
WHO reform

Involvement of non-State actors in WHO's governing bodies

Report by the Director-General

1. In May 2019, the Executive Board, at its 145th session, noted the report by the Director-General on WHO governance reform processes: Involvement of non-State actors, and requested the Secretariat to refine the proposals contained therein through a web-based consultation with non-State actors, with a view to elaborating a proposal for consideration by the Board at its 146th session.¹ The present report responds to that request.

2. Non-State actor participation, without the right to vote, in meetings of WHO governing bodies is foreseen by the Constitution of the World Health Organization (Article 18(h)) and has been the practice since the 1946 International Health Conference, at which the Constitution was drafted and adopted.² Until 2016, this constitutional mandate was implemented through the Principles Governing Relations between the World Health Organization and Nongovernmental Organizations. In 2016, the Principles were replaced by the Framework of Engagement with Non-State Actors,³ which, together with the Rules of Procedure of the World Health Assembly (Rule 47) and the Rules of Procedure of the Executive Board (Rule 4), now governs the participation of non-State actors in the work of the governing bodies.

3. For WHO to achieve its objectives and advance its work, the Organization needs to engage with non-State actors. Non-State actors must therefore be able to contribute their views, for the consideration of Member States, during governing body sessions, by participating in those sessions without the right to vote. As described in the Thirteenth General Programme of Work, 2019–2023, “WHO is and will remain a Member State organization; however, current conceptions of global governance also include a range of non-State actors.”⁴ The modalities of the involvement of non-State actors have indeed evolved since the Organization's inception. Participation in governing body sessions is regulated by official

¹ See document EB145/4 and the summary records of the Executive Board at its 145th session, first meeting, section 6.

² Official records of the World Health Organization No. 2: Summary report on proceedings, minutes and final acts of the International Health Conference held in New York from 19 June to 22 July 1946. New York and Geneva: United Nations World Health Organization Interim Commission; 1948. Available at: https://apps.who.int/iris/bitstream/handle/10665/85573/Official_record2_eng.pdf;jsessionid=C333675A1E09AF734DE7A8854B1DC9AD?sequence=1 (accessed 24 October 2019).

³ See Framework of Engagement with Non-State Actors (paragraphs 15(a) and 55–57) in Interim online update of the 48th edition of Basic documents (Available at: <http://apps.who.int/gb/bd/> (accessed 24 October 2019)).

⁴ See Thirteenth General Programme of Work, 2019–2023, page 33. Available at: <https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf> (accessed 24 October 2019).

relations, described in the Framework of Engagement with non-State Actors as “a privilege that the Executive Board may grant to nongovernmental organizations, international business associations and philanthropic foundations that have had and continue to have a sustained and systematic engagement in the interest of the Organization.”¹

4. Although the practice of non-State actors in official relations addressing WHO governing bodies after Member State representatives have taken the floor on a given topic has served the Organization well for several decades, the increasing number of non-State actors participating and subsequent rise in requests to speak has not resulted in a more meaningful involvement. When a large number of non-State actors speak one-by-one at the end of a discussion, their interventions have little impact on the content or direction of the debate. Member States and non-State actors alike have, albeit for different reasons, expressed dissatisfaction with the current system.

WEB-BASED CONSULTATION WITH NON-STATE ACTORS

5. The Secretariat conducted a web-based consultation with non-State actors to seek their views on their involvement in WHO governance. The consultation took the form of a survey, open from 26 August to 15 September 2019. The questions and a detailed assessment of the responses can be found on the WHO website.² All 217 non-State actors in official relations with WHO were invited to respond. The consultation was also open to non-State actors not in official relations. The respondent organizations covered the full range of sizes, from very small to very large. Two hundred and four full responses were received; after verifying for double entries, 199 responses were assessed. Of these, 177 were from nongovernmental organizations, 10 from private sector entities (including four international business associations), 10 from academic institutions and two from philanthropic foundations. Of the total responses assessed, 109 were from non-State actors in official relations with WHO and 90 were not. Of the total number, 143 respondents stated that they participate in governing body sessions: 71% participate at least occasionally in the Health Assembly, 52% in the Executive Board and 51% in at least one regional committee. For those in official relations, the figures are 92%, 73% and 65%, respectively.

Participation in sessions of the Health Assembly and Executive Board

6. While 89% of the 143 entities participating in WHO governing body meetings consider participation to be either very or somewhat high on their list of annual work priorities, only 29% of those who replied indicated they were satisfied with the current modalities of involving non-State actors in WHO governance (5 answered “very satisfactory”, 52 “satisfactory”, 66 “neutral”, 62 “unsatisfactory”, and 12 “very unsatisfactory”). These results show both a high level of interest in participation and a high level of dissatisfaction with the current modalities.

7. The 143 respondents participating in WHO governing bodies were presented with a list of eight aspects of WHO governing body events and were asked to select the four most relevant for their organization. Answers were chosen as follows:

¹ See Framework of Engagement with Non-State Actors (paragraph 50) in Interim online update of the 48th edition of Basic documents (Available at: <http://apps.who.int/gb/bd/> (accessed 24 October 2019)).

² See <https://www.who.int/about/collaborations/involvement-of-non-state-actors/en/> (accessed 22 November 2019).

Aspects	Among the four most relevant	Most relevant
Staying up-to-date with decisions made by WHO on technical areas of interest	104	47
Attending formal technical briefings and side events	76	12
Meeting other entities working on the same topics	75	8
Attending meetings with WHO technical units	72	23
Making statements in meetings of the Executive Board or Health Assembly	71	22
Conducting informal networking	47	6
Following WHO governance	40	15
Exploring bilateral opportunities for resource mobilization	36	8
Attending informal side events	30	2

8. Out of 93 non-State actors in official relations responding to this question, more consider making statements in WHO governing body meetings very or somewhat important for raising awareness of a given topic (86%) and raising awareness about the work of their organization among Member States and a larger audience (83%), than for influencing the outcome of WHO governing body discussions (51%). At least 53% post their statements on the WHO website, of which 64% consider doing so to be at least somewhat beneficial.

9. Some of the key responses regarding the most significant challenges to non-State actor involvement include, besides funding, capacity and timing, the lack of opportunities to engage with Member States and difficulties interacting with WHO technical units. Non-State actors identified last-minute changes to programmes of work for meetings as a challenge to the effective preparation and delivery of their statements.

Organization into constituencies or groupings

10. The survey asked whether non-State actors could be usefully organized into constituencies or groupings for the delivery of statements. Among non-State actors in official relations, 48% agreed that they should be organized in constituencies for the purposes of making their statements to WHO governing bodies, provided those constituencies could contribute to the debates in a more prominent manner than individual non-State actors, while 21% disagreed and 31% were not sure. Amongst non-State actors not in official relations: 72% agreed, 11% disagreed and 17% were not sure. Of the 112 respondents who thought that non-State actors should be organized into constituencies, 51% would favour five constituencies for the delivery of statements (three groups of nongovernmental organizations, one group for philanthropic foundations and one for international business associations); 25% would prefer three constituencies (nongovernmental organizations, philanthropic foundations and international business associations); and 24% would prefer other modalities. The other modalities proposed included: constituencies by topic of interest, where non-State actors could participate in three to five groups; areas of mutual interest or expertise; WHO operational areas; or technical topics aligned to the work of WHO divisions. Geographical representation should not be overlooked.

Participation and involvement in WHO regional committees

11. Among all respondents, 51% participate in regional committees; among those in official relations, the proportion is 65%. Participation rates were highest in the European Region at over 30%, and ranged from 14% to 30% in the other regions. Respondents were asked to indicate aspects of participation in regional committees that were relevant to them. The most common aspects mentioned were: staying up-to-date with decisions on WHO technical areas of interest, attending meetings with WHO technical units and other entities working on topics of interest to them, and participating in formal technical briefings and side-events. Of those in official relations participating in regional committees, 77% deliver statements in plenary meetings. They consider the impact of this to be raising the awareness about the topic under discussion among Member States and a larger audience (89%) and raising awareness about their work among Member States and the audience (87%), rather than influencing the outcome of the debates as such (56%). Of the total number of respondents, 42% said that they participate in other regional events, mostly related to their technical work. When asked if non-State actors should also be organized in constituencies for participation in regional committees, 48% of all respondents and 37% of those in official relations agreed, while 21% were not sure.

Country-level consultations ahead of WHO governing body meetings

12. Responses to the survey indicated that very few country-level consultations are organized ahead of WHO governing body meetings. Only 21% of all respondents and 22% of those in official relations are invited to country-level consultations; more than half of these stated that they participated in pre-consultations only “sometimes”. Almost all of the entities that participated in country-level consultations stated that they find them “beneficial” or “very beneficial” for affording an opportunity to provide input to the Member State on relevant issues. Respondents found such consultations somewhat less beneficial for preparing for their participation in WHO governing body meetings. Many respondents recommended organizing country-level consultations and establishing a mechanism to obtain expertise from non-State actors as and when required.

Organization of a separate informal meeting to encourage non-State actors’ involvement in WHO governance

13. Of the total 199 respondents, 86% (and 88% of those in official relations) think that WHO should organize separate informal meetings to encourage non-State actors’ involvement in the Organization’s governance. Of those who responded that such meeting should be organized, 59% said that participants should include non-State actors and Member States. Of those wanting such meeting, 84% would favour one annual meeting. Responses regarding preferred timing were varied: 28% suggested such a meeting should be back-to-back with the Health Assembly; 26% would prefer a standalone meeting after the posting online of Health Assembly documents; 22% would like a standalone meeting during a less busy period; 14% would prefer the meeting to take place immediately before the January session of the Executive Board; and 9% would prefer some other timing. While one third of respondents said they would like the meeting’s agenda to focus on the main topics of the Health Assembly and the Executive Board, another third would prefer it to be based on a selected two or three topics related to prominent or emerging global health issues. Almost half of the respondents (46%) said that they would like the results of such a meeting to be presented as an item on the agenda of the Health Assembly.

PRINCIPLES OF MEANINGFUL ENGAGEMENT

14. So far, the deliberations on WHO’s reforms have shown that the involvement of non-State actors in the governance of WHO can be improved only with a package of measures and combined with an

overall strengthening of WHO's engagement with non-State actors in line with the Thirteenth General Programme of Work and in accordance with the Framework of Engagement with Non-State Actors. Improving the engagement of non-State actors in WHO's governance should respect the following objectives:

- (a) respect the intergovernmental nature of WHO
- (b) become more meaningful
- (c) increase the efficiency and effectiveness of interactions
- (d) respect the diversity of non-State actors.¹

15. The web-based consultation has confirmed not only the importance that non-State actors place on their involvement in WHO governing bodies but also a high level of dissatisfaction with the current modalities. The main interest for non-State actors to attend governing body meetings seems to be participating in technical exchanges with the Secretariat and Member States, and attending consultative hearings that would feed into decision-making processes.

16. Based on the responses to the survey, two more principles could be added to the above-mentioned set, namely, that the engagement of non-State actors in WHO's governance should:

- (e) facilitate enhanced technical exchanges between Member States, non-State actors and the Secretariat; and
- (f) provide incentives for non-State actors to deliver a limited number of grouped statements in governing bodies.

PROPOSED WAY FORWARD

17. As changes to the involvement of non-State actors in WHO governance are complex, interconnected and directly linked to other ongoing governance reforms, new modalities could be piloted to help gain experience before any decision is taken on permanent changes. Such a trial could be planned for either the Seventy-third or Seventy-fourth World Health Assembly.

18. An informal meeting between Member States and non-State actors in official relations, including multiple side events and a forum with WHO technical programmes and regions, could be organized in parallel to sessions of the Programme Budget and Administration Committee of the Executive Board, continuing into the weekend preceding the Health Assembly. This would allow for more in-depth exchanges between non-State actors, WHO technical units, WHO regional and country offices and Member States, and would provide an opportunity for non-State actors to consult with each other, form groups and prepare joint statements.

19. Non-State actors could choose the agenda items on which a maximum of five joint statements would be delivered early in the debate. The statements would be subject to the same time limit as that allocated to representatives of Member States and the opportunity to speak would be given at the discretion of the Chair of the meeting. Such joint statements must represent the views of broad constituencies of non-State actors in official relations with WHO. For agenda items on which joint

¹ See document EB145/4.

statements are given, there will be no possibility for individual statements from non-State actors, although those could still be posted on the WHO website prior to the debate. For agenda items where non-State actors choose not to deliver joint statements, previous practice would apply, with a maximum of seven individual statements on a first-come-first-served basis at the end of the debate. The Secretariat would make an initial proposal regarding the agenda items likely to attract the most interest for joint statements. This proposal could be subject to change, with the non-State actors' agreement.

20. As interest in global health and the World Health Assembly has grown, so has the wish of non-State actors to take the floor during sessions of the Health Assembly. Given the rise in the number of non-State actor delegations, which has led to a rise in the number of statements by non-State actors, it is proposed that, as well as grouping statements, the number of individual statements delivered during a session should be limited to a maximum of three per non-State actor. While the number of published statements would not be limited, publication must be prior to the debate.

21. Participation in the World Health Assembly, including the number of non-State actor delegations, has grown considerably in recent years. While some non-State actor delegations have also grown in size, most Member State delegations do not exceed 25 members. Given the logistical and time constraints operating, it is therefore proposed that delegations of non-State actors in official relations could be limited to a maximum of 25 delegates.

22. Building on existing best practices, especially at the regional level, and responding to the needs expressed in the web-based consultation, the Secretariat, both at the global and regional levels, will increase its efforts to brief and interact with non-State actors prior to governing body meetings, and, where necessary, refine the modalities of their involvement.

ACTION BY THE EXECUTIVE BOARD

23. The Board is invited to note this report and decide, before permanent changes are considered, whether the proposed new approach to non-State actor participation should be tested during the Seventy-third World Health Assembly, or whether it should begin at the 147th session of the Executive Board and continue at the Seventy-fourth World Health Assembly.

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