

Engagement with non-State actors

Report on the implementation of the Framework of Engagement with Non-State Actors

Report by the Director-General

INTRODUCTION

1. In May 2016, the Sixty-ninth World Health Assembly adopted resolution WHA69.10 on the Framework of Engagement with Non-State Actors,¹ in which the Director-General was requested, inter alia, to take all necessary measures, working with Regional Directors, to fully implement the Framework of Engagement with Non-State Actors (FENSA) in a coherent and consistent manner across all three levels of the Organization, with a view to achieving full operationalization within a two-year time frame, and to report on the implementation of the Framework to the Executive Board at each of its January sessions under a standing agenda item, through the Programme, Budget and Administration Committee. This document contains the seventh annual report.

2. A report on non-State actors in official relations with WHO, including proposals for admitting new entities, and on reviews of the status of existing official relations, is provided in a separate document.²

IMPLEMENTATION OF THE FRAMEWORK OF ENGAGEMENT WITH NON-STATE ACTORS TO ADVANCE PUBLIC HEALTH OUTCOMES

3. In line with its Thirteenth General Programme of Work, 2019–2025, and the related programme budget, and building on its continued and successful collaboration with non-State actors, WHO is actively pursuing collaboration and establishing partnerships to support Member States' efforts to advance the public health agenda. These engagements have been reviewed and implemented in accordance with WHO's policies and rules, including the Framework of Engagement with Non-State Actors, and key achievements during the year 2022 are described below.

4. The Regional Office for Africa has been strongly committed to engaging with non-State actors while ensuring the effective implementation of the Framework. To that end, the Regional Office has continued its efforts to build capacity, streamline the review and clearance of proposals for engagement with non-State actors, and develop more tools and materials to facilitate learning and sharing of best practices at the regional and country levels. The Regional Office for Africa reported that 74 projects

¹ See document WHA69/2016/REC/1, resolution WHA69.10 and Annex 5.

² Document EB152/40.

involving engagement with non-State actors had been presented for clearance and review in 2022, including 27 within the emergency context.

5. Building on the positive outcomes of its engagement with non-State actors, the Regional Office for the Americas/PAHO is continuing its constructive dialogue and interaction with non-State actors, in line with the Framework. The Regional Office has pursued multiple robust engagements, including, among others, developing a strategy for improving the quality of mortality data, capacity-building for prevention of Chagas disease, supporting the implementation of strategies focused on reduction of chronic child malnutrition and early childhood development, and promoting road safety and injury prevention. In the report to its Executive Committee on engagement with non-State actors,¹ the Regional Office for the Americas/PAHO informed that it conducted due diligence and risk assessment reviews for more than 300 proposed engagements, as well as hundreds of reviews for low-risk engagements. This represents an increase over the previous year as a result of outreach in working with non-State actors as well as of trainings conducted by the Regional Office for the Americas/PAHO FENSA Focal Point to improve awareness of the Framework.

6. In January 2022, to further strengthen the implementation of the Framework, the Regional Office for the Eastern Mediterranean reassigned the function of carrying out the simplified procedure, including the conduct of due diligence and risk assessments, to the compliance and risk management unit in the Regional Director's Office. Moreover, and in close collaboration with the specialized unit responsible for conducting due diligence and risk assessment in headquarters, the Regional Office for the Eastern Mediterranean undertook a series of actions to strengthen capacity at regional and country levels and to establish better learning mechanisms. These included conducting trainings and briefing sessions for the WHO workforce at regional and country level, developing an internal electronic tracking system to process requests for due diligence and risks assessments, and issuing guidance documents to support both technical units and country offices in their engagements with non-State actors. The Regional Office for the Eastern Mediterranean reported that 120 proposals for engagements with non-State actors had been submitted for clearance and review, a significant increase compared with the previous year. Those submitted for review involved a wide range of stakeholders and covered different types of engagement, in particular the participation of WHO staff at meetings organized by non-State actors and technical collaboration with non-State actors to advance WHO's agenda and priorities.

7. The Regional Office for Europe is continuing its proactive engagement approach with non-State actors, an example of which can be seen in the development of a WHO initiative called the Pan-European Mental Health Coalition to improve mental health across the WHO European Region. The initiative targets gaps in mental health services by gathering national leaders, professionals, representatives of international organizations, experts and non-State actors to collaborate on bringing mental health out of the shadows and into the mainstream. Additionally, the Regional Committee for Europe noted a marked increase in the participation of non-State actors in meetings of the Regional Committee and, in line with the procedure for accreditation of regional non-State actors, decided to grant accreditation to an additional four non-State actors to participate in meetings of the Regional Committee for Europe in September 2022.²

¹ Document CE170/6 of the Regional Office for the Americas/Pan American Health Organization on engagement with non-State actors (https://www.paho.org/sites/default/files/ce170-6-e-engagement-non-state-actors_0.pdf, accessed 21 November 2022).

² Decision EUR/RC72(3) of the Regional Office for Europe on engagement with non-State actors: accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe (<https://apps.who.int/iris/bitstream/handle/10665/362957/72ds03e-NSAs-220765.pdf?sequence=1&isAllowed=y>), accessed 8 December 2022).

8. To promote and facilitate the implementation of the Framework, the Regional Office for South-East Asia is conducting training courses to raise awareness, encouraging interaction with non-State actors in line with the Framework, and supporting country offices in applying the provisions of the Framework when engaging with non-State actors. The Regional Office is also fostering and encouraging dialogue with non-State actors. This approach is reflected in the growing participation of non-State actors in sessions of the Regional Committee for South-East Asia, where they have the opportunity to deliver statements.

9. The Regional Office for the Western Pacific has consistently applied and supported country offices in applying the provisions of the Framework when engaging with non-State actors. To that end, the Regional Office implemented several measures to ensure that the Framework is effectively implemented in the Region by providing technical guidance, briefings and information sessions to technical units and/or country offices. Building on its continued collaboration with non-State actors, the Regional Office for the Western Pacific has been encouraging the participation of relevant non-State actors in WHO's regional meetings and in meetings of the Regional Committee, in order to make a positive impact on public health across the region. The Regional Office for the Western Pacific has reported the review of more than 150 engagements with non-State actors in 2022.

10. The Secretariat continues to implement the Framework and the criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions, approved by the Health Assembly in 2017. As in previous years, proposals submitted in 2022 have been reviewed for compliance through well-defined processes to ensure consistent and coherent implementation of WHO's policies.

11. A number of actions were undertaken in 2022 to advance implementation of the Framework, in line with both the original provisions of the Framework and the recommendations of the initial evaluation of the implementation of the Framework. A comprehensive management response was developed to the evaluation,¹ which is available on WHO's webpage, and which is consistently updated.²

12. Regarding secondments from non-State actors, a new secondment has been reviewed and accepted by the Secretariat in 2022 and information on this topic is reported in the WHO Register of non-State actors under "secondments from non-State actors".³

13. A series of activities and actions were implemented to support strengthening the common understanding of the Framework as an enabling policy and sharing best practices and practical information across the Organization. The specialized unit responsible for performing standard due diligence and risk assessment in headquarters developed and disseminated additional communication products and checklists, and conducted targeted and tailored capacity-building activities (for example, trainings and briefing sessions) for different target audiences across the three levels of the Organization, including dedicated sessions for new WHO staff and newly appointed WHO representatives in close collaboration with regional offices. These activities and actions build on the "Demystifying FENSA" initiative launched in 2021 following the initial evaluation of the Framework. In addition, the second

¹ Documents EB146/34 and EB146/38 Add.2; see also document EB146/2020/REC/2, summary records of third meeting, section 2.

² See [https://cdn.who.int/media/docs/default-source/documents/evaluation/corporate-and-decentralized-evaluations_-_findings-recommendations-actions-and-learning-may-2022-\(003\).pdf?sfvrsn=cd3ee7ea_1&download=true](https://cdn.who.int/media/docs/default-source/documents/evaluation/corporate-and-decentralized-evaluations_-_findings-recommendations-actions-and-learning-may-2022-(003).pdf?sfvrsn=cd3ee7ea_1&download=true) (accessed 21 November 2022).

³ WHO Register of non-State actors (<https://publicspace.who.int/sites/GEM/default.aspx>, accessed 8 December 2022).

edition of *WHO's Guide for staff on engagement with non-State actors* is in the process of being published.

14. In accordance with the evaluation's recommendation 3, the focus of the specialized unit has been redirected towards reviewing higher risk engagements and providing technical support, advice, and guidance to FENSA Focal Points and the wider network across headquarters and the regions. Whereas the trainings held have strengthened significantly the capacity of FENSA Focal Points to conduct simplified due diligence and risk assessments, the specialized unit in headquarters continues to review engagements with non-State actors including those engagements that are complex and/or are associated with higher risks of engagement. The specialized unit continues to provide guidance and recommendations across the Organization to ensure the consistent application of the Framework to preserve WHO's leadership in global health, and to ensure the integrity of its normative and standard-setting functions by mitigating, if not avoiding, any risks associated with engagement in line with the Framework.

15. In 2022, the specialized unit conducted over 700 reviews in response to requests from technical departments and units across the three levels of the Organization. Review and due diligence have been performed by the specialized unit on 270 proposals for designation and redesignation of institutions as WHO collaborating centres and 220 entities in official relations with WHO. The specialized unit has also been liaising with non-State actors when the latter have exposed misconduct by certain entities, including non-compliance with WHO's policies, norms and standards, links to the tobacco industry, and/or the misuse of its name and emblem.

16. The FENSA Proposal Review Committee held its meetings to discuss cases requiring senior management guidance, demonstrating strong leadership from senior management, as requested by Member States. The Committee shared recommendations for the Director-General's final decision. To recall, the Committee serves as an arbitration body to consider the senior management's risk approach and functional needs and as a source for case law with regard to the application and implementation of the Framework of Engagement with Non-State Actors.

17. The trend of acquisition of pharmaceutical companies by the tobacco industry, and the latter's interference in public health, is an issue that cuts across the three levels of WHO, with each level of the Organization having a role to play. The Secretariat jointly organized an internal consultation with the Secretariat of the WHO Framework Convention on Tobacco Control and the Protocol to Eliminate Illicit Trade in Tobacco Products (Convention Secretariat) to discuss the "Reinvention of the Tobacco Industry, Interference with National and International Policy Making and Coordinated Response to Protect and Drive Tobacco Control". There was agreement to undertake a series of medium- and long-term measures including, but not limited to, highlighting the importance of Article 5.3 of the Framework Convention and preventing tobacco industry interference, which could undermine the efforts of the WHO Secretariat and the Convention Secretariat on tobacco control and public health.

18. The Convention Secretariat has reported that it continues to face challenges in connection with the broadening of the scope of potential, actual and perceived conflicts of interests in the context of implementation of the Protocol to Eliminate Illicit Trade in Tobacco Products and the related notion of "any other industry with vested interests". The Convention Secretariat is also confronted with the need to raise awareness about the risks of engaging with the tobacco industry and front groups, vis-à-vis stakeholders beyond the health sector, in particular in the context of promoting the Protocol to Eliminate Illicit Trade in Tobacco Products. The Convention Secretariat continues to address issues on a case-by-case basis, in collaboration with WHO, prioritizing dialogue and an evidence-based approach.

19. Another remaining challenge is the rapid increase in the number of manufacturers and entities who are proponents of novel and emerging nicotine products, many of which are linked to the traditional tobacco industry. In addition, there are increasing examples of tobacco industry investment in non-tobacco/nicotine sectors, such as in the pharmaceutical or medical device sectors. This diversification by the tobacco industry into the health sector is expected to increase and may cause difficulty in the future application of the Framework. In its declaration on WHO FCTC and recovery from the COVID-19 Pandemic,¹ the ninth session of the Conference of the Parties on the WHO Framework on Tobacco Control explicitly expressed its concern in relation to recent acquisitions by tobacco transnational corporations of pharmaceutical companies that could complicate and hinder tobacco control implementation.

20. The WHO/International Agency for Research on Cancer has been committed to engaging with non-State actors while ensuring the effective implementation of the Framework. To that end, it has continued on its efforts to build capacity, streamline the review and clearance of proposals for engagement with non-State actors, and develop more tools and materials to facilitate learning and sharing of best practices at the regional and country levels. In 2022, IARC reviewed 174 projects involving engagement with non-State actors for clearance in the form of grant applications, accepted contributions or collaborative agreements.

21. In line with the provisions of the Framework, the Secretariat is continuing to lead constructive dialogues with non-State actors to advance its public health agenda, such as on effective use of social media to fight misinformation and disinformation and on strengthening the commitment and contribution of the pharmaceutical industry (medicines & technology) to the response to noncommunicable diseases in countries.

22. The Secretariat has engaged actively in different projects with non-State actors and participated in meetings and events to raise awareness and advocate for its priorities and activities in a range of public health areas, including mental health, healthy ageing, antimicrobial resistance, health and environment, and nursing and midwifery. The proposals and subsequent engagements with non-State actors were robust across all levels and technical areas of work, and included activities such as raising awareness of the nursing and midwifery professions' critical role in primary health care, emergency care and in hospital settings, as well as their contributions to universal health coverage and the Sustainable Development Goals and in line with the WHO Global Strategic Directions for Nursing and Midwifery.² In strengthening communications, the WHO Nursing and Midwifery Global Community of Practice,³ a country-focused virtual platform, offers opportunities for nurses and midwives to share and learn from experts in the different fields that impact the public health agenda.

23. The Secretariat has a long history of working with non-State actors in the area of polio eradication, in line with WHO's policies, including the Framework, through the Global Polio Eradication Initiative (GPEI), which is hosted in WHO to secure a lasting polio-free world and which is guided by the Polio Eradication Strategy 2022–2026. To that end and since the beginning of 2022, WHO has engaged with 39 vaccine manufacturers from 29 countries to ensure a sustained and predictable supply of a range of polio vaccines at an affordable price. Due diligence and risk assessments have been conducted on the

¹ Decision FCTC/COP9(10): Declaration on WHO FCTC and recovery from the COVID-19 pandemic (https://untobaccocontrol.org/downloads/cop9/decisions/FCTC_COP9_10_EN.pdf, accessed 21 November 2022).

² See the WHO Global Strategic Directions for Nursing and Midwifery (2021–2025) <https://apps.who.int/iris/rest/bitstreams/1366241/retrieve> (accessed 21 November, 2022).

³ WHO Nursing and Midwifery Global Community of Practice <https://nursingandmidwiferyglobal.org/>.

manufacturers to provide advice on the value added and the performance of these entities for the benefit of public health and polio eradication.

24. Local and international nongovernmental organizations play an important role in providing curative and public health services in the most marginalized communities, for instance in Afghanistan, which are also at high risk of polio infection. To that end, the Secretariat is collaborating closely with the Ministry of Health of Afghanistan, GPEI partners and other stakeholders to secure the support of these nongovernmental organizations in conducting integrated polio vaccination campaigns, providing broader health services, and ensuring that due diligence, risk assessment and performance tracking are actively considered. The lessons learned and coordination and oversight mechanism established are helping to inform wider aspects of collaboration between WHO and non-State actors to explore closer collaboration on broader public health efforts, in particular to support improvements in maternal and child health.

25. It is important to note that, in 2022, the volume of engagement requests by partners has exponentially increased and has generated an increased workload for the Secretariat across the three levels of the Organization in conducting and managing effective reviews of proposals. In order to meet demand in compliance with WHO's policies and procedures, it may become necessary to allocate additional resources to support and maximize the benefits of these productive engagements, as the number of proposals is expected to continue to grow.

EMERGENCIES AND THE FRAMEWORK OF ENGAGEMENT WITH NON-STATE ACTORS

26. Building on the lessons learned from the coronavirus disease (COVID-19) pandemic response, WHO has continued leveraging stronger collaboration and coordination at all levels with non-State actors to respond effectively to the needs of Member States. In 2022, the Secretariat released the revised Strategic Preparedness, Readiness and Response Plan to End the Global COVID-19 Emergency in 2022,¹ setting the collective goal of ending the pandemic and strengthening linkages between WHO, health authorities and non-State actors to support the response of local governance mechanisms. In addition, the Secretariat has fostered engagements with non-State actors to promote innovative measures for COVID-19 surveillance and case treatment, infodemic management and community engagement, among others.

27. The Secretariat has further engaged with different stakeholders, including non-State actors, to build operational networks specialized in supply chain management. In line with the provisions of the Framework, the engagements with non-State actors sought to enhance health logistical operations, strengthen the implementation of supply chain standards, and advance data management for better forecasting and tracking. The streamlined application of the Framework's provisions has facilitated the timely review of requests for engagement, including in-kind donations.

28. In July 2022, the Secretariat issued the Monkeypox Strategic Preparedness, Readiness, and Response Plan that outlines a framework of priorities for aligning collective efforts towards the goal of ending the monkeypox outbreak. The Plan encourages engagement of different stakeholders, including non-State actors, to ensure accurate implementation of infection prevention and control measures, risk communication, community participation, and vaccination activities.

¹ Strategic Preparedness, Readiness and Response Plan to End the Global COVID-19 Emergency in 2022 <https://apps.who.int/iris/rest/bitstreams/1416547/retrieve> (accessed 21 November 2022).

29. The WHO Hub for Pandemic and Epidemic Intelligence¹ has expanded its engagement with non-State actors to strengthen epidemic intelligence capabilities and facilitate technical collaboration among the different stakeholders, particularly those in low- and middle-income countries. Up to 37 participants from non-State actors, including academic institutions and non-governmental organizations, have joined the quarterly sessions of the Pandemic and Epidemic Intelligence Innovation Forum to exchange information on innovations in the field and share their experiences and lessons learned.

30. To increase the strategic engagement of non-State actors in emergencies, WHO's Secretariat has led the coordination of activities in Pakistan following the devastating floods in 2022. The Secretariat has engaged with different non-State actors, including local nongovernmental organizations, to set up temporary health facilities and medical camps and resupply medicines to functional health centres. The streamlined application of the Framework's provisions in emergencies enabled the Secretariat to formalize engagements in a timely manner and enabled a rapid scale-up of health services in fixed health facilities and health camps, including the conduct of measles and rubella vaccination campaigns.

31. WHO has received an unprecedented number of proposals for engagement in support of its response to the crisis in Ukraine, involving more than one hundred partners from non-State actors working closely with WHO and the Ukrainian authorities to assist the population and communities. Since January 2022, WHO has established several engagements with non-State actors that facilitated the donation of technically qualified medicines for the treatment of noncommunicable diseases and the provision of pro-bono services to ensure the shipment of medical equipment, contributing to the delivery of critical medical supplies. Medical supplies delivered to the country cover a broad range of health needs from trauma/surgery supplies to primary health care medications, medicines for the treatment of noncommunicable diseases and rehabilitation equipment.

ACTION BY THE EXECUTIVE BOARD

32. The Board is invited to note the report.

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¹ <https://pandemichub.who.int/>.