



TRIENNIAL REVIEW OF NONGOVERNMENTAL ORGANIZATIONS  
IN OFFICIAL RELATIONS WITH WHO  
(1975-1977)

Report by the Director-General

The Director-General is pleased to submit to the Executive Board his analysis of the replies to a questionnaire addressed to nongovernmental organizations in connexion with the triennial review of WHO's relations with them. A number of recommendations for the strengthening of those relations are also presented to the Board for its consideration.

I. INTRODUCTION

1. The Director-General has the honour to submit the present document to the Executive Board in conformity with paragraph 2(vi) of the Working Principles Governing the Admission of Nongovernmental Organizations into Official Relations with WHO, which provides that the Executive Board - through its Standing Committee on Nongovernmental Organizations - shall review the list of nongovernmental organizations in official relations with WHO every three years.<sup>1</sup>

2. Since the review by the Executive Board during its fifty-fifth session, covering the period 1972-1974, 10 nongovernmental organizations have been admitted into official relations. Official relations with the International Academy of Legal Medicine and of Social Medicine were suspended by decision of the Executive Board at its fifty-seventh session (resolution EB57.R60). The nongovernmental organizations in official relations with WHO now number 118 (Annex I). A table showing the number of nongovernmental organizations applying for official relations with WHO and the number admitted from 1948 to 1977 is attached as Annex II.

II. PREPARATION FOR TRIENNIAL REVIEW

3. On 21 April 1977 the Director-General informed all nongovernmental organizations in official relations with WHO that the Executive Board would carry out at its sixty-first session its triennial review of the collaboration between them and the Organization during the period 1975-1977, and requested them to complete a questionnaire prepared for this purpose not later than 30 September. Organizations which had not responded at that date received a reminder, with a request to reply by 15 October 1977. At the time of preparation of this document 21 organizations had not responded.

4. On the basis of the replies received from nongovernmental organizations, together with the information provided by headquarters and regional offices on existing relationships with these bodies, a detailed appraisal was carried out and will be submitted to the Standing

<sup>1</sup> WHO Basic Documents, 27th ed., 1977, p. 68.

Committee on Nongovernmental organizations.<sup>1</sup> This review followed the broad lines for cooperation as defined by the Executive Board at its twenty-ninth session in resolution EB29.R56, and took into account the recommendations contained in the Director-General's report<sup>2</sup> for the last triennial review (at the fifty-fifth session of the Executive Board) and endorsed by the Board in resolution EB55.R54.

### III. SUMMARY OF WHO COLLABORATION WITH NONGOVERNMENTAL ORGANIZATIONS

#### Meetings on collaboration between WHO and nongovernmental organizations

5. As a result of the deliberations of the Board at its fifty-fifth session regarding future collaboration with nongovernmental organizations in official relations, selected nongovernmental organizations were invited to take part in two meetings in 1975 to discuss ways of strengthening collaboration. It was clear from the discussions that there were considerable untapped resources available in nongovernmental organizations which could be effectively utilized in WHO programmes and that a genuine willingness and enthusiasm existed on the part of nongovernmental organizations to assist in such health programmes. Activities of a joint nature were particularly welcomed, since financial resources were often limited, while technical experience and expertise were available. Nongovernmental organizations were also anxious to avoid duplication between their programmes and those of WHO, as well as between their own programmes, and it was recognized that a greater effort should be made to coordinate their own programmes.

6. There were a number of suggestions for closer collaboration which could be summarized as follows: further identification of areas for joint action involving WHO and one or more nongovernmental organizations; preparation individually or collectively by nongovernmental organizations for participation in WHO meetings, including the Executive Board, the World Health Assembly and regional committees; a more active participation of nongovernmental organizations in Technical Discussions at the World Health Assembly; earlier involvement in programming to ensure judicious use of expertise available and to avoid duplication; closer involvement in the work of WHO expert advisory panels; closer cooperation with WHO at regional and national levels with a view to working more closely together with local health authorities in the development of national health services; and further meetings of nongovernmental organizations and WHO on specific subjects.

#### Nongovernmental organizations and WHO expert advisory panels, expert committees and technical meetings

7. WHO has endeavoured to increase the participation of nongovernmental organizations in expert committees and other technical meetings, and in fact the number of nongovernmental organizations invited to attend meetings has increased during the past three years, as has the actual extent of their participation. In some cases, nongovernmental organizations have been invited to provide the major part of the documentation for meetings covering subjects on which they have particular experience.

8. A number of specialists who hold official positions in nongovernmental organizations have been appointed as members of WHO expert advisory panels in their personal capacity, and some have participated in expert committee meetings. Some nongovernmental organizations have expressed a desire to have more of their members appointed to appropriate WHO expert advisory panels, and efforts are being made to accede to this request where this can be done with due regard to geographical distribution.

9. Many nongovernmental organizations attend the sessions of the Executive Board and World Health Assembly regularly and the interventions of their representatives have been valuable

---

<sup>1</sup> Document EB61/NGO/WP/1.

<sup>2</sup> WHO Official Records, No. 223, 1975, Annex 16.

and constructive, in some cases lending the weight of their experience to suggestions for new programme orientation, or pointing out neglected areas of health work. Similarly, nongovernmental organizations are well represented at the Technical Discussions, and at the Thirtieth World Health Assembly the General Chairman of these discussions was the President of a nongovernmental organization in official relations with WHO. Several nongovernmental organizations have expressed the hope that they may become more involved in the Technical Discussions when these deal with subjects of special interest to them.

10. Regional Directors are also very much aware of the contribution which nongovernmental organizations could make to the success of meetings. It is noteworthy that there has been a marked increase in the number of nongovernmental organizations in official relations with WHO attending regional committees. Continued efforts will be made to involve nongovernmental organizations still more in regional and national activities in the future.

11. WHO has continued to receive invitations to attend meetings of nongovernmental organizations, such as world congresses, constitutional meetings and more limited technical meetings. Some nongovernmental organizations include seminars on particular subjects within their constitutional meetings, and WHO has often been asked to make substantive contributions to the proceedings. This is a tendency which appears to be increasing, and is seen as an excellent means of disseminating widely technical information, as well as informing nongovernmental organizations of the policies and programmes of the Organization.

12. A number of nongovernmental organizations have made the suggestion that meetings of several nongovernmental organizations interested in a specific topic might be arranged during the World Health Assembly. Such meetings might also include the participation of government representatives and result in the identification of joint programmes.

#### Joint activities of WHO and nongovernmental organizations

13. Following the recommendations made at the last triennial review, there has been an appreciable increase in the number of joint activities. Co-sponsorship or joint organization of technical meetings has increased, and a few examples are given hereunder:

- The International Council on Alcohol and Addictions co-sponsored, with WHO, a seminar on alcohol-related problems in Japan in 1977. A similar interregional seminar is planned for 1978 in Thailand.
- The International Union of Pure and Applied Chemistry collaborated with WHO in the organization of a training course on quality control in clinical chemistry, in Abidjan, in 1977.
- The International Federation of Clinical Chemistry also collaborated with WHO in the organization of similar training courses, in Kuala Lumpur in 1976, and in Baghdad in 1977.
- A joint WHO/International Union of Nutritional Sciences meeting on biochemical methods for the determination of nutritional status was held in 1976.
- The International Paediatric Association and WHO collaborated in the organization of a joint seminar on the delivery of better maternal and child health care and nutrition, held in Rangoon in 1976.
- The League of Red Cross Societies and WHO held a joint meeting on the utilization and supply of human blood and blood products.
- A joint WHO/International Association for Accident and Traffic Medicine postgraduate course on traffic medicine was held in 1977.
- Two joint WHO/International Union of Biological Sciences symposia were held in 1977, the first on influenza immunization and the second on standardization of rabies vaccine produced in tissue cultures for human use.

14. Efforts have been made to identify areas of possible joint action where this might further the programme of the Organization, both at headquarters and regional office levels. Many nongovernmental organizations have their secretariat or representatives in or near Geneva, thus facilitating day-to-day contact and development of relations with WHO headquarters. However, it is increasingly realized that nongovernmental organizations can make an important contribution at community and national levels by working more closely with local health authorities and WHO in a combined effort to strengthen national health services. A number of nongovernmental organizations are, therefore, making special arrangements to ensure liaison at regional and national levels.

15. The following are some specific examples of joint efforts where nongovernmental organizations were involved from the initial stages of planning:

- The International Union against Tuberculosis took the initiative of convening in 1976 a meeting of nongovernmental organizations interested in primary health care, with the participation of WHO and UNICEF. As a result of this meeting an ad hoc group of representatives of interested nongovernmental organizations was set up to discuss their collective and individual roles in the delivery of primary health care. Further meetings have followed to formulate practical proposals for cooperation with WHO and joint efforts, designed to test the role of nongovernmental organizations in primary health care, are under way in selected countries.
- Following regular meetings between WHO and the League of Red Cross Societies to explore collaboration in implementation of primary health care programmes, the League has asked WHO to suggest countries where there are the capacity and interest to develop pilot schemes in primary health care. Thirteen countries have been identified and the League, through its national societies, is exploring ways of implementing such pilot schemes. Cooperation continues with the League in the fields of natural disasters and pre-disaster planning, blood transfusion centres, etc.
- The Council for International Organizations of Medical Sciences and WHO are collaborating in the preparation of a World Conference on Medical Education and Health Care in 1980. The Conference, which is being organized by the World Federation for Medical Education, is expected to be an important follow-up to the International Conference on Primary Health Care in Alma Ata in 1978. In preparation for the Conference, the Federation is holding regional seminars in each of the WHO regions, in collaboration with the regional offices.
- The World Federation for Medical Education and the International Planned Parenthood Federation are working closely with WHO regional offices to prepare seminars on population changes and the role of the physician, with a view to promoting effective participation of the physician and other health workers in national efforts in population dynamics and family planning.
- A large number of nongovernmental organizations collaborate with WHO in its programme of disability prevention and rehabilitation.
- The International Federation of Gynecology and Obstetrics and the International Confederation of Midwives, with the cooperation of WHO, published in 1976 the second edition of Maternity Care in the World, which puts emphasis on the primary health care approach. These two nongovernmental organizations have also organized, in collaboration with WHO, a series of regional workshops on the training and practice of all categories of midwives, including traditional birth attendants. These will be followed by similar workshops at the national level.
- A joint seminar on emergency care in natural disasters is being organized for 1978 by the International Hospital Federation, the International Union of Architects, the Office of the United Nations Disaster Relief Coordinator, and WHO.

- Collaboration has been established between the Government of Sudan, WHO and the African Medical and Research Foundation International, in order to promote primary health care programmes in southern Sudan.
- A memorandum of understanding on cooperation in the field of family health, signed by the International Planned Parenthood Federation (IPPF) and WHO in 1976, has broadened and strengthened the base of cooperation between the two organizations by defining broad lines along which joint action could be further developed.
- IPPF has collaborated with WHO, FAO, ILO and UNESCO in conducting a series of workshops (intercountry and national) oriented towards an integrated approach to family welfare education.
- IPPF is collaborating with WHO and UNESCO in developing audiovisual resource services geared to the needs of family health programmes.
- The International College of Surgeons is collaborating with WHO in making available surgical demonstration and training teams to developing countries.

#### Other forms of collaboration

16. As support to and background for the above activities, the exchange of publications and documentation between WHO and nongovernmental organizations has continued. This flow of information is important for keeping the members of those organizations informed about WHO's objectives and policies, as well as for ensuring that WHO keeps abreast of the developments in the large scientific community represented by these organizations. Most nongovernmental organizations publish a periodic newsletter or similar documents which regularly contain information on WHO's policies and activities, and these are widely distributed to their members and national societies.

17. Certain nongovernmental organizations have actively promoted World Health Days, and one example is that of the nongovernmental organizations concerned with blindness, which together promoted the World Health Day on blindness through the mass media, organized seminars, and issued braille and inkprint pamphlets and stamps.

18. Frequent consultations of an informal character take place in specific technical areas, when ideas are exchanged, tested and developed. There has been collaboration in the preparation of guidelines, manuals, handbooks, etc. - for example, the International Epidemiological Association plans to produce, with the collaboration of WHO, a series of handbooks outlining the role of epidemiological methods in the solution of health problems. The first of these, on the uses of epidemiology in health services planning, is almost complete. The International Dental Federation also works closely with WHO in the development of guides and manuals on various aspects of oral diseases.

19. Whilst on the whole most nongovernmental organizations have expressed satisfaction with their relations with WHO, some cite lack of finances and staff as major impediments to more active collaboration with the Organization. As WHO is normally not in a position to provide financial support to nongovernmental organizations, its role should rather be seen as that of assisting them to identify their potential for collaboration with WHO and other organizations in activities of mutual interest. On the other hand, it is worth mentioning that there are examples of funds having been made available, directly or indirectly, by nongovernmental organizations to WHO in support of its programme activities.

20. There are still a few organizations in official relations with whom collaboration has been very limited for a variety of reasons. In some cases, it is expected that collaboration may increase when certain programmes become operative, but in others, where the interest of the organization is very specialized, the usefulness of official relations might be questioned. Certain nongovernmental organizations deal with issues which do not fall within the priority areas of WHO; such organizations might be enlisted to undertake programmes related to issues to which WHO cannot give first priority.

#### IV. WORKING RELATIONS

21. In operative paragraph 2 of resolution EB55.R54 the Executive Board decided that "the period of working relations for new nongovernmental organizations may be extended for a period longer than one year to allow for practical collaboration to develop and precede the examination of requests for admission into official relations"; and in operative paragraph 3 of the same resolution it requested "the Standing Committee on Nongovernmental Organizations to take these recommendations into account when considering or reviewing applications for official relations".

22. In practice the suggested period of working relations for nongovernmental organizations applying for official relations with WHO has been at least two years. Efforts will be made in the future to formalize this two-year period of working relations by means of an exchange of letters between WHO and the nongovernmental organizations concerned, so that a more thorough review can be made at the end of that period by both parties to arrive at a mutual agreement on how future relations could best be developed.

23. It is felt that, although the Constitution of the Organization and the Working Principles allow for only one type of official relations with WHO, the time may have come to lay more emphasis on the establishment of working relations with certain nongovernmental organizations without this necessarily leading to applications for official relations.

#### V. MEMBERSHIP

24. In January 1975 the Executive Board, at its fifty-fifth session, adopted resolution EB55.R53, which, inter alia, "urged all international nongovernmental organizations having or applying for official relations with WHO, and in which bodies or individuals associated with Chiang Kai-shek still participate, to take measures to expel forthwith their membership and sever all links with them". The text of this resolution was subsequently transmitted by the Director-General to all nongovernmental organizations in official relations with WHO.

25. The implementation of resolution EB55.R53 was reviewed by the Executive Board at its fifty-seventh session, in January 1976, and it was noted that 63 nongovernmental organizations had replied to the Director-General's communication indicating that their membership reflected the related resolutions of the United Nations General Assembly and the World Health Assembly regarding the restoration to the People's Republic of China of all its rights. The Board adopted resolution EB57.R59, which requested the Director-General, "(a) to continue to urge the nongovernmental organizations concerned which have not done so to comply with resolution EB55.R53; and (b) to report further on the subject to the fifty-ninth session of the Executive Board".

26. The Director-General reported to the Executive Board at its fifty-ninth session, in January 1977, that the situation was as follows:

- 73 nongovernmental organizations had replied to the Director-General's request indicating that their membership reflected the related resolutions of the United Nations General Assembly and the World Health Assembly regarding the restoration of all its rights to the People's Republic of China;
- 20 nongovernmental organizations had commented or provided information on their affiliation with bodies or individuals as described in operative paragraph 1 of resolution EB55.R53;
- replies were still expected from 21 nongovernmental organizations.

Following discussion in the Standing Committee on Nongovernmental Organizations, these facts were noted by the Board in resolution EB59.R46.<sup>1</sup>

---

<sup>1</sup> WHO Official Records, No. 238, 1977, p. 30.

## VI. SUGGESTIONS FOR FUTURE COLLABORATION

27. The review of collaboration with nongovernmental organizations in official relations over the past three years has indicated that a new approach to collaboration is taking shape at international, regional and national levels, and that nongovernmental organizations are beginning to identify more clearly and in a practical way their potential for joint efforts with WHO in many areas. As indicated in paragraph 6, there are many suggestions for closer collaboration which could well be developed. A few specific illustrations which seem to set the pattern for future collaboration are given below:

- Discussions are under way with the International Council on Alcohol and Addictions as regards possible joint collaboration on projects in the field of alcoholism in the South Pacific.
- In cooperation with WHO, the International Agency for the Prevention of Blindness is planning the development of international bureaux, each concerned with a major category of eye diseases, to foster practical cooperation between official and nongovernmental action.
- A feasibility mission composed of representatives of the International Planned Parenthood Federation, the United Nations Fund for Population Activities and the WHO Regional Office for Africa will explore the possibility of setting up a Regional Training Centre in Fertility Management and Maternal and Child Care in Mauritius.
- A joint project with the League of Red Cross Societies will include a workshop on the development of blood transfusion services in Africa, with the participation of 12 francophone African countries.

28. It is suggested that the following trends in WHO's collaboration with nongovernmental organizations could also be encouraged in the future, and the Director-General would welcome the views of the Executive Board in this connexion:

- (i) A more selective identification of programme activities within which major collaboration efforts could be made in the light of the Organization's priority concerns.
- (ii) Joint action programmes with nongovernmental organizations could be developed in some fields from the initial stages of planning, so that all technical resources available to WHO and the organizations concerned may be mobilized throughout the process of planning, programming and implementation.
- (iii) A part of a WHO programme, or a project in an area which does not have high priority for the Organization, might be contracted out to a nongovernmental organization.
- (iv) Where practical, a nongovernmental organization might assume partial responsibility for the technical preparations for a WHO-sponsored meeting, in those areas where it has special expertise or knowledge.
- (v) At the country level, closer contacts should develop between WHO representatives and representatives of nongovernmental organizations whose activities are in fields included amongst countries' priorities, to ensure a coordinated approach in technical cooperation with governments.
- (vi) Nongovernmental organizations, through their national affiliations, could also play a role in supporting governments, together with WHO, in the implementation of the various phases of country health programming, and in particular in the formulation of programmes relating to their own spheres of interest.

NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH WHO  
at 31 December 1977

- \* African Medical and Research Foundation International
- Biometric Society
- Christian Medical Commission
- \* Commonwealth Medical Association
- Council for International Organizations of Medical Sciences
- Inter-American Association of Sanitary Engineering
- \* International Academy of Pathology
- International Agency for the Prevention of Blindness
- International Air Transport Association
- International Association for Accident and Traffic Medicine
- International Association of Agricultural Medicine and Rural Health
- International Association for Child Psychiatry and Allied Professions
- International Association of Logopedics and Phoniatrics
- International Association of Medical Laboratory Technologists
- International Association of Microbiological Societies
- International Association on Water Pollution Research
- International Astronautical Federation
- International Brain Research Organization
- \* International College of Surgeons
- International Commission on Radiation Units and Measurements
- International Commission on Radiological Protection
- International Committee of Catholic Nurses
- International Committee on Laboratory Animals
- International Committee of the Red Cross
- International Confederation of Midwives
- International Council on Alcohol and Addictions
- International Council on Jewish Social and Welfare Services
- International Council of Nurses
- International Council of Scientific Unions
- International Council on Social Welfare
- International Council of Societies of Pathology
- International Cystic Fibrosis (Mucoviscidosis) Association
- International Dental Federation
- International Diabetes Federation
- International Electrotechnical Commission
- International Epidemiological Association
- International Ergonomics Association
- \* International Federation of Clinical Chemistry
- International Federation of Fertility Societies
- International Federation of Gynecology and Obstetrics
- International Federation for Housing and Planning
- International Federation for Information Processing
- International Federation for Medical and Biological Engineering
- International Federation of Medical Student Associations
- International Federation of Multiple Sclerosis Societies
- International Federation of Ophthalmological Societies
- International Federation of Pharmaceutical Manufacturers Associations
- International Federation of Physical Medicine and Rehabilitation
- International Federation of Sports Medicine
- International Federation of Surgical Colleges
- International Hospital Federation
- International Hydatidological Association

---

\* Admitted since the last triennial review.



International League of Dermatological Societies  
International League against Epilepsy  
International League against Rheumatism  
International Leprosy Association  
International Organization for Standardization  
International Organization against Trachoma  
International Paediatric Association  
International Pharmaceutical Federation  
International Planned Parenthood Federation  
International Radiation Protection Association  
International Society of Biometeorology  
International Society of Blood Transfusion  
International Society for Burn Injuries  
International Society of Cardiology  
\* International Society of Chemotherapy  
International Society of Endocrinology  
\* International Society of Hematology  
International Society for Human and Animal Mycology  
International Society of Orthopaedic Surgery and Traumatology  
International Society of Radiographers and Radiological Technicians  
International Society of Radiology  
International Society for Rehabilitation of the Disabled  
International Sociological Association  
International Solid Wastes and Public Cleansing Association  
International Union of Architects  
International Union of Biological Sciences  
International Union against Cancer  
International Union for Child Welfare  
International Union for Conservation of Nature and Natural Resources  
International Union for Health Education  
International Union of Immunological Societies  
International Union of Local Authorities  
International Union of Nutritional Sciences  
International Union of Pharmacology  
International Union of Pure and Applied Chemistry  
International Union of School and University Health and Medicine  
International Union against Tuberculosis  
International Union against the Venereal Diseases and the Treponematoses  
International Water Supply Association  
Joint Commission on International Aspects of Mental Retardation  
League of Red Cross Societies  
Medical Women's International Association  
Permanent Commission and International Association on Occupational Health  
Population Council  
Transplantation Society  
World Association of Societies of (Anatomic and Clinical) Pathology  
World Confederation for Physical Therapy  
World Council for the Welfare of the Blind  
\* World Federation of Associations of Clinical Toxicology Centers and Poison Control Centers  
World Federation of the Deaf  
World Federation of Hemophilia  
World Federation for Medical Education  
World Federation for Mental Health  
World Federation of Neurology  
World Federation of Neurosurgical Societies  
\* World Federation of Nuclear Medicine and Biology

Annex I

World Federation of Occupational Therapists

World Federation of Parasitologists

\* World Federation of Proprietary Medicine Manufacturers

World Federation of Public Health Associations

World Federation of Societies of Anaesthesiologists

World Federation of United Nations Associations

World Medical Association

World Psychiatric Association

World Veterans Federation

World Veterinary Association

NUMBER OF NONGOVERNMENTAL ORGANIZATIONS WHICH APPLIED AND  
NUMBER ADMITTED INTO OFFICIAL RELATIONS WITH WHO, 1948 TO DECEMBER 1977

Year	Executive Board session	Number of applications <sup>a</sup>	Number admitted	Number withdrawn or suspended	Total in official relations
1948	EB1	8	7		7
1948	EB2	15	9		16
1949	EB4	3	2		18
1950	EB5	9	3		21
1950	EB6	6	1		22
1951	EB7	12	5		27
1952	EB9	0	0		27
1953	EB11	0	0		27
1954	EB13	14	3		30
1955	EB15	12	5		35
1956	EB17	7	6	1 <sup>b</sup>	41
1957	EB19	3	3		43
1958	EB21	3	3		46
1959	EB23	7	5		51
1960	EB25	8	3		54
1961	EB27	4	2		56
1962	EB29	4	1		57
1963	EB31	6	4		61
1964	EB33	7	4		65
1965	EB35	4	1		66
1966	EB37	5	2		68
1967	EB39	4	3		71
1968	EB41	7	4		75
1969	EB43	11	8	1 <sup>c</sup>	82
1970	EB45	6	3		85
1971	EB47	11	7		92
1972	EB49	10	9	3 <sup>d</sup>	98
1973	EB51	9	8		106
1974	EB53	3	3		109
1975	EB55	9	5		114
1976	EB57	4	1	1 <sup>e</sup>	114
1977	EB59	8	4		118
Total		219	124		118

<sup>a</sup> A nongovernmental organization may have applied more than once.

<sup>b</sup> American College of Chest Physicians.

<sup>c</sup> Central Council for Health Education.

<sup>d</sup> Official relations suspended (one of which reinstated in 1973); resolutions EB49.R43 and EB51.R49.

<sup>e</sup> International Academy of Legal Medicine and of Social Medicine.