

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 sixth annual report.

2. In line with resolution WHA69.10, an initial evaluation of the implementation of the Framework of Engagement with Non-State Actors and its impact on the work of WHO was conducted with a view to submitting the results, together with any proposals for revisions of the Framework to the Executive Board in January 2020, through its Programme, Budget and Administration Committee.² The Secretariat welcomed and accepted the recommendations and developed a management response that has been shared with Member States and made available on WHO's website.³ Starting in December 2020, the Secretariat has promptly initiated the implementation of set of actions that respond to the recommendations in line with its report to the Executive Board in January 2021.⁴

3. 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.⁵

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

² The report is contained in document EB146/3.

³ Management response to the initial evaluation of the Framework of engagement with non-State actors <https://www.who.int/docs/default-source/documents/about-us/evaluation/management-response-fensa-evaluation-december2020.pdf>.

⁴ Document EB 148/39 https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_39-en.pdf

⁵ Document EB150/39.

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

4. In line with its Thirteenth General Programme of Work, 2019–2023, and the related programme budget, and building on its continued and successful collaboration with non-State actors, WHO is actively promoting collaboration, mobilizing partnerships and encouraging the efforts of health actors to respond to national and global health challenges. These engagements, pursued to support Member States' efforts to advance public health outcomes, have been reviewed and implemented in accordance with WHO's policies and rules, including the Framework of Engagement with Non-State Actors.

5. As an enabling policy, the Framework of Engagement with Non-State Actors provides a firm basis for strengthening engagement; it prioritizes the need to expand, deepen and strengthen engagements with a positive impact on public health, while balancing risks against expected benefits. Recognizing the importance of strategic engagement with non-State actors across the three levels of the Organization, the Secretariat has made significant strides, as part of WHO's transformation agenda, towards reinforcing a constructive and positive approach for such engagements in line with the provisions of the Framework, as well as relevant policies and rules. Key achievements during the year 2021 relating to these efforts across the Organization are described below.

6. The Regional Office for Africa has reported an increase in its engagements with non-State actors during the year 2021. To ensure the effective implementation of the Framework, the Regional Office has undertaken a series of actions at the regional and country levels, such as streamlining the review and clearance of proposals for engagement with non-State actors, conducting training sessions and developing tools and materials to facilitate learning and sharing of best practices. The Regional Office for Africa has also indicated that three staff members have been assigned to conduct due diligence and risk assessment on engagement with non-State actors, to ensure a timely and efficient response to requests by different units and country offices. Eighty-two projects involving engagement with non-State actors have been presented for clearance and review.

7. Building on constructive dialogue with non-State actors, the WHO Regional Committee for Africa adopted at its seventy-first session a procedure for accrediting non-State actors to attend meetings of the Regional Committee.¹ The objective is to enable regional non-State actors that are not in official relations but that work closely with the Regional Office for Africa to participate as observers, without the right to vote, in Regional Committee sessions and to submit written and oral statements. The Programme Subcommittee will decide on the list of approved accredited non-State actors for adoption by the Regional Committee at its seventy-second session in 2022.

8. In the report to its Executive Committee on engagement with non-State actors,² the Regional Office for the Americas/PAHO indicated that it had conducted standard due diligence and risk assessments for more than 280 proposed engagements, as well as hundreds of simplified reviews for low-risk engagements. The proposals and subsequent engagements with non-State actors were robust across all levels and technical areas of work, and included activities such as prevention and control of communicable diseases in Latin America and the Caribbean, developing guidance on regulatory

¹ AFR/RC71/Decision 9 (2021).

² Document CE169/3 of the Regional Office for the Americas/Pan American Health Organization on engagement with non-State actors (<https://www.paho.org/en/documents/ce1693-engagement-non-state-actors>, accessed 10 November 2021).

measures to improve nutrition and curb obesity in the region, implementing water sanitation projects, co-organizing an antimicrobial resistance seminar, and improving access to essential health.

9. The Regional Office for the Americas/Pan American Health Organization has also reported that during 2020, in response to the pandemic of coronavirus disease (COVID-19), new cross-sectoral collaborations at the international and regional levels were pursued to promote evidence-based information and public health messages. Other engagements with non-State actors have been implemented at the country level to support responses to the pandemic, such as engaging with nongovernmental organizations to educate vulnerable groups about measures to prevent COVID-19 and to scale up national capacities to detect, monitor, and control outbreaks of the disease.

10. The Regional Office for South-East Asia is taking a proactive approach to engagement with non-State actors, and is continuing its dialogue and interaction with all categories of non-State actors, in line with the Framework. This approach is reflected in the multiple engagements that the Regional Office has pursued to advance the Thirteenth General Programme of Work, 2019–2023, and related programme budgets.

11. The Regional Office for South-East Asia has actively promoted collaboration and encouraged efforts among different health actors to respond to national and regional public health challenges, including the COVID-19 pandemic. To that end, the Regional Office has also supported country offices in applying the provisions of the Framework while engaging with non-State actors, given their important contribution to global public health. For instance, in Sri Lanka, engagements with nongovernmental organizations, including civil society groups, helped to empower individuals and communities to effectively minimize their risk factors associated with the COVID-19 pandemic and to reduce community morbidity and mortality through awareness-raising and the development of context-informed tools and resources.

12. Since 2020, the Regional Office for Europe has been strongly committed to engaging with non-State actors through the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe”, recognizing that non-State actors play a significant role in advancing public health, including by providing community health services, generating and disseminating knowledge, and giving a voice to patients. The Regional Office has been increasing its inclusive engagement with non-State actors and participating in joint initiatives such as the Oslo Medicines Initiative, developed with the Norwegian Ministry of Health and Care Services and the Norwegian Medicines Agency. Non-State actors, including the private sector, were consulted during the development of the initiative that endeavours to create a neutral platform to build a new form of collaboration between the public and private sectors to ensure better access to effective, novel, high-priced medicines.

13. In June 2021, the Regional Office for Europe organized a virtual meeting for non-State actors in official relations and regionally-accredited non-State actors to present the different agenda items of the Regional Committee for Europe, enabling non-State actors to share their experience and feedback on their engagements with the Regional Office for Europe. Moreover, the Regional Committee for Europe noted a marked increase in the participation of non-State actors and, in line with the procedure for accreditation of regional non-State actors, decided to grant accreditation to an additional six non-State actors to participate in meetings of the Regional Committee for Europe in 2021, and to renew the accreditation status of the 19 regional non-State actors accredited in 2018.

14. In 2021, the Regional Office for the Eastern Mediterranean has increased its engagement with non-State actors. More than 99 proposals for collaboration with non-State actors have been reviewed and approved – an 80% increase compared with the previous year. These engagements involve a wide range of stakeholders and cover the five types of engagement described in the Framework, in particular

the participation of WHO staff at meetings organized by non-State actors, technical collaboration with non-State actors to advance WHO's agenda and priorities, and joint publications on public health.

15. Building on the positive outcomes of its engagement with non-State actors, the Regional Office for the Eastern Mediterranean is proactively supporting country offices and technical teams by performing due diligence and risk assessments on proposals for engagements, facilitating engagements while raising awareness and conducting training in close collaboration with the specialized unit responsible for conducting due diligence and risk assessment in headquarters.

16. The Regional Office for the Western Pacific has consistently applied, and supported country offices in applying, the provisions of the Framework while engaging with non-State actors. Simplified due diligence and risk assessment are performed by the FENSA Focal Points on engagement while high-risk engagements are referred to the specialized unit responsible for performing standard due diligence and risk assessment at headquarters. The Regional Office for the Western Pacific has reported the clearance and review of 150 projects of engagement with non-State actors in 2021.

17. To promote better understanding of the provisions of the Framework, the Regional Office is considering the conduct of training courses to raise awareness in respect of the Framework and the ways in which the policy helps in strengthening interactions with non-State actors whilst mitigating risks. The Regional Office is also fostering dialogue and interaction with all categories of non-State actors in line with the Framework. This approach is reflected in the participation of non-State actors in sessions of the Regional Committee for Western Pacific, where they have the opportunity to deliver statements.

18. 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 2021 have been reviewed for compliance through well-defined processes to ensure consistent and coherent implementation of WHO's policies. In January 2021, a new, updated eManual section on secondments was published, which now includes guidance on the Framework. This followed an Organization-wide information note to announce the changes earlier in January.

19. No new secondments from non-State actors were approved in the first half of 2021; all other secondments from non-State actors came to an end. This explains why there are no secondments reported for the year in the WHO Register of non-State actors under "secondments from non-State actors".

20. The Secretariat revised its policy and updated the eManual on consultants, taking into account the provisions of the Framework. An information note was released in September 2021 to introduce a well-defined clearance process for consultants, to ensure due diligence involving different offices providing support functions. The Secretariat aims to ensure the coherent application of, and improved compliance with, the provisions of the Framework, regardless of the type of contract with the individual concerned. The goal is to ensure that the principles of the Framework are fully integrated into all direct or indirect engagements with non-State actors and that such engagements are aligned with WHO's mandate, while mitigating risks and preserving WHO's reputation.

21. In the year 2021, the specialized unit responsible for performing standard due diligence and risk assessment conducted over 1100 reviews in response to requests from technical departments and units across the three levels of the Organization, as well as hundreds of reviews for low-risk engagements. The specialized unit has also facilitated and supported the efforts of technical units at both the headquarters and regional levels to implement or initiate WHO multistakeholder initiatives, including networks and partnerships. A generic template for terms of reference has been developed and the lessons

learned have been documented. This information has been shared with staff to improve the process, facilitate engagements with non-State actors and respond to the needs of the technical units.

22. As reported separately,¹ the specialized unit has ensured follow-up of the update of non-State actors in official relations in the WHO Register and, in close cooperation with technical departments, reviewed joint collaboration plans and annual reports on official relations outlining the progress of implementation and achieved deliverables. In the light of the intensive resources required and heavy workload generated, optimizing the process through an electronic workflow system would facilitate swift communication between non-State actors, relevant departments and the specialized unit.

23. Review and due diligence have been also performed by the specialized unit on 274 proposals for designation and redesignation of institutions as WHO collaborating centres. The volume of requests to pursue WHO collaborating centre designation has consistently increased in recent years, with very few centres discontinued. This exponential growth in requests has generated an increased workload associated with the effective review and management of proposals. In order to meet demand, in compliance with WHO's policies and procedures, it may become necessary to allocate resources to support and maximise the benefits of these productive engagements, given that the number of proposals is expected to continue to grow.

24. The specialized unit has also been liaising with non-State actors in official relations and has been asked to facilitate communication and exchanges with technical departments. In their communications, non-State actors have exposed misconduct by certain entities, including the misuse of WHO's name and emblem, non-compliance with its policies, norms and standards, and/or links to the tobacco industry, and entities furthering the interests of the tobacco industry.

25. The Secretariat, when introducing the report on the implementation of the Framework,² informed the Programme, Budget and Administration Committee and the Executive Board during their January session in 2021 that a comprehensive management response to the initial evaluation had been developed and published on WHO's webpage.³ Member States welcomed the development of a series of actions and processes to implement the recommendations resulting from the initial evaluation.

26. In response to the recommendations resulting from the initial evaluation of the Framework conducted in 2019, and with a view to enhancing access to specialized knowledge and applying expert technical advice, the Secretariat has reconfirmed the network of FENSA Focal Points appointed by each Regional Director and Assistant Director-General. As per the Framework and the terms of reference, FENSA Focal Points conduct simplified due diligence and risk assessments to facilitate engagement with non-State actors and coordinate the internal approval stages in accordance with their delegation of authority. The reactivation of the FENSA Focal Point network ensures a corporate, streamlined approach to mitigate potential risks and facilitate learning across the Organization.

27. To strengthen support for this network and WHO staff at the three levels of the Organization, the Secretariat has launched an internal initiative called "Demystifying FENSA" by implementing the above-mentioned recommendations through a range of activities, including by developing and disseminating communication products and checklists, and capacity-building activities such as series of

¹ See document EB150/39 on non-State actors in official relations with WHO.

² Document EB146/34; see also the summary records of the Executive Board at its 146th session, third meeting, section 2.

³ See <https://www.who.int/docs/default-source/documents/about-us/evaluation/management-response-fensa-evaluation-december2020.pdf> (accessed 10 November 2021).

training sessions for the appointed FENSA Focal Points and other WHO staff. This capacity-building work has strengthened common understanding of the Framework as an enabling policy, enhanced use of mechanisms to implement the Framework and facilitated the sharing of best practices and practical information across the Organization.

28. In line with the well-defined communications plan, a series of products, tools and tailored communication outcomes and messages have been developed and disseminated on a range of subjects including: secondment, official relations, emergencies, joint publications, human resources, financial resources, participation in meetings, and WHO's visual identity. The aim is to improve organizational awareness, buy-in, and capacity to ensure the consistent application of the Framework. This work is shared through the Secretariat's updated Intranet page and, more widely, through Intranet articles aimed at staff at all three levels of the Organization. Consultations were held at the Secretariat level to update WHO's *Guide for staff on engagement with non-State actors*, and also with non-State actors to review the *Handbook for non-State actors on engagement with the World Health Organization*. The second editions of these publications are currently under development and review by the Secretariat.

29. A dedicated platform has been established and rolled out for FENSA Focal Points to share knowledge, best practices, innovative approaches and background documents on non-State actors to support focal points in conducting simplified due diligence and risk assessments. The platform aims to foster the development of communities of practice to enhance understanding of the Framework's application.

30. Additional capacity-building activities are ongoing to implement the recommendations following the initial evaluation. An introduction to the Framework now forms part of the induction process for all new staff and is planned for heads of WHO country offices. As recommended in the evaluation, lunch-and-learn sessions, townhall meetings and further outreach will be conducted. There are plans to offer learning opportunities to strengthen understanding, ownership and management of risks and benefits of engagement through WHO's virtual learning platform. To note, more than one hundred staff have successfully completed training courses related to the Framework, achieved the learning outcomes, and provided feedback for iterative improvement of these sessions. Pre- and post-assessment indicate significant increases in knowledge, skills and confidence with regard to conducting simplified assessments and the procedures required to engage with non-State actors following the sessions.

31. To strengthen the data environment by establishing a systematic monitoring and tracking mechanism, the features of the WHO Register of non-State actors have been enhanced and a new mechanism to report and track donations to WHO has been established.

32. Implementation of the recommendations, particularly those on enhancing communication, capacity, and learning mechanisms, are in progress and on track, in line with the project management plan guided by the WHO Project Management Centre of Excellence. The Secretariat will continue implementation to strengthen and enable WHO's engagement with non-State actors in a consistent, coherent manner across the Organization.

33. The FENSA Proposal Review Committee, originally established in response to paragraph 35 of the Framework, has been reactivated. Meetings were held 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 formal source for case law with regard to the application and implementation of the Framework of Engagement with Non-State Actors.

34. The IARC specific guide on implementing the Framework of Engagement with Non-State Actors,¹ developed by International Agency for Research on Cancer, has been reviewed and is applicable since September 2021. The second edition refers to additional elements, including the simplified procedure for the review of proposals and guidance to staff on the implementation of the Framework when engaging with non-State actors.

35. In 2021, the International Agency for Research on Cancer has applied and internally streamlined the implementation of the simplified procedure as the default procedure for reviewing proposed engagements with non-State actors and has communicated and informed staff to ensure alignment and compliance with the policy. The Agency reported a total of more than 170 engagements, in the form of grant applications, accepted contributions or collaborative agreements. Based on its experience, the International Agency for Research on Cancer has indicated that implementing the Framework has raised challenges in terms of workload, timelines and strategic positioning.

36. The secretariat of the WHO Framework Convention on Tobacco Control and the Protocol to Eliminate Illicit Trade in Tobacco Products (Convention Secretariat) has been contributing to the Thirteenth General Programme of Work, 2019–2023. The hosting terms promulgated by the Director-General in October 2019 include a provision to recognize the application of the Framework of Engagement with Non-State Actors in the activities carried out by the Convention Secretariat, in conjunction with decisions and specific guidance from the Conference of Parties on the WHO Framework Convention on Tobacco Control and the Meeting of the Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products.

37. In line with the Framework of Engagement with Non-State Actors and its mandate on tobacco control from the Conference of the Parties and the Meeting of the Parties, the Convention Secretariat applies the provisions of the Framework when developing tools for implementing mandates from the Conference of the Parties and the Meeting of the Parties, including when mobilizing resources in accordance with the decision of the Conference of the Parties on the Convention Secretariat's fundraising efforts and collaborative work.

38. The Convention Secretariat has reported that it faces new challenges in connection with the rapid increase in the number of manufacturers, entities and proponents of novel and emerging nicotine products. While many of these entities are linked to the traditional tobacco industry, others have less clear motives and connections, or do not appear to be financially motivated. In addition, there appears to be increasing tobacco industry investment in non-tobacco/nicotine sectors, including in the pharmaceutical or medical device sectors. This diversification by the tobacco industry into the health sector is expected to increase and may cause difficulties in the future with respect to the application of the Framework.

39. The Secretariat is continuing to engage in constructive dialogue with non-State actors, including civil society groups such as the WHO health and sports corporate initiative, which aims to promote physical activity and advance WHO's priorities in this area, and dialogues led by the Director-General and non-State actors, including nongovernmental organizations including civil society groups, to strengthen engagement and advance public health agenda.

40. The Secretariat is developing strategies to encourage engagement with non-State actors, in particular with private sector and nongovernmental organizations (including civil society groups), to

¹ Recommendations from the Governing Council Working Group on the implementation of FENSA (https://governance.iarc.fr/GC/GC60/En/Docs/GC60_17_FENSA.pdf, accessed 10 November 2021).

advance global health and WHO's priorities as articulated in the Thirteenth General Programme of Work, 2019–2023 and related programme budget. These engagement strategies aim to establish clear organizational objectives for engagement with non-State actors, define indicators to measure progress towards these objectives, promote organizational coherence in working with non-State actors, and embed regional and cluster-specific strategies.

41. The Secretariat has participated in and facilitated a number of virtual meetings and events with non-State actors to raise awareness and advocate for its priorities and activities in a range of public health areas, including road safety, mental health, healthier populations and the social determinants of health. In order to ensure constant communication, the Secretariat has updated tools and guidance documents to strengthen awareness and better embed the provisions of the Framework, and to support heads of WHO country offices in their consideration of engagements with non-State actors.

42. The Secretariat continues to strengthen *Téchne*, the WHO's technical science for health network, which connects stakeholders from the fields of health, construction, engineering and the environment to disseminate and increase access to evidence and tools on architecture, design, engineering, and public health scientific know-how and deep expertise. The network includes academic institutions, nongovernmental organizations and experts working to create safer, healthier and more sustainable health and care systems, settings and structures through integrated, multidisciplinary, community-based, informed approaches to problem-solving. The network offers technical remote support, virtual training sessions and technical guidance on a using scientific, evidence-based design, lesson learned and best practices from the field.

EMERGENCIES AND THE FRAMEWORK OF ENGAGEMENT WITH NON-STATE ACTORS

43. In 2021, WHO issued a revised strategic preparedness and response plan for COVID-19 that united a global coalition of entities and State and non-State actors behind a common set of objectives. Support has been provided to help countries to transform national and subnational COVID-19 preparedness and response capacities. When these capacities have fallen short, WHO and partners have come together to deliver solutions.

44. In line with its convening role, WHO has led coordination between governments, intergovernmental agencies and other entities, including non-State actors. The coordination of efforts to implement the preparedness and response plan has been facilitated by the WHO COVID-19 Partners Platform,¹ which 158 countries,² territories and areas have joined to date.

45. The Secretariat has continued to refine more streamlined means of engaging with non-State actors during emergencies. These approaches call for swift due diligence and review of proposals in less than 48 hours, a specific set of documents to be submitted by non-State actors and the development of specific legal arrangements. The Secretariat has engaged with more than 120 entities in different areas related to WHO's response to the COVID-19 pandemic. In some cases, this engagement has targeted the technical expertise of entities on social media platforms and technologies to promote WHO's evidence-based information and public health messages on COVID-19, and to track and monitor health behaviours and digital communication while limiting the spread of false information.

¹ <https://covid19partnersplatform.who.int/en/>.

² Data as of 14 October 2021.

46. To increase the strategic engagement of non-State actors, the WHO Information Network for Epidemics (EPI-WIN) initiative has been established and has convened global networks comprising nongovernmental organizations (such as faith-based organizations, professional occupational health and safety associations and youth organizations) and international business associations, among others. The objective of these global networks is to ensure that individuals, communities and organizations have timely access to accurate and relevant information to make decisions to protect their health. This is achieved by disseminating and amplifying WHO's public health guidance and through technical collaboration and the exchange of knowledge.

47. The COVID-19 Solidarity Response Fund, established to accept financial donations from various stakeholders, including non-State actors and individuals, has raised over US\$ 256 million from over 675 000 donors.¹ Donations to the Fund have been used to support WHO's work and engagement with national authorities to suppress transmission, reduce exposure, counter misinformation, protect the vulnerable, reduce mortality and morbidity and accelerate equitable access to new COVID-19 tools.

48. WHO has received and continues to receive a significant number of proposals for engagement, including from private sector entities offering pro bono services to support WHO's response to the COVID-19 pandemic. In line with the Framework, a specific, time-limited, streamlined process for the review of proposed engagements relating to pro bono services has been established to enable technical units to leverage these contributions rapidly and in an accountable manner.

ACTION BY THE EXECUTIVE BOARD

49. The Board is invited to note the report.

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¹ Information and data as of 10 October 2021.