



# WORLD HEALTH ORGANIZATION

FIFTY-SIXTH WORLD HEALTH ASSEMBLY  
Provisional agenda item 21

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## Policy for relations with nongovernmental organizations

### Report by the Director-General

1. In her report to the Executive Board at its 111th session in January 2003,<sup>1</sup> the Director-General presented the results of a review of WHO's relations with nongovernmental organizations and proposed a new policy for relations with such organizations. After considering the report and the views of the Standing Committee on Nongovernmental Organizations, the Board adopted resolution EB111.R14. The policy annexed to this report has been updated in light of the Board's discussions.<sup>2</sup>

2. Relations between WHO and nongovernmental organizations are governed by the Constitution and governing body resolutions. The current WHO policy is contained in the "Principles governing relations between the World Health Organization and nongovernmental organizations", whose text was adopted by the Health Assembly in 1987 in resolution WHA40.25.<sup>3</sup> Since then, the numbers and importance of nongovernmental organizations influencing events both within WHO and in the international arena have grown dramatically.

3. In response to this increased influence and to the need for improving dialogue and collaboration, the United Nations Economic and Social Council in 1996 revised its policy on nongovernmental organizations and called for bodies and agencies in the United Nations system to examine their own principles to promote coherence.<sup>4</sup> As a consequence, many United Nations agencies have reviewed and improved their policies and strategies for communication and collaboration with nongovernmental organizations.

4. In 2001 a review was undertaken of the principles governing the Organization's relations and interactions with nongovernmental organizations. The subsequent work embraced WHO headquarters, regional and some country offices and a range of nongovernmental organizations and other development partners.

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<sup>1</sup> Documents EB111/22 and Corr.1.

<sup>2</sup> See document EB111/2003/REC/2, summary record of the tenth meeting, section 2.

<sup>3</sup> See *Basic documents*, 44th edition, Geneva, World Health Organization, 2003.

<sup>4</sup> Economic and Social Council, resolution 1996/31, "Consultative relationship between the United Nations and non-governmental organizations", 49th plenary meeting, 25 July 1996.

5. This document presents the main findings and conclusions of the review.<sup>1</sup> It is proposed that the Principles governing relations between the World Health Organization and nongovernmental organizations should be replaced by a new policy for WHO's relations with nongovernmental organizations, consisting of elements of accreditation and collaboration.

## **CURRENT INTERACTION BETWEEN WHO AND NONGOVERNMENTAL ORGANIZATIONS**

6. The current Principles define WHO's interactions with nongovernmental organizations to be formal (official relations) or informal. Entry into official relations is preceded by a process involving building initial contacts, establishing work plans and joint activities, nominating focal points, assessing collaboration and finally – after a period of time – the application for admission into official relations with WHO. The responsibility for deciding on admission rests with the Executive Board.

7. As of July 2002, there were 189 international nongovernmental organizations in official relations, a status that confers various privileges including participation without vote in WHO governing body meetings and making statements at these meetings. During the past four years, around 40% of these nongovernmental organizations have attended the Health Assembly and 25% have attended Executive Board sessions. On average over that period, 16 nongovernmental organizations made statements to each Health Assembly and 11 to each Executive Board session.

8. WHO has informal contacts and working relations with a much larger number of nongovernmental organizations than those in official relations with WHO. An inventory of all interactions of WHO at Geneva with nongovernmental organizations revealed that 45% were with those in official relations and 55% were with those not in official relations. Regional and country offices report a similar pattern.

9. Both formal and informal interactions are varied and can entail: exchange of information and ideas; ad hoc participation in each other's meetings; joint events, campaigns and consultations; participation of nongovernmental organizations in WHO consultations and expert groups; and contribution by nongovernmental organizations to policy-making, standard-setting and emergency operations. Some interactions are confined to a single event whereas others are more long term and systematic.

10. The nature of organizations interacting with WHO, both formally and informally, is also varied. They may be funded, for example, by governments, commercial entities, foundations, individuals or charities. They may be formed around varied interests and include professional associations, business associations, citizen groups and nongovernmental organizations focusing on specific diseases, advocating humanitarian causes, or representing patients or consumers.

11. In general, nongovernmental organizations have brought to WHO and its Member States new technical and financial resources for health programmes and strong advocacy for public health matters, and contributed to public policy debates at both global and national levels.

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<sup>1</sup> Review report: WHO's interactions with civil society and nongovernmental organizations. Document WHO/CSI/2002/WP6, available on request.

## **CONSTRAINTS IN INTERACTIONS BETWEEN WHO AND NONGOVERNMENTAL ORGANIZATIONS**

12. The review identified several constraints on the formal and informal interactions between WHO and nongovernmental organizations. Further, the current Principles offer little guidance in distinguishing between the varied interests of nongovernmental organizations, such as links with the private-for-profit sector, making it difficult for WHO to ascertain potential conflicts of interest.

13. Specific limitations were identified in the official relations system. The process of obtaining official relations status was lengthy and onerous, with drawn-out procedures (different stages over three to four years) and much administrative work for both WHO and nongovernmental organizations in setting up joint work plans and filing three-year reports.<sup>1</sup> With its requirement for drawing up joint work plans the process was considered one of the most demanding in the United Nations system. For the triennial reviews of collaboration between WHO and nongovernmental organizations in official relations, basic information such as sources of funding was not updated or made public. In addition, the dependence on individual contacts between the focal point of a nongovernmental organization and the designated technical officer in WHO made the system vulnerable to staff changes in both organizations.

14. Specific limitations were also identified in the system of informal relations. Nongovernmental organizations that are not in official relations cannot participate in governing body meetings on their own recognition even if they have strong working relations with the Organization, leading to a perception of discrimination against these organizations. Their participation at these meetings could be valuable to Member States. Another major constraint was the lack of guidelines on collaboration for WHO staff at headquarters, regional and country levels.

## **MAIN CONCLUSIONS DRAWN FROM REVIEW**

15. The review concluded that the current Principles are inadequate to meet the needs of WHO and the needs and aspirations of civil society, and recommended that they should be replaced by a twofold policy of accreditation and collaboration (see Annex). The first element would govern the participation of nongovernmental organizations in governing body meetings, and the second element would enhance working interactions between WHO and nongovernmental organizations. The new policy would be supported by guidelines.

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<sup>1</sup> Recognition of the long time frame for establishment of official relations was brought to light during the work of the Intergovernmental Negotiating Body on the WHO framework convention on tobacco control, when nongovernmental organizations not in official relations but with strong working relations with the Organization sought to participate formally in the process. Special fast-track procedures were endorsed by the Executive Board to facilitate the obtention by nongovernmental organizations of the official status they needed to participate formally.

16. Should the policy be approved and adopted, it would replace the existing Principles governing relations between the World Health Organization and nongovernmental organizations. Transitional arrangements are proposed for moving from the existing Principles to the proposed accreditation and collaboration policy. All nongovernmental organizations in official relations with WHO would be advised of the new policy and invited to submit an application for accreditation. Pending receipt of the application for accreditation and decision by the Executive Board on the application, they would be deemed to be accredited to WHO governing bodies.

#### **ACTION BY THE HEALTH ASSEMBLY**

17. The Health Assembly is invited to consider adoption of the draft resolution contained in resolution EB111.R14.

## ANNEX

### **POLICY FOR RELATIONS BETWEEN THE WORLD HEALTH ORGANIZATION AND NONGOVERNMENTAL ORGANIZATIONS**

#### **INTRODUCTION**

1. Article 2 of the Constitution of the World Health Organization (WHO) states that one of the Organization's main functions is to act as the directing and coordinating authority on international health work. In support of this function, and in accordance with Article 71 of the Constitution, WHO may, on matters within its competence, make suitable arrangements for consultation and cooperation with nongovernmental organizations. In addition, Article 18(*h*) makes a similar reference in authorizing the Health Assembly to invite nongovernmental organizations to participate in its meetings or in those of committees and conferences convened under its authority.
2. The objectives of relations between WHO and nongovernmental organizations are to strengthen mutually beneficial relations at global, regional and national levels in ways that improve health outcomes, strengthen health actions and place health issues on the development agenda. The policy for achieving these objectives comprises two elements: accreditation and collaboration.
3. An organization that is not established by a governmental entity or intergovernmental agreement shall be considered a nongovernmental organization, including organizations that accept members designated by governmental authorities, provided that such membership does not interfere with the free expression of views of the organization.<sup>1</sup> For the purpose of this policy, nongovernmental organizations include a wide range of organizations, such as groups that represent consumers and patients, associations with humanitarian, developmental, scientific and/or professional goals and not-for-profit organizations that represent or are closely linked with commercial interests.

#### **ACCREDITATION POLICY**

4. The accreditation policy sets out the principles whereby nongovernmental organizations may attend and participate in meetings of WHO governing bodies and committees and conferences convened under their authority in accordance with applicable rules.
5. To be eligible for accreditation to the World Health Assembly, Executive Board and committees and conferences convened under their authority, a nongovernmental organization shall:
  - (a) have aims and purposes consistent with WHO's Constitution and in conformity with policies adopted by the World Health Assembly;
  - (b) demonstrate competence in a field of activity related to the work of WHO;
  - (c) have membership and/or activities that are international in scope;

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<sup>1</sup> United Nations Economic and Social Council, resolution 1996/31, "Consultative relationship between the United Nations and non-governmental organizations", paragraph 12.

- (d) be non-profit in nature;
- (e) have an established structure, a constitutive act, and accountability mechanisms;
- (f) for a membership organization, have the authority to speak for its members and have a representative structure;
- (g) have existed formally for at least three years as of date of receipt of the application by WHO;
- (h) disclose information on its objectives, structure, membership of executive body, field of activities and source of financing, and, where applicable, its status with other entities of the United Nations system;
- (i) agree to provide WHO regularly with updated information as well as to inform WHO of any changes with respect to criteria (a)-(h) as soon as they take place, should the nongovernmental organization be accredited to WHO.

6. Once a nongovernmental organization is accredited, information gathered on its objectives, structure, membership of executive body, field of activities and source of funding, including updated information, shall be made publicly available. A report on accredited nongovernmental organizations shall be submitted every two years to the Executive Board.

7. The Executive Board shall be responsible for deciding on the accreditation of nongovernmental organizations and its discontinuation or suspension. Decisions on discontinuation or suspension of accreditation shall take into consideration whether the nongovernmental organization has fulfilled the criteria listed in paragraph 5(a)-(i) above. The non-provision of information for the biennial report shall be grounds for a decision that the nongovernmental organization has not fulfilled the criteria.

8. The Executive Board shall be advised by its Standing Committee on Nongovernmental Organizations, composed of five members, which shall meet during the Board's January session. The Standing Committee shall make recommendations on matters relevant to paragraphs 6 and 7 of this Policy.

9. Regional committees may invite regional representatives of accredited international nongovernmental organizations to participate in their meetings, consistent with arrangements set out in this policy.

10. Regional committees shall be responsible for decisions regarding the accreditation to them of nongovernmental organizations having membership and/or activities that are national or regional in scope, consistent with arrangements set out in this policy.

11. For a nongovernmental organization, accreditation shall confer the following privileges:

- (a) to appoint a representative to participate, without a right of vote, in governing body meetings and committees and conferences convened under their authority;
- (b) to make a statement of an expository nature at such meetings on agenda items of relevance to the nongovernmental organization, at the invitation of the Chairman; and

(c) to submit documents pertaining to such meetings, the nature and scope of distribution of which shall be determined by the Director-General.

12. For a nongovernmental organization, accreditation shall confer the following responsibilities:

(a) it shall follow the rules of procedure of the governing bodies as they apply to nongovernmental organizations;

(b) it shall utilize available opportunities to disseminate information on WHO policies and programmes.

## COLLABORATION POLICY

13. The objectives of this policy are to encourage and facilitate cooperative activities with nongovernmental organizations and to establish coherent methods of work between WHO and nongovernmental organizations, be they national, regional or international. Collaboration with WHO shall not depend on a nongovernmental organization being accredited to WHO governing bodies.

14. Collaboration between nongovernmental organizations and WHO shall be guided by the following principles:

(a) collaboration shall advance the objectives of WHO and be in conformity with policies adopted by the World Health Assembly;

(b) collaboration shall be with a nongovernmental organization that has a demonstrated competence in a field of activity related to the work of WHO;

(c) collaboration shall be based on adequate knowledge of relevant characteristics of the nongovernmental organization such as its objectives, structure, membership of executive body, field of activities and source of financing, so as to enable the Director-General or officials designated by the Director-General to assess the suitability of collaboration;

(d) collaboration shall not compromise the independence and objectivity of WHO and shall be designed to avoid any conflicts of interests.

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