

Framework of engagement with non-State actors

Information on regional committee debates

1. As requested by the World Health Assembly in decision WHA67(14), the Director-General prepared a 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, and submitted it for the consideration of the six regional committees. This report summarizes the feedback received from the regional committees.¹
2. The **African Region** considered the issue at the meetings of its Programme Subcommittee held in advance of the Regional Committee session. In the discussions of the **Regional Committee**, the following key issues emerged: interaction with non-State actors is essential; the transparency of the processes is an imperative; however, there is a lack of clarity in the process and criteria regarding due diligence and related procedures. WHO should develop a comprehensive policy on conflicts of interest in the framework of engagement with non-State actors. It was emphasized that WHO should proceed with caution in developing a policy on engagement with non-State actors, as such a policy would have far-reaching implications for the Organization.
3. Other issues raised included reservations regarding the earmarking of funds from private sector non-State actors, as well as the use of such funds for the payment of staff salaries; concerns regarding the influence of non-State actors on WHO's normative and standard-setting work; and strong reservations regarding staff secondments to WHO from the private sector.
4. Furthermore, although there was agreement that WHO should not engage with the tobacco and arms industries, a number of Member States considered that this restriction should be extended to other sectors, including notably the alcohol, food and beverage industries. It was underscored that decision-making within WHO governing bodies should remain the exclusive prerogative of Member States.
5. Representatives requested more time to allow for consultation at the national level. It was noted that Member States could raise concerns at the Executive Board session in January 2015, including through the Executive Board members from the African Region.

¹ Additional information requested by Member States is available on the following website: http://www.who.int/about/who_reform/non-state-actors/en/.

6. The following recommendations were made:

- (a) representatives should further consult on this matter at country level and share the outcome of these deliberations with Executive Board members from the African Region and with the Regional Office Secretariat, with a view to developing a regional position in time for the Sixty-eighth World Health Assembly in May 2015;
- (b) the revised framework should provide a clear policy on how WHO will manage conflicts of interest and define its due diligence processes;
- (c) the revised framework should better reflect the role and function of academic institutions, in particular regarding how such institutions can complement WHO's work.

7. The **Regional Committee for the Americas** recognized the importance of collaboration with nongovernmental organizations, academic institutions and other non-State actors in order to have access to appropriate expertise and resources and advance public health mandates, but stressed that real or perceived conflicts of interest must be avoided. Identification of the potential risks and formulation of specific principles and guidelines for engagement with the various categories of non-State actors were seen as essential. It was considered that the framework set out in World Health Assembly document A67/6 lacked detail regarding the criteria that non-State actors must meet in order to be classified in each category and the way in which each group could engage with WHO. At the same time, Member States cautioned against the adoption of an overly prescriptive framework that might not allow sufficient flexibility. It was recommended that an early review should be undertaken after the framework is adopted in order to identify any needed adjustments.

8. Several Member States were of the view that any interaction with actors whose activities or products were harmful to health and any secondment of personnel from the private sector should be expressly prohibited. The need to determine whether nongovernmental organizations and philanthropic and academic institutions received funding from for-profit private companies was highlighted. Member State involvement in monitoring and oversight of relations with non-State actors was considered essential. Some Member States questioned, however, whether a committee of six members under the Executive Board, as proposed in document A67/6, would ensure adequate governmental representation and participation.

9. It was pointed out that PAHO has had considerable experience in interacting with non-State actors, including with the pharmaceutical industry through the Organization's Revolving Fund for Vaccine Procurement, and the Pan American Sanitary Bureau was encouraged to share that experience with the WHO Secretariat.

10. The **Regional Committee for South-East Asia** acknowledged the major and growing role of non-State actors in all aspects of global health, reiterating that the overall objective of WHO's engagement with such actors is to work towards the fulfilment of the Organization's mandate by making better use of resources. The recommendations of the Inter-sessional Meeting¹ to the Committee were considered, including the changes proposed by Member States of the Region to the draft framework of engagement and associated policies/operational procedures drawn up by WHO. The chief concern of the Committee was that, in its engagement with non-State actors, the integrity

¹ Document SEA/RC67/3 Add.1 (http://www.searo.who.int/mediacentre/events/governance/rc/rc67-3add1_agenda_6.1.pdf?ua=1).

and neutrality of WHO should not be compromised. The Committee noted that there were no secondments to WHO from the private sector; most were from specialized agencies of the United Nations system, which did not fall under the category of non-State actors, being sister agencies. The Committee requested that the report and recommendations of the Inter-sessional Meeting held in August 2014 should be taken into consideration when revising the draft framework of engagement with non-State actors so that no secondments from non-State actors take place in WHO.

11. The **Regional Committee for Europe** adopted the following statement on the position of the Member States in the European Region with regard to the draft framework of engagement with non-State actors:

“The WHO and its good name are precious to us, and we, the Member States of the European Region, will work diligently and attentively with the Secretariat to ensure it remains relevant and effective in the 21st century. To this end, recalling our readiness to adopt it at the Sixty-seventh World Health Assembly, we strongly urge adoption of the Framework of engagement with non-State actors at the Sixty-eighth World Health Assembly in 2015.

We acknowledge that some further improvements could be made, with the aim of increasing clarity, including in the following areas:

- the management of conflicts of interest;
- the process and time table for evaluation.

We advise strongly against trying to perfect every detail, preferring instead to begin work, trusting in the wisdom of the governing bodies to oversee the operation of the framework in practice and continue to improve it. We look forward to receiving the updated framework by 15 December, and would request the Secretariat to address it at the planned mission briefing in mid-December 2014 with web access for Member States.”

12. The **Regional Committee for the Eastern Mediterranean** deliberated the framework of engagement with non-State actors as part of WHO reform. The Regional Committee supported the need for comprehensive guidelines for WHO interaction with non-State actors. It noted the commitment of Member States of the Region to contribute to improvement of the framework, including its monitoring and evaluation components. The areas for improvement should include the management of conflicts of interest, clarification of boundaries, especially with the private sector and business associates, definition of actors, acceptance of donation of pharmaceutical products and technology transfers.

13. At the **Regional Committee for the Western Pacific**, representatives endorsed the framework of engagement with non-State actors as a tool for giving WHO the flexibility to work with global health actors from all sectors, while protecting its integrity as the global standard-setting Organization for health. For example, subject to appropriate safeguards, WHO should be able to engage with the private sector in its commercial capacity to advance the research and development of new medical products.

14. It was also noted that WHO was constitutionally mandated to work with other sectors in areas such as nutrition, housing, sanitation, recreation and environmental hygiene, as well as the development of standards on food, biologicals and pharmaceutical products. The concept of competitive neutrality should be embedded in the framework. The combination of an evaluation process to ensure continuous improvement, robust and regular oversight by the World Health

Assembly through the Executive Board, and a mechanism to discontinue engagement with particular non-State actors, if required, should be sufficient guarantees to ensure the adoption of the framework by the World Health Assembly.

15. Another representative observed that, at the recent regional meeting of the Pan American Health Organization, it had been suggested that a dedicated office could be established to oversee implementation of the engagement policy. Such an office could not only exercise a watchdog function but also play a facilitating role in promoting engagement and actively support WHO programmes in their efforts to reach out to non-State actors, including the private sector. Mechanisms for receiving funds from private sector entities should be aligned with national health sector strategies.

16. There were opportunities for WHO to learn from successful multistakeholder initiatives and public-private partnerships, which could subsequently be shared with Member States.

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