Guide for staff
on engagement with non-State actors

Second edition
Guide for staff on engagement with non-State actors, second edition

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Introduction

This guide is intended to help WHO staff at all levels of the Organization understand and apply the provisions in the Framework of Engagement with non-State actors (FENSA). It offers guidance on the modalities to consider when pursuing engagements with non-State actors.

The Framework, adopted by Member States at the 69th session of the World Health Assembly (resolution WHA69.10), is an enabling policy that provides a set of key principles and operational procedures to facilitate WHO’s engagement with non-State actors.

Engaging with non-State actors across the globe is essential for WHO to be able to achieve its goals and priorities and fulfil its critical mission. The Framework guides staff to maximize the benefits of these engagements, enhance non-State actors’ impact on health, and positively influence global stakeholders to better align with WHO’s norms, standards, and recommendations, in support of WHO Member States.

The Framework prioritizes the need to expand, deepen and strengthen engagements with a positive impact on public health, while balancing risks against expected benefits. Appreciating the importance of strategic engagement with non-State actors across the Organization, WHO continues to make significant strides towards reinforcing a constructive, flexible and positive approach for such engagements in line with the Framework, as well as relevant policies and rules while ensuring that a level playing field applies when engaging with non-State actors.

The added value of FENSA includes:

- Increased clarity on mechanisms to work with non-State actors at country, regional and global levels.
- Enhanced accountability and transparency both internally and externally.
- Enabling more strategic engagements with non-State actors to support Member States.
- Protecting WHO from engagements that could jeopardize the credibility of its work.
- Empowering organizational learning, information sharing and improvement in structuring engagements.
- Ensuring coherence and consistency in WHO’s engagements with non-State actors across the Organization.
1 Basic Elements

1.1 What is FENSA?

The Framework of Engagement with non-State actors (FENSA) is an Organization-wide policy governing WHO’s engagements and relations with non-State actors across the three levels of the Organization.

Adopted by Member States in 2016, the Framework of Engagement with non-State actors (FENSA) is an enabling corporate policy that facilitates and encourages WHO’s engagement with non-State actors. It consists of an overarching framework that outlines general principles for such engagements as well as specific WHO policies and operational procedures for engagement with the four different types of non-State actors.

FENSA provides a set of rules and guidance to strengthen and enhance WHO’s engagement with non-State actors while reinforcing WHO’s management of the potential risks related to these engagements. It guides the Organization in balancing the risks against the expected benefits, ensuring that a level playing field applies when engaging with non-State actors, while at the same time protecting and preserving WHO’s integrity, reputation, and public health mandate.

FENSA can be found here, in WHA69.10
1.2 What is a non-State actor?

WHO recognizes four groups of non-State actors

<table>
<thead>
<tr>
<th><strong>Nongovernmental organizations</strong></th>
<th>(including civil society groups and faith-based organizations)</th>
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<tbody>
<tr>
<td><strong>Private sector entities</strong></td>
<td>(including business associations, State-owned commercial enterprises and those entities that are not “at arm’s length” from their commercial sponsors)</td>
</tr>
<tr>
<td><strong>Philanthropic foundations</strong></td>
<td></td>
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<tr>
<td><strong>Academic institutions</strong></td>
<td>(including university hospitals, research centres, think tanks)</td>
</tr>
</tbody>
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In addition to the overarching framework of engagement with non-State actors, a specific policy and related operational procedures are defined for each group of non-State actors.

Although some provisions in the four specific policies are identical for all groups, others are not. Both the overarching framework and the relevant specific policy must be followed. Which of the four policies needs to be applied to an engagement is determined by the outcomes of the due diligence.

Application of the specific policy is relevant only to WHO’s engagement with a non-State actor, regardless of its legal status under any national jurisdiction.

**KNOW MORE**

The four groups of on-State actors are defined in paragraphs 8-13 of FENSA
1.3 What constitutes an interaction/engagement?

FENSA refers to five types of interactions/engagements:

![Fig. 1 The five types of interaction under FENSA](image)

- **PARTICIPATION IN MEETINGS**: such as technical meetings, WHO Governing Bodies meetings, consultations, hearings
- **RESOURCES**: financial or in-kind contributions
- **EVIDENCE**: information gathering, analysis, generation of information and the management of knowledge and research
- **ADVOCACY**: including raising awareness of public health issues
- **TECHNICAL COLLABORATION**: product development, capacity-building, and operational collaboration in emergencies.

An engagement with a non-State actor is any formalized interaction corresponding to one of the five types of interaction defined by FENSA (Fig. 1), including: participating in each other’s meetings, providing or accepting resources, advocacy, sharing or gathering evidence, and technical collaboration.

FENSA procedures do not apply to informal interactions with non-State actors, such as phone calls, informal discussions, preliminary conversations, and sharing of public materials on WHO’s activities and areas of work.

**KNOW MORE**

For more information on the types of interactions, see [paragraphs 14-20] of the overarching Framework.
Staff should be familiar with the principles, benefits, and risks of engagement defined by FENSA, in order to help ensure that WHO’s engagement with non-State actors brings important benefits to global public health and to WHO itself in fulfilment of its principles and objectives, including its directing and coordinating role in global health.

### 2.1 FENSA principles

**Any engagement must:**

- Demonstrate a clear benefit to public health
- Conform with WHO’s Constitution, mandate and general programme of work
- Respect the intergovernmental nature of WHO and the decision-making authority of Member States as set out in WHO’s Constitution
- Support and enhance, without compromising, the scientific and evidence-based approach that underpins WHO’s work
- Protect WHO from any undue influence, in particular on the processes in setting and applying policies, norms and standards
- Not compromise WHO’s integrity, independence, credibility and reputation
- Be effectively managed, including by, where possible, avoiding conflict of interest and other forms of risks to WHO
- Be conducted on the basis of transparency, openness, inclusiveness, accountability, integrity and mutual respect

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1. Policies, norms and standard setting include information gathering, preparation for, elaboration of and a decision on the normative text.
2. As set out in paragraphs 22 to 26 of FENSA.
2.2 Benefits of engagement

Engagement with non-State actors can bring important benefits to global public health and to WHO itself in fulfilment of its constitutional principles and objectives, including its directing and coordinating role in global health.

Engagements range from major, longer-term collaborations to smaller, briefer interactions.

(defined in paragraph 6 of FENSA)

Benefits of engagement may include:

✓ the contribution of non-State actors to the work of WHO;

✓ the influence that WHO can have on non-State actors to enhance their impact on global public health or influence the social, economic and environmental determinants of health;

✓ the influence that WHO can have on non-State actors’ compliance with WHO’s policies, norms and standards;

✓ the additional resources non-State actors can contribute to WHO’s work;

✓ wider dissemination of and adherence by non-State actors to WHO’s policies, norms and standards.
2.3 Risks of engagement

WHO’s engagement with non-State actors can involve risks which need to be effectively managed and, where appropriate, avoided. (defined in paragraph 7 of FENSA)

Risks of engagement may include:

✗ conflicts of interest;

✗ undue or improper influence exercised by a non-State actor on WHO’s work, especially in, but not limited to, policies, norms and standard setting;

✗ negative impact on WHO’s integrity, independence, credibility and reputation; and public health mandate;

✗ the engagement being primarily used to serve the interests of the non-State actor concerned with limited or no benefits for WHO and public health;

✗ the engagement conferring an endorsement of the non-State actor’s name, brand, product, views or activity;

✗ whitewashing of a non-State actor’s image through an engagement with WHO;

✗ a competitive advantage for a non-State actor.

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3 Policies, norms, and standard setting includes information gathering, preparation for, elaboration of and a decision on the normative text.
3.1 What is risk management as per FENSA?

Risk management concerns the process leading to a management decision whereby the Secretariat decides explicitly and justifiably on entry into engagement, continuation of engagement, engagement with measures to mitigate risks, non-engagement or disengagement from an existing or planned engagement with non-State actors. It is a management decision usually taken by the unit engaging with the non-State actor based on a recommendation of the FENSA focal point and/or the specialized unit responsible for performing due diligence and risk assessment.

3.2 What is a conflict of interest?

FENSA indicates that a conflict of interest arises in circumstances where there is potential for a secondary interest (a vested interest in the outcome of WHO’s work in a given area) to unduly influence, or where it may be reasonably perceived to unduly influence, either the independence or objectivity of professional judgement or actions regarding a primary interest (WHO’s work). The existence of a conflict of interest in all its forms does not as such mean that improper action has occurred, but rather the risk of such improper action occurring. A conflict of interest is not only financial but can take other forms as well.

KNOW MORE

For further information please refer to paragraph 22 of FENSA
3.3 Individual vs. institutional conflict of interest

FENSA applies to institutional conflict of interest – which should be distinguished from individual conflict of interest, for both staff and external experts.

An individual conflict of interest is regulated through:
✓ Staff Regulations and Staff Rules
✓ Regulations for Expert Advisory Panels and Committees
✓ Guidelines for Declaration of Interests (WHO Experts)
✓ Safeguard against Sexual Exploitation and Abuse and Sexual Harassment.

These policies are implemented in a coordinated manner to avoid any ambiguities when a conflict of interest arises. A conflict of interest is identified, actively managed and avoided where appropriate.

When engaging with non-State actors, WHO is often faced with a combination of converging and conflicting interests. An institutional conflict of interest is a situation in which WHO’s interests may be unduly influenced by the conflicting interest of a non-State actor in a way that affects, or may reasonably be perceived to affect, the independence and objectivity of WHO’s work.

In actively managing institutional conflict of interest, WHO aims to avoid allowing the conflicting interests of a non-State actor to exert, or be reasonably perceived to exert, undue influence over the Organization’s decision-making process or to prevail over its interest.

For WHO, the potential risk of institutional conflicts of interest could be the highest in situations where the interest of non-State actors, in particular economic, commercial or financial, are in conflict with WHO’s public health policies, constitutional mandate and interests, in particular the Organization’s independence and impartiality in setting policies, norms and standards.

**KNOW MORE**
For further information please refer to paragraph 22 to 36 of FENSA
Practical internal steps to consider when engaging with non-State actors

For staff considering engaging with a non-State actor, the practical steps are:

1. **Check that the potential engagement:**
   - involves a non-State actor as defined in FENSA (a non-governmental organization, private sector entity, philanthropic foundation or academic institution);\(^4\)
   - constitutes an engagement as defined in FENSA (participation in a meeting, provision of resources from or to a non-State actor, evidence gathering or sharing, advocacy or an awareness-raising activity or a technical collaboration);\(^5\)
   - is in accordance with FENSA, WHO’s Constitution, mandate, and General Programme of Work;
   - is bringing important benefits to global public health and to WHO itself in fulfilment of its principles and objectives, including its directing and coordinating role in global health.

2. **Prepare a concept note** on the planned engagement, using the relevant template to address:
   - the objectives and goals of the project;
   - details on the roles and responsibilities of WHO and those of the non-State actor(s) participating in the project;
   - the budget of the project (if applicable);
   - expected outcomes of the project; and
   - any additional information relevant to the project.

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\(^4\) Interactions with governmental or intergovernmental organizations and with individuals acting in their individual capacity and not as representatives of a non-State actor are not governed by FENSA.

\(^5\) Procurement of goods and services at market rates are not covered by FENSA. Informal interactions, such as an informal phone call or preparations for a possible engagement, do not have to follow a specific process.
3 Request the non-State actor(s) to submit the following documents to be reviewed by WHO (in line with paragraph 39 of FENSA):
- copy of the entity’s founding document (legal status or bylaws);
- copy of the entity’s registration (if applicable);
- the composition of its decision-making body, including names of members (governance such as the Board, Council, Assembly);
- sources of funding (lists of donors and sponsors);
- affiliations (parent entity, subsidiaries or branches).

The non-State actor must also complete and sign the tobacco-arms disclosure statement without alteration. Once signed, the document remains valid for the calendar year.

The entity shall submit these documents to WHO to be accountable for their veracity and accuracy.

4 Submit the proposed engagement for the review by FENSA focal points or specialized unit, using the relevant checklists and tools developed for this purpose. Upon assessment, a recommendation can be made on whether to engage with the non-State actor.

**KNOW MORE**
For further information see paragraph 28 of FENSA and the WHO eManual.
4.1 Overview of practical internal steps for engaging with a non-State actor

Fig. 2 Practical steps to follow when engaging with non-State Actors

- Is it a non-State actor? 
  - Yes

- Is it an engagement according to FENSA? 
  - Yes

- Did you receive required documents from the non-State actor and fill in the checklist? 
  - Yes

- Did you prepare a concept note for the engagement? 
  - Yes

- Send it to FENSA focal point for assessment

Simplified Procedure: FENSA focal point assessment

Standard procedure: Due diligence and risk assessment by the specialized unit
4.2 What is due diligence and risk assessment?

Due diligence and risk assessment are conducted on each proposed engagement, without prejudice to the non-State actor and irrespective of previous engagements. The outcomes of each assessment are documented.

Due diligence is the profiling of an entity, and also refers to the steps taken by WHO to profile, find and verify relevant information on a non-State actor to reach a clear understanding of its nature, purpose, activities and its commitment to public health. This also facilitates categorization of non-State actors in line with FENSA.

Risk assessment refers to the assessment of a proposed engagement with the non-State actor, identifying the potential risks associated with the proposed engagement, in particular the risks described in paragraph 7 of FENSA. Risk assessment is performed in combination with due diligence and without prejudice to the type of non-State actor.

Risk management concerns the process leading to a management decision whereby the Secretariat decides explicitly and justifiably on entry into engagement, continuation of engagement, engagement with measures to mitigate risks, non-engagement or disengagement from an existing or planned engagement with non-State actors. Depending on the level of the risk associated with the specific engagement, due diligence and risk assessment can be performed using either the simplified procedure conducted by FENSA focal points, or the standard procedure conducted by the specialized unit.

4.3 How to initiate a simplified procedure?

The WHO technical staff initiating an engagement with a non-State actor submits all relevant documents to the FENSA focal point in the division for review and to conduct the simplified due diligence and risk assessment. Checklists have been developed and made available in order to assist both the WHO technical staff initiating an engagement and the FENSA focal point conducting the assessment.

Documents to be submitted by the WHO staff initiating an engagement include: i) the documents provided by the non-State actor as per paragraph 39 of FENSA ii) the tobacco and arms disclosure statement completed by the non-State actor, and iii) the project proposal developed by WHO. The FENSA focal point conducts and documents the assessment and provides recommendations.
4.4 How is the standard due diligence and risk assessment procedure initiated?

All engagement proposals are first submitted to the FENSA focal point in the relevant Division or Regional Office for review using the simplified procedure. If the assessment performed by the FENSA focal point uncovers higher risks (that is, in relation to the non-State actor involved and/or to the proposed engagement), the FENSA focal point may consider referring the engagement to the specialized unit for a standard review, by sharing all documents related to the proposal and providing relevant justification for the request.

4.5 Who takes the decision on engagements?

Once the simplified or standard due diligence and risk assessment procedures have been conducted and recommendations are shared with the technical unit initiating the request, the decision on whether to proceed or decline the engagement is made by the Division or the Country/Regional office, in accordance with the delegation of authority (Fig. 3), subject to the outcomes of the due diligence and risk assessment.
4.6 The path from a potential to a successful engagement

Fig. 3 Path from a potential to successful engagement.

1- Informal Exchanges

Exploratory phase
WHO technical staff and non-State actor discuss the possibility of engagement.

2- Preparing a proposal

WHO technical staff proposing the engagement:
1. verifies alignment with WHO's policies, norms and priorities;
2. confirms the type of engagement;
3. drafts a proposal.

3- Obtaining information from non-State actor

Documents on the non-State actor's legal status, governance, funding, activities, and affiliations are provided by the non-State actor, as well as the tobacco-arms disclosure.

4- Due diligence and risk assessment

Documents are submitted for review and a due diligence and risk assessment is conducted.

5- Decision on engagement

Depending on the delegation of authority, the decision on engagement is taken by Division/Regional/Country Office of authority.

6- Managing and monitoring

The initiating technical unit is responsible for implementing, managing, documenting, and monitoring the engagement.
FENSA identifies specific red lines that either prevent WHO from pursuing an engagement with a non-State actor, or indicate that particular caution needs to be exercised.

5.1 WHO does not engage with the tobacco industry or non-State actors that further the interests of the tobacco industry

The tobacco industry and furthering the interests of the tobacco industry include but are not limited to:

- Entities engaged in the manufacturing, distribution and/or sale of tobacco or tobacco-related products

- Entities working to further the interests of the tobacco industry through lobbying, advertising, legal advice or similar activities

- Entities being funded, supported or influenced in their governance by tobacco-related entities

- Entities having the tobacco industry or their representatives among their members.
5.2 WHO does not engage with the arms industry

WHO does not engage with the arms industry. For entities receiving funding or engaging with arms industry from the arms industry, a case-by-case assessment is made for each specific engagement.

5.3 When should particular caution be exercised?

WHO takes particular caution when engaging with non-State actors whose policies or activities negatively affect human health and may not be in line with WHO’s policies, norms and standards, in particular those related to noncommunicable diseases and their determinants, as well as to protect WHO’s normative work from any undue influence.

In these situations, as for other proposed engagements, a case-by-case assessment is conducted in accordance with FENSA.

KNOW MORE

For further information see paragraph 44 to 45 of FENSA
5.4 Zero tolerance for all forms of sexual misconduct and other types of abusive conduct, fraud or corruption

All entities are expected to ensure that the conduct of their employees and any other persons engaged by them is consistent with the WHO standards of conduct. In particular, WHO has zero tolerance towards any form of sexual misconduct (an all-inclusive term encompassing all forms of sexual exploitation, sexual abuse, sexual harassment and sexual violence), other types of abusive conduct, fraud or corruption.

In this regard, and without limiting any other provisions contained herein, the entity warrants that it shall:

(i) take all reasonable and appropriate measures to prevent any form of prohibited behaviour by any of its employees and by any other persons engaged by it to perform any activities or to provide any services for WHO on the entity’s behalf. This refers, in particular, to:
   a. sexual misconduct, as defined and addressed in the WHO Policy on Preventing and Addressing Sexual Misconduct;
   b. other types of abusive conduct, as defined and addressed in the WHO Policy on Preventing and Addressing Abusive Conduct; and,
   c. all forms of fraud or corruption, as defined and addressed in the WHO Policy on Prevention, Detection and Response to Fraud and Corruption.

(ii) promptly report any actual or suspected violations of these WHO policies of which the entity becomes aware to the WHO Office of Internal Oversight Services (“IOS”) at investigation@who.int;

(iii) promptly communicate to IOS any measures that may be necessary or appropriate to protect the confidentiality and wellbeing of the survivor or victim; and,

(iv) promptly respond to any actual or suspected violations of the above referenced WHO policies of which the entity becomes aware, and to cooperate with and to keep IOS informed of the status and outcome of any measures of protection, corrections to operations, investigation, and disciplinary action taken against any perpetrator by the entity.
FENSA application

The Framework applies to WHO’s engagement with non-State actors. There are specific situations where other policies are considered in conjunction with FENSA.

6.1 When does FENSA apply?

FENSA applies to all engagements between WHO and non-State actors at the three levels of the Organization, including:

✓ Activities conducted by

► facilities and secretariats hosted by WHO such as the International Agency for Research on Cancer (IARC) or the WHO Framework Convention on Tobacco Control (FCTC) Secretariat,

► co-sponsored programmes such as the Special Programme for Research and Training in Tropical Diseases (TDR) and the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP),

► hosted partnerships such as the Partnership for Maternal, Newborn and Child Health (PMNCH), European Observatory, Alliance for Health Policy and Systems Research (AHPSR) and UNITAID.

✓ Secondments from non-State actors.

✓ Engagements between WHO and individuals acting in a representative capacity for a non-State actor.

✓ Joint publications developed and prepared by WHO and a non-State actor.

✓ Grant Letter of Agreement with a non-State actor, which is a non-standard contract between WHO and a non-State actor that is receiving a grant from WHO.
6.2 When does FENSA not apply?

The provisions of FENSA do not apply to the following:

✗ Engagements between WHO and Member States, including their ministries, governmental agencies, national agencies, subnational entities such as regional or local governments, and other public entities.

✗ Engagements between WHO and global or regional intergovernmental organizations such as the United Nations and its funds, programmes and specialized agencies, the World Bank, the African Union, the European Union, the Association of Southeast Asian Nations, Organisation of Islamic Cooperation, and Southern Common Market (MERCOSUR).

✗ Procurement of goods and services from non-State actors to WHO (except for pro-bono contributions). In this case, the WHO’s Financial Regulations and Financial Rules apply.

✗ Fees, payments, contributions and/or goods received by WHO from non-State actors as a result of their use of WHO materials, information, data (such as use of the Global Influenza Surveillance and Response System under the Pandemic Influenza Preparedness – PIP Framework) or other mechanisms or services (such as prequalification). The terms and conditions of the PIP Framework apply for PIP Framework-related fees, payments, contributions, or goods.

✗ Engagement between WHO and individuals acting on their individual capacity and not as a representative of a non-State actor. In this case, the WHO Rules and Regulations for individual experts apply.

✗ Engagement between the Codex Alimentarius Commission and non-State actors. Meetings of this Commission, Committees, including independent expert committees, and Task Forces are regulated by the Rules of Procedure and other decisions adopted by the Codex Alimentarius Commission.

✗ Engagements where WHO is assessing individual products of companies, such as in the case of WHO Pesticide Evaluation Scheme (WHOPES) or the prequalification programme.

✗ Governance of entities established under WHO, co-sponsored programmes, facilities, secretariats, and hosted partnerships.
6.3 How does FENSA relate to other policies?

The implementation of the policies listed below as they relate to WHO’s engagement with non-State actors is coordinated and aligned with FENSA:

The Policy on [WHO’s engagement with global health partnerships and hosting arrangements (WHA63.10)] applies when WHO decides to join and/or host a partnership or multistakeholder initiative. FENSA applies to the hosted partnerships’ engagement with non-State actors, but not to their respective governance. FENSA also applies for WHO’s engagement in external partnerships and multistakeholder initiatives. When engaging with a partnership, a multistakeholder initiative or collaborative engagement involving non-State actors, both the Partnership policy and FENSA apply.

When engaging with an individual it should always be determined whether they are acting in their individual or institutional capacity; if the former, the engagement is subject to different set of policies including the [Guidelines for Declaration of Interests (WHO Experts)] and not FENSA. If the person is representing a non-State actor, the engagement is therefore governed by FENSA.

In addition to the [Regulations for Study and Scientific Groups, Collaborating Institutions and other Mechanisms of Collaboration], engagements, designations and redesignations of WHO collaborating centres are subject to FENSA.

Secondments from non-State actors are governed by the [criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions]. WHO does not accept secondments from private sector entities.
“Procurement” refers to the acquisition, by purchase of lease, of real property, goods, works or professional services. The procurement of goods and services is regulated by the Financial Rules and Financial Regulations and Procurement Policy and not governed by FENSA, with exception to pro-bono contributions from non-State actors.

Financing from non-State actors is governed by FENSA and the Financial Rules and Financial Regulations.

When considering whether to pursue a joint publication with a non-State actor, WHO must confirm whether the non-State actor is of good standing and meets the required criteria and standards as set out in WHO’s policies and rules, including FENSA, by conducting a due diligence on the non-State actor and a risk assessment of the proposed engagement.

When providing a grant for a non-State actor, WHO must ascertain whether the non-State actor is in good standing, and meets the required criteria and standards as per WHO’s policies and rules, including FENSA. In addition, the entity must not be affiliated in any manner with tobacco and/or arms industries nor have encountered any reputational issues. WHO must conduct due diligence and risk assessment on both the entity and the project proposal. Grant Letters of Agreement are regulated by FENSA and the Grant Letters of Agreement Standard Operating Procedures.

For further information please refer to paragraph 48 to 49 of FENSA.
6.4 How to determine which of the four policies and operational procedures in FENSA apply?

The outcomes of the due diligence determine which of the four policies and operational procedures apply to WHO engagement with a non-State actor, regardless of the legal status of the entity under any national jurisdiction. Application of the specific policy only relates to the engagement of WHO with this entity.

WHO will determine through its due diligence if a non-State actor is subject to the influence of private sector entities to the extent that the non-State actor has to be considered as a private sector entity. Such influence can be exerted through for instance financing, participation in decision-making or otherwise.

6.4.1 How to differentiate between companies and their foundations?

WHO does not differentiate between companies and foundations set up by companies. These entities are considered not to be “at arm’s length” from their commercial sponsors. Therefore, the policy and operational procedures on engagement with private sector entities also apply to these foundations.

To note, partially or fully State-owned commercial enterprises acting as private sector entities are also subject to this policy.

6.4.2 What does “at arm’s length” mean?

An entity is “at arm’s length” from another entity if it is for instance financially and organizationally independent from the other entity, does not take instructions and is not influenced nor reasonably perceived to be influenced in decisions, mandate and work by the other entity.

6.4.3 Can engagement be made with a faith-based entity?

Faith-based organizations are defined in FENSA as nongovernmental organizations, provided they conform with the description contained in paragraph 9 of FENSA and therefore are subject to the policies and operational procedures on engagement with nongovernmental organizations. As with any other engagement, WHO will assess each
engagement in accordance with the provisions of FENSA. When engaging with WHO, these entities shall operate in accordance with the principle of equal treatment of every human being without distinction of race, religion, political belief, economic or social conditions, as stated in WHO’s Constitution and policies.

6.4.4 How should a professional association be considered?

Professional associations are categorized as nongovernmental organizations, provided they conform with the description contained in paragraph 9 of FENSA, which defines nongovernmental organizations as non-profit entities that operate independently of governments. They must be free from concerns that are primarily of a private, commercial or profit-making nature.

6.5 Engagements involving Member States and other intergovernmental organizations

Although FENSA does not apply to engagements with Member States and other intergovernmental organizations, it does apply to WHO’s engagement with non-State actors if the engagement is organized jointly with Member States or other intergovernmental agencies.

It is therefore important to ensure all entities involved in the engagement are aware of the elements to be observed by WHO at an early stage of planning.

In the specific case of meetings organized by Member States, UN agencies or other intergovernmental organizations, that non-State actors are also invited to attend, WHO’s participation is governed by its procedures and rules including FENSA.
6.1 Particular situations

6.6.1 How does FENSA apply in emergency situations?

When responding to acute public health events described in the International Health Regulations (2005) or other emergencies with health consequences, the Director-General may, while acting according to the WHO Constitution and the principles identified in FENSA, exercise such flexibility as might be needed in the application of the procedures of FENSA in those responses, when deemed necessary. The Executive Director of WHO Health Emergencies Preparedness and Response may propose the use of such flexibilities for the consideration and decision of the Director-General.

**KNOW MORE**

For further information see paragraph 73 of FENSA.

6.6.2 Can WHO provide funds to non-State actors?

Funds can be provided to a non-State actor serving as an “implementing partner” when WHO, acting as a funding agency, provides financial support to technical projects implemented by non-State actors, rather than commissioning services in support of WHO’s work.

Funding for such projects must be within WHO’s programmatic priorities. Implementing partners include the following categories: non-State actors (nongovernmental organizations and academic institutions) and intergovernmental organizations (such as UN and its agencies). As a general rule, WHO provides grants only to legally registered nongovernmental organizations and academic institutions. The entity must be in good standing and meet the required criteria and standards as per WHO’s policies and rules, including FENSA.
6.6.3 What are the criteria to accept a non-State actor as an “implementing partner”?

In general, WHO selects its implementing partners based on the following criteria:

- Effectiveness and feasibility of program activities/approaches
- Anticipated results
- Implementation plan
- Organizational capacity and experience
- Creativity and community involvement
- Beneficiaries of program activities
- Cost breakdown
- Availability of funding
- Value for Money – including the expected impact this activity will have on the target population
- Known history of compliance/Performance
- Positive recommendations after due diligence and risk assessment

Additional selection criteria may be considered depending on the purpose of the project. For more details and information, see the internal Standard Operating Procedures reserved for this purpose.
7 Participation

7.1 Participation in meetings organized by non-State actors

Participation is one of the type of engagements, as defined in FENSA. Subject to the outcomes of the due diligence and risk assessment and before confirming the participation of WHO in meetings/events organized by a non-State actor, the following elements should be communicated to and confirmed in writing by the non-State actor organizing the meeting/event:

- The non-State actor should formally confirm and commit that tobacco and arms industries are neither invited nor will be invited to this meeting/event, nor contribute in any manner (including financially) to the activities and work related to this meeting/event.

- The meeting/event should not be considered as co-sponsored, jointly organized, or endorsed by WHO.

- The WHO emblem and name will not appear or be displayed on any material related to this meeting/event or for the promotion of the entity’s activities nor on the non-State actor’s social media platforms, press releases or other material related to this meeting/event.

- The non-State actors participating in or co-organizing the meeting/event shall not use WHO’s name and/or emblem, or any abbreviation thereof, in relation to their business or activities, or otherwise.

- The name of WHO’s representative and the name of the Organization will be reported on the list of participants.

- WHO’s participation should not be considered as WHO formally engaging with the non-State actors invited, co-organizing or funding this meeting/event, nor should it be considered as endorsement of their activities, name, brand, products, or views.
There will be no commitment expected from WHO, such as signing a “declaration”, implementation plan, recommendations, endorsement of a roadmap or strategy, partnerships, and so on at this meeting/event, unless this has been previously discussed and cleared internally by WHO Secretariat.

WHO’s presentations and interventions will echo and reflect WHO’s views and positions, even those conflicting with the interests of the organizers and attendees.

WHO’s participation should in no case be considered as an endorsement of political products, opinions and activities.

Travel and ancillary expenses of the WHO staff member attending the event/meeting will not be supported by the non-State actor.

WHO’s is participating in this meeting as a speaker on the express understanding that (1) no representatives of the tobacco industry have been invited to or will participate as speaker or panelists in the meeting and (2) the meeting organizers have not received any funding or other form of sponsorship from the tobacco industry and agree not to do so in connection with the meeting. Should the organizer become aware of any information at any time that is contrary to the foregoing understanding, it has the duty to inform immediately WHO as this may impact WHO ability to participate in the meeting.
7.2 WHO inviting non-State actors to participate in its meetings

When WHO invites non-State actors to participate in meetings or events organized by WHO, such as WHO technical meetings, consultations, and hearings, WHO staff shall observe the following elements to ensure the proper engagement of non-State actors in the meeting:

- Identify the format, objectives, and modalities of the meeting.
- Develop a set of selection criteria to avoid the risk of competitive advantage and endorsement of non-State actors.
- Determine the categories of non-State actors to be invited, i.e. nongovernmental organizations, private sector entities (including international/regional business associations), philanthropic foundations, and academic institutions.
- Conduct due diligence and risk assessment on potential participants and invite them to sign (on behalf of their entities) the tobacco-arms disclosure statement before confirming their participation.
- Define the information and outcomes to be disseminated.
- Inform participants they shall not use their participation at a WHO meeting/event for promotional and/or commercial purposes, nor WHO name and/or emblem in relation to their business or activities.
- Ensure that participation of non-State actors in WHO’s meetings is for the exchange of information and views, but never for the formulation of advice, nor decision making.
7.3 What are the differences between jointly organized meetings and co-sponsored meetings with non-State actors?

When jointly organizing a meeting with a non-State actor, WHO should exercise proper control over the meeting. WHO must review and agree to all aspects of the meeting including but not limited to administrative arrangements, participants, and documents.

WHO co-sponsorship implies the active participation of WHO in the planning and organization of a meeting convened by a non-State actor. WHO co-sponsorship does not imply any financial commitment on the part of WHO. In accordance with FENSA, WHO does not co-sponsor meetings organized by private sector entities.

7.4 What are the conditions that should be met for jointly organizing or co-sponsoring a meeting?

When WHO jointly organizes or co-sponsors a meeting with a non-State actor, the following conditions shall be met:

✓ the meeting is of an international character
✓ the objectives of the meeting are directly relevant to and in conformity with WHO's policies, strategies, and priority concerns
✓ the outcomes of the meeting will further the scientific, technical, and managerial interests of WHO
✓ the status, nature, and membership of the inviting and supporting entity are acceptable to WHO
✓ the commitments expected from WHO are agreed upon by WHO
✓ the non-State actors involved do not have a commercial interest in the topics to be discussed at the meeting
✓ the meeting is not organized wholly or partly by private sector entities.
✓ there shall be no commercial exhibitions on WHO premises and at WHO’s meetings.
WHO does not cosponsor commercial exhibitions, whether as part of meetings organized by private sector entities or as part of meetings organized by other actors.

8 Use of WHO name and emblem

WHO’s name, logo and emblem are recognized by the public as symbols of integrity and quality assurance. WHO’s name, acronym and emblem shall therefore not be used for or in conjunction with commercial, promotional marketing and advertisement purposes. Any use of the name or emblem requires an explicit written authorization by the Director-General of WHO.

For further information please consult the WHO guidelines on use of the World Health Organization emblem and visit the webpage. All requests for the use of WHO’s emblem, name, or emblem by non-State actors must be reviewed by relevant departments.

KNOW MORE

For further information see paragraph 46 of FENSA
“Official relations” is often confused with “formal engagement”. “Official relations” is a privilege that the Executive Board may grant, to three types of entities: nongovernmental organizations, international business associations and philanthropic foundations that have had and continue to have a sustained and systematic engagement in the interest of the Organization. Formal engagement refers to the different collaborations/interactions that WHO has with non-State actors. WHO counts thousands of formal engagements every year with non-State actors at the three levels of the Organization.

Official relations are granted by Member States based on an assessment of a) past collaboration and b) a plan for future collaboration between WHO and the non-State actor, with agreed objectives and activities for a three-year period, structured in accordance with the WHO General Programme of Work and Programme budget and consistent with FENSA.

The aims and activities of the entity applying or renewing official relations with WHO must be in conformity with the spirit, purposes, and principles of WHO’s Constitution, and must contribute significantly to the advancement of public health agenda.

The non-State actor is also expected to provide a short annual progress report on implementation of the agreed plan for collaboration, to be published in the WHO Register of non-State actors.

In accordance with FENSA, the Executive Board, through its Programme, Budget and Administration Committee, shall review collaboration with each non-State actor in official relations every three years and either decide on the desirability of admitting or maintaining entities in official relations, defer the decision on the review to the following year or to discontinue official relations.

Non-State actors in “official relations” can attend WHO’s governing bodies meetings as observers but are otherwise subject to the same rules as other non-State actors when engaging with WHO.
Being in official relations does not automatically grant permission to a non-State actor for all engagements. The same procedures, including due diligence and risk assessments, shall be conducted on all proposed engagements.

To note, WHO collaborating centres and non-State actors in official relations with WHO are subject to different rules and procedures, which are mutually exclusive.

Furthermore, academic institutions, partnerships, collaborative arrangements, multistakeholder initiatives and public-private partnerships are not eligible for official relations. Instead, WHO includes such entities in its list of “Partnerships and Collaborative Arrangements with WHO involvement”, which is regularly updated.

For further information see paragraph 50 to 66 of FENSA
What is a WHO collaborating centre?

A WHO collaborating centre is an institution designated by the Director-General of WHO to form part of an international collaborative network set up by WHO in support of its programme at the country, intercountry, regional, interregional and global levels. In line with the WHO policy and strategy of technical cooperation, a WHO collaborating centre also participates in the strengthening of country resources, in terms of information, services, research and training, in support of national health development.

An institution is designated initially for a term of four years; the designation may be renewed for the same or a shorter period.

In line with FENSA, academic institutions or parts thereof can be designated as WHO collaborating centres, in accordance with the WHO Regulations for Study and Scientific Groups, Collaborating Institutions and other Mechanisms of Collaboration. In this context, before granting the status of WHO collaborating centre a due diligence and risk assessment in accordance with FENSA is conducted.

Designation is made with the agreement of the head of the establishment to which the institution is attached or with that of the director of the institution, if it is independent, and after consultation with the national government.

Designation is independent of financial support being given to the institution by WHO.

Not eligible for designation as WHO collaborating centres are, for example, networks, working groups, partnerships and programmes, private sector entities, philanthropic foundations, nongovernmental organizations and similar bodies with a membership structure, including professional associations.

WHO collaborating centres and non-State actors in official relations with WHO are subject to different rules and policies, which are mutually exclusive.

**KNOW MORE**

For further information see paragraph 22 of FENSA and internet pages for WHO collaborating centers.

**11 Non-compliance with FENSA**

Non-compliance by a non-State actor with the Framework can have consequences for the entity concerned after due process including a reminder, a warning, a cease-and-desist letter, a rejection of renewal of engagement and termination of engagement. For instance, the review of the status of official relations by the Executive Board can be anticipated and non-compliance can be the reason for non-renewal of official relations.

Non-compliance can include *inter alia* the following: significant delays in the provision of information to the WHO register of non-State actors; provision of wrong information; use of the engagement with WHO for purposes other than protecting and promoting public health, such as for commercial, promotional, marketing and advertisement purposes; misuse of WHO’s name and emblem; attempt at undue influence; and abuse of the privileges conferred by official relations.

WHO reserves the right to decline engagement with a non-State actor should the entity refuse to provide information or not comply with provisions set in FENSA.

**KNOW MORE**

For further information see paragraphs 69 to 71 of FENSA.
12 Roles and responsibilities on FENSA implementation within WHO

12.1 Roles and responsibilities of technical units at country, regional and global level

Technical units at all levels of the Organization may propose, initiate and implement engagements with non-State actors in accordance with their delegation of authority. All WHO staff members have the responsibility to be aware of and apply corporate policies when engaging with non-State actors including FENSA.

WHO takes a proactive approach to engaging with non-State actors in the implementation of its public health mandate. Therefore, the question of strategic engagement with non-State actors should be part of any planning process of technical units.

12.2 Roles and responsibilities of managers

In line with their delegation of authority, managers of WHO technical units proposing an engagement with a non-State actor hold the role and responsibility to make the final decision on engagements and the resulting outcomes and implications of engagements.
12.3 Roles and responsibilities of designated FENSA focal points in regions and headquarters

The roles of FENSA focal points (regional offices and WHO headquarters) include the following:

- To conduct assessments and due diligence on proposed engagements with non-State actors in line with simplified procedure.
- To determine whether an engagement referred by the technical unit qualifies for the simplified procedure to be conducted by the department or if it is of high-risk to be submitted for review by the specialized unit responsible for performing standard due diligence and risk assessment.
- To act as primary contacts for the respective technical units on questions related to FENSA.
- To support the departments and units in developing engagement proposals in line with FENSA.
- To provide on an annual basis, a summary of engagements of regional offices or WHO headquarters divisions with non-State actors. These would inform the report by the Director-General on implementation of FENSA to be presented during the January session of the Executive Board.
- To represent the regional office/WHO headquarters division in the FENSA focal points network.
- To stay informed and updated through training on topics related to engagement with non-State actors.

12.4 Roles and responsibilities of the specialized unit in FENSA implementation

The specialized unit supports consistent, integrated and systematic implementation of FENSA across the Organization, reports on implementation of the Framework to the Executive Board (through its Programme, Budget and Administration Committee), and performs standard due diligence and risk assessment on proposed engagements (high-risk and/or complex engagements), and proposed designations and redesignations of WHO collaborating centres. The specialized unit also facilitates and lead the preparation and submission of applications by non-State actors to the Executive Board and review of entities currently in official relations with WHO.
12.5 FENSA Proposal Review Committee

Originally established in response to paragraph 35 of the Framework, the FENSA Proposal Review 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.

The Committee holds regular meetings to discuss cases requiring senior management guidance, demonstrating strong leadership from senior management, as requested by Member States. The Committee shares recommendations for the Director-General’s final decision.

The functions of the FENSA Proposal Review Committee are:

► To review proposals for engagements considered to have a significant associated risk.
► To review proposals for engagements that illustrate specific aspects of engagement and require a consistent interpretation of the existing policies.
► To review proposals for engagement where there is a difference of opinion between the proposing unit/division and the assessing unit.
► To clarify other questions on interpretation of FENSA provisions.
► To make recommendations to the Director-General on the way forward concerning the above-mentioned proposals of engagement.