs and technical approaches to the large-scale provision of low vision care for the elderly. Opportunities for action needed at the global/regional/national levels were also identified.

Data collection and health-information management - The International Association of Cancer Registries provided data for use in recent WHO world health reports. The International Society for Burn Injuries designed a computer programme permitting establishment of a hospital-based burn registry on a personal computer.

Emergency and humanitarian action - Subject to identified needs and the availability of funds, WHO works, *inter alia*, with NGOs in the field of emergency and humanitarian action. WHO recently held training courses for *Médecins du Monde*, *Médecins sans Frontières* and MERLIN, etc., and for national health workers. The courses were intended to improve mental health services for the victims of the crisis in Chechnya.

Financial - Rotary International helped fund operation MECACAR, an initiative which began in the spring of 1995 when 18 countries conducted coordinated national immunization days. At the time, 60 million children received two supplementary doses of oral polio vaccine one month apart.

Human resources development, as illustrated by two approaches - First, the close collaboration with such NGOs as the World Federation for Medical Education in the development and implementation of WHO's policy on changes in medical education and medical practice; secondly, creating opportunities for regular joint training seminars, such as those for government and industry decision-makers and nutritionists in developing countries undertaken with the Industry Council for Development.

Participation in NGO meetings - WHO, for instance, addressed the Tenth World Psychiatric Congress of the World Psychiatric Association attended by over 10 000 participants, on the "Nations for Mental Health" initiative. Other types of meetings permit WHO to technically support NGO activity; WHO is a member and adviser of the International Planned Parenthood Federation's International Medical Advisory Panel, whose recommendations are applied by family planning programmes throughout the world.

Professional - Resolution WHA47.12 calls for the development of the pharmaceutical profession. Such NGOs as the International Pharmaceutical Federation and the Commonwealth Pharmaceutical Association are crucial partners in this development process.

Publications - The *Manual of Diagnostic Ultrasound* is a joint publication with the World Federation for Ultrasound in Medicine and Biology, and *Guidelines for the Development of a National Programme for Haemophilia* is produced in collaboration with the World Federation of Hemophilia.

Scientific review and clinical support - International Commission on Non-ionizing Radiation Protection reviewed scientific literature on the biological effects and health consequences of exposure to non-ionizing radiation. On the basis of pioneering work undertaken by the International Union Against Tuberculosis and Lung Disease in nine countries in Africa and Latin America during the 1980s, the “directly observed treatment, short-course” (DOTS) strategy was developed to control and cure tuberculosis.

Standard-setting and development of nomenclature - The International Association on Water Quality will contribute to the revision of WHO guidelines on drinking-water microbiology. The International Council of Societies of Pathology contributes to WHO activities relating to the international histological classification of tumours.

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