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EXECUTIVE BOARD

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Provisional agenda item 21.2

COLLABORATION WITH NONGOVERNMENTAL ORGANIZATIONS
(1981-1984)

Review of nongovernmental organizations in official relations with WHO

Report by the Director-General

In accordance with the provisions of resolution EB61.R38 the Director-General herewith reports on collaboration between WHO and nongovernmental organizations during the period 1981-1984 and on the progress made at the national level to promote dialogue between governments and nongovernmental organizations in pursuance of health-for-all strategies.

This report is presented at the time when relations with the third group of nongovernmental organizations in official relations with WHO are being reviewed by the Board, in accordance with its decision in January 1981.

I. HISTORICAL BACKGROUND

1. The last report of the Director-General reviewing WHO relations with nongovernmental organizations, presented to the sixty-seventh session of the Executive Board in January 1981, was given against the background of the activity to formulate national and regional strategies for health for all, following the endorsement by Member States of the principles of the Alma-Ata Declaration. A few months later the Health Assembly, when it adopted the Global Strategy for Health for All, specifically invited Member States to enlist the involvement of nongovernmental organizations in the implementation of the Strategy.
2. By 1981 some practical steps had already been taken towards enhanced collaboration with international NGOs in line with primary health care goals by encouraging the establishment with each NGO of a framework for joint action within which WHO/NGO collaborative activities could be agreed upon and evaluated over a period of years. Much has since been done to bring about an evolution from piecemeal collaboration to an integrated goal-oriented programme aligned with WHO's medium-term programmes, with clearly identified focal points.
3. The Board has also addressed itself to the important question of the role of NGOs at the national level, and in this regard has emphasized the potential role that international NGOs and their affiliates, as well as the regional and national NGOs, could play in promoting public awareness of WHO policy and approaches with regard to primary health care, and the importance of their collaboration with governments in the implementation of national health strategies. While the mobilization of the valuable resources of NGOs at the national level and the development of collaboration are primarily the responsibilities of national government, the Board has underlined the catalytic role of WHO and the supportive role of international NGOs in promoting such collaboration. The following paragraphs outline the progress made in the last four years towards these goals.

II. CURRENT STATUS

National and regional activities

4. In 1982 WHO initiated certain activities to promote effective collaboration between national governments and NGOs for implementation of national health-for-all strategies. In the initial phase these activities were limited to a few countries where governments themselves were keen to initiate a planned dialogue with their national NGOs in order to focus on their role and contribution to national health development work and to move towards planned joint programmes. These countries included Bolivia, India (6 states), Malaysia, Nepal, Philippines, Sri Lanka, Thailand, and Trinidad and Tobago. WHO-supported activities included the collection and compilation of relevant information on NGOs in countries and their activities in health and health-related areas; analysis of such information in the light of national strategies with a view to identifying areas for NGO collaboration; and formulation of cooperative programmes in mutually agreed areas. Some of the countries have completed the collection and analysis of information, and a few have held national meetings with NGOs; in these countries there is therefore a modest beginning of what could become a significant partnership for health development. The cooperation of international NGOs in these endeavours has been very valuable. This undertaking has yielded not only promising results but valuable lessons for WHO to continue its catalytic and supportive role and to ensure a multiplier effect. Within the limited resources available WHO will continue to support Member States in such activities.

5. WHO and UNICEF are collaborating in a programme initiated by the NGO Group on Primary Health Care for collaboration with governments in implementing strategies for primary health care in six countries in southern Africa (Botswana, Lesotho, Malawi, Swaziland, Zambia, and Zimbabwe). Activities under this programme, which aims to promote government/NGO dialogue, have included the organization of primary health care management workshops in some countries.

International activities

6. Activities involving the international NGOs and their affiliates have followed a similar pattern as in the past with regard to their individual collaborative programmes with WHO, the majority within a framework of jointly agreed activities in tune with WHO medium-term programming and within a specific timeframe. These activities have extended in recent years and range over most of the technical programmes of WHO; NGOs in official relations are listed broadly in Annex 1 in accordance with the programme classification structure of WHO, although many are collaborating in several programmes.

7. NGOs have played an important role as members of the Health Resources Group for Primary Health Care, the global advisory group to the Director-General on the rationalization of the flow of international resources for health. Representing an important element in financial and technical cooperation in primary health care in developing countries, they have shared with other donor agencies in the search for more effective mobilization of resources for national health development. They have also contributed substantially to the implementation of country health resource utilization reviews in a number of least-developed countries, a principal focus of the group.

8. To demonstrate the wealth and variety of activities being carried out with NGOs a document (CWU/85.1) will be made available (in English only) during the seventy-fifth session of the Board. The document contains a profile of each NGO in official relations with WHO, details of WHO's collaborative activities with it, and a brief outline of available information on its national activities. It is hoped to expand this information in future and make it available in other languages. The Director-General is grateful to all NGOs for their assistance in compiling this information.

9. The creative partnership which has been forged with over 130 NGOs for attainment of health-for-all objectives can be illustrated by the following few examples. With a number of NGOs (e.g. the League of Red Cross and Red Crescent Societies, and the Christian Medical Commission) collaboration covers a wide range of activities, and contact with many WHO programme areas is constant.

(a) Participation in each other's meetings, is often the main basis of collaboration. It might involve, for WHO, delivery of a key-note address at a NGO meeting, presentation of

technical papers, an invitation to organize workshops during meetings, close involvement from the planning stage, and co-sponsorship; for NGOs, participation in WHO technical meetings (which continues to be most valuable), and the provision of consultant services or background documents for certain meetings.

(b) Promotion of WHO policies, decisions and activities at country level is another aspect of NGOs' close and continuing collaboration with WHO. Through their journals the international NGOs bring information on WHO policies and activities to the attention of a wide audience, representing broad strata of society. In many cases this information is further disseminated within countries through the various national meetings and activities of their affiliates. The meetings of NGOs - particularly the constitutional Assembly, but also regional or national technical groups - are an equally important setting for this type of activity.

(c) Collaborative activities at international, regional and country levels regarding:

- breast-feeding and the International Code of Marketing of Breast-milk Substitutes (e.g. Christian Medical Commission, International Council of Nurses, International Council of Women, International Federation of Gynecology and Obstetrics, International Paediatric Association, International Planned Parenthood Federation, League of Red Cross and Red Crescent Societies, and World Federation of Public Health Associations);
- women as providers of primary health care in the community; national Councils of Women translated into their own language and circulated to members information on nutrition, traditional practices, breast-feeding, family planning, and oral rehydration (International Council of Women);
- survey related to the role and tasks of the primary health care worker, composition of the primary health care team and tasks of the team leader (e.g. International Council of Nurses, International Federation for Hygiene, Preventive and Social Medicine, and Medicus Mundi Internationalis);
- national case studies on the role of hospitals in primary health care (International Hospital Federation);
- disability prevention and rehabilitation: NGOs are testing the WHO manual on training the disabled in the community in various projects through their national affiliates;
- standard lists of surgical instruments (e.g. International Federation of Ophthalmological Societies, International Federation of Surgical Colleges, International Society for Burn Injuries, and World Federation of Societies of Anaesthesiologists);
- smoking and health (e.g. International Union against Cancer, International Union against Tuberculosis, International Union for Health Education, International Council on Alcohol and Addictions, International Society and Federation of Cardiology, and International Federation of Sports Medicine);
- establishment of environmental health criteria: several NGOs are collaborating in the International Programme on Chemical Safety;
- implementation of a system for monitoring water supply and sanitation services in Europe (International Water Supply Association);
- the African Union of Water Suppliers, established in 1980, has held two regional conferences in support of the International Drinking Water Supply and Sanitation Decade and a third will be held in Gabon in 1985 (International Water Supply Association);
- international external quality assessment scheme for haematological laboratories and establishment of a data bank for haematological reference values (International Committee for Standardization in Haematology, and International Society of Haematology);

- guiding principles for development of simple record systems, development of learning packages on medical record subjects, and study and use of patient-held health records in developing and developed countries (International Federation of Health Records Organizations);
- development of a documentation centre on social gerontology (International Centre of Social Gerontology);
- provision of health education material and manuals and other material on primary health care (African Medical and Research Foundation International);
- all aspects of the oral health programme - including worldwide acceptance of the global indicator of three decayed, missing or filled teeth at 12 years of age, and the development of a precise system for measurement of periodontal diseases and treatment requirements (International Dental Federation);
- the International Agency for the Prevention of Blindness has established regional foundations (e.g. Asian Foundation, working with the WHO Regional Offices for South-East Asia and the Western Pacific);
- grants to develop and field-test a weighing scale for possible primary health care application in nutrition and maternal and child health programmes (to be field-tested in 1984 and 1985) (Aga Khan Foundation).

(d) Training of all categories of health workers, laboratory personnel, sanitary engineers and other related staff is another area in which collaboration is very active - for example:

- educational materials related to various subjects in occupational health (International Ergonomics Association, International Federation of Chemical, Energy and General Workers' Unions, and Permanent Commission and International Association on Occupational Health);
- training manual for sanitary technicians, as part of the Organization's textbook programme in the Region of the Americas (Inter-American Association of Sanitary and Environmental Engineering (IAASEE));
- with a national chapter of IAASEE, a five-year training programme for sanitary and environmental engineering in a Latin American country;
- directory of training and educational institutions, information centres and libraries related to environmental health (IAASEE);
- directory of sanitary engineers in Latin America and the Caribbean (IAASEE);
- documents to be used for training activities (International Association of Medical Laboratory Technologists);
- curricula and development of training programmes in haematology for various categories of laboratory personnel, and two training documents on quality control in haematology (International Committee for Standardization in Haematology, and International Society of Haematology);
- the provision of training in pharmaceutical companies' quality control laboratories for candidates from developing countries (International Federation of Pharmaceutical Manufacturers Associations);
- development of community-oriented medical curricula (e.g. curriculum used in 1983 with the first class of medical students in the Aga Khan University Medical College in Karachi, Pakistan and community health nurse training programmes (Aga Khan Foundation);
- health service management training: postgraduate and refresher courses for senior hospital and health service managers from developing countries, with WHO fellowships (International Hospital Federation);

- training courses for community health workers in primary health care (Medicus Mundi Internationalis);
- training in public health management (World Federation of Public Health Associations);
- training of nursing and midwifery personnel in relation to their role in primary health care (International Committee of Catholic Nurses, International Confederation of Midwives, and International Council of Nurses);
- reorientation of medical curricula along primary health care lines (International Federation of Medical Student Associations);
- processes for promoting change in established schools for health sciences (in collaboration with the network of community-oriented educational institutions for health sciences) (World Federation for Medical Education);
- a manual on educational objectives for all categories of oral health personnel (International Dental Federation).

(e) Publications:

- a handbook on care and maintenance of laboratory equipment in developing countries (International Association of Medical Laboratory Technologists);
- a manual for developing countries on management of drug purchasing, storage and distribution (prepared by the International Pharmaceutical Federation as follow-up to recommendations of a WHO expert committee);
- ICN/WHO monograph Aging - Implications for Nursing (International Council of Nurses);
- manuals on self health care (International Federation on Ageing);
- Health education in Europe, 5th edition (WHO Regional Office for Europe) (International Union for Health Education);
- guidelines for educational material on safe food, environmental and personal hygiene (International Union for Health Education);
- International Nomenclature of Diseases: three volumes published (diseases of lower respiratory tract, mycoses, and viral diseases); in preparation - volumes on bacterial, parasitic and cardiovascular diseases (Council for International Organizations of Medical Sciences);
- a manual on epidemiology of occupational health (WHO Regional Office for Europe) (International Epidemiological Association and Permanent Commission and International Association on Occupational Health);
- a manual on physical therapy for the elderly (World Confederation for Physical Therapy).

(f) Research is another important area of collaboration. Many NGOs provide information to WHO on current state-of-the-art reviews and the establishment of standards in many health and health-related areas, and are collaborating with WHO in the development of guidelines and criteria. NGOs are well represented on WHO expert advisory panels, and in certain cases there are links with WHO collaborating centres. They collaborate in research activities at national level within the framework of the Special Programme for Research and Training in Tropical Diseases. Two examples are the Sarvodaya Shramadana project in Sri Lanka which is examining a popular approach to malaria control, and the Saradidi rural health project in Kenya.

10. In addition to the individual collaboration of NGOs with WHO, there has been an increasing trend in recent years to form groups of NGOs interested in a particular WHO programme area. The NGO Group on Primary Health Care, which was formed on the initiative of a group of NGOs in 1976, participated in the joint WHO/UNICEF International Conference on

Primary Health Care held in Alma-Ata in 1978, and assisted in the preparation of a position paper on the role of NGOs in primary health care for that conference. In 1981 it produced a position paper on the role of NGOs in formulating strategies for health-for-all, and undertook an initiative to promote government/NGO collaboration in southern Africa (see paragraph 5). It meets twice a year.

11. The NGO/WHO Collaborative Group on Aging, including NGOs directly involved in programmes on health of the elderly as well as many others with interests in this area, was formed in 1983. It meets annually, and its functions include information exchange (e.g. on newsletters, self-health care materials, international films and other audiovisual materials, and innovative approaches by voluntary organizations regarding community care) and collaboration in the publication of technical guides and public information sheets, and in the development of learning materials and manuals on self-health care.

12. Several other groups of NGOs have been involved in WHO programme development in such areas as the prevention of blindness, maternal and child health, alcohol and drug abuse, and rehabilitation, and will continue to meet on an ad hoc basis. Similarly, joint committees have been set up with the relevant NGOs to promote action in the important health areas of rheumatism and diabetes.

13. In all these cases NGO involvement has greatly facilitated the formulation and implementation of WHO programmes.

14. Since the last report, in January 1981, 11 NGOs have been admitted into official relations with WHO. Official relations with the International Society of Orthopaedic Surgery and Traumatology have been temporarily suspended pending further information regarding the status of collaboration, and the situation will be reconsidered at the present session of the Board. Official relations were also discontinued in 1982 with the World Medical Association (resolution EB69.R23), and in 1983 with the European Society for Clinical Investigation (resolution EB71.R16). Annex 2 to this report contains a table showing year by year, from 1948 to 1984, the number of NGOs applying for official relations with WHO, the number admitted, and those with which official relations were suspended or discontinued.

15. WHO also collaborates informally with many other NGOs, and there are 24 international NGOs which are in working relations with WHO. Each regional office also works closely with many international NGOs, as well as NGOs working in a regional or national setting.

III. FUTURE TRENDS

16. At its seventy-third session the Executive Board selected "Collaboration with nongovernmental organizations in implementing the Global Strategy for Health for All" as the subject for the Technical Discussions at the Thirty-eighth World Health Assembly in May 1985.

17. A preparatory document was prepared in April 1984 and updated in July 1984, when it was sent to all Member States and all NGOs in official relations with WHO, as well as other NGO and related groups which expressed an interest in making a contribution. This document provided a summary of the main issues on which the Technical Discussions could focus, with the intention of eliciting suggestions and comments on these issues, so that the viewpoints of all concerned - Member States, NGOs at all levels, individuals and groups involved in the implementation of the Global Strategy for Health for All - could be adequately reflected in the background paper which will be used as the working document for the Technical Discussions. The document was also intended to provide a framework for preparatory activities in countries and regions prior to the discussions. Many useful comments and suggestions have been received, and the final text of the background document is expected to be ready for dispatch early in 1985. The main issues identified on which the discussions might focus can be summarized as follows:

(i) stimulating governments and NGOs to review critically the current status of mutual collaboration within the context of the Global Strategy for Health for All;

(ii) clarifying the role of NGOs at all levels - national, regional and global - in the implementation of health-for-all objectives, especially with regard to promoting community involvement;

- (iii) determining priority action needed to develop and strengthen a partnership approach through innovative mechanisms to facilitate dialogue and enhance joint efforts;
- (iv) identifying ways and means in which international support can be provided by WHO in collaboration with other agencies to further promote the involvement of NGOs in health-for-all strategies.

18. It is hoped that the Technical Discussions will lead to concrete follow-up activities at the national, regional and global levels, to maximize the NGOs' contribution toward the attainment of health for all.

NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH WHO

(Arranged according to WHO programme classification structure)

DIRECTION, COORDINATION AND MANAGEMENT

2. WHO's general programme development and management

2.3 General programme development

International Federation for Information Processing

HEALTH SYSTEM INFRASTRUCTURE

3. Health system development

3.1 Health situation and trend assessment

Biometric Society
International Air Transport Association
International Federation of Health Records Organizations
International Organization for Standardization

4. Organization of health systems based on primary health care

African Medical and Research Foundation International
Aga Khan Foundation
Christian Medical Commission
Commonwealth Medical Association
International Academy of Legal Medicine and Social Medicine
International Committee of the Red Cross
International Council on Jewish Social and Welfare Services
International Council on Social Welfare
International Council of Women
International Epidemiological Association
International Federation for Hygiene, Preventive and Social Medicine
International Hospital Federation
International Society for Burn Injuries
International Sociological Association
International Union of Architects
League of Red Cross Societies
Medicus Mundi Internationalis (International Organization for Cooperation in Health Care)
World Federation of Public Health Associations

5. Health manpower

International College of Surgeons
International Committee of Catholic Nurses
International Confederation of Midwives
International Council of Nurses
International Federation of Medical Student Associations
International Federation of Surgical Colleges
Medical Women's International Association
World Federation for Medical Education
World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians

6. Public information and education for health

International Union for Health Education
World Federation of United Nations Associations

HEALTH SCIENCE AND TECHNOLOGY - HEALTH PROMOTION AND CARE

7. Research promotion and development

Council for International Organizations of Medical Sciences
International Council of Scientific Unions
International Union of Biological Sciences

8. General health protection and promotion

8.1 Nutrition

International Union of Nutritional Sciences

8.2 Oral health

International Dental Federation

8.3 Accident prevention

International Association for Accident and Traffic Medicine

9. Protection and promotion of the health of specific population groups

(9.1 Maternal and child health, including family planning

(9.2 Human reproduction research

International Federation of Fertility Societies
International Federation of Gynecology and Obstetrics
International Pediatric Association
International Planned Parenthood Federation
International Union of School and University Health and Medicine
Population Council

9.3 Workers' health

International Association of Agricultural Medicine and Rural Health
International Ergonomics Association
International Federation of Chemical, Energy and General Workers' Unions
Permanent Commission and International Association on Occupational Health

9.4 Health of the elderly

International Centre of Social Gerontology
International Federation on Ageing

10. Protection and promotion of mental health

International Association for Child and Adolescent Psychiatry and Allied Professions
International Association for Suicide Prevention
International Brain Research Organization
International Council on Alcohol and Addictions
International Federation of Multiple Sclerosis Societies
International League against Epilepsy
International Society for the Study of Behavioural Development
International Union for Child Welfare
Joint Commission on International Aspects of Mental Retardation
World Federation for Mental Health
World Federation of Neurology
World Federation of Neurosurgical Societies
World Psychiatric Association

Annex 1

11. Promotion of environmental health

Inter-American Association of Sanitary and Environmental Engineering
International Association of Environmental Mutagen Societies
International Association on Water Pollution Research and Control
International Astronautical Federation
International Federation for Housing and Planning
International Society of Biometeorology
International Solid Wastes and Public Cleansing Association
International Union for Conservation of Nature and Natural Resources
International Union of Local Authorities
International Water Supply Association

12. Diagnostic, therapeutic and rehabilitative technology

(12.1 Clinical, laboratory and radiological technology for health systems based on primary
(health care
(

(12.2 Essential drugs and vaccines
(

(12.3 Drug and vaccine quality, safety and efficacy

International Association of Medical Laboratory Technologists
International Committee for Standardization in Haematology
International Council for Laboratory Animal Science
International Federation of Clinical Chemistry
International Federation for Medical and Biological Engineering
International Federation of Pharmaceutical Manufacturers Associations
International Pharmaceutical Federation
International Society of Blood Transfusion
International Society of Endocrinology
International Society of Haematology
International Union of Pharmacology
International Union of Pure and Applied Chemistry
World Federation of Associations of Clinical Toxicology Centers and Poison Control
Centers
World Federation of Hemophilia
World Federation of Proprietary Medicine Manufacturers
World Federation of Societies of Anaesthesiologists
International Commission on Radiation Units and Measurements
International Commission on Radiological Protection
International Electrotechnical Commission
International Radiation Protection Association
International Society of Radiographers and Radiological Technicians
International Society of Radiology
World Federation of Nuclear Medicine and Biology

12.5 Rehabilitation

International Association of Logopedics and Phoniatics
International Federation of Physical Medicine and Rehabilitation
Rehabilitation International
World Confederation for Physical Therapy
World Federation of the Deaf
World Federation of Occupational Therapists
World Rehabilitation Fund
World Veterans Federation

HEALTH SCIENCE AND TECHNOLOGY - DISEASE PREVENTION AND CONTROL

13. Disease prevention and control

International Academy of Pathology
International Agency for the Prevention of Blindness
International Association of Cancer Registries
International Association of Hydatid Disease
International Association for the Study of the Liver
International Council of Societies of Pathology
International Cystic Fibrosis (Mucoviscidosis) Association
International Diabetes Federation
International Federation of Ophthalmological Societies
International Federation of Sports Medicine
International League against Rheumatism
International Leprosy Association
International Organization against Trachoma
International Society of Chemotherapy
International Society and Federation of Cardiology
International Society for Human and Animal Mycology
International Union against Cancer
International Union of Immunological Societies
International Union of Microbiological Societies
International Union against Tuberculosis
International Union against the Venereal Diseases and the Treponematoses
World Association of Societies of (Anatomic and Clinical) Pathology
World Council for the Welfare of the Blind
World Federation of Parasitologists
World Veterinary Association

NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH WHO 1948-1984 (December)

(Number of applications, admissions, and organizations with which official relations were suspended or discontinued)

Year	Executive Board session	Applications ^a	Admissions	Official relations withdrawn	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	<u>1^b</u>	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	<u>1^c</u>	82
1970	EB45	6	3		85
1971	EB47	11	7		92
1972	EB49	10	9	<u>3^d</u>	98
1973	EB51	9	8		106
1974	EB53	3	3		109
1975	EB55	9	5		114
1976	EB57	4	1	<u>1^e</u>	114
1977	EB59	8	4		118
1978	EB61	3	2	<u>2^f</u>	118
1979	EB63	7	5		123
1980	EB65	2	0		123
1981	EB67	3	1		124
1982	EB69	3	1	<u>1^g</u>	124
1983	EB71	4	3	<u>2^h</u>	125
1984	EB73	6	6		131

^a An organization may have applied more than once.

^b American College of Chest Physicians.

^c Central Council for Health Education.

^d Official relations resumed with one of the three organizations in 1973.

^e International Academy of Legal Medicine and Social Medicine (Official relations resumed in 1984).

^f International League of Dermatological Societies; Transplantation Society.

^g World Medical Association.

^h European Society for Clinical Investigation; International Society of Orthopaedic Surgery and Traumatology (temporarily).