

PHM MMI Comment and Statement on WHO Reform: WHO relations with Non-State Actors (NSAs)

Comment

WHO has been criticised for mishandling its relationships with certain non-state actors. Criticisms include:

- allowing its priorities to be determined by its donors (for example, its failure to act on the quality use of medicines or on trade and health policy coherence because donors will not fund these projects);
- adopting corporate perspectives on particular policy issues where officials get too close to corporate stakeholders (for example, the conflation of quality, safety and efficacy with intellectual property through WHO's involvement in IMPACT);
- giving undue legitimacy to institutions and corporations whose purposes run counter to the 'health for all' mandate (for example, the continuing talk of partnerships in relation to the food and beverage industry).

[EB133/16](#) explores options for reform in relation to WHO's interactions with non-state actors. The paper emphasises that WHO is an inter-governmental body and member states are sovereign; but that WHO needs to be able to relate to all of the actors who influence global health – including non-state actors.

The paper highlights the range and diversity of non-state actors who influence global health and the fact that WHO's interactions with these diverse actors, in the pursuit of its constitutional mandate, also vary widely. It explores the possibility of categorising non-state actors (eg into public interest NGOs and business interest NGOs) but argues that it is more useful to focus on the different kinds of interactions that WHO has with non-state actors.

What is missing from this paper is a **systematic examination of the different kinds of risks, to WHO's integrity, reputation and effectiveness** which can arise from its relations with various non-state actors. These risks need to be understood and managed. There are **four broad types of risk**:

- compromised priority setting through the selective funding by donors (rich member states as well as other donors) of their favoured programs;
- adoption of partisan policy perspectives through inappropriate influences on decision making;
- legitimizing institutions and corporations whose purposes run counter to WHO's mandate; and
- ineffectiveness because of a reluctance to work in partnership with civil society organisations and social movements where such partnerships could help to strengthen health systems and action around the social determinants of health.

The rules and tools for managing each of these different types of risk maybe somewhat different but the principles are common: intelligence, integrity and accountability.

Officials and delegates need to understand **where different non-state actors are 'coming from'** in terms of the mix of purposes they are seeking to achieve, and how these purposes could influence their funding offers or their policy advice. Officials and delegates

need to exercise judgement and integrity in managing such relationships and making funding or policy decisions. Defining 'primary and secondary interests' is beside the point. There is always a swirl of different purposes in the motivation of NSAs (as well as those of WHO officials and MS delegates). What is critical is that WHO officials and delegates enter into relationships with NSAs with a realistic understanding of these swirling purposes; are alert to the possibility of WHO's mandate being compromised and are supported in protecting WHO's integrity.

Bureaucratic procedures, such as declarations of conflicts of interest, recusal from committee work and compliance and reporting procedures, have a role to play in managing these risks but **the key pre-requisite for protecting WHO against these risks is that staff and delegates understand the risks and are accountable for managing them effectively.**

Transparency is a pre-requisite for accountability but not sufficient. There must also be consequences. **If there are no effective accountability mechanisms in place transparency is irrelevant.** Managerial accountability is important but not sufficient. There is also a need for whistle blowers, including civil society organisations, to bring public attention to potential failures in integrity.

One of the critical uncertainties regarding the forthcoming 'funding dialogue' is whether there will be sufficient transparency in financial and programmatic reporting to identify instances of donor funding distorting the Organisation's priority setting process. Transparency regarding the 'funding gap' will be part of this but it is also necessary that budgeting and financial reporting be linked to the programmatic priorities and the so-called results chain. In the longer term the definitive solution to this risk is to increase the level of assessed contributions to cover the full cost of WHO's programs.

One of the risks to WHO's integrity which is neglected in the Secretariat's paper concerns limitations on the effectiveness of WHO because of its reluctance to work in **partnership with civil society organisations and social movements.**

The history of public health provides many examples of the role civil society plays in the development of decent health care and action on the social determinants of health. From the friendly societies and sickness funds, to treatment activism within the AIDS/HIV movement, civil society organisations have played a critical role in the shaping of health systems. From the health of towns movement in 19th century England to the role of trade unions in occupational health and safety, civil society organisations have played a critical role in action around the social determinants of health. These historical examples are largely situated at the country level and many of the most pressing challenges now are global; however, civil society still has a critical role to play.

However, WHO has a mixed record in terms of building partnerships with CSOs and social movements. As a member state organisation the Secretariat works mainly with governments and governments often find civil society organisations something of a nuisance. Nevertheless, civil society participation in policy making and implementation can materially contribute to health development and WHO's governing bodies have an obligation to make space for such partnerships even if governments find it uncomfortable. The accountability of WHO cannot be separated from the accountability of member states to work in the most effective ways towards Health for All.

We agree that **accreditation of NGOs to participate in governing body meetings** should not be based on an approved program of technical cooperation but we do not agree that accreditation should be determined on a meeting by meeting basis. Accreditation to participate in governing body meetings should be based on a fixed term relationship with

periodic renewal rather than being restricted to particular meetings. As a condition for granting accreditation WHO should require sufficient information to enable the Organisation to understand the range of purposes that the NGO might be seeking to advance through its accreditation status. Such information should be publicly available.

We do not see any place for private sector organisations to participate in governing body meetings. Such organisations are under a legal obligation to prosecute the interests of their shareholders and the governing body meetings should not be available for this purpose.

We urge WHO (in particular the RCs for Africa and for SEA) to proceed with the **alignment and harmonisation of regional committee procedures** so as to facilitate the participation of NGOs at regional committee meetings as well as in Geneva. We urge WHO to **drop the 24 hour approval requirement** on NGO statements to governing body meetings.

[EB133/16](#) asks the EB to endorse the principles of engagement and typology of interactions. People's Health Movement urges the EB to consider a typology of risks rather than types of interaction and to focus more sharply on intelligence, integrity and accountability in their consideration of this issue.

Statement

Chair, thank you for the opportunity of reading this statement on behalf of MMI and the PHM.

EB133/16 acknowledges many of the challenges facing WHO in dealing with non-state actors (NSAs) and offers a useful analysis of some of these challenges.

However the proposed typology of interactions does not work. We urge instead a focus on risks. We see four kinds of risks that WHO needs to identify, assess and manage, in its relationships with NSAs:

1. compromised priority setting through the selective funding by donors of their favoured programs;
2. adoption of partisan policy perspectives through inappropriate influences on decision making;
3. legitimizing institutions and corporations whose purposes run counter to WHO's mandate;
4. programmatic ineffectiveness because of a reluctance to work in partnership with CSOs where such partnerships could contribute to health development.

The rules and tools for managing these different risks maybe different but the principles are common: intelligence, integrity and accountability.

Defining 'primary and secondary interests' is beside the point. There is always a swirl of different purposes in the motivation of NSA. What is critical is that WHO officials and delegates enter into relationships with NSAs with a realistic understanding of these swirling purposes.

Transparency is a pre-requisite for accountability but is irrelevant if there are no effective accountability mechanisms in place. Managerial accountability is important but not sufficient. There is also a need for whistle blowers, including CSOs, to bring public attention to potential failures in integrity.

Accreditation of NGOs to participate in governing body meetings should be based on a fixed term relationship, with periodic renewal, rather than being restricted to particular meetings. As a condition for granting accreditation WHO should require sufficient information to understand the range of purposes that the NGO might be seeking to advance through its accreditation status. Such information should be publicly available.

[EB133/16](#) asks the EB to endorse an approach based on a typology of interactions. We urge the EB to consider a typology of risks, rather than of interactions, and to focus more sharply on intelligence, integrity and accountability in their consideration of this issue.