

WHO reform

Governance: Promoting engagement with other stakeholders and involvement with and oversight of partnerships

Report by the Secretariat

1. At its special session in November 2011, the Executive Board agreed on a number of principles underpinning WHO's engagement with stakeholders other than Member States and WHO's involvement with and oversight of partnerships.
2. The Board also adopted decision EBSS2(2), in which it requested the Director-General, *inter alia*, to submit to the Executive Board at its 130th session in January 2012:
 - further analysis of proposals to promote engagement with other stakeholders;
 - further analysis on modalities to improve Member State involvement with and oversight of partnerships including the possible expansion of the mandate of the Standing Committee on Nongovernmental Organizations in this regard.

ENGAGEMENT WITH OTHER STAKEHOLDERS

Analysis

3. Article 2 of the Constitution describes two of WHO's functions: (a) to act as the directing and coordinating authority on international health work; and (b) to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate.
4. In order for WHO to play its directing, coordinating and collaborating role, the Organization needs strong links, cooperation and engagement with the increasing range and number of stakeholders. These relationships, however, must respect the primary role of the Member States, clearly contribute to WHO's mandate and avoid conflicts of interest.
5. In 1948 stakeholders in global health were few, and only three types were categorized in WHO's Constitution: governments, intergovernmental organizations and nongovernmental organizations. Today's global health landscape is different and more complex than when WHO was founded. Yet given WHO's leadership role in global health governance, the Organization's need to engage with other stakeholders is more critical and relevant than ever. Current rules and practices now apply only to a small fraction of the multiple stakeholders. In some cases, clear principles, policies or

frameworks approved by the governing bodies already exist; in others, further work is needed to define such frameworks and present them for consideration by the governing bodies. Frameworks for engagement and cooperation should reflect the nature and particular contribution that different categories of stakeholders can make to the pursuit by WHO of its constitutional mandate, while safeguarding the integrity of WHO's technical and normative work and minimizing the risk of conflicts of interest.

6. At the special session of the Board, in decision EBSS2(2), the Board agreed, *inter alia*, on the principle that governance needs to be a fully inclusive process, respecting the principle of multilateralism; and further, that the engagement with other stakeholders should be guided by the following:

- the intergovernmental nature of WHO's decision-making remains paramount;
- 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;
- any new initiative must have clear benefits and add value in terms of enriching policy or increasing national capacity from a public health perspective;
- 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.

Current rules and practices

7. Articles 69–72 of the Constitution of WHO set out the general framework for the establishment of relations between WHO and other organizations, namely the United Nations, other intergovernmental organizations, nongovernmental international organizations and, with the consent of the Government concerned, with national organizations, governmental or nongovernmental. This is the basis on which WHO makes arrangements for consultation and cooperation with other organizations.

8. Formal relations with the **United Nations system and other intergovernmental organizations** are governed by a series of agreements with the United Nations, specialized agencies, funds and programmes and other international organizations. WHO is a party to many United Nations-wide functional mechanisms of interaction and coordination platforms.

9. Relations with **nongovernmental organizations** are governed by a set of principles adopted by the Fortieth World Health Assembly in 1987.¹ Revision of these principles has been discussed but no revised policy has been approved by the governing bodies. The principles need to be updated in order to reflect better the increasingly important role now played by nongovernmental organizations.

10. Currently, the Executive Board's Standing Committee on Nongovernmental Organizations reviews proposals for designating nongovernmental organizations in official relations with WHO and

¹ Resolution WHA40.25.

reviews, on a rotational basis, the standing of nongovernmental organizations already in official relations. The Committee is composed of five members and holds its session during the January session of the Board. Member States have suggested that the Standing Committee could enlarge its scope and play a more policy-oriented role in connection with the wider engagement of nongovernmental stakeholders.

11. Interactions with **academic institutions** are governed by the Regulations for Study and Scientific Groups, Collaborating Institutions and other Mechanisms of Collaboration contained in resolutions EB69.R21 and EB105.R7. WHO collaborating centres, as well as national institutions recognized by WHO, are covered by these Regulations.

12. No specific provisions exist in the Constitution that govern WHO's relations with private for-profit organizations; not-for-profit philanthropies and public-private partnerships. The Sixty-third World Health Assembly endorsed the policy on WHO's engagement with global health partnerships and hosting arrangements as a way to advance the global health agenda contained in the Eleventh General Programme of Work 2006–2015.¹ Internal guidelines for staff interactions with private for-profit organizations have been developed by the Secretariat but they need extensive consultation and revision if they are to be transformed into a comprehensive framework that can be considered by the governing bodies.

13. Some Member States have asked for a formal framework for engaging regional economic integration organizations.

Proposals

14. In relation to stakeholder engagement, the Secretariat is making two proposals:

(a) To review and update the principles governing WHO's relations with nongovernmental organizations. The review will consider (i) widening and improving the modalities for the participation of nongovernmental organizations at regional and global governing body meetings; (ii) seeking the views of nongovernmental organizations in the development of new health policies and strategies; and (iii) updating practices and criteria for accreditation. In relation to the last point, the review will consider ways of differentiating between the different types of nongovernmental organizations that interact with WHO.

(b) To develop comprehensive policy frameworks to guide interaction with the private, for-profit sector as well as not-for-profit philanthropic organizations. The proposed frameworks should, inter alia, tackle the issue of institutional conflicts of interest.

Involvement with and oversight of partnerships

15. Member States have expressed a desire to have greater involvement with and oversight of partnerships through the governing bodies, and to have tools to coordinate the role played by the Secretariat in partnerships.

¹ Resolution WHA63.10.

16. Consultation and review of the mandate of the Standing Committee on Nongovernmental Organizations has shown that this Committee is not a suitable instrument for considering WHO's involvement with formal partnerships or for providing oversight. The Board may therefore wish to play this role directly. To this end, the Board may wish to include regularly in its agenda an item on partnerships, under which it would establish a dialogue with formal partnerships. This would create the possibility of greater oversight by Member States of the involvement of WHO in formal partnerships, while achieving a higher level of engagement with important international health initiatives and aiming at coordination between their activities and those of WHO.

ACTION BY THE EXECUTIVE BOARD

17. The Board is invited to discuss the above proposals and provide guidance to enable the Secretariat to take the work forward.

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