To: Dr. Patrick Amoth, Chair of the WHO Executive Board Bureau
Dr. Wahid Majrooh, Mr. Kim Ganglip, Ms. Carla Moretti, Dr. Clemens Martin Auer, and Mr. Zahid Maleque, vice-chairs of the WHO Executive Board Bureau
Cc: Permanent Missions to the United Nations and other International Organizations in Geneva
CC: Dr Tedros Adhanom Ghebreyesus

21st January, 2022

Joint CSO Letter on NSA Involvement in WHO Governing Bodies

Dear Excellencies,

The foundation of public interest civil society organizations' (CSOs) work within the governing body meetings of the World Health Organization (WHO) is recognized in Articles 18, 33 and 71 of the WHO Constitution and subsequent Basic Documents.[1] More recently, the crucial role of CSOs was reaffirmed through the Framework of Engagement with Non-State Actors (FENSA),[2] and WHO's 13th Programme of Work (PoW) adopted during the 71st Session of the World Health Assembly in 2018, which consistently refers to the critical role of CSOs in achieving the General Program of Work 2019-2023, and mandates engagement and cooperation with civil society. As stated in the PoW, "WHO can only accomplish the ambitious goals of GPW 13 with partners from all sectors including civil society…".[3]

More than ever before, the COVID-19 pandemic has consistently shown the fundamental role CSOs play in advocating for WHO's commitment to health for all, providing essential health care and services, especially for the most marginalized, and Member States' interest in engaging with CSOs. Civil society organizations around the world have been critical to both national responses to the pandemic and to sustaining the provision of essential health services, including where public service delivery points have closed or could not reach populations.

The undersigned public interest CSOs agree that the current status quo of the methods of work needs to be revised in order to provide for meaningful CSO engagement, and to analyse the opportunity to review the involvement of non-state actors in WHO's governing bodies. For these reasons, we have consistently engaged and invested time in contributing to the questionnaires and surveys and participating in meetings organized by WHO's secretariat. We are also very much involved in creating a WHO-CSO Commission that is truly representative, transparent, effective and relevant to WHO's work.

However, despite our efforts, civil society voices and positions are still not reflected in the various proposals presented by the secretariat reports, including EB150/37, "Involvement of non-State actors in WHO's governing bodies" and the proposed decisions within. Instead of increasing meaningful participation, top-down approaches are being imposed on us without a transparent and open dialogue among the different stakeholders, especially member states and CSOs. This situation tokenizes civil society's presence in WHO governing bodies.

Restricting all Non-State Actors (NSA) engagement to joint constituency statements on agenda items defined only by WHO secretariat drastically reduces the different CSO voices and perspectives and stifles those working on diverse health-related issues. It also forces CSOs to fully agree on written statements

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[1] *Criteria for the admission of NGOs into official relations with WHO in the* 47th edition (2009)
[2] Framework of engagement with non-State actors (FENSA), paras 15-20, page 22
[3] Thirteenth General Program of Work 2019-2023, Page 46

and positions with private sector corporation with very different interests, values and motivations on health equity and human rights. Requiring joint statements to represent the views of broad constituencies of non-state actors inevitably homogenizes rich and diverse positions about public health issues and will silence critical debate in certain areas. It reduces engagement of CSOs to meaningless, generalized interventions based on the lowest common denominator. Additionally, contrary to our guidance in 2021, the WHA pre-meetings included Member States in only a fraction of sessions, and while we appreciate those Member States who made the effort to attend, there were very few present and the structure of the meeting did not facilitate a dialogue of any sort between Member States and CSOs.

Furthermore, the way in which these processes have been imposed has made meaningful participation impossible. Poor organization, extremely late participation details, a dearth of information necessary for coordination, and impossible short deadlines have made the "trials" of constituency statements and pre-WHA meetings in 2021 a failure, even for those who attempted to participate despite these challenges. On other agenda items, CSO statements which are often substantive, evidence-based, contributing a high-level of professional expertise and reflecting multi-country situations, are expected to be summarized in 1 minute and relegated to the end of the meeting. These types of dynamics reduce the efficacy of WHO meetings for both CSO and states, rather than focusing on the urgency of the issues at hand.

Rather than repeating failures for a second year, and eventually institutionalize these pre-meetings, a clear and bottom-up process needs to be created for different models of CSO engagement and for the proposals of CSOs to be heard. Therefore, the undersigned CSOs, call on Member States to:

- Establish a working group of Member States and CSOs, CSOs taking into account geographical, LMICs, diverse areas of work or any other pertinent criteria, to define an effective working relationship and meaningful engagement mechanisms for CSOs to participate in WHO governance bodies and work, and report back to the 152nd Session of the Executive Board in January 2023.

- Not to endorse the proposed decisions in paragraphs 22(a) and (b) of document EB150/37, "Involvement of non-State actors in WHO's governing bodies," and to replace paragraph 22(c) with one calling for the chair of the Executive Board to report on the conclusions of the working group and resulting proposals at the 152nd Session of the Executive Board.

- Ensure an open and meaningful participation of non-state actors, not merely delivering statements, which may include timely information-sharing, access to meetings and draft documents, and meaningful engagement opportunities with Member States while decisions are being considered.

- Ensure the principles of transparency, diversity, inclusivity, equality, and accountability are the foundation of this new working relationship.

We request the WHO Secretariat to assist Member States and CSOs on these debates and not to enforce views or positions.

We furthermore encourage Member States to voice support for this working group to ensure meaningful, effective CSO engagement in WHO's work and governance, not merely delivering statements.

Sincerely,

African Centre Global Health & Social Transformation
Act Church of Sweden
Africa Health Budget Network
Aidsfonds
AIDS Vaccine Action Coalition*
Alzheimer's Disease International*
Association For Promotion Sustainable Development
Bangladesh Breastfeeding Foundation
Centre For Accountability And Inclusive Development (CAAID)
Centre for Health Science and Law
CHEN - Patient Fertility association, Israel
Commonwealth Medical Trust
Community of Practitioners on Accountability and Social Action in Health (COPASAH)
Centre for Socio-Eco-Nomic Development
Corporate Accountability*
El Poder del Consumidor
Enfants du Monde
Fundacion Huesped
HADAM Right to Food Malaysia
Health Action International*
HelpAge International*
International Association for Hospice and Palliative Care*
International Baby Food Action Network (IBFAN)*
International Federation on Ageing*
International Federation of Medical Students' Associations*
International Longevity Center Dominican Republic (ILC-DR)
International Longevity Centre Canada
International Longevity Centre Global Alliance
International Network for the Prevention of Elder Abuse (INPEA)
International Planned Parenthood Federation (IPPF)*
Madhira Institute
Medecins Sans Frontier*
Medicus Mundi International - Network Health for All*
Member Care Associates
Movendi International*
Near North Palliative Care Network
Non-communicable Diseases Alliance Kenya (NCDAK)
Pan African Health Systems Network, Germany
People's Health Movement
People's Health Movement Kenya
Public Health Association of South Africa (PHASA)
STOPAIDS
The Swedish Association of Sexual and Reproductive Rights
Viva Salud
WaterAid*
Wemos
World Federation of Public Health Associations*
World Public Health Nutrition Association

Wote Youth Development Projects
Youth Initiative for the Promotion of Good Leadership in Nigeria

*CSO in Official Relations with WHO