

↪ Joint WHO-CSO Task Team

Emerging recommendations

PRELIMINARY – FOR REVIEW

May 2018



Executive summary (1 of 3)

- In September 2017, **Director-General Dr Tedros requested the formation of a joint Task Team on WHO-CSO engagement** to help WHO strengthen existing partnerships with civil society organizations (CSOs), and identify bold, innovative opportunities for collaboration.
- Through a series of workshops, consultations, and a survey of over 150 globally diverse CSOs, the Task Team has identified **opportunities to deepen, systematize and capitalize on WHO's partnerships with CSOs going forward**. This presentation outlines **very preliminary recommendations**, which will be developed and refined through further consultations with the Task Team, WHO, and CSOs more broadly.
- The Task Team's emerging recommendations fall into two groups – i) **to identify mechanisms for collaboration across priority areas of the WHO General Programme of Work (GPW), and ii) to address the system-level barriers to WHO-CSO engagement**.¹

Recommendations for WHO-CSO collaboration in priority areas of the GPW²

1. **Addressing health emergencies: Strengthen emergency response by establishing tripartite health cluster leadership at the national level.** WHO and CSOs could work together to strengthen emergency response, and ensure it is as timely and coordinated as possible, by expanding current WHO-MoH leadership of the Health Cluster at national level to a tripartite arrangement. This would add a CSO with crisis management capacity as co-lead, that can coordinate and represent CSO input and strengths.
2. **Gender equality, health equity, and human rights: Establish an "Inclusivity Advisory Group"³ to help WHO develop and deliver transformative policies and programs, especially for vulnerable and marginalized populations.** The IAG could sit at the Director-General's Office, working with the GER team⁴ to execute the following core activities: review existing policies and programs, champion and help deliver a rights-based approach, monitor and report violations at all levels (by WHO or Member States), highlight exemplary programs, and provide technical assistance to WHO and MoH staff in building inclusive systems and services for health. The IAG could also potentially be replicated at regional offices.
3. **Data, research, and innovation: Develop a platform to crowdsource complementary, disaggregated data from CSOs.** Working with WHO and a third party technology provider, CSOs could set up a CSO data collection platform to collate disaggregated data from across the CSO landscape, including community based groups in particular, to complement existing sources. CSOs could run the platform independently, and use the data to promote accountability over data reliability and associated decision-making.
4. **Policy dialogue: Build in explicit, accessible opportunities for CSOs to provide input into policies and governance at all levels.** In addition to using the roadmap process to create opportunities for CSO input into policy creation, WHO should look to increase meaningful participation for CSOs through formal roles in governance, including at the World Health Assembly (WHA) and Regional Committees, and in policymaking within countries, through enhanced roles in TWGs⁵, advisory committees, and Country Cooperation Strategy development.

Notes: 1. The term CSO includes research institutions and Non-Governmental Organizations, including community-based organizations and affected communities; 2. Priority areas were identified from 150+ survey responses asking CSOs to indicate priority GPW strategic shifts for future WHO-CSO collaboration, and through CSO consultations. A breakdown of the results is included in the annex; 3. This could include CSOs formed by, or championing the interests of, groups that are vulnerable, marginalized, or underrepresented, such as women, youth, indigenous populations, affected populations, people affected by humanitarian crises etc. 4. Gender, equity and human rights team; 5. Technical Working Groups

Executive summary (2 of 3)

Recommendations to address the system-level barriers to WHO-CSO engagement

Recommendations for WHO

- 1. Create a WHO strategy and roadmaps to promote and facilitate engagement with CSOs, starting at the country-level.** WHO and CSOs should jointly develop time-bound national roadmaps that complement the WHO Country Cooperation Strategy and the National Health Strategy. These co-created roadmaps should map the landscape of CSOs to identify focal points, define roles and responsibilities, assess and mobilize resources, and outline key actions for both parties. At the global/ regional level, WHO should develop a standard operating document outlining the process and best practices for CSO engagement under FENSA and the process for collecting and building on national roadmaps.
- 2. Create an evaluation system with key performance indicators (KPIs) for inclusive CSO engagement, and accompanying training materials.** WHO should develop an M&E framework with KPIs to measure CSO engagement and ensure policies and programs are beneficiary oriented, and identify best practices and minimum standards. To help staff deliver on this, WHO should expand the make-up of country-level staff to include stakeholder engagement skills and run CSO and community engagement trainings for staff alongside planned FENSA trainings.
- 3. Launch a central interactive platform for WHO staff and CSOs.** This should build on the existing registry of Non-State Actors (NSAs) to include the full range of relevant CSOs (health and non-health, including affected community representatives), and outline the range of WHO-CSO engagement opportunities (ongoing and ad-hoc).

Recommendations for CSOs

- 1. Articulate and advocate around civil society's value add to WHO and Member States, and proactively participate in policy creation and national roadmap development.** CSOs should work together through existing CSO platforms and leverage individual relationships to communicate the full breadth of values they bring and their commitment to shared goals, encouraging WHO and Member States to proactively engage CSOs. CSOs should actively participate in, and be jointly responsible for, WHO-CSO engagement training and the creation of national roadmaps.
- 2. Increase organization and coordination among CSOs, particularly within countries.** CSOs should utilize existing mechanisms (including UHC2030, PMNCH, Global Fund CCMs, Gavi CSO platforms and other civil society engagement platforms set up, inter alia, for discrete programming and policy efforts like High Level Meetings) or create new platforms to serve as central points for WHO interactions, and should also increase transparency around how they represent the interests and needs of constituency members.

Executive summary (3 of 3)

- 3. Hold WHO accountable for its commitments under FENSA around systematically engaging with CSOs, and for delivery of the GPW.** CSOs are well placed to evaluate WHO's performance on upholding and implementing FENSA to date, and could expand this accountability role to help WHO and Member States assess progress against the GPW objectives, especially on the right to health approach and delivering universal health coverage.

Recommendations for Member States

- 1. Recognize the diverse role and value of CSOs, as underscored by past WHA resolutions.** By recognizing the valuable roles CSOs play, as highlighted and agreed upon in resolutions from WHA 69 and 70, governments can help to increase CSOs' legitimacy with beneficiaries and public and private health providers, amplifying their reach and impact.
- 2. Create opportunities for collaboration with a diverse range of CSOs.** Member States should identify opportunities for formal collaboration with a diverse range of CSOs in the creation, delivery, and evaluation of policies and programs, which will help governments allocate limited public health resources more effectively.
- 3. Create space for WHO to deliver on its commitments under FENSA, and hold WHO to account.** Governments should make space for WHO to deliver on its commitments under FENSA and engage with CSOs through participation, resources, advocacy, evidence, and technical collaboration, and hold WHO to account for this commitment.

Contents

Introduction

Recommendations for WHO-CSO collaboration in priority areas of the GPW

Recommendations for improving WHO-CSO engagement

WHO Director-General, Dr Tedros, requested a CSO Task Team to help to define a strategy for future WHO-CSO engagement

Context

- Dr Tedros has underscored the **importance of civil society for achieving universal health coverage**
- In September 2017, WHO DG asked the UN Foundation (UNF) and RESULTS to create a **CSO Task Team to work with WHO** to determine how they can take advantage of the strengths that civil society bring to achieving shared goals
- The Task Team consists of **22 civil society partners**, with representation across sectors, geographic regions, types of roles, and levels of WHO engagement (both those in Official Relations and not)

Objectives

- **Map and categorize civil society actors**, including how they engage with WHO
- Design **mechanisms to enhance WHO-CSO engagement**, building on the Framework of Engagement of non-State actors (FENSA)
- Identify areas WHO-CSO could increase their engagement to **help achieve the General Programme of Work (GPW) for 2019-2023**

Activities

- The Project Support Team, consisting of UNF, RESULTS, and Dalberg, have synthesised a set of **preliminary recommendations outlined in this presentation**, based on:
 - 150+ survey responses from CSOs across regions, sectors, and types*
 - Individual and group consultations (calls and 2 workshops) with TT members and their colleagues
 - 5 interviews with WHO country representatives
 - Online webinar with members of the Global Health Council

*Survey responses have been collated into a database, which will be shared with WHO along with the final report

The Task Team consists of 21 civil society partners, with representation across sectors, geographic regions, roles, and WHO engagement

Representative	Position	Organization
Dr. Kaosar Afsana	Director, Health, Nutrition and Population	BRAC
Dr. Zulfiqar Bhutta	President	International Pediatric Association
Dr. Emanuele Capobianco	Director of Health and Care	IFRC
Dr. Joanne Carter	Executive Director	RESULTS
Ms. Lindsay Coates	President	InterAction
Dr. Roopa Dhatt	Executive Director	Women in Global Health
Ms. Kate Dodson	Vice President, Global Health	United Nations Foundation
Dr. Alex Ezeh	Senior Advisor	African Public Health Research Centre
Dr. Héctor Hanashiro	Regional Advisor	Caritas Latin America
Dr. Claudia Hudspeth	Global Lead, Health	Aga Khan Foundation
Ms. Katja Iversen	President and CEO	Women Deliver
Dr. Clarisse Loe Loumou	Founder	Alternative Santé
Dr. Amine Lotfi	Liaison Officer, WHO	IFMSA
Ms. Maurine Murenga	Executive Director	Lean on Me Foundation
Mr. Akio Okawara	President and CEO	Japan Center for International Exchange
Ms. Rachel Ong	Special Advisor	GFAN Asia Pacific
Ms. Joy Phumaphi	Executive Secretary	African Leaders Malaria Alliance
Mr. Bruno Rivalan	Deputy Executive Director	Global Health Advocates - France
Ms. Siva Thanenthiran	Executive Director	Asian-Pacific Resource & Research Centre for Women (ARROW)
Mr. Peter Van Rooijen	Executive Director	International Civil Society Support
Mr. Michael Wang	Country Director	PATH China

This presentation outlines the emerging recommendations, which will be developed and refined through further consultations

Activity	Feb	Mar	Apr	May	Jun	Jul
Map CSOs and articulated engagement models	[Gantt bar: Feb to mid-April]					
Discuss potential engagement models with TT	[Gantt bar: Feb to mid-April]					
Develop typology and list of engagement models	[Gantt bar: Feb to mid-April]					
Map engagement models to WHO GPW		[Gantt bar: early Mar]				
Design, launch, and analyse survey of 200+ CSOs	[Gantt bar: Feb to mid-April]					
Develop strategic and operational recommendations	[Gantt bar: mid-Mar to mid-May]					
Conduct additional consultations (WHO WRs and non-TT CSO networks)		[Gantt bar: early Mar to mid-April]				
Prioritize engagement models to develop shortlist			[Gantt bar: mid-April to early May]			
Test shortlist and recommendations with WHO, TT and CSOs			[Gantt bar: mid-April to early May]			
Refine recommendations and update draft report			[Gantt bar: mid-April to early May]			
Share report among TT and key stakeholders for review				[Gantt bar: early May to mid-May]		
Incorporate TT feedback and inputs from CSO consultations at WHA side event, as well as subsequent Member State briefings (TBC)				[Gantt bar: mid-May]		
Socialize findings with key stakeholders (WHO, Member States, CSOs)					[Gantt bar: mid-May to mid-June]	
Task Team timeline	[Gantt bar: Feb to Jul]					
TT small group discussions	[Gantt bar: early Feb]		[Gantt bar: early Apr]			
1:1 calls with TT members	[Gantt bar: Feb to mid-April]					
First in-person TT convening (Geneva)		▲ 2/21/18				
Second in-person TT convening (Washington, D.C.)				▲ 4/18/18		
WHA side event (Salle IX, 18.00-19.30 CET)					▲ 5/22/18	
Official launch events (TBC)						
Key external meetings and events	[Gantt bar: Feb to Jul]					
WHO Executive Board meeting	[Gantt bar: early Feb]					
World Health Assembly				[Gantt bar: mid-May]		

Please provide any feedback you have through the following survey link: <https://www.surveymonkey.com/r/BDT5CK3>.

PRELIMINARY – FOR REVIEW

The Task Team's emerging build on existing foundations for CSO engagement, and will be refined going forward

Considerations

- **Leverage mutual strengths**: The Task Team's recommendations aim to capture the strengths of both WHO and civil society, including CSOs' ability to promote a **rights-based, multisectoral approach to health** and reach vulnerable populations **across the life course**, and WHO's substantial **normative influence** and **technical expertise**.
- **Build on, and complement FENSA**: The Task Team has grounded its recommendations in FENSA, and the recommendations aim to **overcome inefficiencies limiting WHO-CSO engagement** and enable **WHO to take a more inclusive approach**.
- **Learn from existing models**: **Acknowledging that there are many exemplary existing models** for CSO engagement within WHO and at other multilateral institutions, the Task Team's recommendations build on existing best practices.

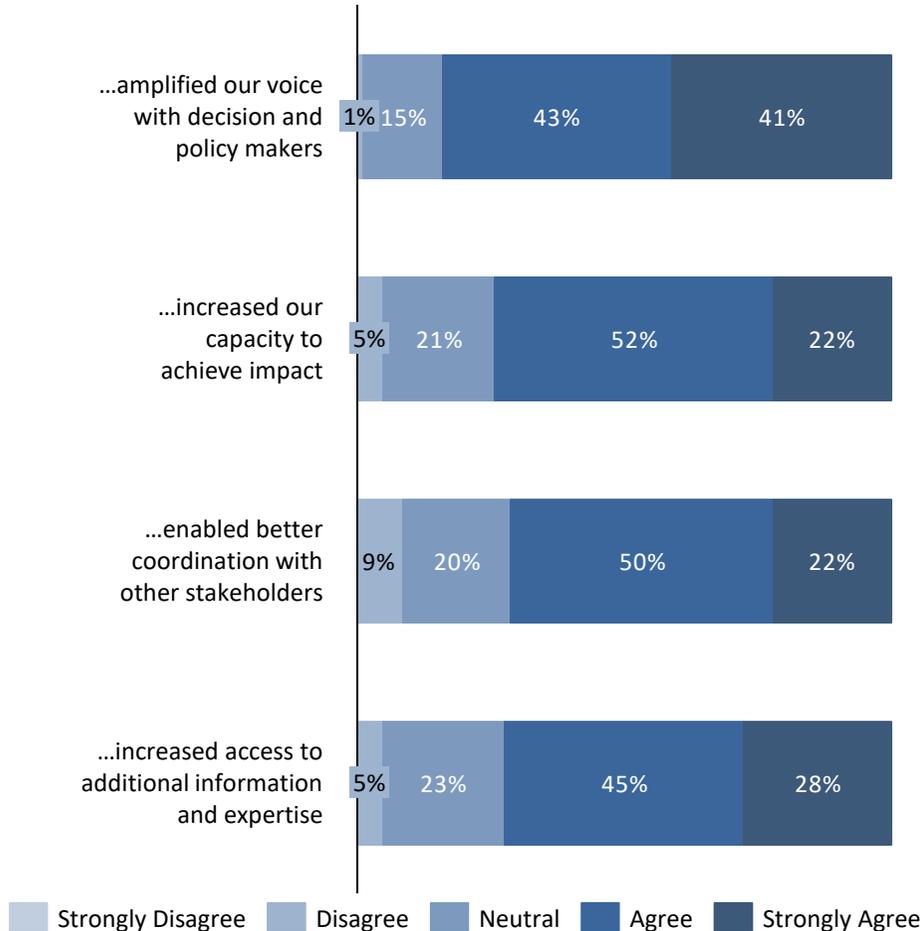
Caveats

- **Additional review and iteration**: The recommendations will be **further developed and refined** through **WHO, Member States, civil society and expert consultations**.
- **Elaboration in a detailed report**: This presentation will be accompanied by a report that will go into **greater detail around the rationale** behind the recommendations, the **components** of proposed mechanisms, and **case studies** of existing models.
- **Ongoing support**: As **next steps**, the Task Team will **collect feedback** through further consultations, before **finalizing and launching the report in mid-summer**. The Task Team is **not expected to be permanent**, but its members are committed to ensuring that the recommendations are adopted.

CSOs and WHO staff underscored the value of engagement, and the desire for collaboration in delivering the GPW objectives

Value of WHO engagement for CSOs

Current engagement with WHO has..., (% of CSOs; n=105)



Value of CSO engagement for WHO

Access to an expanded pool of knowledge, resources, and tools	<ul style="list-style-type: none"> Collaboration with CSOs allows WHO to leverage additional technical and contextual expertise, as well as financial and in-kind resources.
Creation of more appropriate, representative policies	<ul style="list-style-type: none"> Consulting CSOs helps WHO ensure its guidelines and programs reflect the needs of communities it is trying to serve, especially the most vulnerable populations.
United advocacy efforts around health issues	<ul style="list-style-type: none"> CSOs play a critical role in alerting WHO to neglected issues that require collective stakeholder action. WHO can also benefit from CSOs' ability to deliver information to, and promote behavior change in, local populations.
More appropriate, effective, and inclusive implementation	<ul style="list-style-type: none"> CSOs have key advantages in implementation in terms of cost, timeliness, flexibility, local knowledge, and proximity to beneficiary populations over other actors CSOs can bring innovative ideas and solutions, as well as participatory approaches, to solve local problems.
Improved accountability and transparency	<ul style="list-style-type: none"> Consistent CSO engagement helps hold WHO and its constituents accountable. CSOs base evaluations on independent data/ experiences of communities, and are unrestrained by dynamics with governments.

PRELIMINARY – FOR REVIEW

However, both parties also identified challenges that limit opportunities for meaningful interaction

Challenges in WHO-CSO engagement

Understanding	<ul style="list-style-type: none">• FENSA does not fully capture the diversity of CSOs, or distinguish them from other non-state actors; many WHO staff have limited knowledge of CSOs• CSOs often lack an understanding of how WHO works and how they should engage
Accessibility	<ul style="list-style-type: none">• WHO's conditions for collaboration are often too exacting for local CSOs with limited resources; it is difficult for CSOs to initiate engagement, especially within countries, where Member States do not proactively engage CSOs• WHO often faces difficulties in navigating multiple CSO entry points, especially due to the possible dissonance among CSOs
Coordination	<ul style="list-style-type: none">• CSO engagement across WHO is heterogeneous, unpredictable, and siloed• Coordination among CSOs is variable, and it is sometimes unclear how constituency members are represented through focal points
Participation	<ul style="list-style-type: none">• CSO involvement in high-level meetings and forums is minimal; there is limited opportunity for mutual learning experiences• Member States often do not proactively consult CSOs or create space for their input
Accountability	<ul style="list-style-type: none">• Lack of clear incentives and accountability for WHO staff to meaningfully engage CSOs

Given the reported value and challenges of WHO-CSO engagement, **the Task Team's recommendations fall into two groups – i) to identify mechanisms for collaboration across priority areas of the GPW, and ii) to address the system-level barriers to WHO-CSO engagement.**

Contents

Introduction

Recommendations for WHO-CSO collaboration in priority areas of the GPW

Recommendations for improving WHO-CSO engagement

The Task Team and survey participants identified three strategic shift subareas, and one strategic pillar, for WHO-CSO collaboration going forward

PRIORITIES FOR WHO-CSO ENGAGEMENT ACROSS THE GPW		GPW strategic objectives		
		Goal 1: Achieving universal health coverage ¹	Goal 2: Addressing health emergencies	Goal 3: Ensuring healthier populations
GPW strategic shifts	Stepping up leadership	Diplomacy and advocacy		
		Gender equality, health equity and human rights		
		Multi-sectoral action		
		Resource mobilization		
Driving impact in every country		Policy dialogue		
		Strategic support		
		Technical assistance		
		Service delivery		
Strategic support and technical assistance		Normative guidance and agreements		
		Data, research and innovation		

- Survey participants **identified three high priority GPW strategic shift subareas** for future collaboration with WHO, as shown in the annex.
- Task Team participants, and CSOs more broadly, also highlighted the need for WHO and CSOs to work **more closely to address health emergencies, to provide more timely, effective response.**¹

PRELIMINARY – FOR REVIEW

Notes: 1. UHC is a central priority for both WHO and CSOs, but given the presence of the UHC2030 Civil Society Engagement Mechanism, the Task Team's focus here lies on Goal 2.

WHO-CSO collaboration across the GPW: Better support rapid emergency response, and help WHO to deliver inclusive, transformative health systems



Addressing health emergencies

Strengthen emergency response by sharing cluster leadership with CSOs at the national level.

Rationale: To complement WHO's technical expertise, the Health Cluster at national level requires leadership with specialized crisis management capacities that can be mobilized quickly to address gaps during emergencies.

Recommendation: Follow Education Cluster model and expand current WHO-MoH leadership of Health Cluster at national level to tripartite arrangement including an NGO with crisis management capacity as co-lead.

Components: The NGO co-lead will help coordinate and represent CSO input and capacity, increase involvement of national/ local service delivery CSOs in preparedness planning, and facilitate CSO support for the public health system when the cluster is activated.



Gender equality, health equity, and human rights
Establish an “Inclusivity Advisory Group” to help WHO develop and deliver transformative policies and programs.

Rationale: WHO is committed to advancing gender equality, equity and human rights; but application across policies/ programs is inconsistent. CSOs are positioned to identify violations and gaps, and give technical support.

Recommendation: WHO should leverage CSO expertise and independence by establishing an “Inclusivity Advisory Group” (IAG) comprising representatives from a range of key populations¹ to support the DG and the EB.

Components: IAG's core activities could include reviewing existing policies/ programs, championing the right to health approach, reporting any violations (by WHO or Member State programs), highlighting exemplary programs, and providing technical assistance.

Notes: 1. This could include CSOs formed by, or championing the interests of, groups across the life course that are vulnerable, marginalized, or underrepresented, such as women, youth, older people, indigenous populations, affected populations, people affected by humanitarian crises etc.

WHO-CSO collaboration across the GPW: Crowdsourc data for transformative decision making, and create increased policy dialogue opportunities



Data, research, and innovation

Develop a platform to crowdsource complementary, disaggregated data from CSOs.

Rationale: Government data often cannot be verified and is not granular enough to highlight certain trends. CSOs collect a range of real-time data, which can be used to complement, verify, and disaggregate official data.

Recommendation: Working with WHO and a third party technology provider, CSOs could create a complementary CSO data collection platform to collate verified, disaggregated data from across the CSO landscape.

Components: CSOs can use the data to promote accountability and inform operational coordination in emergency response settings. WHO can leverage its normative influence to act based on the evidence.



Policy dialogue

Build-in explicit, accessible opportunities for CSO and community input into policies and governance at all levels.

Rationale: Policies and programs will be more appropriate if they draw from WHO's technical expertise, as well as CSOs and communities' experience of beneficiary needs and the realities on the ground.

Recommendation: WHO should encourage country delegations to include 1- 2 CSO seats, establish an open application process for Regional Committees, and ensure formal CSO roles in TWGs¹ and CCS²/ policy creation.³

Components: WHO should ensure that a fully representative group of CSOs are included in policy creation at all levels, and on all topics. This may require additional and explicit efforts to overcome barriers to CSO participation, such as visa and funding constraints.⁴

Contents

Introduction

Recommendations for WHO-CSO collaboration in priority areas of the GPW

Recommendations for improving WHO-CSO engagement

Recommendations to WHO: Create a CSO engagement roadmaps, trainings and evaluation metrics, and an interactive engagement platform (1 of 2)

1 Create a WHO strategy for CSO engagement, starting at the country-level

WHO's operational, strategic, and policy work must be **informed by the realities on the ground to maximize impact**. CSOs, national and local CSOs in particular, are uniquely positioned provide this perspective. To capture the breadth of inputs offered by CSOs, WHO must **move beyond a culture of ad-hoc consultations to interactive, systematized, and mutual learning**, particularly at country level. As such, WHO should:

- Country level: **Develop time-bound national roadmaps jointly with CSOs to complement** the WHO Country Cooperation Strategy and the National Health Strategy. These co-created roadmaps should map the landscape of CSOs to identify focal points, as well as define roles and responsibilities, assess and mobilize resources as needed, and outline key actions for both WHO and a diverse, representative set of CSOs.
- Global/ regional level: **Develop a WHO operating document** outlining the process for CSO engagement under FENSA¹, at a department or thematic level, that lays out a process for collecting, building on, and evaluating national roadmaps. This should include norms and best practices, and allow room for context-specific adjustments.

2 Create an evaluation system with key performance indicators (KPIs) for inclusive CSO engagement, and accompanying training materials.

WHO staff across levels and departments will, and some already do, benefit from increased CSO engagement, including through **an expanded pool of knowledge, resources, and tools**. However, WHO currently has **a risk averse culture that disincentivizes engaging Non-State Actors**, and staff often have technical profiles with limited experience engaging CSOs. WHO should therefore:

- Develop a **CSO engagement monitoring and evaluation system** to hold staff accountable for ensuring policies and programs are inclusive and beneficiary oriented, including **Key Performance Indicators (KPIs)** against roadmaps and standard operating guidelines.
- **Better position, and support staff to deliver on CSO engagement KPIs by:**
 - **Expanding the makeup of country level staff** to include skills such as external relations, stakeholder engagement, and diplomacy.
 - Run **CSO engagement trainings** alongside planned FENSA trainings. Provide guidance and training on how to interact with CSOs, and educate staff – along with messaging from leadership – on the importance and value of civil society engagement.
 - **Highlight best practices and norms from exemplary initiatives and departments** (such as UHC2030's Civil Society Engagement Mechanism, or the High Level Meetings on NCDs or TB) in meaningful CSO engagement.

Recommendations to WHO: Create a CSO engagement roadmaps, trainings and evaluation metrics, and an interactive engagement platform (2 of 2)

3 Launch a central interactive platform for WHO staff and CSOs

Diverse and balanced representation of civil society is important not just for inclusivity, but for benefitting from the full of the breadth of CSO experiences and knowledge. However, **WHO does not have a system for engaging a representative range of CSOs** or tracking and sharing this engagement. Further, many **CSOs do not know about opportunities for engagement or how to benefit from them**. WHO should therefore:

- Develop, and regularly update, an **interactive WHO-CSO platform**. The platform **should build on the existing registry of NSAs** to include the full range of relevant CSOs (health and non-health), and include a WHO-only area that **captures the details of any past or ongoing engagement with each CSO**.
- The platform should also **outline the full range of opportunities** (ongoing and ad-hoc) **for WHO-CSO engagement**, and instructions for how CSOs can get involved. This central platform will also allow for enhanced transparency, synergies, and lessons learned among existing WHO-CSO networks.

Recommendations to CSOs: Articulate the value of CSO engagement, increase coordination across the CSO landscape, and hold WHO to account

1 Articulate and advocate around civil society's value-add to WHO and Member States, and proactively participate in policy creation and national roadmap development

There is a mixed understanding across WHO and Member States of the value of engaging CSOs. CSOs therefore should **work together through existing CSO platforms, and leverage individual relationships, to communicate the full breadth of values** they bring at all levels. CSOs should actively participate in, and be jointly responsible for, WHO-CSO engagement training and the creation of national roadmaps. Where appropriate, CSOs should also **support WHO and Member States in advocacy around shared goals.**

2 Increase organization and coordination across the landscape, particularly within countries

WHO staff report finding it **difficult to engage and coordinate interactions with CSOs due to the volume and diversity of civil society actors**, particularly at the country level, and the **lack of transparency around how CSO focal points represent constituency members** in interactions. CSOs should therefore utilize existing mechanisms (e.g. Ghana Coalition of NGOs in health), or create new platforms, as focal points to filter WHO-CSO engagement opportunities and collect input. CSOs should also **ensure interactions with WHO fully represent the interest and needs of constituency members**, and increase transparency around this process.

3 Hold WHO to account for its commitments under FENSA, and ultimately, the GPW

Member States approved FENSA in May 2016, but its implementation will not be formally evaluated until 2019. In the interim, **CSOs are well placed to evaluate WHO's performance on upholding and implementing FENSA to date**, highlighting both strengths and shortcomings at all levels. Going forward, if the GPW is approved in May 2018, CSOs could expand this accountability role **to help WHO and Member States assess progress against the GPW, with a focus on assessing the rights based approach and delivery of universal health coverage.**

Recommendations to Member States: Create space for inclusive CSO collaboration with Ministries of Health and WHO

1 Recognize the diverse role and value of CSOs

CSOs play a variety of roles for a wide spectrum of beneficiaries, and are actively engaged in elevating the voices of, and delivering services to, vulnerable and hard-to-reach populations. By **formally recognizing the roles CSOs play**, governments can help to increase CSOs' legitimacy with beneficiaries and public and private health providers, thereby **improving the operating conditions for CSOs, and amplifying their reach and impact.**

2 Create opportunities for collaboration with a diverse range of CSOs

CSOs have **key advantages** in implementation in terms of cost, timeliness, flexibility, local knowledge, and proximity to beneficiary populations over other stakeholders. They are therefore well-placed to support Ministries of Health in service delivery, and **formal collaboration with CSOs – in both policy and program design and delivery – could help governments allocate limited public health resources more effectively.** Efforts should be made to **proactively collaborate with a range of CSOs in decision-making, policy creation, and service delivery**, including national or local CSOs, with less political influence and resources, that are closer to target beneficiaries and the realities on the ground, and to engage CSOs in monitoring and evaluation of national policies and programs.

3 Create space for WHO to deliver on its commitments under FENSA, and hold WHO to account

Member States **approved FENSA by consensus** in May 2016, committing WHO to a clear set of guiding principles for collaboration with Non-State Actors, including civil society. **Governments should create space for WHO to deliver on its commitments under FENSA**, engage with CSOs through participation, resources, advocacy, evidence, and technical collaboration, and **hold WHO to account for this commitment.**

We look forward to hearing from you

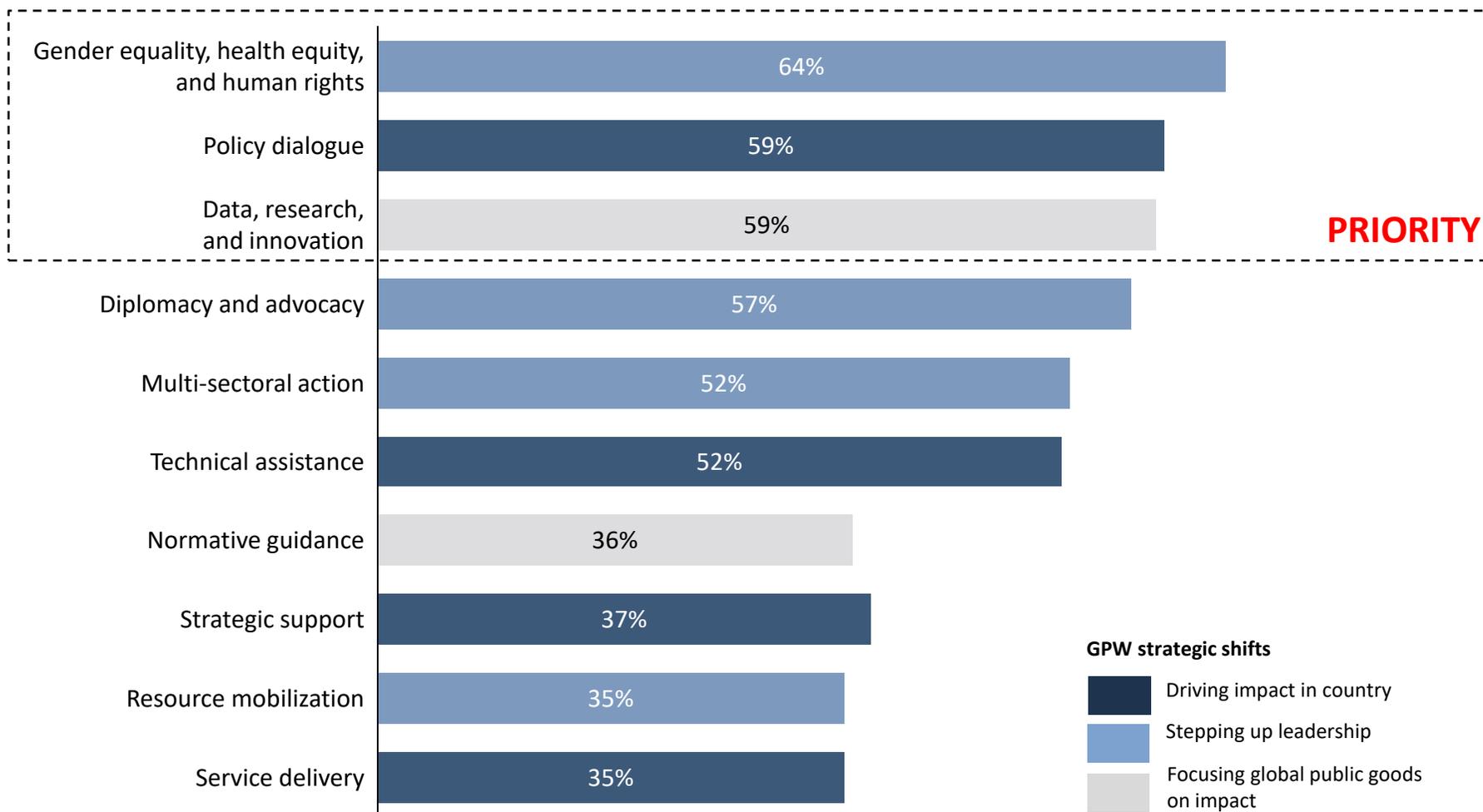
Thank you for taking the time to review this presentation. We would greatly appreciate your feedback to help us refine the recommendations, please provide all comments through the following link:

<https://www.surveymonkey.com/r/BDT5CK3>.

Annex

Survey participants identified three high priority GPW strategic shift subareas for future collaboration with WHO

Preferred areas for future WHO-CSO collaboration, % of CSOs; n=153



PRELIMINARY – FOR REVIEW

Notes: Percentage reflects the proportion of CSO survey respondents indicating that they would like to collaborate with WHO on each sub-component of the three GPW strategic shifts; Sample featured 97 international CSOs and 56 national/ local CSOs primarily located in the EURO, AFRO, and PAHO regions.

Source: Dalberg survey analysis