

Mapping of WHO's engagement with non-State actors

INTRODUCTION AND METHODOLOGY

1. This paper provides an overview of WHO's current engagement with non-State actors. It is intended to serve as background information for the deliberations of the 134th session of the Executive Board. The aim of this exercise is not to provide a detailed examination of each individual non-State actor interaction with WHO, but rather to provide additional information and a broad overview of patterns, trends and issues arising from an initial analysis of the scope of WHO's engagement with non-State actors.
2. The analysis is largely based on publicly available sources, such as the list of non-governmental organizations (NGOs) in official relations¹, the database on collaborating centers² or annual financial statements³. The databases cover all three levels of the organization. Hosted partnerships are not included in this analysis.
3. Analysis of these data shows a number of challenges related to type of entity. For this mapping they have been defined as follows: entities belonging to a state at national or subnational level, such as local governments or centres of disease control were excluded; universities, whether government- or privately owned, whether for profit or not for profit, were considered as academic institutions; foundations established by private companies but not independent from those companies were counted as separate entities, and were classified as private sector, not philanthropic foundations. According to the Guide for WHO collaborating centres,⁴ WHO collaborating centres (WHO CCs) are not a legal entity and can be academic institutions or parts of government. Institutions such as universities that have more than one WHO collaborating centre were counted as only one academic institution. Likewise, holding companies or non-governmental organizations and their national affiliates were only counted as one entity even if they appear more than once in the financial statement.
4. Although some areas of engagement can be illustrated with initial data, others are not documented in easily accessible databases, particularly those that are specific to one country, and to many informal collaborations at all levels of the Organization. The distinction between types of non-State actors and between non-State and State actors can be difficult. A more complete description of current engagement will be available when the web-based register of non-State actors described in EB 134/8 is operative.

OVERVIEW OF NON-STATE ACTORS

5. According to the records, WHO currently engages with 729 non-State actors, including 298 non-governmental organizations, 44 private sector entities, 24 philanthropic foundations and 363 academic

¹ <http://www.who.int/entity/civilsociety/relation/NGOs-in-Official-Relations-with-WHO.pdf>

² <http://www.who.int/collaboratingcentres/en/>

³ http://www.who.int/about/resources_planning/A66_29add1-en.pdf

⁴ <http://www.who.int/collaboratingcentres/GuideforWHOCollaboratingcentres2012.pdf>

institutions. The following overview describes the types of actors and interactions proposed in EB 134/8 and provides a quantitative or qualitative analysis of the most recent data available.

PARTICIPATION

6. Participation in Governing Bodies meetings is open to the 187 NGOs in official relations. In 2013, 55 NGOs with 275 delegates participated in the January Executive Board, 86 NGOs with 809 delegates in the World Health Assembly and 26 NGOs with 116 delegates in the May Executive Board. For previous years participation of NGOs in official relations at the World Health Assembly ranged from 33% to 41% and at the January Executive Board from 24% to 30%.
7. Private sector entities do not participate in Governing Bodies other than their staff being members of delegations of business associations when these are NGOs in official relations. Philanthropic foundations and academic institutions do not regularly participate in Governing Bodies. Some of those entities have been invited to meetings on an ad hoc basis depending on the issues on the agenda.
8. Participation in informal consultations is handled on a case-by-case basis. There is currently no central database documenting this participation.

RESOURCES

9. For the year 2012 WHO received financial contributions from 212 non-State actors for a total amount of USD \$417 million, representing 25.5% of the total income (\$79 million, or 4.8%, from NGOs; \$25 million, or 1.5%, private sector; \$310 million, or 18.9%; from philanthropic foundations and \$4 million, or 0.2%, from academia.⁵ Beginning with the new biennium 2014-2015 all these contributions will be documented in the web portal of the financing dialogue.
10. Human resources are provided by non-State actors through stand-by agreements for emergencies and other established human resources mechanisms.
11. In-kind contributions are provided by many non-State actors. For in-kind contributions it is often difficult to distinguish those resources provided by non-State actors to WHO from those resources used directly by the non-State actor in the context of its collaboration with WHO.
12. Future analysis may also include non-State actors that receive funding from WHO. This requires, however, a distinction between simple procurement by WHO of goods and services and the collaboration with non-State actors as implementing partners for public health.

EVIDENCE

13. The designation of institutions as WHO CCs is a mechanism of collaboration between WHO and external institutions (such as universities, research institutes, academies, hospital and certain government agencies), which has existed since WHO was founded. These institutions are designated by the Director-

⁵ These figures are different from the proportions given in the financial statement due to the fact that all entities other than Member States are grouped together in the financial statement, while entities such as local government, government dependent entities such as centres for disease control and intergovernmental organizations have not been considered as non-State actors in this context and some entities such as foundations not being at arm's length from the private sector where attributed differently.

General to carry out activities in support of the Organization's programme at all levels. As of 2013, the network of WHO CCs brings together more than 800 departments of academic and scientific institutions⁶ in more than 90 countries, that support WHO programmes and priorities with time, expertise and funding. The designations are time-limited (normally four years) and based upon a list of agreed activities that the designated institution will implement in support of WHO. Globally, WHO CCs constitute the largest mechanism for receiving in-kind support to WHO..

14. Interaction with non-State actors beyond WHO CCs is not yet systematically documented. NGOs and private sector entities are invited to provide information in technical consultations. This information is then assessed by the Secretariat for its potential use.
15. WHO also regularly convenes groups of individual experts to provide technical or scientific advice to the Director-General. The most formal of these groups is the expert committee: individuals are first appointed to an expert advisory panel following the procedures established by the Regulations for Expert Panels and Committees, which include a consultation with the concerned national authorities. Then, members of the expert committees are drawn from these panels, selection being made according to the agenda of each meeting. In addition to the expert committees, WHO also convenes less formal technical advisory groups to provide specific and time-limited advice (e.g. providing advice to update WHO guidance) or broad and ongoing advice on programmatic issues (e.g. advisory groups established by WHO departments to provide advice on programmatic matters). All these experts participate on an individual capacity and receive no remuneration from the Organization.

ADVOCACY

16. Interaction on advocacy is not thus far systematically documented. NGOs in official relations are asked to declare in their review the kind of activities on which they collaborate with WHO. 87% of those 187 NGOs have declared they that collaborate with WHO in the field of advocacy. No data are available on advocacy with the private sector, philanthropic foundations and academic institutions.

TECHNICAL COOPERATION

17. Technical cooperation with non-State actors has not yet been analyzed.

⁶ One or more collaborating centres can be part of the same institution. Many collaborating centres were excluded from this analysis, since they are part of government entities. Therefore the figures for academic institutions are smaller than the number of collaborating centres.