COLLABORATION WITH NONGOVERNMENTAL ORGANIZATIONS IN IMPLEMENTING THE GLOBAL STRATEGY FOR HEALTH FOR ALL

Report of the Technical Discussions

The Technical Discussions on the topic of "Collaboration with nongovernmental organizations in implementing the Global Strategy for Health for All" were held on 10 and 11 May 1985 under the chairmanship of Dr Maureen M. Law (Canada). There were 566 participants, many representing national nongovernmental organizations. The discussions were carried out in two plenary sessions together with three sessions of group discussions. A panel discussion formed a part of the first plenary, during which members of the panel focussed on some of the key points of the main theme to facilitate issue-oriented discussions in the groups. The participants then divided into eight groups.

The overriding conclusion which emerged out of the Technical Discussions was that a growing partnership between governments and nongovernmental organizations was an inescapable necessity for the attainment of health for all by the year 2000. It was generally agreed that the time is most opportune for intensifying such a partnership, based on mutual understanding, identification of appropriate roles, complementarity of actions, mutual learning by doing and full-fledged cooperation. WHO has a crucial role in promoting, fostering and strengthening such a partnership.
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INTRODUCTION

1. The human impulse to relieve suffering and help other human beings in need has expressed itself universally in social measures, in philanthropy, in science — particularly medicine — and also, throughout history in spontaneous initiatives, either by individuals or in organized form, and this is the basis of the voluntary organizations of today.

2. Originally, the voluntary movement essentially comprised charitable groups rendering assistance. The concept of helping the needy is alive and growing today but the emphasis has shifted. The focus is now on promoting self-help and the efforts of individuals and communities to become self-reliant and to achieve a better quality of life. The desire of individuals to participate in the affairs of their society, and of the world at large, finds expression in ways and in structures that vary greatly between and also within countries. Political systems, culture, religion, literacy, and the economic factors, all have an influence on the growth of voluntary groups and their activities. A necessary concomitant for the sustenance of this human energy is the governments' willingness to share responsibilities with people and people's involvement in government-initiated development activities. Health is intimately related not only to the individual's well-being but also concerns the family, the community and the society as a whole. Health concerns lend themselves admirably to voluntary action.

3. This century, and particularly the post World War II era, has thus witnessed the origin and growth of literally thousands of self-care and self-help groups in the communities, organized national voluntary bodies, societies and other private associations, professional groups and, on the global scene, international nongovernmental organizations, with overall objectives of promoting and fostering health as in other areas of development.

THE BACKGROUND

4. The World Health Organization has a long history and tradition of close collaboration with nongovernmental organizations (NGOs). The foundation for such collaboration was laid by the Member States at the first World Health Assembly. Over the course of years, the Organization's collaboration with NGOs has greatly expanded, covering a wide range of health interests. There are now over 130 international nongovernmental organizations in official relations with WHO and, NGO/WHO collaborative activities relate to all aspects of primary health care.

5. The Thirty-fourth World Health Assembly adopted the Global Strategy for Health for All by the Year 2000 (Resolution WHA 34.36) affirming the Strategy to be an invaluable basis for attaining this objective through the solemnly agreed, combined efforts of governments, people and WHO. Since then collaboration with NGOs has assumed a new urgency and meaning. This has found expression through a growing mass of joint collaborative activities covering all WHO priority programme areas. They range from dissemination of information through NGO networks and data collection in support of a specific activity, to the preparation of manuals, the organization of training courses for all categories of health workers, collaboration in specific health programmes such as control of tuberculosis, leprosy, cancer, cardiovascular diseases, and also programmes of mental health, environmental health, oral health, clinical laboratory and radiological technology, and health education.

6. It is increasingly common for groups of NGOs to come together with WHO to collaborate in specific areas (primary health care, infant and young child feeding, maternal and child health and family planning, prevention of blindness, aging, alcohol and drug abuse, rehabilitation and prevention of disability), and to develop "group initiatives" in addition to the specific collaborative activities of each individual NGO with WHO.

7. In recent years, Member States of WHO have been emphasizing that such joint activities should be developed at national and regional levels as well as globally in order to support the health-for-all strategies. To this end they have indicated that WHO in its catalytic

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role should promote the collaboration of national NGOs with national governments, underlining the potential of these organizations in implementing national strategies for health for all, and mobilizing support of international NGOs towards this end.

8. In 1981 WHO launched an experimental initiative to promote and support effective collaboration between national governments and national NGOs with support from international NGOs. A three-step action programme was proposed and carried out in a number of countries in different regions (Bolivia, India, Malaysia, Philippines, Sri Lanka, Thailand, Trinidad and Tobago). This comprised: (a) a systematic collection of information on NGO work at the country level; (b) an analysis of such information in reference to the national strategies and plan of action for health for all; (c) development of a continuing dialogue for effective mutual collaboration in priority health programmes and activities. The initiative is in various stages of implementation in different countries, some of which are well on the way to its implementation. This endeavour is providing valuable experience and useful pointers to possible future action for promotion of the partnership approach for government/NGO collaboration.

9. WHO has also supported, with UNICEF, an initiative of an NGO Group on primary health care in six countries of southern Africa (Botswana, Lesotho, Malawi, Swaziland, Zambia and Zimbabwe). This group, representing a number of NGOs in official relations with WHO, prepared a plan in 1982 for promoting collaboration among NGOs, and between NGOs and governments in Africa, in planning, implementing and reviewing public health care programmes. This NGO collaborative initiative has its coordinating secretariat in the Christian Medical Commission of the World Council of Churches and has likewise shown promising results and yielded useful experience.

10. These initiatives have further underlined the urgent need not merely for experiments but for purposeful adoption of such promising approaches and measures, for a wider application at country level, aimed at attainment of health-for-all objectives. Clearly the establishment of an operational partnership between governments and NGOs is overdue and indispensable.

11. It is against such a background that the Executive Board (decision EB73(7))\(^1\) selected this subject "Collaboration with nongovernmental organization in implementing the Global Strategy for Health for All", for the Technical Discussions 1985, as one of the themes of key concern with health-for-all objectives.

12. A number of useful preparatory activities both at the national and the global level preceded these discussions. These began with wide distribution of a document delineating a suggested framework and plan of action for the Technical Discussions which inter-alia raised a number of key questions on the theme of partnership. These questions were debated in a large number of countries by both governments and nongovernmental organizations, sometimes jointly. Some 600 responses were received by WHO to these questions from individuals, organizations, institutions and governments from all over the world.

13. The response emphasised the need for effective collaboration between governments and NGOs for attainment of health for all by the year 2000; recounted a variety of national experiences; enumerated a number of difficulties and constraints to be overcome and suggested possible new approaches and strategies for a systematic dialogue and operational partnership.

**THE THEME OF THE DISCUSSIONS**

14. The implementation of the Global Strategy for Health for All by the Year 2000 will require the continued efforts of governments, people and WHO. Resolution WHA34.36\(^2\) invited Member States "to enlist the involvement of people in all walks of life, including individuals, families, communities, all categories of health workers, nongovernmental organizations and other associations of people concerned". For the purposes of the

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Technical Discussions this year, it was towards the involvement of this whole range of people that the theme was directed. Representation included many participants from nongovernmental organizations, large and small, national and international. The main thrust was to examine the means whereby the global effort could be expanded to embrace the motivation, the resources and conscious participation of the very wide range of interests represented at the discussions and, through them, of the people themselves.

15. In formulating and implementing strategies for health for all, some governments have recognized that a partnership with voluntary organizations of many kinds is indispensable; others have not. The first question of substance was therefore whether governments were willing to ensure the participation of these organizations in the planning of health strategies and in carrying them out. Where this was not happening, what were the impediments and how could they be overcome? Nongovernmental organizations for their part were jealous of their independence and consciously responsible to their subscribers without whose continued support they could not carry on. Many were not prepared to be regarded in any way as tools of the government and some were reluctant to be partners in a joint effort with other associations working voluntarily in the health field. There was therefore the question of partnership not only between NGOs and governments, but also amongst NGOs themselves. In many countries there are very large number of organizations in the health field, many of them with very specific objectives; in many cases, there was no information on them and governments were often unaware of their activities, their variety or even of their existence. These problems had been solved in certain countries by an initiative on the part of the NGOs in coming together collectively to approach government; in others, governments had taken the initiative of calling together the representatives of a wide range of organizations. However, for this process to be successful, a national health plan and a strategy in which all can participate is essential. Mechanisms are obviously required at various levels to ensure cooperation, from the national planning stage to the implementation of policy right down to the village; also for evaluation and review. But this must be accomplished without excessive bureaucratization, which would divert money and manpower from the main task. In this context, the term "nongovernmental organization" should include organized national groups as well as smaller community groups engaged in health work. It is however important to preserve their identity, their spontaneity and their indigenous nature.

16. Many national NGOs have international affiliates who provide them with professional, material or financial resources, usually for specified purposes such as the control of leprosy, the prevention of blindness, the acceptance of family planning or training in nursing and child care. Many of these international bodies provide a direct link with WHO, with which they have a special formal relationship. Because of these affiliations, international NGOs are an important element in the promotion of the global health-for-all concept by advocacy, by the mobilization of expertise, by education in development and health and individually, if not jointly, by raising and channelling much-needed funds for the promotion of primary health care.

HIGHLIGHTING THE MAIN ISSUES

17. The Technical Discussions were held on 10 and 11 May 1985 under the chairmanship of Dr Maureen M. Law (Canada). The total number of participants was 566. The discussions were carried out in two plenary sessions and three sessions of group discussions. For the latter, the participants divided into eight groups. An exhibition illustrating collaborative activities between WHO and NGO in a few selected programme areas was also organized. The background document (A38/Technical Discussions/1), together with a set of key questions (A38/Technical Discussions/1/Add.1), served as the tools for focussing on the theme of partnership and all the questions arising therefrom.

18. Welcoming the participants at the first plenary session, the Director-General, Dr H. Mahler, said that the meeting was convened in the consciousness that we were concerned with people, millions of them with empty stomachs and living in despair. Unless WHO concerned itself with people, it would lose its raison d'être. He had been impressed by the build-up of enthusiasm and also the preparatory activities for the Technical Discussions. It was evident that emotional energy was available which must be harnessed.
19. Health-for-all by the Year 2000 was a social contract between people, governments, and WHO. NGOs were closer to the people and could be better advocates of real needs than elected governments. They were the pace-setters, the innovators, the leading edge of development forces at the grass-roots level, which is where it matters. These Technical Discussions were unique in that they brought all the parties in the social contract together on one single platform. An experimental initiative had shown that seed funds from WHO could help governments and NGOs to catalyse a dialogue towards establishing a real partnership. This had been achieved in several countries and was available to others.

20. It was important to look at this subject objectively. It was not a question of governments using NGOs and their resources. Rather it was governments facilitating the activities of NGOs who had a wealth of experience and worked close to the community to put primary health care into effective action.

21. There were no ready-made recipes for the partnership. Like its oldest prototype - marriage - true partnership could be built only on mutual understanding, mutual needs, mutual respect and complementarity of roles and responsibilities. WHO would always be willing to bless the couple and help them to settle down on their voyage towards health for all.

22. The Chairman, Dr Maureen Law, said that the fact that over 500 had registered for the Technical Discussions was proof that the subject was of vital concern. Partnership between governments and NGOs could make a real difference to the achievement of health-for-all objectives. Representatives of national NGOs were therefore particularly welcome.

23. A critical look at the world health situation showed continued disparities: it was a deep shame and humiliation that in 1985 millions were hungry, malnourished, sick, shelterless and succumb prematurely to infectious diseases. Millions of children did not live to see their first birthday. Even the affluent threw away a precious asset of man - health - through man-made hazards, pernicious health-habits and harmful life-styles. In the stupendous task of changing the health status of the vast majority of people on this planet, governments must do all they can, but they could not achieve it alone. Self-help and self-reliance based on voluntarism must be infused with new life; and that was where NGOs had a crucial role to play. With their cooperation, primary health care could become a movement of the people instead of being merely an extension service of government.

24. For this to happen, there must be real partnership between governments and voluntary groups. The Technical Discussions would examine how this could be brought about. Because the participants came from so many different backgrounds, they would have to make up their minds where they fitted into primary health care. They would have to decide their priorities. Did they cut their curative work to increase preventive action? Integration was difficult to achieve. The problems were now being overcome and NGOs had suddenly become very important. They had realized that they must respond to primary health care.

25. To facilitate the identification of the crucial issues in the development of a real partnership between governments and voluntary groups, a distinguished panel of governmental and nongovernmental people initiated the discussions.

26. The members of the panel were, Sir John Wilson, Mr E.G. Tanoh, Rev. Dr Emilio Castro, Dr J. Azurin, Dr A.R. Al-Awadi, and Dr Pramilla Senanayake.

27. Sir John Wilson, (Hon. President of International Agency for the Prevention of Blindness), made the point that WHO had a total perspective of world health, governments had their own programmes and NGOs their specific objectives. These did not always add up. This did not necessarily matter as all rivers, however circuitous their route, eventually reached the sea. WHO could do many things but as far as generating political will was concerned, it would need the combined commitment of government and NGOs to put policies into effect. WHO had a responsibility to its Member States, Governments to their voters and NGOs to their subscribers. They wished to preserve their identity and remain true to their purposes. In all marriages, there were misunderstandings. National governments and WHO might regard NGOs as too specific in their objectives and too dramatic in their promotion; NGOs might regard
governments and to a certain degree WHO, as too bureaucratic and too inflexible. These were the misunderstandings that should not cause undue sensitiveness. What was important was that all should learn to work together.

28. Mr E.G. Tanoh, (Secretary for Health in Ghana), said that governments were prepared to work with NGOs, but on their own terms. For example, they served, on advisory councils. Impediments to partnership arose when NGOs adopted a superior attitude and appeared to be giving charity in a paternalistic manner that encouraged dependence. There was also a power problem: governments wanted to remain the sole source of power. It was entirely possible to define areas where NGOs would be welcome to operate. He argued that NGOs must know that they are acceptable: they must also know what the national health plan was.

29. Rev. Dr Emilio Castro (Secretary General, World Council of Churches), emphasized that churches sought to serve first and foremost the marginalised in each society. They had understood that health was too important to be left to the professionals and had therefore sought active community participation. We should never lose track of the goal to serve the poorest. He wished to pay tribute to all who fight for the people's right to health, whether as part of an NGO or as part of a government service. In their efforts to prevent disease and help people to attain health, health workers might discover many structural and institutional barriers to health in their society. The campaign in favour of breast-milk substitutes code was a good example of cooperation between NGOs, governments and WHO. NGOs were free to take initiatives and use methodology unavailable to governments and WHO. The NGOs could be most effective by cooperating with all social forces who work with the marginalized: for example, trade unions, cooperatives, neighbourhood groups, and also where they might encourage governments to assume their full responsibility in the great effort for health for all.

30. Dr J. Azurin, (Minister of Health for the Philippines), stated that there had been a review of the status of health in the Philippines which revealed that the achievement of Health for All by the Year 2000 would be an impossibility at the then rate of progress. All available strategies had been reviewed and the decision taken to set up 41 000 Primary Health Care committees. By April of this year, 39 200 had already been organized, incorporating women's clubs, youth movements, etc. Programmes had successfully been decentralized. The 345 NGOs in the country would now have to make up their minds where they fitted into primary health care. They would have to decide their priorities. Should they not cut their curative work to increase preventive action? Integration was difficult to achieve. The problems were now being overcome and NGOs have suddenly become very important. They had realized that they must respond to primary health care needs.

31. Dr A.R. Al-Awadi, (Minister of Public Health, Kuwait), emphasized that NGOs were closest to the people and Health for All would never be achieved by Health Ministers and officials alone. His keyword was participation. If official attitudes did not change, the goal would not be achieved. Rules must be set down for participation. Difficult questions must not be avoided. The problem was how to coordinate without domination.

32. Dr Pramilla Senanayake, (Medical Director of the International Planned Parenthood Federation), speaking on behalf of the NGOs Group for Primary Health Care - a group of 35 NGOs having official relations with WHO - related how these NGOs, in an attempt to establish real collaboration amongst international NGOs, had worked together at country level in collaboration with governments. WHO resources had proved most useful in fostering such health work, with special focus on primary health care. The experience had shown that it was possible to develop appropriate mechanisms for international NGOs to achieve meaningful collaboration at country level.

THE DISCUSSIONS

33. The main and overwhelming affirmation of participants in the ensuing discussions was that, in marshalling and mobilizing all possible energies and resources to achieve the Global Strategy of Health for All by the Year 2000, the nongovernmental sector had crucial contributions to make at the local, national, regional and international levels. Without
the energetic engagement of the whole range of NGOs in the planning, execution, monitoring and evaluation of health action, the Strategy could not succeed. Therefore in order to encourage, foster and facilitate the fulfilment of their role and to make the best use of the natural strength of the nongovernmental sector, ways and means must be found to overcome the difficulties and obstacles that still hinder their full participation and collaboration in the process.

34. Many NGO participants expressed their aspirations to be more usefully and fruitfully involved in an operational partnership with governments and to use their working relationships with WHO to facilitate that partnership. At the same time, the NGOs acknowledged that they must look to themselves for the roots of some of the difficulties and conflicts still prevailing. These problems continue to affect the cooperation among themselves, and they interfere with the integration of their efforts with those of government.

35. Participants from government delegations stated their warm appreciation of the contributions being made by NGOs in their own countries and their hopes that greater cooperation and collaboration may be achieved through strengthened communication and joint activities. Again, constraints from the governments’ point of view were voiced but at the same time there was a clear determination to work towards overcoming them so as to forge a real partnership.

36. Initiation and intensification of the dialogue on collaboration had many implications for WHO. Here too, changes would be necessary in WHO’s existing framework and procedures for NGO collaboration to bring about more effective working partnerships in order to reach the ultimate goal of effective collaboration with focus on national health action, and to enlarge the role of NGOs in the work of WHO, at national, regional and global levels.

37. Many groups discussed the strengths and assets of nongovernmental organizations. The main points made are summarized in the following paragraphs.

38. Nongovernmental organizations often receive their creative and sustaining impulses from unmet needs in a country or region. Many were operational mainly or exclusively at the community level, and, as such, were often more sensitive and responsive to the needs of the people, especially the health needs of the more disadvantaged populations. Thus they offer an organized means for interpreting popular needs to the often more distant government, and could serve an advocacy role for necessary changes and initiatives.

39. Relatively unbound by the legislative and policy framework of governments, NGOs had the flexibility to experiment with innovative and alternative approaches to solving health problems, often achieving cost-effective breakthroughs which could provide new models for national planning. With the experience gained through innovation in planning and management of programmes, they could offer important approaches to national health development, providing fresh impetus for policy review, the setting of new strategies and objectives, and for implementation of health programmes.

40. By the effective deployment of manpower resources, and with many varied training programmes, NGOs could significantly contribute to national health manpower development with particular emphasis on primary health care. Further, they were able to mobilise external financial and material resources (including foreign exchange) that were crucial to many countries. And, with their simpler managerial structures, it was often possible for them to operate with remarkable cost-effectiveness for increased benefits to the ultimate beneficiary, the people.

41. The many professional associations and organizations geared to the prevention and control of specific health problems offered the possibilities for concrete technical support to governmental training and service programmes. Many such NGOs of a local or national nature represented the effective mobilization of women, or youth, or disabled persons and other groups to support their own self-reliant efforts and thus to play a dynamic role on the national developmental scene. Other NGOs were able to play a similar role in supporting community level self-help and self-care groups. Perhaps even more important were those
groups which arise spontaneously at the grass-roots level in response to local needs, promoting self-reliance and calling attention to inequities and the maldistribution of resources. Still other NGOs offered the possibility of important measures for technology transfer to the direct benefit of local NGOs and the government, including the crucial search for appropriate technology. Often at the forefront of new technology and possessing the means for its application at the community level, these groups were in a position to apply constructive pressure to accelerate the adoption of policies for wider benefits.

42. Internationally, the NGOs had made their experience available to the global struggle to improve health conditions, working closely with WHO and other agencies on policy, programmes, training, standards and public advocacy for the health-for-all strategy.

43. The groups also discussed the problems and obstacles impeding effective collaboration. The impediments varied from country to country. Some of them are identified in the following paragraphs.

44. There was lack of understanding by many governments of the resources which NGOs had to offer. Much NGO work is not visible and there was sometimes mistrust of NGOs and their intentions. This was more evident where the financial and programmatic aspects of these NGOs, both local and external, were not fully understood, and further exaggerated where there were divergent views on policy.

45. For their part, NGOs often failed to understand government policies, long-term responsibilities and development priorities. Some distrusted the governments and did not fully appreciate the need for a certain measure of accountability to the government. Often they were impatient with bureaucratic constraints and thus avoided from an open dialogue. Furthermore, many NGOs feared a loss of identity and freedom of action, arising out of government coordination efforts.

46. Underlying the above was a lack of appropriate mechanisms for encouraging a dialogue and joint collaboration between NGOs and governments. Differences in policy perceptions, both apparent and real, often were difficult to resolve. NGO expertise and experience was not readily available for policy development, planning and evaluation of national strategies. Competition among NGOs and seeming competition between NGOs and governments were not conducive to the partnership.

47. Many NGOs could not be sure of government's long-term support for present commitments and others had difficulties in adapting their specific interests to the comprehensive government policy.

48. Certain NGOs found themselves diverging from the priority concerns of national policy when they embark on rigid or pre-set programmes, or when they dealt exclusively with emergency actions. Such a "take it or leave it" posture was difficult for governments and would impede operational partnership.

49. Scarce resources, including money, trained personnel and managerial capacities on both sides made close working relations difficult in many countries. Often procedural or bureaucratic difficulties prevented the timely and strategic transfer of funds from governments to an operational NGO, or from an NGO to a government programme, a support that might give new life to a vital programme.

50. Certain difficulties still remained in promoting a growth of new and constructive alliances between WHO and NGOs. Some NGOs did not seem to fit into established categories eligible for "official relations". For certain NGOs it would be most constructive to develop relations with the WHO Regional Offices, but here again modalities needed further consideration. Many national NGOs often felt frustrated in their attempts to reach out beyond their national boundaries for international cooperation or involvement, by relating actively to WHO.
51. While the global economic outlook did not augur well for the availability of critical resources for social development including health, the point was made that deployment of even a fraction of the current resources spent on armaments and military expenditure could make a significant difference towards implementation of health-for-all strategies.

52. The conclusions arising out of the group discussions were further debated in the second plenary session, and a list of recommendations was drawn up as noted below.

RECOMMENDATIONS FOR ACTION

To National Nongovernmental Organizations

53. Communication between NGOs and governments needs to be enhanced. National NGOs should be encouraged to make information on their activities available to governments and to discuss and agree on the spheres of their action and accountability. The NGOs need to be fully aware of and sensitive to government policies and procedures.

54. NGOs within a given country should form coordinating mechanisms among themselves, which can also serve as a common platform for liaison with governments. To support this effort it would be useful to make a collective inventory of NGOs including self-help groups. Such an inventory should include information on plans, programme activities and resources. This implies that NGOs should be willing to share information, even if certain elements of their autonomy are compromised, to ensure a coordinated approach to the health-for-all efforts.

55. NGOs can make active efforts to understand national health policy concerns, priority and programme philosophy, bearing in mind that they themselves could significantly contribute towards such development. They therefore need to pay full regard to the coherence of their own programmes with the overall objectives and direction of a national health strategy.

56. While formulating programmes, NGOs will need to consider carefully their long-term self-reliance and sustainability in the light of the country's resource availability. This is necessary to avoid discontinuity of activities which may strain the credibility of NGOs at the community level.

57. National NGOs should seek to strengthen their own capability giving particular attention to the selection of appropriate technical staff and to the retraining of their staff to primary health care concepts and approaches. To this end, the available technical resources of international NGOs could be used.

58. NGOs should support the national health-for-all and primary health care efforts by taking up innovative actions, especially at community level, aimed at providing examples and approaches that can be replicated on a larger scale. NGOs should be prepared to support governments with their technical expertise.

59. National NGOs should promote the formation of local self-help groups and provide them with technical support. People being served by NGOs should be involved in the formulation of their policies and goals, encouraging thereby the principle of self-reliance particularly when outside support is withdrawn. NGOs should give emphasis in their actions to mobilizing community groups, especially local youth groups and women's groups and utilizing the energies and opportunities provided by these groups in support of primary health care.

To International Nongovernmental Organizations

60. International NGOs should keep the national NGOs informed of the evolution of internationally approved health policies and other health-related developments and utilize all channels and mechanisms available to them to disseminate the relevant information and technical publications to national NGOs.
61. International NGOs should promote the development of appropriate mechanisms at global, regional and national levels and improve their coordination in order to present a coordinated NGO voice in partnership with governments in support of primary health care.

62. International NGOs should encourage and support their national counterparts in seeking active participation to contribute to health policy development including the planning process, supporting them wherever necessary with their technical expertise and providing training opportunities.

63. International NGOs should strengthen their links and cooperation with national NGOs and channel their technical material and human resources through national NGOs for national health work. In all cases, it is desirable that such transactions should be done in a transparent manner with the knowledge of the government.

To all Nongovernmental Organizations

64. NGOs should develop a clear understanding and knowledge of the health for all concepts and process and of actions to be carried out at national, regional and global levels, and, in order to become true partners in the health-for-all movement, re-examine their roles and activities and adopt as positive an attitude as possible towards any changes need.

65. NGOs should encourage constructive dialogues with users and consumers of health services and with the government. They should use opportunities for sensitizing governments to the views of the consumers' unmet needs in communities and to the harmful effects of certain policies and development programmes.

66. International NGOs may establish scientific groups or commissions and, where appropriate, develop jointly work with WHO for development and testing of new methodologies and establishment of technical guidelines. In such initiatives use of national expertise and experience should be encouraged.

To Governments

67. Governments are urged to accept NGOs as operational partners who can make a crucial contribution to the national health-for-all strategy and primary health care, and to encourage the development of this partnership through effective mechanisms at national, district and local levels.

68. Governments should review the actual and potential contributions of NGOs to their national strategies for health for all and identify ways and means by which the activities of NGOs can augment or supplement government action towards this end. When this has not yet been done, the role and expected contributions of NGOs should be stated in the relevant programme documents guiding the national efforts in the health field.

69. In order to enable NGOs to participate more effectively in the process of implementation of national health-for-all strategies, governments should provide NGOs with all the information necessary in this respect, including WHO and government policy documents, technical and other relevant publications.

70. An important step towards strengthening the collaboration between governments and NGOs operating at national and international levels would be to develop a directory of NGOs containing up-to-date descriptions of their purposes, structure, activities and resources. Where necessary, WHO support at the country level should be sought for this purpose.

71. If the full potential of NGOs is to be mobilized for the attainment of national health goals, governments should ensure effective mechanisms for consultation and coordination with NGOs. Special consideration should be given to the establishment of a focal point or similar mechanism at an appropriately high level within the Ministry of Health for liaison work with NGOs; and to other suitable mechanisms coordinating the work of health related activities of NGOs with other relevant government sections.
72. Governments are encouraged to make use of the technical expertise and competence of NGOs in health policy and strategy formulation and in the development of health programmes. Mechanisms for this purpose should be established.

73. When establishing national coordinating mechanisms as part of their national health strategy, such as national health councils, governments should ensure that the NGOs contributing to the national health-for-all strategy are adequately represented within such bodies.

74. The involvement of students and youth groups is crucial to the implementation of primary health care. Hence governments are urged to make full use of the potential offered by the NGOs in the field of training and education for health, stimulating cooperation between universities, other institutions and NGOs, including those representing students.

75. To mobilize people from all walks of life to ensure greater responsibility for their health, governments are particularly urged to enlist the cooperation of NGOs working with the communities especially women's groups and organizations, youth groups and other self-help groups to promote information and education about health and to preserve positive family and traditional cultural values within the communities. Facilitating the role of women as users as well as providers of health care is most crucial for the health-for-all strategies and governments must make purposeful efforts to ensure this.

76. In order to stimulate and support innovative actions in primary health care especially at community level, governments should encourage and wherever possible provide technical and financial resources to NGOs to create new ideas and utilize their positive experiences on a broader national scale.

77. Governments should pay due attention to the desirability of preserving an adequate level of autonomy for NGOs fund-raising and resource-building activities, as well as for their field work, with a view to stimulating citizen and community initiative, innovative ideas and their spontaneity in action relevant to the health-for-all goals.

78. Governments are urged to facilitate, to the extent possible, the work of NGOs by making technical and financial resources and training opportunities such as fellowships available; as well as through administrative provisions (such as tax or duty exemptions) and legislative reforms.

To the World Health Organization

79. WHO should further promote the understanding of health-for-all concepts among NGOs by dissemination of relevant technical information and publications. For this purpose WHO should make use of the channels made available or offered by international NGOs.

80. WHO should draw on the expertise available within NGOs at global, regional and national levels, and actively involve NGOs in developing the critical mass of health-for-all leaders.

81. WHO should promote and support activities to exchange experiences, stimulate dialogue and encourage consultations among NGOs and governments at all levels, particularly at regional and national levels.

82. WHO should encourage Member States to include representatives of NGOs as members or advisors of national delegations to the World Health Assembly and Regional Committees.

83. WHO should actively encourage governments to consult with NGOs in their national policy and strategy for health for all, and involve them in the evaluation of the impact of NGOs in its implementation.

84. WHO, at the country level, should promote and support mechanisms to enhance cooperation and communication between governments and the national NGOs in health development.
85. In consultation and collaboration with governments, WHO may provide, where appropriate, technical and financial support directly to national NGOs to undertake innovative activities relevant to national health strategies.

86. WHO should review and establish or strengthen, as appropriate, mechanisms fostering dialogue and effective coordination between WHO and NGOs at national, regional and global levels.

87. WHO should promote and support the compilation of directories and compendia of NGOs at the national level to facilitate NGO/Government collaboration in health work.

**NEW OPPORTUNITIES**

88. The Technical Discussions ended on a strong note. The enthusiastic conclusion was that a new opportunity is before us to forge a better partnership between NGOs, governments and WHO. This momentum must not be lost or allowed to weaken. It will require immediate follow-up. Steps should be taken within Member States to examine the present circumstances of NGO activity and to see what must be done to strengthen collaboration at the national level, and to intensify the alliances that are needed for effective cooperation at the village, local and district level. Regional and inter-country mechanisms which are now weak in this area need to be developed in the spirit of technical cooperation among developing countries and in the context of regional strategies. Global and international coordination in the extremely complex world of NGOs needs to be examined; and work must begin urgently on exploring new modalities for cooperation among international NGOs in rationalizing their goals and programmes, their technical cooperation with countries and in their mobilization of resources to support the health-for-all strategies. WHO, for its part, will undertake new steps to facilitate and support both its Member States and the NGOs with which it works to bring about this new operational partnership.

89. Perhaps this is the time to conceive and launch a bold new global alliance of NGOs to mobilize and influence the flow and direction of international resources for the implementation of the health-for-all Strategies. As was noted during the panel discussion, currently only a fraction of the many billions of voluntary funds spent each year on development throughout the world go for health and even a smaller fraction of this is directed towards primary health care. A global consortium of NGOs, in close collaboration with WHO could launch a collective movement, taking into account existing mechanisms, and the need to protect individual and ongoing joint initiatives of NGOs to promote this concept - a concept to underline that "Health for All" requires "All for Health".