WHO reform:

Framework of engagement with non-State actors

As part of WHO reform, the Governing Bodies requested the Director-General to develop an overarching framework for engagement with non-State actors as well as separate policies on WHO’s engagement with different groups of non-State actors.

Based on the inputs received from debates at the meetings of governing bodies and consultations, the Secretariat submitted to the Sixty-seventh World Health Assembly a draft framework for engagement with non-State actors. The draft overarching framework applies to all WHO’s engagement with non-State actors and provides the rationale, principles and boundaries of such engagement.

The Sixty-seventh World Health Assembly decided that the regional committees should discuss the draft framework of engagement with non-State actors as well as consider the comprehensive report of the comments made by Member States and the follow-up comments and questions raised, including clarification and response thereon from the Secretariat. It requested the regional committees to submit a report on their deliberations to the Sixty-eighth World Health Assembly, through the Executive Board.

The High-Level Preparatory (HLP) Meeting held in the Regional Office in New Delhi from 14 to 17 July 2014 reviewed the attached working paper and made the following recommendations:

**Action by Member States**

1. Information on concerns about the proposed draft Framework for non-State Actors should be shared among Member States.

2. Member States should share their inputs on the draft Framework for non-State Actors before the intersessional meeting to be organized by the Regional Office in August 2014.
**Action by the WHO Regional Office**

(1) A three-day meeting of all Member States in the Region should be convened – preferably in August 2014 – to prepare for the discussions to take place at the Sixty-seventh Session of the Regional Committee for a decision on follow-up action. The meeting should provide a set of recommendations to the Regional Committee for consideration and subsequent submission to WHO headquarters, reflecting the changes recommended by the Member States of the Region in the proposed Framework and associated policies/operational procedures.

(2) The Secretariat should facilitate the discussion at the August meeting by preparing a consolidated paper on comments, questions and clarifications raised by all Member States of WHO (including from other Regions) that is incorporated into the draft Framework, and share the same with Member States in advance.

The working paper and HLP recommendations are submitted to the Sixty-seventh Session of the Regional Committee for its consideration.
Introduction

1. In order to fulfil its directing and coordinating role in global health and to implement the six leadership priorities set out in the Twelfth General Programme of Work 2014–2019, WHO will need to engage with a variety of governmental and nongovernmental partners without compromising its integrity. A robust policy that ensures the quality of its engagement in the interests of improved public health will build on current practices. A draft framework of WHO’s engagement with non-State actors was presented to the Sixty-seventh World Health Assembly in May 2014.

Objectives, principles and boundaries

2. The overall objective of WHO’s engagement with non-State actors is to work towards the fulfilment of the Organization’s mandate by making better use of the resources of non-State actors (including knowledge, expertise, commodities, personnel and finances). To do this, the Organization will have to make the best use of inputs from non-State actors in WHO’s governance and consultations, and engage in dialogue with non-State actors on how they can better protect and promote health.

3. WHO’s engagement with non-State actors is guided by five overarching principles. Any engagement should:

(a) demonstrate a clear benefit to public health;
(b) respect the intergovernmental nature of WHO;
(c) support and enhance the scientific and evidence-based approach that underpins WHO’s work;
(d) be actively managed so as to reduce any form of risk to WHO (including conflicts of interest); and
(e) be conducted on the basis of transparency, openness and inclusiveness.¹

4. WHO’s engagement with non-State actors is limited by four clear boundaries.

(a) Decision-making by the Governing Bodies is the exclusive prerogative of Member States.
(b) WHO’s processes in setting norms and standards must be protected from any undue influence.
(c) WHO does not engage with industries that make products that directly harm human health, such as tobacco or arms.
(d) WHO’s engagement with non-State actors must not compromise the Organization’s reputation.

¹ Source: EB134/8
Definitions

5. This section provides definitions on actors and interactions.

6. The following definitions were proposed:
   - “Non-State actor” is an entity that is not part of any State or public institution. Non-state actors include nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions.
   - “Official relations” is a privilege that the Executive Board may grant to nongovernmental organizations, international business associations and philanthropic foundations that have a sustained and systematic engagement (for at least two years) with WHO that is in the interest of the Organization.

7. For the purpose of WHO’s engagement, non-State actors include:
   - nongovernmental organizations: non-profit entities that operate independently of governments.
   - private commercial entities: corporate entities that are expected to make a profit for their owners.
   - philanthropic foundations: non-profit entities whose assets are provided by donors and managed by their own officials, and whose income is spent on socially useful purposes.
   - academic institutions: entities concerned with the pursuit and dissemination of knowledge through research, education and training.

8. There are many subgroups of actors within each main group of non-State actors. Subgroups can be distinguished on the basis of purpose, membership, funding source or other criteria. Some would, for example, distinguish between business-interest nongovernmental organizations and public-interest nongovernmental organizations. In addition, the characteristics of an individual non-State actor may change with time.

Benefits and risks of engagement

9. WHO’s engagement with a non-State actor can bring important benefits to global public health and also the Organization.

10. Engagement with non-State actors also entails risks. WHO takes a risk-management approach to such engagement, entering into them only when the benefits of the engagement, in terms of direct or indirect contributions to the fulfilment of the Organization’s mandate, and the public health gains clearly outweigh the risk of such engagement and the time and expense involved in establishing and maintaining the engagement.

11. There are certain principal risks that WHO considers when deciding on engaging with a non-State actor.

   - WHO’s engagement with a non-State actor could lead to undue or improper influence (real or perceived) being exercised by this actor on WHO’s work, especially but not limited to the setting of norms and standard settings.
WHO’s engagement with a non-State actor could have a negative impact on WHO’s reputation and credibility, including WHO’s name and emblem, and in turn undermine the value of WHO’s work.

Collaboration with WHO could be misused by a non-State actor for its own benefits. Such risk includes influence exercised on WHO by a non-State actor to obtain a competitive advantage or undue endorsement. It also includes cases where the collaboration is aimed primarily at achieving the partner’s objectives with limited benefit and/or excessive burden to the Organization; or the enhancement of the image of the non-State actor (“whitewashing”) through its association with WHO.

Next steps in reform of WHO’s engagement with non-State actors

12. Discussions that have taken place during meetings of governing bodies and informal consultations, including those held by the Director-General’s special envoy on WHO’s engagement with non-State actors, have clearly indicated the need for further consultations among Member States on the future modalities of WHO’s engagement with non-State actors. The outcome of the Board’s deliberations will also feed into these consultations. The Director-General will also strengthen the management of such engagement, as noted above. In addition, certain adjustments to current practices regarding nongovernmental organizations as noted below were proposed for application with immediate effect.

(a) Statements by nongovernmental organizations will no longer have to be submitted for clearance in advance, provided they adhere to existing guidelines.

(b) WHO will ensure that the statements from nongovernmental organizations in official relations with WHO made at the sessions of the World Health Assembly, Executive Board and the regional committees are posted on dedicated webpages prepared for this. These statements may be posted ahead of the debates.

(c) Each nongovernmental organization shall designate a head of its delegation and indicate the organizational affiliation of all its delegates.

(d) Access to the documentation submitted to the Board’s Standing Committee on Nongovernmental Organizations is currently restricted. In the spirit of transparency, this documentation will now be posted on the WHO website.

13. Underlining the importance of an appropriate framework for engagement with non-State actors for the role and work of WHO and recognizing that further consultations and discussion are needed on issues including conflict of interest and relations with the private sector, the Sixty-seventh World Health Assembly decided that the regional committees should discuss the draft framework of engagement with non-State actors as well as consider the comprehensive report of the comments made by Member States during the Sixty-seventh World Health Assembly and the follow-up comments and questions raised, including clarification and response thereon from the Secretariat. It requested the regional committees to submit a report on their deliberations to the Sixty-eighth World Health Assembly, through the Executive Board.