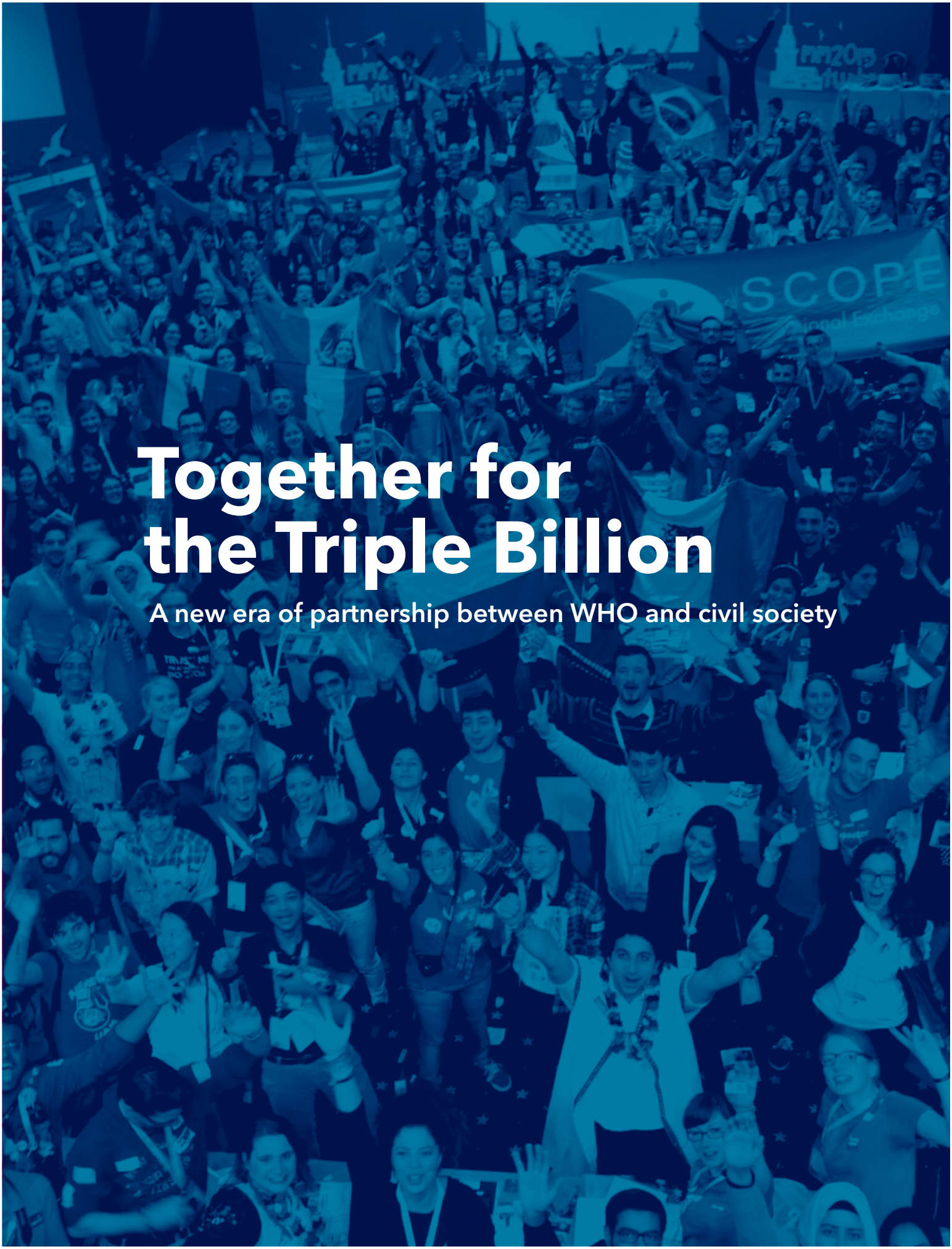


Together for the Triple Billion

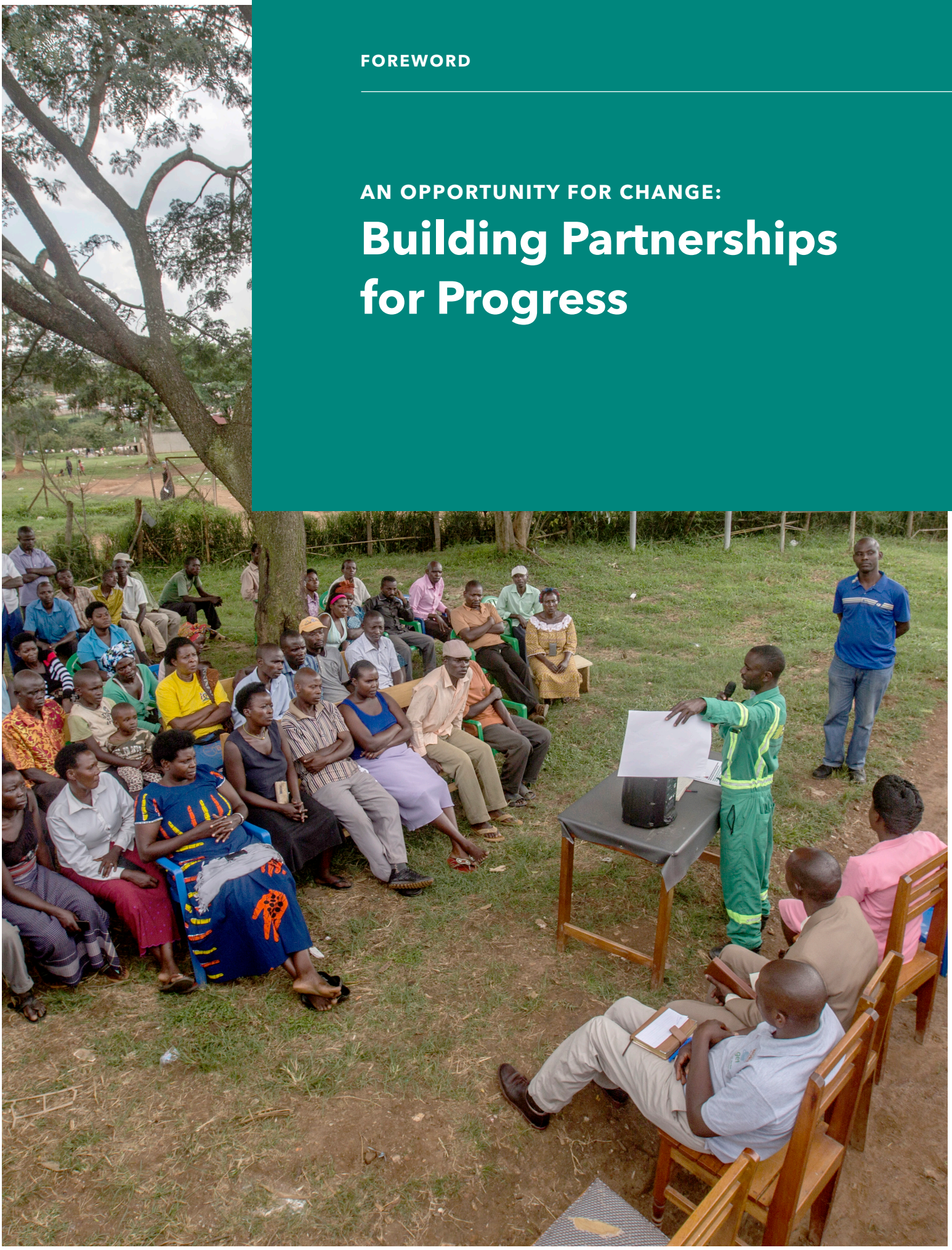
A new era of partnership between WHO and civil society

"Civil society partners are unique and powerful voices of the people that WHO serves. Their valuable resources, knowledge and close community connections can help WHO ensure our impact is much greater than when we act alone. It is only through working closely with civil society and other key partners that we will be able to deliver on our ambitious goal of achieving health for all."

– Dr. Tedros Adhanom Ghebreyesus, *Director-General, World Health Organization*

CONTENTS

Recommendations of the Ad Hoc Task Team on WHO-Civil Society Engagement / NOVEMBER 2018



FOREWORD

AN OPPORTUNITY FOR CHANGE:

Building Partnerships for Progress

PHOTO: UNFOUNDATION-POWERINGHEALTHCARE

In September 2017, World Health Organization Director-General Dr. Tedros Adhanom Ghebreyesus invited that the United Nations Foundation and RESULTS create a working group to develop strategies for improving engagement between WHO and civil society organizations (CSOs). As a result, the WHO-Civil Society Task Team was established in January 2018.

Over the course of the following six months, the Task Team held a series of discussions to build a set of bold, creative recommendations for how civil society organizations can foster greater collaboration, both with WHO and with other CSOs, to help achieve WHO's new General Programme of Work and our collective goals. While the challenges of greater collaboration were well known, this was a particularly timely opportunity to assemble as a group and address them head on.

The 13th General Programme of Work (GPW) is a five-year vision to promote health, keep the world safe, and serve the vulnerable. The GPW lays out bold commitments to achieve universal health coverage, address health emergencies, and promote healthier populations. To achieve this, WHO is committed to implementing organizational and strategic shifts that will make it the organization the world needs it to be. Most importantly, as the GPW well articulates, WHO will have to strengthen its collaboration with partners from all parts of the world to harness our collective efforts for good.

It is with this ambitious, hopeful, forward-looking mindset that our WHO-CSO Task Team explored a new era of engagement between WHO and civil society. An era in which we, as equal partners, seek progress towards common goals, hold each other to account, and find ways to make the impact of our efforts far greater than the sum of their parts. Civil society plays a leading and critical role in all aspects of the GPW. Without its unique reach, capabilities, and motivations, we will fall short of our ambitious – but necessary – goals.

One of the key challenges we confronted was the heterogeneity of CSOs, and the fact that civil society represents a wide range of organizations, voices, and circumstances. As such, it was important to purposefully recognize that diversity and ensure that WHO-CSO engagement modalities were designed appropriately. That meant taking a nuanced view of what we mean by 'civil society' by systematically identifying civil society sub-groups, understanding their relative strengths, and developing ways of working together that allow us to realize our joint potential. We also recognize that, despite our best efforts to make the Task Team itself as diverse and inclusive as possible, the civil society community is so broad that this group was not able to represent the exhaustive range of CSOs.

We would like to take this opportunity to thank the members of this Task Team. Not for the first time, each one demonstrated its dedication to global health through generosity of time, richness of debate, and steadfast commitment to elevating the voice of civil society.

We also would like to thank WHO leadership, and the Director-General in particular, for his openness to strengthening WHO's collaboration with civil society and for having encouraged us to assemble and chair the WHO-CSO Task Team, representing some of most accomplished leaders from civil society and affected communities around the world.

The recommendations in this report, if successfully implemented, would represent a meaningful change in civil society's engagement with WHO, and could have positive implications on our collective ability to deliver health outcomes both in the short-term and long into the future. Many of the recommendations require new mindsets, unique ways of working, and a sustained commitment to putting the UN's Sustainable Development Goals front and center in our work.

This effort marks a new era of greater collaboration and engagement. We, as civil society, are excited to embark upon this journey together with WHO and stand committed to working hand-in-hand to achieve our common goals.

KATE DODSON
United Nations Foundation

JOANNE CARTER
RESULTS

PHOTO: JONATHAN TORGOVNIK

EXECUTIVE SUMMARY

The World Health Organization (WHO)'s strategic priorities for 2019 – 2023 are to deliver services and improve health outcomes across the "triple billion," as articulated in the 13th General Programme of Work (GPW). The three pillars of the GPW are (i) advancing universal health coverage (UHC), with one billion more people benefitting from UHC, (ii) addressing health emergencies, with one billion more people better protected, and (iii) promoting healthier populations, with one billion more people enjoying improved health and well-being.[1] Together, these form the "triple billion" goals to drive health improvements across countries and populations.

Achieving the goals of the GPW will require action from all parties, including civil society actors, which are uniquely positioned to represent and reach target populations and help advance UHC. For the purposes of this report, civil society organizations (CSOs) are defined as non-profit entities that bring people together around shared issues, without state or business interests. Ranging from community-based organizations to research institutions, CSOs play a variety of roles, such as knowledge generation, policy input and guidance, advocacy, and implementation, and actively support vulnerable and hard-to-reach populations.

WHO's recently adopted Framework of Engagement with Non-State Actors (FENSA) outlines the principles through which WHO can collaborate with CSOs, and serves as a basis for enhancing WHO-CSO engagement. FENSA, as approved by WHO Member States at the 69th World Health Assembly, aims to strengthen WHO's engagement with non-State Actors (NSAs) while protecting its work from conflict of interest, reputational risks, and undue influence. FENSA outlines high-level principles for engagement, allowing some room for flexibility and adaptation in how WHO engages with CSOs. Within these principles, there is an opportunity to further define how WHO and CSOs engage, in a way that captures the full diversity of the civil society landscape and defines a strategic approach to collaboration in pursuit of shared goals. As a critical next step, WHO is in the process of developing a strategy for engagement with non-State Actors.

In September 2017, WHO Director-General Dr. Tedros Adhanom Ghebreyesus encouraged the formation of a civil society-led Task Team to propose a strategy for increased WHO-CSO engagement. Dr. Tedros has underscored the importance of WHO's collaboration with partners, including CSOs, to achieve the GPW. To this end, he called on civil society organizations to form a Task Team to identify opportunities for enhancing WHO-CSO engagement at the global, regional, and country levels, building on FENSA. The Task Team included leaders from 21 civil society organizations, with representation across sectors, geographic regions, types of roles, and levels of WHO engagement. Its main objectives were to categorize the diversity of CSOs in global health, identify priority areas for WHO-CSO collaboration, and suggest concrete mechanisms to improve this engagement.

Through extensive civil society consultations, the Task Team identified four specific areas of the GPW where increased collaboration could have the most impact. Civil society consultations included a survey of over 400 CSOs, over 30 interviews with civil society actors and WHO staff, and two in-person Task Team meetings. Results revealed that, while effective platforms for WHO-CSO engagement exist under two pillars of the GPW: "advancing universal health coverage," most notably the UHC2030 Civil Society Engagement Mechanism, and "promoting health through the life-course," including civil society groups on noncommunicable diseases (NCDs) and tuberculosis (TB), there is room for closer WHO-CSO collaboration for "addressing health emergencies." In addition, when asked to indicate their preferred strategic shift sub-areas for future WHO-CSO collaboration, CSO survey respondents identified policy dialogue; gender equality, health equity, and human rights; and data, research, and innovation as the top priority strategic shifts for collaboration. Consequently, the Task Team's recommendations for improved WHO-CSO collaboration focus on these areas of the GPW, as follows.

- **POLICY DIALOGUE: Build in explicit, accessible opportunities for civil society to provide input into policies and governance at all levels.** *CSOs can help WHO and its constituents create appropriate, representative policies that reflect the needs of the communities that they aim to serve, especially the most vulnerable populations. However, many stakeholders reported limited opportunities for meaningful CSO involvement in policymaking, particularly at the country level. As such, at the country level, the Task Team recommends that WHO encourage Member States to consult CSOs in the development of the Country Cooperation Strategy (CCS)[2] and expand the CCS template to include a detailed section on multi-stakeholder engagement. The Task Team also recommends WHO work with CSOs to create time-bound country roadmaps to complement the CCS, detailing how WHO and CSOs will engage in the following cycle. Where it is not possible to have an inclusive, collaborative CCS process, or in countries where there is no CCS, the Task Team recommends WHO focus on developing the roadmap directly with civil society.*

  At the global and regional levels, the Task Team recommends that WHO create more formal roles for CSOs in various policymaking forums to foster more meaningful CSO participation in policymaking, including at the World Health Assembly, Regional Committee Meetings, and in Technical Working Groups and Advisory Committees. The Task Team recommends that WHO consistently and actively engage a wide range of CSOs, both in health and relevant non-health sectors and with experience across policy, advocacy, and service delivery, during governance meetings and in advisory groups at all levels.

- **HEALTH EMERGENCIES: Strengthen emergency response by expanding country-level tripartite Health Cluster leadership.** *In emergency settings, there is increased need for civil society's vital role in identifying, coordinating, and delivering an appropriate response. CSOs' understanding of the realities of the ground, specialist crisis management capacities, and strong relationships with public actors complement WHO's technical expertise. To fully leverage the unique skills of each party, the Task Team recommends that WHO expand the current WHO-Ministry of Health (MoH) leadership of national Health Clusters to a tripartite arrangement that includes a CSO as co-lead, as recommended by the Interagency Standing Committee (IASC) Reference Module on Cluster Coordination and as appropriate for the country context.*

- **GENDER EQUALITY, HEALTH EQUITY, AND HUMAN RIGHTS: Establish an independent "Inclusivity Advisory and Oversight Group."** *Under the GPW, WHO has strongly and explicitly committed to advancing gender equality, health equity, and human rights, and is starting to integrate these priorities across the organization. CSOs are well-positioned to support WHO to accomplish this objective, and ensure all voices are equitably represented in policies and programs created by the organization. The Task Team recommends WHO establish an Inclusivity Advisory and Oversight Group (IAOG), reporting to the Office of the Director-General, to support the Director-General, the Senior Advisor on Youth and Gender, and the Executive Board to ensure that all policies and programs uphold the principles of gender equality, health equity, and human rights. This group should be as diverse as possible, with representation from affected communities, faith-based organizations, and marginalized populations such as women, youth, indigenous groups, and people living with disabilities.*

- **DATA, RESEARCH, AND INNOVATION: Develop a platform to crowdsource complementary, disaggregated data from civil society.** *Accurate, detailed, and disaggregated data (e.g. burden, coverage, and uptake data disaggregated by gender, age, race, ethnicity, and socioeconomic status) is vital for identifying trends, successes, and gaps in health service delivery, and creating appropriate policies. CSOs collect a range of real-time data, which could be leveraged to complement, verify, and disaggregate official data. Therefore, working with WHO and a third-party technology provider, the Task Team recommends CSOs set up a data collection platform for disaggregated data from across the CSO landscape to complement existing sources.*

The Task Team also identified several challenges around existing engagement between WHO and CSOs. Collective action from WHO, CSOs, and Member States will be needed to overcome these challenges and enhance the WHO-CSO relationship. Drawing on insights from a wider civil society survey, the Task Team identified several challenges related to WHO-CSO engagement, including limited understanding of, insufficient coordination of, and poor accountability for CSO engagement by WHO staff, as well as limited accessibility and inadequate opportunities for meaningful input to WHO policy setting processes. CSOs also have varying levels of understanding of how to engage WHO, and a complex and multi-layered civil society landscape makes it challenging for WHO to find appropriate entry points for engagement. Going forward, it is important that all parties recognize these challenges, and look for new ways to engage that contribute to an open, productive collaboration, as detailed below.

The Task Team recommends WHO fully leverage its present transformation and reform process to establish incentive mechanisms and build staff capacity to promote strengthened WHO-CSO collaboration. The Task Team recommends that WHO develop a Monitoring & Evaluation (M&E) framework with Key Performance Indicators (KPIs) to measure staff or departmental engagement with CSOs (e.g. frequency, directionality, representation) and to monitor whether, and how well, CSOs are consulted in the creation of policies and programs. To help staff deliver on this, the Task Team recommends WHO expand the capabilities of country offices to include stakeholder engagement skills, run community engagement trainings, and launch an online platform for WHO staff and CSOs. This platform should build on the existing registry of NSAs to serve as a database with details on WHO's interactions with all relevant CSOs. The Task Team also recommends WHO establish an "Advisory Committee on WHO-CSO Engagement" tasked with supporting, monitoring, and reporting on WHO's CSO engagement transformation in the long-term.

Correspondingly, CSOs should provide collective support to WHO to drive an institution-wide shift in the culture of civil society engagement and help with acceptance and implementation of the recommendations outlined in this report. CSOs can support WHO to drive a cultural shift around CSO engagement by articulating and advocating for the added value of civil society to WHO and Member States. CSOs can also help simplify engagement for WHO staff by increasing organization, alignment, and coordination across the landscape of CSOs, particularly within countries. While recognizing the strength of the diversity in views expressed across the CSO landscape, it is recommended that, where possible, CSOs use existing mechanisms

(including UHC2030, the Partnership for Maternal, Newborn, and Child Health [PMNCH], Global Fund Country Coordinating Mechanisms [CCMs], and Gavi CSO platforms) and broader health platforms to aggregate input, liaise with WHO, and disseminate CSO engagement opportunities.

Member State support for WHO-CSO engagement, through increased recognition of the diverse role and value of CSOs, and pressure on WHO to implement FENSA, will be critical for success. Multiple WHA resolutions, most notably from WHA 69 and 70, recognize the valuable role CSOs play. It is therefore recommended that Member States uphold these WHA agreements, allow and encourage WHO to independently pursue partnerships with CSOs through FENSA, and proactively invite civil society into national planning and policy processes.

Implementation of the Task Team's recommendations will require dedicated WHO action and resources, with ongoing support from CSOs and Member States. Implementation of the Task Team's recommendations will require ongoing, concerted action from all parties. CSOs and Member States will need to proactively support WHO to take the recommended actions, both individually in their interactions with WHO Representatives (WRs) and WHO focal points, and collectively at formal governance meetings and informal convenings. WHO will need to review the recommendations, make decisions, and follow a set of discrete steps for operationalization. The Task Team recommends these efforts be led by a small full-time team in the External Relations department, with corresponding focal points in regional and country offices. In the near-term, these staff members should be dedicated to implementing FENSA and engaging NSAs, with a specific mandate for operationalizing the recommendations outlined in this report, coordinating across WHO to drive uptake of new guidance around CSO engagement, and liaising with the Advisory Committee on WHO-CSO Engagement.

WHO could take a phased approach to implementing the recommendations over the course of three years, focusing on securing quick wins before pursuing more resource-intensive initiatives. The recommendations to WHO vary in their complexity and the level of collaboration required for implementation. As program complexity and collaboration requirement increase, the timeline for implementation increases. To use resources most efficiently, WHO is advised to group recommendations according to this timeline, and initially prioritize recommendations that can be delivered quickly, to demonstrate early success and impact. In alignment with this phasing, the Task Team recommends that WHO update policy guidance, establish the IAOG, and establish the Advisory Committee in 2019; begin updating existing systems in 2020; and look to create new platforms in 2021 and 2022.

PHOTO: WHO

1 Introduction

The World Health Organization (WHO)'s strategic priorities for 2019 - 2023 are to promote health, keep the world safe, and serve the vulnerable, as articulated in the 13th General Programme of Work (GPW). Based on the third Sustainable Development Goal (SDG), which calls for all stakeholders to "ensure healthy lives and promote well-being for all at all ages," and the health targets in other SDGs, the GPW sets forth an agenda based on three concrete, strategic pillars: (i) advancing universal health coverage (UHC), with one billion more people benefitting from UHC, (ii) addressing health emergencies, with one billion more people better protected, and (iii) promoting healthier populations, with one billion more people enjoying better health and well-being.[3] Together, these form the "triple billion" goals to drive improvements in health across countries and populations over the coming five years.

Achieving the goals of the GPW will require action from all parties, including civil society actors, which are uniquely positioned to represent and reach target populations and help advance UHC. For the purposes of this report, civil society organizations (CSOs) are defined as non-profit entities that bring people together around shared issues, without state or business interests. Ranging from community-based organizations to research institutions, CSOs play a variety of roles for a wide spectrum of beneficiaries. CSOs are actively engaged in elevating the voices and needs of, and delivering services to, vulnerable and hard-to-reach populations around the world, and are instrumental in mobilizing resources, driving health reform, and delivering services, particularly at the community level.

WHO's recently adopted Framework for Engagement with Non-State Actors (FENSA) outlines the principles through which WHO can collaborate with CSOs, and serves as a basis for enhancing WHO-CSO engagement. FENSA, as approved by WHO's Member States at the 69th World Health Assembly, aims to strengthen WHO engagement with non-State actors (NSAs) while protecting its work from conflict of interest, reputational risks, and undue influence. FENSA outlines high-level principles for engagement, allowing some room for flexibility and adaptation in how WHO engages with CSOs. The Task Team found that within these principles, there is an opportunity to further define how WHO and CSOs engage, in a way that captures the full diversity of the civil society landscape and defines a strategic approach to engagement in pursuit of shared goals. As a critical next step, WHO is in the process of developing a strategy for engagement with non-State actors.

This report defines CSOs as non-profit entities that bring people together around shared issues, without a state or business interests, and fall into two broad groups:

> **NGOS:** *Non-profit, voluntary organizations involved in the mobilization of resources and stakeholders, technical assistance, and implementation around issues in the public interest, including groups representing key populations and particular faiths or beliefs.*
>
> **RESEARCH INSTITUTIONS:** *Academic institutions or think tanks dedicated to education, research, or implementation of programming in the public interest.*

These categories form a sub-set of the groups of non-State Actors defined by FENSA, which also includes private sector entities and philanthropic foundations. See Annex III for an expanded typology of CSOs that builds on FENSA by creating sub-categories of NGOs and research institutions, in order to capture the diversity of civil society actors.

COMMUNITY VOICES: The Importance of Collaboration for Delivering UHC[4]

"No one can question the benefits of partnership between WHO and civil society. It's an opportunity to collaborate and make WHO stronger. Without partnership, we cannot really move forward." – WHO STAFF MEMBER

"If we really want to create a movement for UHC and health for all, we can't do it without civil society and youth." – CSO SURVEY RESPONDENT

"Health for all is an ambitious vision which requires the commitment and engagement of practically all civil society organizations." – CSO SURVEY RESPONDENT

PHOTO: UNITED NATIONS/JC MCILWAINE

PHOTO: UNITED NATIONS/HARANDANE DICKO

WHO Director-General Dr. Tedros Adhanom Ghebreyesus encouraged the formation of a CSO Task Team to help to propose a strategy for future WHO-CSO engagement more broadly, as well as more specifically around the GPW. Dr. Tedros has consistently underscored the importance of WHO's collaboration with partners, including civil society, to achieve the GPW. In late 2017, he encouraged the formation of a Task Team to identify opportunities for enhancing WHO-CSO engagement and collaborating on the GPW at all levels, building on FENSA. The Task Team, launched in January 2018, comprised leaders from 21 civil society organizations, with representation across sectors, geographic regions, types of roles, and levels of WHO engagement. The Task Team included organizations that are in official relations (a special status, as defined by FENSA, for organizations with a sustained and systematic engagement with WHO) and those that are not. The Team's core objectives were to (i) categorize the diversity of civil society actors in global health, (ii) identify priority areas for increased collaboration, and (iii) suggest concrete mechanisms to improve WHO-CSO engagement. See Annex I for a list of Task Team members and Terms of Reference.

The Task Team's recommendations, as outlined in this report, aim to leverage mutual strengths, build on FENSA, and learn from existing models. The Task Team's recommendations are grounded in the principles of FENSA, while looking to create efficiencies that expand engagement and enable WHO to be more inclusive. The recommendations are also inspired by exemplary existing models for CSO engagement at WHO and other multilateral institutions.

These recommendations were developed through five key activities:

- **CSO SURVEY:** *A short survey on WHO-CSO collaboration was circulated to a globally diverse sample of over 400 CSOs[5] and made available in English, French, and Spanish. 153 CSOs across WHO regions and levels (global, regional, country) completed the survey.*

- **WHO CONSULTATIONS:** *The Project Team[6] held discussions with WHO Headquarters staff, as well as current and former WHO Representatives (WRs) from the Southeast Asia and Eastern Mediterranean regions. The emerging recommendations were shared with a wider set of WHO staff for review and feedback.*

- **CSO CONSULTATIONS:** *The Project Team conducted in-depth, individual interviews with each Task Team member, and gathered input from additional CSO representatives where recommended. CSOs were also invited to review and provide feedback on the emerging recommendations over a three-week period, and more than 40 stakeholders responded to an online call for input.*

- **WHO-CSO EVENTS:** *The Task Team convened for two in-person workshops. The first of these was held in February 2018 in Geneva. The second took place in April 2018 in Washington, DC. Several members of the Task Team in official relations with WHO also hosted an official World Health Assembly side event in May 2018, focused on civil society engagement to achieve the GPW.*

- **REVIEW OF EXEMPLARY MECHANISMS:** *The Project Team reviewed existing CSO engagement mechanisms at WHO and other institutions and held additional consultations to inform and guide the recommendations.*

This report is organized into six sections. Section 2 outlines the Task Team's recommendations for WHO-CSO collaboration across priority areas of the GPW, and Section 3 outlines the Task Team's recommendations for improving systematic WHO-CSO engagement. Section 4 outlines a strategy and timeline for implementation, and Section 5 provides a brief conclusion. A mapping of CSO engagement mechanisms across institutions, the CSO typology, and the survey analysis can be found in the Annex. A full mapping and typology of CSOs that currently or could potentially work with WHO was beyond the scope of this report, and will only be possible once WHO's Register of non-State actors is fully rolled out and utilized by all parts of WHO.

2 Recommendations for WHO-CSO Engagement Across the 13th General Programme of Work

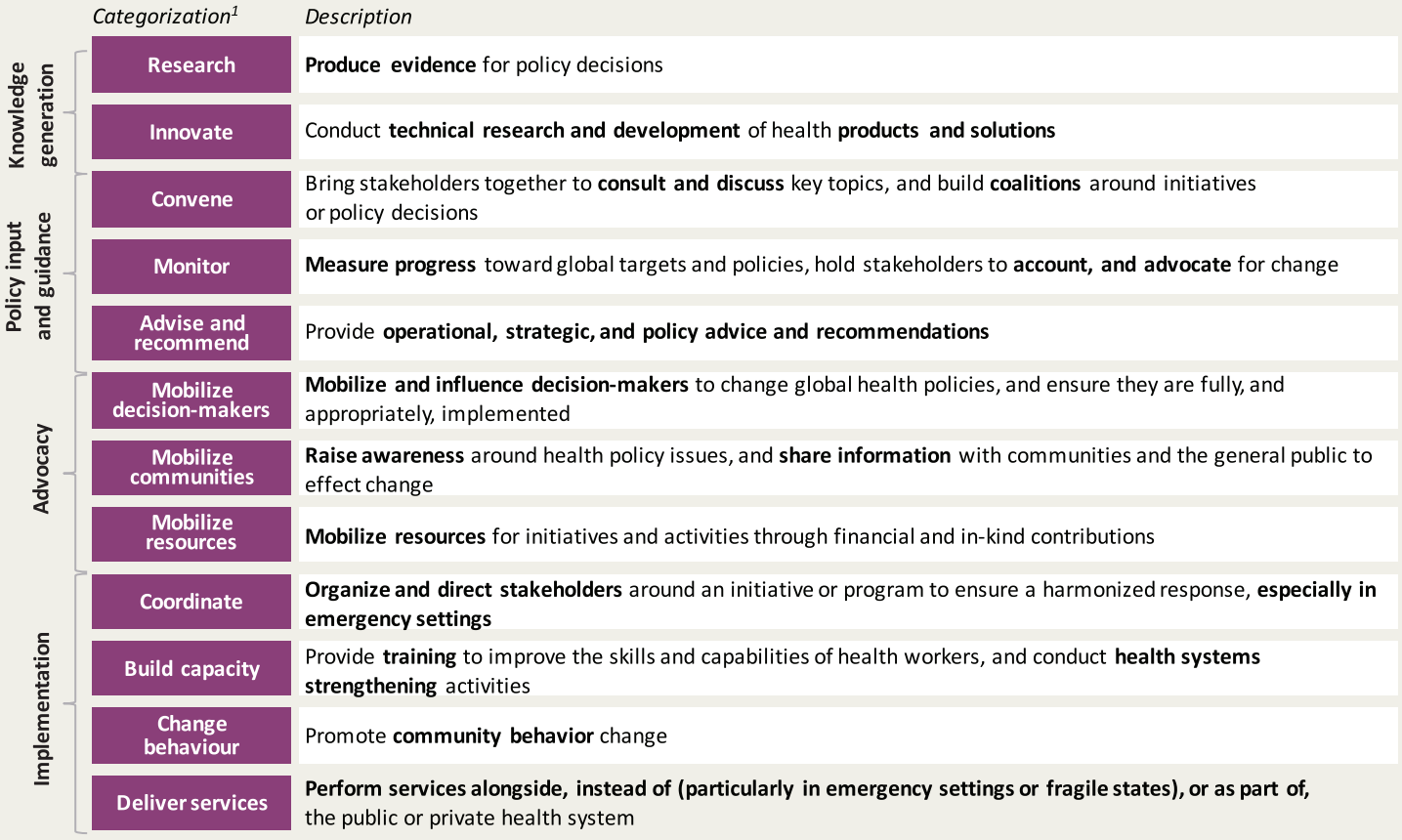
Collaboration between WHO and civil society has long offered opportunities for mutual benefit and learning. As the directing and coordinating authority for international health, WHO shapes health priorities, sets norms, convenes the whole spectrum of stakeholders, and leads health responses. On the other hand, the autonomy, diversity, and dynamism of CSOs are irreplaceable in the global health arena. Unlike state actors, CSOs are typically unfettered by political interests or internal bureaucracy, and unlike businesses, they can disregard profitability in favor of representing beneficiaries' needs.[7] WHO can learn from the experience of civil society organizations and rely on them to play a diversity of roles, including reaching remote and vulnerable communities in a variety of settings, with speed and flexibility.

CSOs provide substantial benefits to WHO across the value chain, including access to an expanded pool of knowledge, resources, and tools; and effective, appropriate implementation support. Collaboration with CSOs allows WHO to leverage additional technical expertise, knowledge of thematic areas in various settings, and financial and in-kind resources for global health programming. WHO can learn from the experience of CSOs and rely on them to play a diversity of roles across the value chain, including knowledge generation, policy input and guidance, advocacy, and implementation, particularly in emergency settings, fragile states, and low-income areas (Figure 1). In particular, CSOs can bring innovative ideas and solutions, as well as participatory approaches, to solve local problems. Effective and efficient implementation of health programs is often facilitated by cross-cutting collaboration between CSOs in health and non-health sectors. CSOs also frequently pioneer and promote equitable access to health innovations as they are rolled out on a broader level.[8]

PHOTO: UNITED NATIONS/MARK GARTEN

CSOs play a variety of roles across the value chain

Figure 1: The variety of roles played by CSOs



Notes: 1. These activities are often inter-linked (e.g. researching and advising), and CSO may play multiple roles either simultaneously, or in different contexts and settings

COMMUNITY VOICES:

The Value of CSO Engagement to WHO[9]

"Civil society organizations bring agility, innovative models, and new energy to help deliver universal health coverage." – CSO SURVEY RESPONDENT

"WHO should open spaces for collaboration with community-based organizations because this is the only way to ensure impact reaches the rural and hard-to-reach communities." – CSO SURVEY RESPONDENT

"It is imperative for WHO to engage systematically with CSOs that work on addressing cross-cutting factors that may prevent us from delivering the GPW13 priorities and SDGs, whose work can help deliver co-benefits across sectors and areas." – CSO SURVEY RESPONDENT

9 Sourced from CSO survey responses and tweets during the World Health Assembly side event.

The value of WHO-CSO engagement is reciprocal, and CSOs can benefit from greater access to information and technical expertise and increased capacity for impact. WHO guidelines and technical input from local WHO officials are invaluable to CSOs. In the survey, over 70 percent of CSOs with prior experience working with WHO identified knowledge and capabilities of WHO personnel as a strength of the engagement. CSOs can use WHO tools and resources to build their own capacity to deliver health services, including through the adoption of best practices and technologies in health care.

By working closely with WHO, CSOs also benefit from improved coordination with stakeholders and enhanced influence and credibility. Working with WHO enables CSOs to draw on the organization's convening power at the global, regional, and country levels to better coordinate responses to issues with other stakeholders, including governments and donors. In the survey, over half of the CSOs with prior experience working with WHO reported that partner coordination and interaction was a strength of this engagement. Collaboration with WHO enhances the legitimacy of CSOs and supports their ability to advocate for and effect change. Eighty-seven percent of the CSOs surveyed that have worked with WHO agreed that collaboration enhanced their influence in the broader global health arena.

Collective action, drawing on the strength of both CSOs and WHO, will be instrumental for delivering on the goals of the GPW, and will help to amplify existing CSO efforts in achieving health for all. Since taking office as Director-General, Dr. Tedros has emphasized the importance of WHO's collaboration with CSOs to achieve the GPW, and many civil society representatives echoed the need for close WHO-CSO collaboration to deliver universal health coverage.

Civil society consultations identified four specific areas of the GPW where collaboration could have the most impact. Civil society consultations revealed that effective platforms exist for WHO-CSO engagement under the "advancing universal health coverage"[10] and "promoting health through the life-course"[11] GPW pillars, but that there is room for closer WHO-CSO collaboration in "addressing health emergencies." CSO survey respondents identified gender equality, health equity and human rights, data, research, and innovation, and policy dialogue as the top priority strategic shifts for future collaboration (as listed in Figure 2). Consequently, the Task Team's recommendations focus on these areas.

I. POLICY DIALOGUE: Build in explicit, accessible opportunities for CSO and community input into policy and governance at all levels.

CSOs can help WHO and its constituents create appropriate, representative policies. Consulting CSOs helps decision-makers ensure that their global, regional, and national guidelines and programs reflect the needs of the communities that they are trying to serve, especially the most vulnerable populations. In this way, CSO involvement in policymaking can help to enhance the quality, effectiveness, and equity of WHO and Member States' policies and the acceptance of these policies among beneficiaries and the public.

COMMUNITY VOICES:

The Value of WHO Engagement to CSOs[12]

"WHO has provided a model for how we as an organization can help fulfill our mission." – CSO SURVEY RESPONDENT

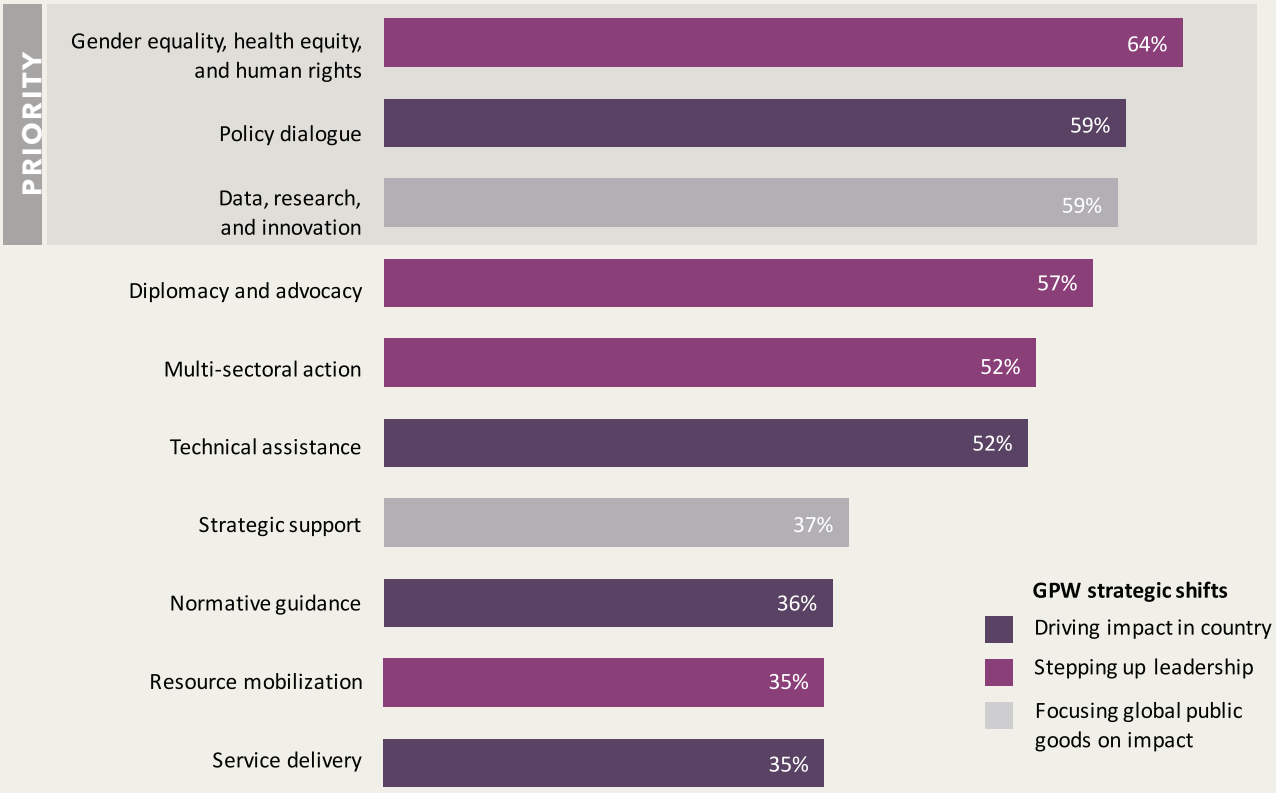
"We enjoy the evidence-based policy and guidance setting of WHO, as well as guidance in global public health priority setting." – CSO SURVEY RESPONDENT

"World Health Assembly & other events provide valuable access to key stakeholders for global health advocacy." – CSO SURVEY RESPONDENT

Survey participants identified three high-priority GPW strategic shifts for future collaboration with WHO

Figure 2: Priority areas of GPW identified in CSO survey

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



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

Source: Dalberg survey analysis

However, many stakeholders reported limited opportunities for meaningful CSO involvement in policymaking, and for youth representatives in particular. At the global and regional levels, CSOs have limited representation in WHO's governance (e.g. no seats on governance boards)[13], and are often unable to access WHO's meetings and policy dialogues, either due to a lack of official relations status or formal invitations. More generally, many CSOs lack knowledge of how to attend and have limited resources to do so. Even when CSOs are present in the relevant forums, they have limited ability to provide meaningful input and fully represent the needs of the most vulnerable populations. This is particularly true for youth-led, local, and community-based organizations which often have limited resources to engage, and non-health CSOs (e.g. gender-based groups) that are often overlooked.

This is particularly true at the country level, where national and local CSOs are not systematically involved in policymaking, despite being uniquely positioned to provide this perspective. At a high level, WHO-CSO engagement in policy dialogue in countries is spread across three key mechanisms: WHO-led engagement through Technical Working Groups (TWGs), WHO-led engagement in the Country Cooperation Strategies (CCS), and indirect engagement through government-led strategy and policy-setting processes. Currently, the level and extent of engagement between WHO country offices and civil society is at the discretion of the WHO Representatives (WRs) and requires support from government decision-makers. As a result, CSO involvement across mechanisms for policy dialogue is highly variable across countries and CSOs are rarely, and not systematically, invited to contribute to WHO's Country Cooperation Strategy (CCS). As a result, WHO is not currently fully benefitting from the wealth of knowledge CSOs can contribute, particularly in the design of fully inclusive national policies and programs.

At the country level, the Task Team recommends that WHO encourage Member States to systematically consult CSOs in the development of the CCS,[14] and to highlight best practices for doing so. The CCS guide states that "at the country level, CCS development involves extensive consultations between WHO, the government (health and health-related ministries) and partners (bilateral and multilateral agencies, civil society organizations, nongovernmental organizations, academic institutions, WHO collaborating centres and the private sector)."[15] The Task Team recommends WHO re-emphasize this to WRs and provide additional guidance and support to empower country teams to engage CSOs, and local, faith-based, and youth-focused organizations in particular. WHO should expand the CCS template to include a dedicated section on multi-stakeholder engagement.

The Task Team recommends that WHO work with CSOs to create time-bound country roadmaps for CSO engagement to complement the CCS. The co-created roadmaps should analyze the state of civil society, including the full diversity of organizations, the depth and breadth of roles they play, and any operational challenges they face, and should assess the existing levels of WHO-CSO coordination. These roadmaps should also outline the priorities for WHO-CSO engagement; identify key CSO partners, including youth, community, and faith-based organizations; define roles and responsibilities; assess and identify potential resources as needed; and outline key actions for both WHO and a diverse, representative array of civil society actors.

Where it is not possible to have an inclusive, collaborative CCS process, or where WHO does not have a CCS in place with a given country, the Task Team recommends WHO focus on developing the roadmap directly with civil society. In some countries, Member States may decline to involve CSOs in CCS preparations or may not have a CCS at all. In these instances, the Task Team recommends that WHO work directly with CSOs to develop the country roadmaps, which should complement the National Health Strategies.

At the global and regional levels, the Task Team recommends that WHO take steps to strengthen the roles for civil society in governance. The most effective way to meaningfully engage CSOs in governance would be to establish dedicated seats for CSO constituencies – ultimately, with voting rights – at the Executive Board and World Health Assembly. The Task Team, however, recognizes this is not currently possible under the WHO Constitution. Nevertheless, there are a range of alternative options for increasing meaningful CSO engagement in governance and policymaking that align with both the WHO constitution and with FENSA and could be approved and implemented with direction from the Director-General and/or adjustments to the rules of procedure of the WHA and EB in the near term.

The Task Team therefore recommends that WHO increase the accessibility of the World Health Assembly (WHA), Regional Committee (RC) Meetings, and Technical Working Groups and facilitate participation of currently underrepresented groups. In the short term, the Task Team recommends WHO proactively invite a wider range of CSOs to participate in WHA and Regional Committee meetings, seeking out underrepresented groups, including youth groups and community and faith-based organizations. WHO should develop technological solutions to provide information and collect input before, during, and after WHA and RC meetings to increase transparency and give additional time and space for civil society input on draft materials. To foster an even more open and inclusive process, Regional Committees should shift the policy for attendance at RC meetings from a closed, invitation-only process to an open application with clear guidance and criteria. In the longer term, WHO could help CSOs organize into constituencies by geography, thematic area, or representation, and invite input from each constituency through an elected representative in official relations with WHO. In particular, WHO could use constituencies to formally increase participation from underrepresented groups, as is done through the Youth Constituency at the UN Framework Convention on Climate Change). Note that these constituencies could and should be closely aligned with, if not embedded into, existing civil society constituencies (e.g. UHC2030 Civil Society Engagement Mechanism), but with an expanded mandate to engage in WHA governance.

The Task Team also recommends WHO update its policies, guidance, and processes to encourage staff and Member States to more regularly, broadly, and meaningfully consult CSOs. The Task Team recommends that WHO encourage the invitation of experts working for CSOs (including national and local CSOs) in Technical Working Groups and Advisory Committees and develop a standing operating document that outlines the process for department-level CSO engagement. This should include guidance and best practices, while allowing room for context-specific adjustments. The Task Team also suggests that WHO recommend country delegations include at least one or two seats for local civil society participants (self-funded or subsidized by the Member State, depending on means). If done transparently, this will create a form of light accountability for Member States to take the initiative and solicit input from civil society.

ENGAGEMENT IN ACTION: UN Framework Convention on Climate Change (UNFCCC) Youth Constituency[16]	
BACKGROUND	The UNFCCC intergovernmental process has invited youth participation since the 5th Conference of the Parties (COP) in 1999. Building on this, the Secretariat granted provisional constituency status to admitted youth NGOs (YOUNGO) starting with COP 15 in 2009.
MODEL	YOUNGO is given the opportunity to address the plenary and high-level segment, make submissions, attend workshops, and meet with Convention officials. UNFCCC also supports external initiatives such as the Global Youth Video Competition and the Youth Climate Report film project, and highlights publications by youth on climate change. Youth events at UNFCCC conferences include: • *Young and Future Generations Day: youth-led side events, workshops, and festivities at COP* • *Intergenerational Inquiry on Climate Change: youth delegates come together with UNFCCC Executive Secretary, key negotiators, scientists, and others to discuss a variety of climate issues* • *High-Level Youth Briefings: intimate and interactive briefings geared specifically towards youth* • *UN Youth Booth: hosted by UNFCCC Joint Framework Initiative on Children, Youth, and Climate Change*
IMPACT	As of 2017, 72 UNFCCC-admitted NGOs (3.4 percent of total) are part of YOUNGO; COP 22 in 2016 featured 224 youth participants (5.4 percent of all attendees)
LESSONS	WHO could institutionalize involvement of youth groups and other underrepresented CSOs (health and non-health) by establishing formal constituencies and relevant focal points and events at governance meetings. Additionally, beyond granting observer status, WHO could increase the ability of underrepresented groups to meaningfully participate by giving constituencies the platform to lead events and briefings with WHO officials and Member States.

II. HEALTH EMERGENCIES: Strengthen emergency response by expanding tripartite Health Cluster leadership in all countries.

In emergency settings, there is increased need for the vital role of CSOs in identifying, coordinating, and delivering an appropriate response. The availability of adequate, timely, and accurate information is essential to the efficiency and effectiveness of any emergency response. CSOs are uniquely positioned to make such information available given their proximity to and embedded links with communities and vulnerable or marginalized populations. This proximity also means local and national CSOs can increase the relevance and coverage of any response and can ensure resources get to hard-to-reach populations.

As such, CSOs are well placed to deliver effective emergency response. CSOs' experience and understanding of realities of the ground, specialist crisis management capacities, and strong relationships, are complementary to WHO's technical expertise and relations with public actors. The combined action of both parties can deliver a quicker, coordinated, more culturally appropriate emergency response.

To fully capture the skills of each party, the Task Team recommends that WHO expand the current WHO-Ministry of Health (MoH) leadership of national Health Clusters to a tripartite arrangement, as recommended by the Inter-Agency Standing Committee (IASC) Reference Module on Cluster Coordination.[17] At present, only 27 countries have an active Health Cluster, and only 12 have a tripartite leadership arrangement.[18] According to the Inter-Agency Standing Committee's guidance for Cluster Coordination at Country Level, WHO – as the Global Health Cluster Lead Agency – is responsible for helping countries develop a shared system of cluster leadership. This should include CSOs wherever feasible.[19] The Task Team therefore recommends that WHO, through the Global Health Cluster Team in the WHO Emergency Operations Department, specifically:

- *Update and refine existing guidance around selecting and instating national co-leads;*
- *Draft Terms of References or Memoranda of Understanding (MoUs) for each of the leadership roles (WHO, MOH, CSO), which clearly lay out the recommended roles, responsibilities, and accountabilities for a range of contexts, and can be selected and refined by the National Cluster Lead Agency;*
- *Support the existing National Cluster Lead Agency (where available), WHO Representative, or MoH to select the most appropriate co-leadership model based on the country context, and identify suitable CSO partners;*
- *Support partners (CSO and MoH) that take on a shared leadership role to recruit and resource full-time staff.*

ENGAGEMENT IN ACTION: Education Cluster Joint Leadership Model[20]	
BACKGROUND	In 2007, the Inter-Agency Standing Committee (IASC) established the Education Cluster. This is the only cluster globally that is co-led by a UN agency (UNICEF) and an NGO (Save the Children).
MODEL	The Global Education Cluster provides guidance on National Education Cluster establishment and leadership through clear MoUs and encourages countries to take a tripartite arrangement between Ministries of Education, UNICEF, and Save the Children or another international NGO.
IMPACT	The Global Education Cluster is highlighted as a coherent and effective[21] cluster, and co-leadership has resulted in a wide and inclusive network of agencies and is beginning to offer an inclusive and high-quality response to humanitarian crisis.
LESSONS	A joint leadership model of Health Cluster could facilitate a more inclusive approach for national and local CSOs and expedite response time. In establishing a joint leadership model, it is important to adopt a highly collaborative process among the MoH, WHO, and CSOs for co-leadership, especially at the outset, to establish a clear vision, objectives, and roles and competencies. Regular, informal review meetings between leads will be critical for success.

III. GENDER EQUALITY, HEALTH EQUITY, AND HUMAN RIGHTS: Establish an "Inclusivity Advisory and Oversight Group" to help WHO develop and deliver transformative policies and programs.

Under the GPW, WHO has explicitly committed to advancing gender equality, health equity, and human rights, and is starting to integrate these priorities across the organization. In 2012, the WHO Director-General established the Gender, Equity and Human Rights (GER) team, with the purpose of catalyzing, supporting, and coordinating institutional mainstreaming of equity, gender, and human rights at all levels of WHO. The team has driven new organizational mandates that address equity, gender, and human rights; has helped to build Member State capacity to monitor health inequality; and has provided technical assistance in these areas. This important work has been guided by a Roadmap to Action established in 2014, corresponding to the 12th General Programme of Work. Going forward, the Roadmap should be updated to correspond to the 13th GPW and the GER team further empowered to help WHO increase the number of health policies, strategies, and programmes that are rights-based, sensitive to gender, and focused on equity.[22] WHO recently appointed a Senior Advisor on Youth and Gender to support this effort. However, successful institution-wide mainstreaming will require the involvement of cluster leads, regional offices, and country heads, which may require additional external support and guidance.

Within their respective mandates, CSOs are well-positioned to support WHO to deliver on this objective and ensure all voices are equitably represented in policies and programs created across the organization. Given their proximity to communities and vulnerable populations, CSOs can help WHO identify where policies and programs violate, or do not adequately support, a rights-based approach to health. They can also provide technical support to staff to help guide program and policy reform, as needed, and can hold WHO to account for ensuring health systems remain responsive to the population's health needs.

Following a similar model to the World Bank Advisory Council on Gender and Development, the Task Team recommends that WHO create an independent, civil society-led "Inclusivity Advisory and Oversight Group" (IAOG) to provide formal support on gender, youth, equity, and rights. The Task Team recommends that the IAOG report to the Office of the Director-General and the Senior Advisor on Youth and Gender, and coordinate with GER and any relevant departmental focal points. The Task Team recommends that the group comprises 10-12 individuals with a balance of civil society representatives (from international, national, and community-based organizations) and technical independent experts, and is as diverse as possible, with representation from affected communities, faith-based organizations, and marginalized populations such as women, youth, indigenous groups, and people living with disabilities. Each member would serve a two-year term. The Task Team recommends that this model be replicated in regional offices to support Regional Directors and WRs.

The IAOG would help the Director-General and the Executive Board evaluate and develop policies and programs that uphold the principles of gender equality, health equity, and human rights. It would also ensure that WHO delivers on the recommendations made by the 2016-2017 High-Level Working Group on Health and Human Rights of Women, Children and Adolescents commissioned by WHO and the UN's High Commissioner for Human Rights (OHCHR).[23] The Task Team recommends that the Director-General meet twice annually with the IAOG to discuss a co-created agenda, and hold ad hoc consultations as needed. Its core activities could include reviewing existing policies and programs, championing the right to health approach, monitoring and reporting violations of these rights at all levels (by WHO or Member State programs), highlighting exemplary programs to WHO leadership, and providing technical assistance to WHO and MoH staff on building inclusive systems and services for health. This group would also support WHO's implementation of the human rights-related measures required by the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). The IOAG would need to be supported by a small (one to two person) secretariat staff, and would develop an annual report to be submitted to the Director-General and WHO Executive Board. Lessons should be leveraged from the Independent Oversight and Advisory Committee for the Health Emergencies Programme for the constructive balance between advisory and oversight roles of this new rights-focused body.

ENGAGEMENT IN ACTION: World Bank Group (WBG) Advisory Council on Gender & Development[24]	
BACKGROUND	WBG's Advisory Council on Gender and Development was established in 2011 and serves as an external consultative body helping the bank promote gender equality.
MODEL	The Council comprises leaders from civil society, senior government representatives from client and donor countries, leaders from the private sector, and gender experts. Up to a maximum of 22 members are invited by the WBG Managing Director to serve two-year terms, which can be renewed. The Council meets twice per year, either in person or virtually, for sessions chaired by the WBG Managing Director, who also approves meeting agendas and invites relevant WBG staff. Its key objectives are to: • *Help the Bank consider how to accelerate progress on closing gaps between men and women* • *Provide feedback on the WBG's work on gender equality* • *Promote collaboration on gender and development*
IMPACT	A 2015 pilot assessment of GER minimum standards across the Bank showed that, while no program area was meeting all the GER criteria, at least five of the seven criteria were being more frequently integrated into work planning and operations than in 2010.[25] However, the pilot assessment also showed that understanding of the content, relevance, and applicability of key human rights principles still lagged far behind those of gender and equity.
LESSONS	A dedicated advisory group can help organizations to deliver more equitable policies and programs. However, this group should focus on multiple dimensions of equity (e.g. youth as well as gender), and include human rights considerations, to ensure the organization improves and delivers a truly inclusive, transformative, and rights-based approach.

IV. DATA, RESEARCH, AND INNOVATION:

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

Accurate, detailed, and disaggregated data is vital to identify trends, successes, and gaps in health service delivery and to create appropriate policies. At the global level, data demonstrating progress can help generate further resources and sustain political momentum, and data availability empowers stakeholders to demand action and innovation. At the country level, reliable information can help to ensure policies and services are correctly oriented and targeted at those most in need. In many countries, however, official government data alone is not sufficiently granular to highlight certain trends or issues and, when globally aggregated, data is difficult to verify. This compromises the efficiency in current health decision-making, and policy makers and other decision-makers do not have the public health information needed to make decisions based on the needs of communities.

CSOs collect a range of real-time data, which could be used to complement, verify, and disaggregate official data. CSOs collect a vast range of population and performance data – both qualitative and quantitative – at the global and regional to country and local levels. This data is often highly disaggregated, for example between different age groups, genders, and geographies. This data can be used to complement official data and illuminate trends that may otherwise have been masked.

Therefore, working with WHO and a third-party technology provider, the Task Team recommends CSOs set up a data collection platform for disaggregated data from across the CSO landscape to complement existing sources. A dedicated, independent CSO secretariat – working with a third-party technology firm – would be needed to create and run the platform. WHO, alongside a group of established CSOs, would need to be involved to provide technical support in the inception and launch phase. This would help to legitimize the platform's creation and secure resources for its operation, and to help design the data collection architecture to ensure it is well-aligned with WHO norms. The platform could collect a range of quantitative data (e.g. burden, coverage, and uptake data disaggregated by gender, age, race, ethnicity, and socioeconomic status) and qualitative data (e.g. individuals' stories, challenges, and photos), to help build a clear, relatable narrative of the realities on the ground.

3 Recommendations for Improved Systematic WHO-CSO Engagement

There are several examples of the mutual benefits of collaboration between WHO and CSOs, most recently around tuberculosis (TB) and noncommunicable diseases (NCDs). Consultations with the Task Team and WHO staff revealed that WHO-CSO collaboration at the global level has been particularly strong around polio, antimicrobial resistance, immunization, health systems strengthening, and reproductive, maternal, newborn, and child health (RMNCH). The Task Team identified specific examples of strong collaboration at the country level, such as a primary health care group in Thailand and *le dialogue sociétal* in Tunisia[26]. In these examples, community voices were consulted through an open, inclusive dialogue.

This collaboration has delivered stronger results. WHO's engagement with civil society around TB and NCDs has included WHO-CSO working groups[27], which have provided an effective platform for collaboration and have delivered positive outcomes. For TB, WHO created ENGAGE-TB, a dedicated initiative for strengthening community engagement on TB interventions. As a result, several previously unengaged NGOs are now included in the TB response.

ENGAGEMENT IN ACTION: World Health Organization ENGAGE-TB Approach[28]	
BACKGROUND	Globally, more than 40 percent of estimated TB cases are either not reported or are not reached for treatment. Community engagement is a key element of serving the unreached and requires participation from an array of stakeholders, especially CSOs and affected communities. To facilitate this, WHO established ENGAGE-TB, which aims to integrate community-based TB activities more centrally into the broader TB response.
MODEL	The ENGAGE-TB approach rests on three core principles to improve collaboration and foster effective partnership between CSOs and MoH National TB Programs: 1. ***Mutual understanding*** *and respect, recognizing differences and similarities in background, functions, and working culture* 2. ***Due consideration and respect*** *for local contexts and values while establishing collaborative mechanisms and scaling up integrated community-based TB activities* 3. ***A single national system for monitorin****g implementation of activities by all actors with standard indicators* In addition to the ENGAGE-TB operational guidance document developed in 2012, WHO's Global TB Programme established a TB Civil Society Task Force (CSTF) in 2016 to enhance strategic engagement of communities and CSOs. WHO has supported pilot projects implementing the ENGAGE-TB approach in five African countries since 2012. The roll-out process included national consultations, development of relevant policies, establishment of NGO Coordinating Bodies (NCBs), and financial and technical support to existing NGOs.
IMPACT	• *Increased CSO involvement in the diagnosis and treatment of TB cases.* • *National strategic health plan includes previously unengaged NGOs in TB response.* • *Community-level indicators integrated into national TB and HIV monitoring and evaluation systems.*
LESSONS	Active efforts to increase CSO involvement in policy planning and service delivery can be an effective way to increase community engagement and ensure all elements of the health response are appropriate for the local community context.

PHOTO: SHOT@LIFE

However, while relations between WHO and civil society have been improving and increasing in impact, several challenges have prevented both parties from realizing the full potential of this collaboration. As outlined above, WHO-CSO engagement has the potential to strengthen both parties' ability to achieve impact. However, both WHO and CSOs noted challenges that have arisen in the initiation and execution of engagement that can act as barriers to success.

In some instances, a lack of understanding prevents both WHO and CSOs from seeking opportunities to engage. Some WHO staff have reported limited understanding of civil society and its roles and capacities, often a result of minimal prior experience with the sector and the absence of detailed CSO databases. Some stakeholders have expressed a belief that FENSA does not fully capture the diversity of civil society, which limits WHO's ability to identify and proactively engage CSOs across the landscape. Beyond institutional guidelines, consultations revealed that WHO does not have a strong culture of proactive outreach to and inclusion of CSOs. Many CSOs also do not know how to engage WHO at different levels (national, regional, and global), as reported by 59 percent of survey participants with no prior WHO collaboration, and often struggle to access available guidance.

Where there is a mutual desire to collaborate, it is often challenging for CSOs to engage with WHO outside of direct invitations. Many CSOs reported difficulty initiating engagement WHO, especially within countries where Member States may not proactively engage CSOs. This is particularly an issue for local, community-based organizations that may lack the resources to meet WHO's conditions for collaboration; youth-led organizations, which often have limited representation in delegations; and relevant non-health CSOs such as gender-based groups. Twenty percent of survey participants that do not currently engage with WHO indicated a lack of capacity to do so.

The wide variety of CSO actors and multiple points of entry make it difficult for WHO to identify relevant CSOs from health and non-health sectors to engage. WHO staff reported difficulty engaging CSOs due to the volume and diversity of actors, and the disparate, often unclear entry points. This is compounded by a lack of clarity on the representational role that CSOs are expected to play and the degree to which any particular CSO actor is representing its larger network. Further, consultations revealed a perception among some WHO country offices that CSOs are highly focused on targeted agendas, and a lack of understanding of the landscape and potential roles of civil society in country.

While some parts of WHO have strong relationships with civil society, various WHO clusters, departments, and individuals engage with CSOs differently, and to varying extents. As a result, CSO engagement across WHO can be variable, unpredictable, and siloed. Although WHO has a long history of working with CSOs, its capacity to manage and exchange information on CSO engagement activities and best practices is underdeveloped. This is true of the global and regional levels, but is especially challenging at the country level, where the limited and ad hoc nature of engagement is exacerbated in places by fragile, and sometimes restrictive, relationships between CSOs and governments. Given limited WHO resources at the local level, where there is limited coordination among local civil society actors, it is also difficult for country offices to foster inclusive engagement.

In addition to the lack of coordination of CSO engagement across WHO, there is an absence of clear incentives for WHO staff to work with CSOs in a meaningful way. There are no clear incentives and limited accountability for WHO staff to engage CSOs in a meaningful way. No checklists, guidance documents, or principles exist that WHO offices must follow with respect to civil society engagement, nor are there systemic evaluation metrics to assess reciprocal CSO engagement. As a result, civil society engagements initiated by WHO are ad hoc and unstructured.

Overcoming these barriers and strengthening WHO-CSO engagement will require collective action from WHO, CSOs and Member States, as outlined in the following section. Going forward, it is important that all parties recognize the current challenges to effective collaboration and explore new ways to engage that contribute to an open, productive collaboration. For WHO, this means establishing new mechanisms to encourage and institutionalize CSO engagement as necessary and additive, and integral for delivering WHO's mission. CSOs must identify ways to collectively and representatively support WHO's activities in the pursuit of health for all. Member State support will be vital to provide the right enabling environment for WHO-CSO engagement to occur.

I. RECOMMENDATIONS FOR WHO

The Task Team recommends that WHO foster institution-wide cultural shifts to encourage CSO engagement. FENSA outlines the principles for engaging non-State actors, and clearly states the restrictions and limitations around this engagement. However, it does not provide guidance or detail on best practices for engaging CSOs or proactively promote this engagement. Incentives, guidance on best practices, and evaluation frameworks are needed to encourage and support staff to do so.

The Task Team recommends WHO establish incentive mechanisms and build staff capacity to promote strengthened CSO engagement. The Task Team recommends that WHO develop a Monitoring and Evaluation (M&E) framework with Key Performance Indicators (KPIs) to measure staff or departmental engagement with CSOs (e.g. frequency, directionality, representation), and to monitor whether, and how well, CSOs are consulted in the creation of policies and programs, similar to the World Bank Group (WBG) 100% Beneficiary Feedback Model. For example, WHO could establish specific KPIs associated with each phase of the CCS development, including input (e.g. development of CCS and identification of a representative range of CSOs, including national and community-based CSOs), output (e.g. indication of how CSO input is incorporated into the CCS and associated policies and programs), and outcome (e.g. health outcomes along agenda items prioritized in the CCS). The Task Team also recommends WHO build staff capacity for CSO engagement by expanding target profiles of country office staff to include skills such as external relations, stakeholder engagement, and diplomacy, in addition to technical expertise; running CSO engagement trainings alongside planned FENSA trainings; and developing a compendium of best practices. This should draw from initiatives and departments engaged in strong and effective CSO engagement, such as UHC2030's Civil Society Engagement Mechanism, to share and highlight best practices across the institution.

ENGAGEMENT IN ACTION: World Bank Group (WBG) 100% Beneficiary Feedback Model[29]	
BACKGROUND	In 2013, WBG President Jim Yong Kim pledged to increase beneficiary feedback to 100 percent, to hold staff accountable for ensuring projects are beneficiary-oriented.
MODEL	WBG developed a strategic framework in 2014 with three requirements for projects, and provided guidance on how to interact with beneficiaries and measure this engagement: 1. ***Project design must be citizen-oriented:*** *staff should hold consultations and satisfaction surveys during project implementation, take community-driven approaches, and conduct participatory planning and monitoring* 2. ***Project results frameworks must include a beneficiary feedback indicator:*** *this can measure the percentage of beneficiaries who feel that project investments reflect their needs, or the number of citizens and communities involved in the planning* 3. ***Projects must report on the beneficiary feedback indicator***
IMPACT	• *99.7 percent of project financing approved in 2017 had citizen-oriented design, up from 60 percent in 2014* • *90 percent of project financing approved in 2017 had a feedback indicator, up from 27 percent in 2014* • *Several countries have set country-level objectives and priority actions on citizen engagement*
LESSONS	Combined, carefully monitored evaluation criteria and guidance on feedback methods can drive meaningful change across an organization.

The Task Team recommends that WHO launch an online platform to further support staff to effectively engage a representative range of CSOs. WHO does not currently have a system for identifying and engaging a wide range of CSOs, or for tracking and sharing this collaboration. A central online platform would allow for enhanced transparency, synergies, and shared learnings across WHO departments and among existing WHO-CSO networks. The Task Team therefore recommends that the External Relations department develops, and regularly updates, an online platform. The platform would build on the existing registry of non-State actors (NSAs) to include the full range of relevant CSOs – health and non-health; global, national, and local; and organizations in official relations and those that are not. The platform could also outline the full range of opportunities (ongoing and ad hoc) for WHO-CSO engagement at all levels, as well as instructions for how CSOs can participate in these opportunities. Concerted efforts should be made to ensure the platform is shared with local CSOs and that they can access it on an ongoing basis.

ENGAGEMENT IN ACTION: UN Department of Economic and Social Affairs (DESA) iCSO System[30]	
BACKGROUND	UN DESA has developed an integrated Civil Society Organizations (iCSO) System, which facilitates interactions between CSOs and DESA through an online registry and dedicated web portal.
MODEL	The iCSO System provides online registration of general profiles for civil society organizations (including address, contacts, activities, and meeting participation) and facilitates the application procedure for consultative status with the Economic and Social Council (ECOSOC). In addition, the CSO Net web portal offers an Event Management System providing information on events and meetings related to economic and social development and allows submissions from CSOs. The database features over 24,000 entries, searchable by organization name, type, region, country, consultative status, language, geographic scope, fields of activity, and meeting participation.
IMPACT	The iCSO System has increased the ease with which CSOs can interact and engage with DESA. Specifically: • *Through the iCSO System, CSOs can now apply for ECOSOC consultative status, submit quadrennial reports, and designate representatives to the UN for obtaining ground passes.* • *Through the Event Management System, CSOs can pre-register for any UN conference open for civil society participation, while NGOs can submit statements to ECOSOC and projects to the Best Practices Network online.*
LESSONS	Leveraging digital tools can expedite the application procedure for official relations and simplify interactions on both sides.

Going forward, the Task Team recommends WHO establish an "Advisory Committee on WHO-CSO Engagement," tasked with supporting, monitoring, and reporting on WHO's CSO engagement transformation. This report outlines several suggestions for improved WHO-CSO collaboration. While WHO has expressed its commitment to transform the way it engages with CSOs, implementing the full suite of recommendations will be challenging and require sustained effort over several years. It will therefore be important that WHO have structured support over the implementation phase, through a dedicated Advisory Committee that works with a specified focal point in the WHO External Relations department. This Committee should be populated with a diverse, representative cross-section of civil society actors (not just those already in official relations) as outlined in the typology and based on an open application and transparent selection process. This Committee will be responsible for constructively advising, supporting, and facilitating WHO's ability to implement the recommendations included in this report, as well as advising on strategic engagement with civil society across all levels of the organization (global, regional, and country) and all aspects of the General Programme of Work. This Committee should develop its own independent annual assessment of progress on WHO-CSO engagement.

PHOTO: STUART RAMSON

II. RECOMMENDATIONS FOR CSOS

CSOs can support WHO in driving an institution-wide shift in the culture around CSO engagement by articulating and advocating the added value of civil society to, with, and on behalf of, WHO and Member States. The Task Team recommends that CSOs work together through existing CSO platforms, and leverage individual relationships, to communicate the full breadth of values they bring to WHO and Member States at all levels and use the Task Team's findings alongside firsthand experience to advocate for improved collaboration. This could build on and support WHO's CSO engagement training for WHO staff, which could be co-facilitated by CSO representatives.

CSOs can help to simplify engagement for WHO staff by increasing organization, alignment, and coordination across the landscape of CSOs, particularly within countries. While recognizing the diversity expressed across the CSO landscape, and the strength in this diversity, it is recommended that CSOs use existing mechanisms (including UHC2030, PMNCH, Global Fund CCMs, and Gavi CSO platforms) and broader health platforms to aggregate input, liaise with WHO, and disseminate CSO engagement opportunities. Where mechanisms and platforms exist, the lead CSO could establish a connection between the WR and the platform, help WHO establish systems for gathering input, and help attract additional CSOs, particularly youth groups and community-based organizations, to ensure it is fully representative. Additional, dedicated resources are likely necessary to support this. Where broad health platforms do not exist, the Task Team suggests the focal points of each existing mechanism come together to define the most appropriate governance process to collectively contribute to the creation of the CCS and action plans.

The Task Team also recommends CSOs proactively identify, join, and contribute to these central platforms in a transparent manner. CSOs need to ensure their individual interactions with WHO fully represent the interests and needs of their constituency members by following standard guidance for collecting input, and for representing this input in discussions and debates. The Task Team therefore recommends CSO representatives explicitly indicate where they express an individual opinion, organizational opinion, or the opinion of their broader constituency, in order to maximize transparency.

III. RECOMMENDATIONS FOR MEMBER STATES

Support from Member States will be critical in fostering improved WHO-CSO engagement. As such, the Task Team recommends Member States to create space for WHO to deliver on its commitments under FENSA. By approving FENSA, Member States committed the WHO Secretariat to a clear set of guiding principles for collaboration with non-State actors, including civil society. However, in many countries, WHO's space to interact with NSAs is influenced more heavily by the partnerships and interactions approved and supported by the government, which can limit WHO's ability to engage a diverse array of CSOs. The Task Team therefore recommends Member States systematically encourage WHO to independently pursue partnerships with CSOs, as authorized by FENSA.

The Task Team also recommends Member States uphold other relevant WHA resolutions[31] to recognize the diverse role and value of CSOs and to invite civil society into its own planning and policy processes. Multiple WHA resolutions, most notably from WHA 69 and 70, recognize the valuable role CSOs play. To uphold these resolutions, the Task Team recommends Member States proactively engage CSOs – particularly local CSOs – operating in their country to understand their objectives and activities and identify opportunities for collaboration and mutual support. This could be done by organizing meetings with specific CSOs (or CSO platforms or networks); holding open consultations including surveys and roundtable discussions; or by inviting CSOs to participate in the creation, delivery, and evaluation of policies and programs.

4 Implementation Planning

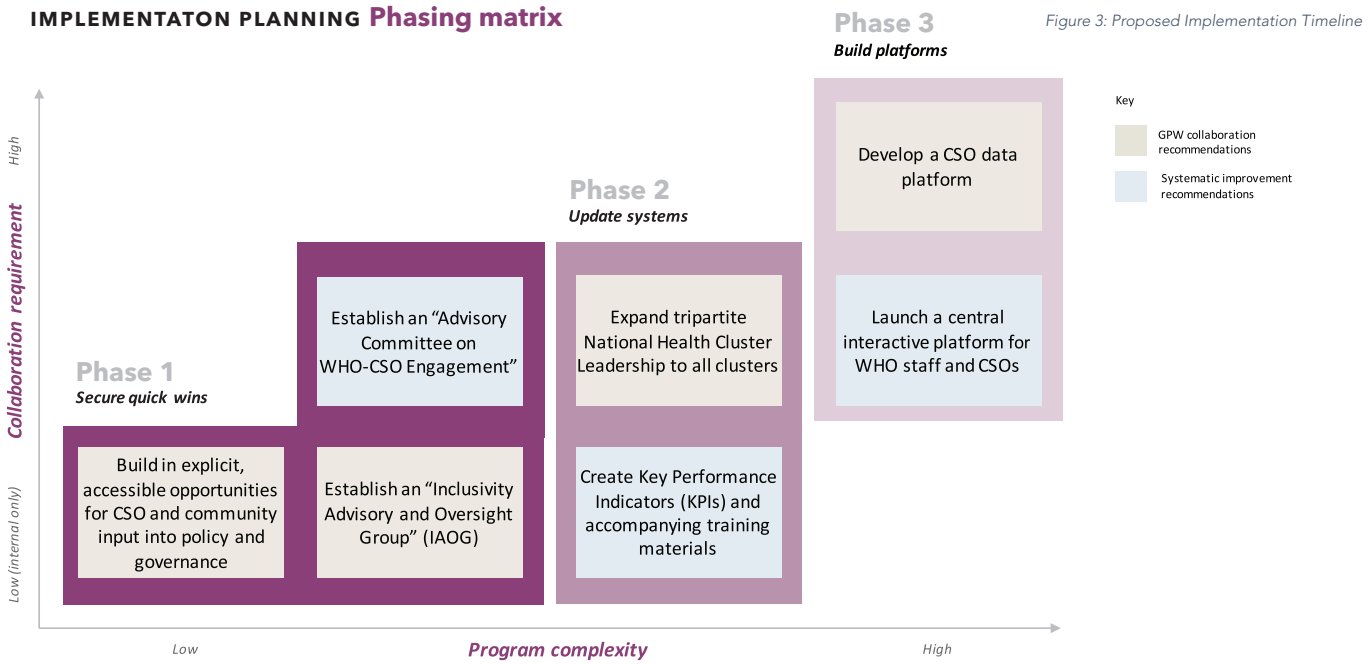
Implementation of the Task Team's recommendations will require ongoing, concerted action from all parties – WHO, CSOs, and Member States. CSOs and Member States will need to proactively support WHO to take forward the recommended actions, both individually in their interactions with WRs and WHO focal points and collectively at formal governance meetings and informal convenings. WHO will need to review the recommendations and make decisions accordingly, and follow a set of discrete steps for operationalization.

WHO will require dedicated resources over a prolonged period, likely at the Headquarters and country levels, to operationalize the recommendations. WHO has repeatedly expressed its commitment to an institution-wide shift in its partnerships with CSOs, which will require concerted effort – both to implement the Task Team's recommendations and to deliver on other, complementary initiatives that will help elevate and transform WHO's relationship with civil society. The Task Team recommends that a small full-time WHO team within the External Relations department lead this effort, with corresponding focal points in regional offices. In the near term, this team would be dedicated to implementing FENSA and engaging NSAs, with a specific mandate for operationalizing the recommendations outlined in this report, coordinating across WHO to drive uptake of new guidance around CSO engagement, and liaising with the Advisory Committee. Given the need to drive change at country level, the Task Team recommends WHO also create NSA Focal Points in each country office. This could be achieved by hiring an additional team member or by expanding the mandate of existing staff to include this role, tasked in part with coordinating ongoing CSO engagement particularly during CCS development, as well as liaising with other NSAs. As engagement with NSAs has been endorsed by Member States under FENSA, these resources could be nested within WHO's core budget.

Given the requirement for dedicated resources and effort, the Task Team recommends WHO take a phased approach to implementing the recommendations, focusing on securing quick wins before pursuing more resource-intensive initiatives. The recommendations to WHO vary in their complexity and level of collaboration required for implementation. As program complexity and collaboration requirement increase, the timeline for implementation increases. To use resources most efficiently, the Task Team recommends WHO group the recommendations according to the proposed timeline, and initially prioritize recommendations that can be delivered quickly, to demonstrate early success and impact. The implementation of recommendations could therefore be phased over a three-year period.

IMPLEMENTATON PLANNING Phasing matrix

Figure 3: Proposed Implementation Timeline



IMPLEMENTATON PLANNING **Timeline**

Figure 4: Proposed Implementation Timeline

The Task Team recommends CSOs and Member States provide proactive support to, and collaborate with, WHO throughout the implementation process. Many of the Task Team's recommendations to CSOs and Member States require individual entities (organizations and government agencies) to change the way they approach WHO-CSO engagement, either by advocating for or recognizing the value of this partnership, and by proactively seeking opportunities for collaboration.

While cultural change is a long-term process, the Task Team recommends both CSOs and Member States use this report as a spark to catalyze conversations and stimulate change. Other recommendations may require collective action, such as increasing coordination across the CSO landscape, or require a process, such as updating the CCS requirements, which could be implemented alongside Phase 2 of the proposed implementation timeline above.

5 Conclusion

Stronger and more meaningful WHO-CSO engagement is critical to the achievement of the GPW targets, and the ability to improve health and well-being more generally. The GPW lays out an ambitious plan for achieving universal health coverage, addressing health emergencies, and promoting healthier populations. Neither WHO nor civil society will be able to achieve this alone; strong collaboration between them is critical to the health of billions of people. To date, effective engagement has often been constrained by issues around comprehension of each other's roles and the added value of civil society, a lack of systematic and coordinated interaction in a complex partner ecosystem, and an absence of structural incentives and accountability for robust and meaningful interaction. Addressing these challenges is paramount to achieving greater impact in global health and delivering on the goals of the GPW.

WHO and CSOs should look to enhance collaboration on specific areas of the GPW, but they should also aim to strengthen their interaction at the systems level. The Task Team process revealed several key recommendations for how to improve collaboration, many of which were relevant for, but not restricted to, the GPW. It is therefore important to keep a wide view of the horizon and ensure that, wherever possible, greater engagement is fostered through system-level changes that will achieve even greater and more sustainable impact into the future.

Ongoing commitment and effort from both WHO and CSOs, with support from Member States, is essential to make the recommendations a reality. WHO and CSOs, through one-on-one consultations, the survey, and broader meetings, have repeatedly expressed their enthusiasm for, and commitment to, improving WHO-CSO engagement in the future. This commitment should extend beyond the bounds of this report into implementation and should be used as a tool to generate support from Member States, whose commitment will be critical for meaningful and long-lasting change.

PHOTO: THE VERBATIM AGENCY, GETTY IMAGES, PAULA BRONSTEIN


fyi
fyo
fyu
fyatua

PHOTO: SHOT@LIFE

ANNEX

ANNEX I WHO-CSO Task Team Members and Terms of Reference

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 (co-facilitator)	*Executive Director*	RESULTS
Ms. Lindsay Coates	*President (until June 2018)*	INTERACTION
Dr. Roopa Dhatt	*Executive Director*	WOMEN IN GLOBAL HEALTH
Ms. Kate Dodson (co-facilitator)	*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 (until Sept 2018)*	INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATION
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
Mr. Peter Van Rooijen	*Executive Director*	INTERNATIONAL CIVIL SOCIETY SUPPORT
Mr. Michael Wang	*Country Director*	PATH CHINA

PHOTO: GETTY IMAGES REPORTAGE/PAULA BRONSTEIN

1. BACKGROUND AND CONTEXT

In his inaugural address to WHO staff as Director-General of the WHO, Dr. Tedros outlined his priorities for the organization, and for global health, with the first being universal health coverage.[32] In achieving this goal, he underscored the importance of partnerships and collaboration with civil society organizations (CSOs).

Within this context, participants at an intimate CSO breakfast in September 2017 (including Dr. Tedros, the UN Foundation and RESULTS) resolved to create a small, informal time-bound task team of volunteer partners from civil society. This Task Team will work with counterparts at WHO to map and categorize civil society actors, and design mechanisms to enhance WHO-CSO engagement. Building on the Framework of Engagement of non-State actors (FENSA), the team will look with fresh eyes at new ways of working that will deepen and systematize WHO's partnership with civil society at country, regional and global level. In this way, the Task Team's efforts will aim to take fullest advantage of the strengths that civil society and affected communities bring to achieving shared goals.

Specifically, the team will seek to jointly answer the following questions:

- *What groups of non-State actors should WHO strengthen its engagements with, and how?*
- *What are the models for WHO-CSO engagement?*
- *What can we learn from case studies about previous WHO-CSO engagement that was effective? What type of value have these engagements provided?*
- *What strategic opportunities and operational improvements are recommended to improve WHO-CSO engagement?*

2. ROLES AND RESPONSIBILITIES OF THE AD HOC JOINT TASK TEAM ON WHO-CSO ENGAGEMENT

The Task Team being formed is meant to be short-term, ad hoc, informal and iterative. It is a voluntary effort to support the WHO Director-General as a contribution to the General Programme of Work's focus on "strengthening and expanding partnerships." The UN Foundation and RESULTS, with support from Dalberg Advisors ("the project support team"), will facilitate the effort, engaging the Task Team to provide inputs predominantly via email, short one-on-one calls on specific topics as necessary, and two in-person meetings (targeted to be held in February and April, with at least one in Geneva.)

To help guide and inform the Task Team's work, the project support team will complete a series of analyses, including: developing a long-list of potential WHO-CSO engagement models building on the FENSA typology of participation, resources, advocacy, evidence and technical cooperation; mapping this typology to the WHO Global Programme of Work; mapping key groups of CSOs; outlining ways in which CSO-WHO collaboration can strengthen and advance WHO's draft Global Programme of Work;[33] and drafting recommendations to support priority engagement models, across both strategic and operational areas.

Throughout this process, the Task Team members will be engaged to solicit ideas and input on the analyses and recommendations as outlined below.

Outputs

The project support team will ultimately synthesize the outcomes of the Task Team into a short report, which will be shared with external stakeholders where useful, and potentially refine messages in the run-up to the World Health Assembly in May 2018. The report will be a 10-15-page report on findings, which would include (1) a mapping of CSO groups; (2) models for WHO-CSO engagement moving forward (i.e., a typology deepening the FENSA typology), (3) examples of successful WHO-CSO engagement in the past, and (4) recommendations on strategic opportunities and operational improvements.

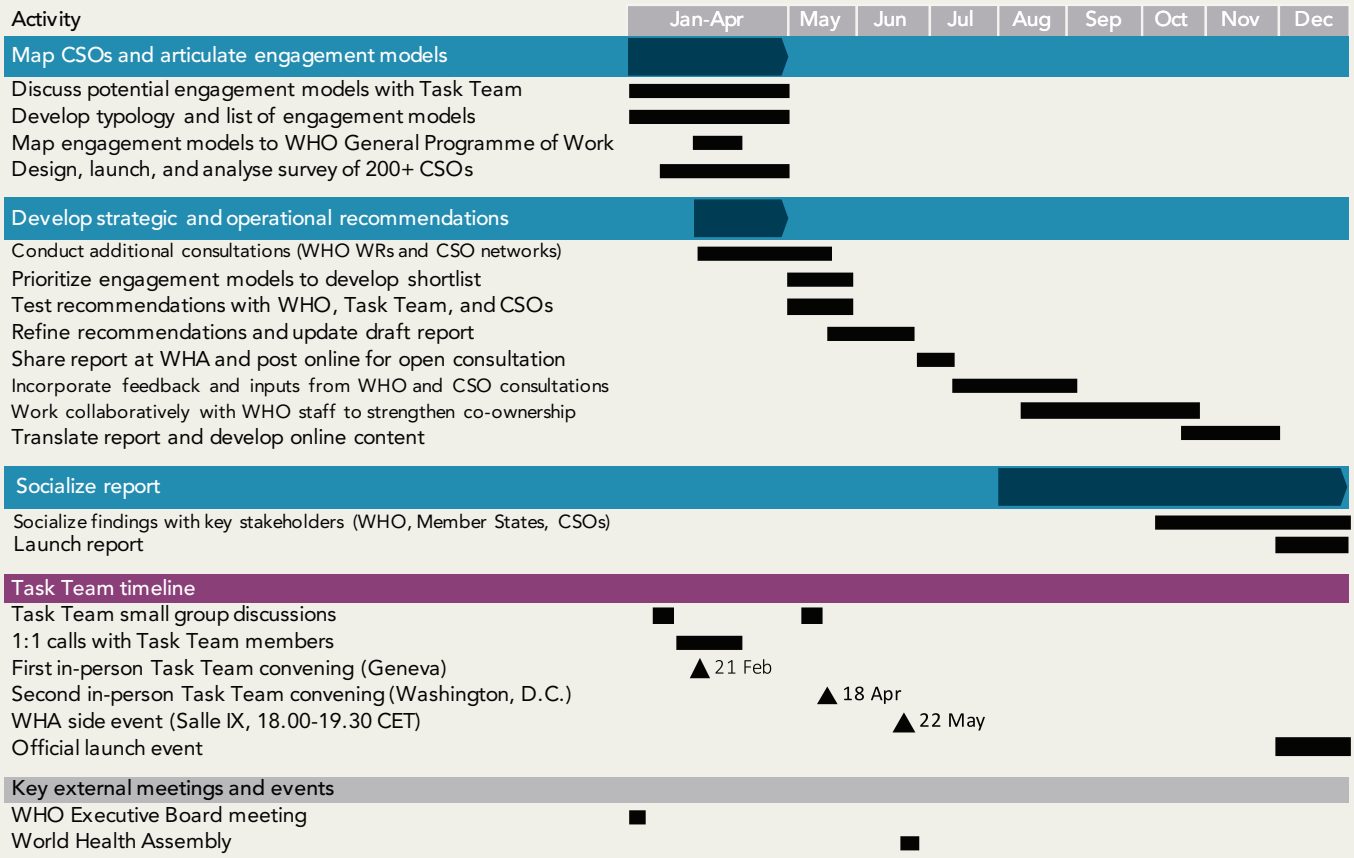
Structure and Target Membership

The Ad Hoc Joint Task Team on WHO-CSO Engagement will be facilitated by Kate Dodson, Vice President for Global Health, UN Foundation; Joanne Carter, Executive Director, RESULTS; and Dominique Hyde, Director of Strategic Engagement and Clare Creo, External Relations, WHO. The Task Team will be made up of approximately 15-20 individuals in leadership positions (VP+) in CSOs. They will represent a diverse set of organizations in terms of geographic focus, role, and type of organization, including affected communities.

3. TIME COMMITMENT AND WORKING NORMS

The Task Team will be convened in-person for two full-day meetings – the first meeting in mid-February 2018 and the second in early April 2018 – to provide guidance and input on the key analyses, emerging recommendations, and the final report. Task Team participation will also require approximately 2-4 hours per month from each Task Team member to provide additional input via email or phone. The below figure outlines the approximate timeline and phases of work for the Task Team. See the green row for Task Team member responsibilities.

Timeline and Scope of Work of the Task Team



ANNEX II Mapping of CSO engagement across institutions

Systematic CSO engagement across global institutions

	CSO strategy	CSO action plan	Formal CSO coordination & outreach		Internal Capacity for CSO engagement	
			Internal	External	KPIs	Cap. Building
Gavi	**National –** CSO Implementation and Results Framework (2013)	**Yes**	**Team –** CSO Coordination Committee, Oversight Advisory Group	**Platform –** 26 national CSO platforms	**KPIs –** indicators for inputs, processes, outputs, outcomes, and impact of CSO engagement	**Guide** – see CSO strategy
Global Fund	**None Found** – CSOs mentioned in overall Global Fund Strategy (2017-22)	**None Found**	**Team –** Community, Rights, & Gender dept. **KM**[1] **–** Partner Portal	**Platform** – Country Coordinating Mechanism (CCM)	**KPIs** – Global Fund survey and Audit Report by Inspector General measure engagement of NGOs & key populations	**None Found**
EIB	**Institution-wide** – EIB Institute* annual action plan	**Yes**	**Team** – CS Division and Secretariat; EIB Institute team	**Platform –** EIB Institute **Forum** – Annual Seminar **Ad hoc** – public consultations	**None Found** – but records of special grants and donations to NGOs	**Guide** – for relations w/public
IDB	**Institution-wide** – Strategy for the Relationship with CS[2] (2004, being updated through consultation)	**None Found****	**Team –** CS Specialist and Programs Coordinator, support teams in countries	**Platform –** 26 CS Consultative Groups at country level, CS Program for Innovative Solns. **Ad hoc –** public consultations	**KPIs** – External Feedback System includes CSO survey	**None Found**
GCF	**None Found**	**None Found**	**KM –** Observer Directory with 254 registered CSOs	**Ad hoc –** consultations of CSOs on program design	**None Found –** but CSOs are consulted for progress report on strategic plan	**None Found**
World Bank	**Regional –** Framework for Citizen Engagement (2014); Country Roadmaps	**Yes**	**Team –** Global Civil Society Team in External & Corporate Rel. dept.	**Forums** – 120+ CSO Focal Points, CSO Roundtable with EDs,[3] Townhall with WBG Pres.	**KPIs –** 100% beneficiary feedback model tracks specific indicators	**Guide** – see CSO strategy
WHO	**Institution-wide** – Framework for Engagement with Non-State Actors (2016)	**None Found**	**KM** – Register of Non-State Actors	**Ad hoc –** global task forces (e.g. on TB & NCDs), country technical working groups	**None Found**	**Guide** – for staff on FENSA
UNAIDS	**Institution-wide** – UNAIDS guidance for partnerships with CS (2011)	**None Found**	**Team –** Civil Society Unit	**Ad hoc –** consultations with people living w/HIV, UN reps., gov. officials, and other CS	**KPIs** – minimum standards for partnerships with CS suggested in strategy	**Guide** – see CSO strategy
UNICEF	**Institution-wide –** Framework and Guiding Principles for Partnerships	**Yes**	**Team** – Chief of CS Partnerships **KM** – UN iCSO register	**Platform –** NGO & national committees, research center **Ad hoc** – standby agreements	**None Found** – but Evaluation Report (2007) is public	**Guide** – on CSO procedure **Training –** yes

Notes: *EIB Institute is a key pillar of the EIB Group's community and citizenship engagement – it promotes and supports social, cultural, and academic initiatives with European stakeholders and the public; ** Through publicly available resources; [1] Knowledge management; [2] Civil society; [3] Executive Directors

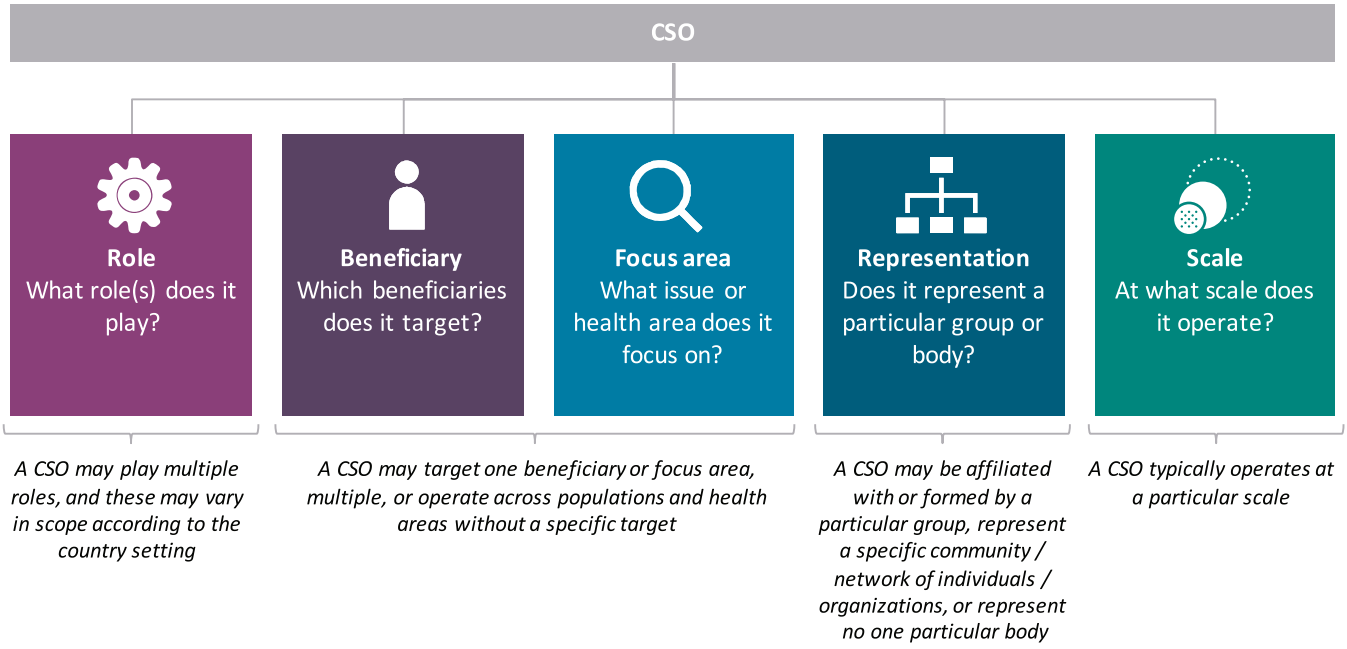
Thematic CSO engagement across global institutions

	Gender, equity, & human rights	Policy & governance
Gavi	**Strategy/Policy –** Gender Policy (2008, 2013) **Advisory Group –** general Evaluation Advisory Committee with *independent experts*	**Governance** – 2 seats for CSO constituencies on Executive Board, CSO Steering Committee of 19 members
Global Fund	**Strategy/Policy –** Gender Equality Strategy (2008) **Advisory Group –** Community, Rights, & Gender (CRG) Technical Assistance Program through which *INGOs support other CSOs*	**Governance** – 3 seats for CSO constituencies on Executive Board **Policy** – through CCMs, CSOs influence how government budgets address health
EIB	**Strategy/Policy** – Gender Strategy (2016), Gender Action Plan (2016-20), and Joint Staff Working document (2016-19)	**Policy** – Annual Seminar for civil society with EIB Board of Directors, public consultations
IDB	**Strategy/Policy** – Operational Policy on Gender (2010), 3-year Gender Action Plans **Team –** Gender & Diversity Division (2007)	**Policy** – each country in region has Civil Society Consultative Group, members chosen based on role in development pillars outlined by IDB country strategy
GCF	**Strategy/Policy –** Gender Policy & Action Plan (2015)	**Governance** – 2 CSOs participate in meetings as Active Observers
World Bank	**Strategy/Policy –** Gender Equality Strategy (2016-23) **Advisory Group –** WBG-managed Advisory Council on Gender & Development (2011) comprising *leaders from CSOs*	**Governance –** CSO representatives on GPSA & GAFSP steering committes[1] **Policy** – Civil Society Policy Forum & Civil Society Forum with 40+ policy dialogue sessions
WHO	**Strategy/Policy –** Gender Policy (2002) **Team –** Gender, Equity, & Human Rights team	**Policy** – CSOs with Official Relations status attend World Health Assembly & Regional Committees
UNAIDS	**Strategy/Policy –** Secretariat Gender Action Plan (2013) **Team –** Office of Community Mobilization and Divisions for Gender & Human Rights	**Governance** – 5 NGOs represent civil society on UNAIDS board (non-voting status) **Policy** – regional NGO delegations to Program Coordinating Board sessions
UNICEF	**Strategy/Policy –** Gender Equality Policy (2010), 3-year Gender Action Plans	**Governance** – NGO Committee on UNICEF (~60 CSOs) has participated in Executive Board meetings for over 50 years **Policy** – CSOs are members and funders of National Committees

Notes: [1] Global Partnership for Social Accountability and Global Agriculture and Food Security Program

ANNEX III Civil Society Typology

The Task Team, with input from the CSO survey, created a CSO typology to help WHO better capture the civil society landscape. The Task Team developed a typology that builds on FENSA to capture the diversity of civil society actors in global health and help WHO engage a broader range of CSOs. The typology is intended to communicate the diversity of the CSO landscape to WHO and provide a framework for how WHO staff can first register and organize CSOs, and subsequently identify the most appropriate CSOs for specific health issues or areas. The typology is designed to reflect the fact that CSOs can be categorized along multiple axes, as shown in this section's last figure.



ROLE: CSOs play a variety of roles across the value chain

	Categorization[1]	*Description*
Knowledge generation	Research	**Produce evidence** for policy decisions
	Innovate	Conduct **technical research and development** of health **products and solutions**
Policy input and guidance	Convene	Bring stakeholders together to **consult and discuss** key topics, and build **coalitions** around initiatives or policy decisions
	Monitor	**Measure progress** toward global targets and policies, hold stakeholders to **account, and advocate** for change
	Advise and recommend	Provide **operational, strategic, and policy advice and recommendations**
Advocacy	Mobilize decision-makers	**Mobilize and influence decision-makers** to change global health policies, and ensure they are fully, and appropriately, implemented
	Mobilize communities	**Raise awareness** around health policy issues, and **share information** with communities and the general public to effect change
	Mobilize resources	**Mobilize resources** for initiatives and activities through financial and in-kind contributions
Implementation	Coordinate	**Organize and direct stakeholders** around an initiative or program to ensure a harmonized response, **especially in emergency settings**
	Build capacity	Provide **training** to improve the skills and capabilities of health workers, and conduct **health systems strengthening** activities
	Change behaviour	Promote **community behavior** change
	Deliver services	**Perform services alongside, instead of (particularly in emergency settings or fragile states), or as part of,** the public or private health system

Notes: 1. These activities are often inter-linked (e.g. researching and advising), and CSO may play multiple roles either simultaneously, or in different contexts and settings

BENEFICIARY: CSOs often focus on particular vulnerable groups, which may need increased attention in a program or intervention

Categorization

Women
Youth and Children
Older Adults
LGBTQ
Persecuted and Disadvantaged Communities[1]
Indigenous Communities
Sex Workers
Refugees and Migrants
Disease or Disability Affected Populations
Disaster-Hit Communities
Other Vulnerable Populations[2]

Organizations may focus on supporting or serving the health needs and interests of a particular vulnerable group, multiple vulnerable groups, or the broader affected population

Source: Dalberg analysis based on discussion with WHO-CSO Task Team; Notes: [1] includes individuals who are persecuted on the basis of their race or religion, as well as socioeconomically-deprived populations; [2] includes homeless people, prisoners, etc.

FOCUS AREA: CSOs may focus on one, or many of, WHO's health areas, and could provide specific, topical support or interventions

Categorization

Communicable Diseases	Antimicrobial resistance (AMR)	HIV/AIDS	Malaria	Neglected tropical diseases	Tuberculosis	Vaccine-preventable diseases	Universal health coverage*
Preparedness, Surveillance, and Response	Alert & response capacities	Emergency risk & crisis management	Epidemic- & pandemic-prone diseases	Food safety	Outbreak & crisis response	Polio eradication	
Promoting Health Through the Life-Course	Aging & health	Gender, equity, & human rights mainstreaming	Health & the environment	RMNCAH[1]	Social determinants of health		
Non-Communicable Diseases	Disabilities & rehabilitation	Mental health & substance abuse	Non-communicable diseases	Nutrition	Violence & injuries		
Health Systems	Access to medicines & health technologies[2]	Health systems, information & evidence	Integrated people-centered health services	National health policies, strategies & plans	Health systems strengthening*		
Enabling Functions	Leadership & governance		Strategic communication		Transparency, accountability, & risk management		

Source: WHO Register of non-State actors; **Notes**: [1] Reproductive, maternal, newborn, child, and adolescent health; [2] and strengthening regulatory capacity; * suggested as part of CSO survey, not currently included in subcategories of WHO Register

REPRESENTATION: CSOs can be affiliated with or formed by particular groups, or represent a community or network

Type	*Categorization*	*Description*
NGOs	Faith-Based Organizations	Organizations affiliated with a religious groups and based on the social values of a particular faith, often drawing their staff from this faith group
	Community-Based Organizations	Local, non-profit, voluntary organizations or self-organized groups of individuals pursuing common interests
	Youth-Led Organizations	Organizations formed by youth (aged 15 to 24) leaders, seeking to elevate the voices of young people on key issues
	Patient-Led/Self-Help Groups	Organizations based on or promoting self-organized groups of individuals who share a common problem, with members providing mutual support for each other, and affected communities
	Cooperative Groups	Organizations owned and run jointly by, and accountable to, its members, which share the benefits of the organization's activities
	Networks/Coalitions[1]	Coalitions formed by several non-profit organizations seeking to further a particular agenda, and to represent the interests of the coalition and the general public
	Professional Associations	Coalitions formed by individuals or non-profit organizations seeking to represent the interests of a particular profession and its service to the general public
	Other NGOs	Organizations may simply be registered based on a mission or issue independent of representing a particular group, community, or network
Research Institutions	Think Tanks	Non-profit organizations that perform research and advocacy on policies and political and social issues
	Academic Institutions	Public organizations or educational institutions involved in basic and applied health research (including research and development)

Source: Dalberg analysis based on discussion with WHO-CSO Task Team ; **Notes**: [1] Includes membership-based organizations

SCALE: CSOs operate at different scales, and can differentially support activities at the global, regional, national, and local level

Categorization

Global	
Regional	Organizations may be involved in roles such as the mobilization of resources and stakeholders, technical assistance, and implementation around global health issues either: (i) internationally, (ii) across countries within a specific region, (iii) across a specific country, or (iv) within specific communities in a country
National	
Sub-National/Local	

ANNEX IV Survey analysis

SUMMARY OF KEY FINDINGS

Survey Overview	• **Objectives:** To understand the CSO landscape and existing engagement with WHO, and gather CSO perspectives on how collaboration with WHO could be strengthened and prioritized • **Distribution:** From March 6 - April 1, the survey was sent to a database of 473 CSOs, distributed to Task Team CSO networks, shared with Global Health Council webinar participants, and tweeted by Dr. Tedros • **Response:** 153 CSOs completed the survey and respondents were largely international and based in the EURO, AFRO, and PAHO regions
CSO Landscape	• **Operational setting**: Most respondents' work focused on Africa and on developing health systems • **Roles:** Respondents were primarily engaged in building capacity, mobilizing communities, and advising and recommending, with relatively lower involvement in service delivery or innovation • **Beneficiaries:** Among respondents, women, youth, and children were the most targeted beneficiaries • **Focus areas:** Health systems and health through life-course were the most common areas of prior WHO engagement
WHO-CSO Engagement	• **Value of engagement:** Respondents agreed that collaborating with WHO has been valuable, with international CSOs having more positive views on average • **Strengths & challenges:** Respondents that had previously worked with WHO reported 'knowledge and capabilities' of key personnel as the top strength and 'partner coordination' as the top challenge • **Accessibility:** National/local CSOs and those based in the Global South were less likely to have previous engagement with WHO, and 'lack of knowledge' was reported as the major reported barrier
Opportunities for Future Collaboration	• **Priority strategic shifts:** Priority areas were gender and health equity, policy dialogue, and data & innovation • **Direction of future engagement:** A majority of respondents favored two-way collaboration, while national/local respondents and those based in Africa were more likely to indicate preference for the WHO → CSO direction • **Level of future engagement:** respondents thought interaction should occur across levels, with national/local respondents and those based in Africa more likely to indicate preference for country-level engagement • **Frequency of engagement:** respondents indicated clear preference for systematic engagement with WHO

Note: responses are indicative of our sample only, rather than the full health CSO landscape

INTRODUCTION

Survey Objectives	*To better understand:* • How CSOs identify themselves by scale, representation, role, focus area, and beneficiary • How CSOs are currently engaging with WHO • CSO perspectives on the current modes of engagement • Where CSOs would like to increase engagement with WHO
Design Principles	• **Simple:** avoid jargon and complex or ambiguous questions • **Neutral**: avoid emotional language, leading questions, and any other form of bias • **Easy to use**: ensure survey is simple to navigate and limit length to increase uptake • **Easy to interpret**: use close-ended questions wherever possible to allow objective analysis of responses (also leaving option to add comments and in-depth perspectives)

METHODOLOGY

Creation	• The survey was drafted by Dalberg, and **refined based on feedback from the Task Team and key WHO focal points** • The survey was **translated** into French and Spanish
Distribution	• The survey was open for **~4 weeks** from March 6 - April 1 ○ The survey was emailed **directly to a sample of individuals from 473 CSOs** (created by Dalberg based on publicly available information), with weekly reminders for completion ○ The survey was sent to Task Team members, who **distributed it through their CSO networks** to get additional traction (e.g. Global Health Advocates) ○ The survey was also shared with participants of Global Health Council's **webinar** on March 21, and **tweeted directly by Dr. Tedros** on March 28
Collation	○ Survey responses were translated and collated into a single database. Responses were **anonymized** so they could not be attributed to any single individual ○ Responses were **consolidated** where there were multiple entries from a single organization
Limitations	○ WHO is engaging with several thousands of non-State actors and has the potential to engage with many more. While it is **not possible to assess the response bias, the sample size is large enough to draw relevant and informative conclusions** ○ A comprehensive mapping of WHO's engagement should be available in a few years, when all engagements are documented in the Register of non-State actors

153 CSOs completed the survey, from a sample of over 473

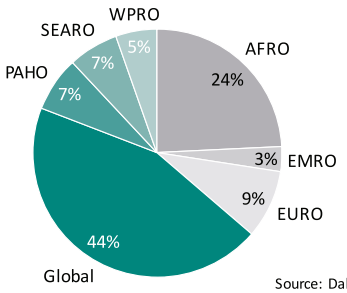
- Survey sent to **397 NGOs and 76 research institutions** (agreed scope of civil society actors)

  127 NGOs and 26 research institutions responded

- Target sample relied on **Task Team recommendations and existing lists**: e.g. the WHO register of NSAs, PMNCH database, UHC2030 statement signatories, SUN CSO network, Global Fund board

- Despite efforts to include national and local CSOs, the **sample was biased** toward larger, more well-resourced, and better-connected CSOs

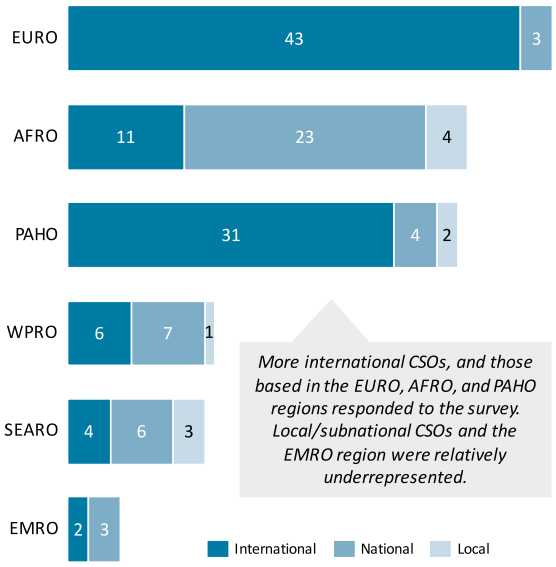
Sample by WHO region, *% of CSOs; n=473*



Source: Dalberg survey analysis

AFRO = African Region; SEARO = South-East Asia Region
WPRO = Western Pacific Region; EMRO = Eastern Mediterranean Region
PAHO = Region of the Americas; EURO = European Region

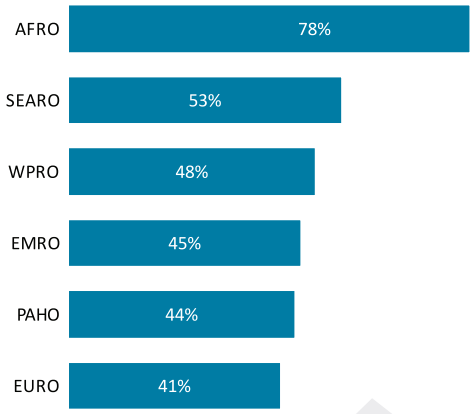
Respondents by current WHO region and scale, *# of CSOs*



More international CSOs, and those based in the EURO, AFRO, and PAHO regions responded to the survey. Local/subnational CSOs and the EMRO region were relatively underrepresented.

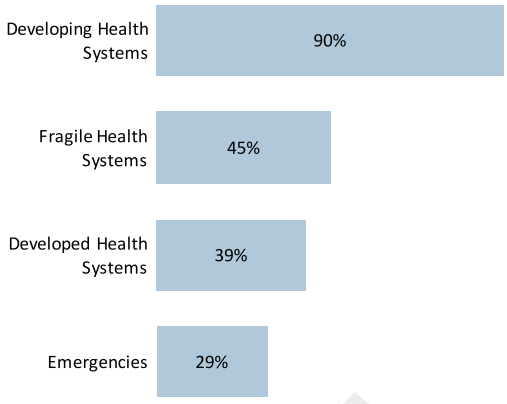
OPERATIONAL SETTING: most respondents' work is focused on the AFRO region and on developing health systems

Region of focus, *% of CSOs; n=153*



While relatively few respondents were based in the SEARO, WPRO, or EMRO regions, a greater proportion of respondents focus their work on these regions

Focus health systems, *% of CSOs; n=153*

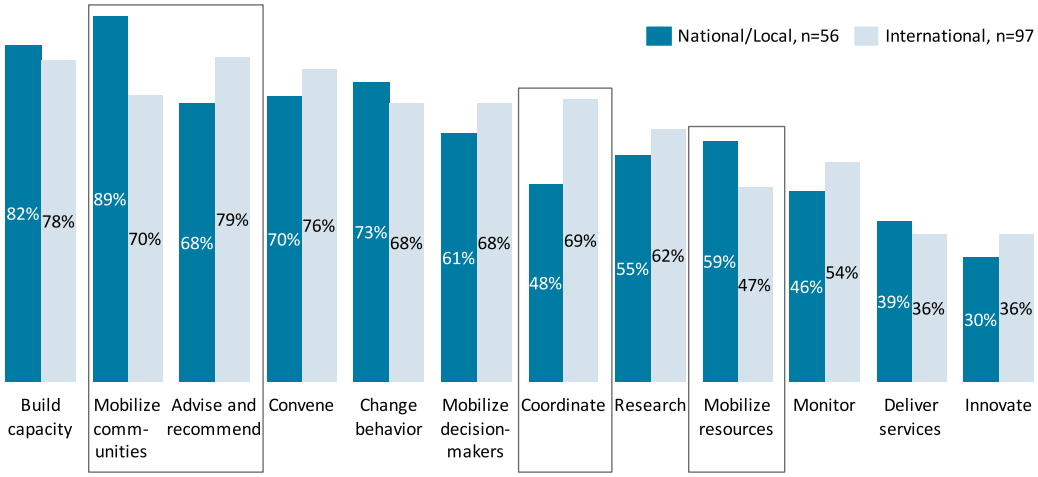


Almost half the respondents cite focusing on countries with fragile health systems, but a relatively smaller proportion of surveyed CSOs work in emergency settings

Notes: Percentages do not add to 100 as respondents were able to select multiple categories
Source: Dalberg survey analysis

ROLES: Respondents were primarily engaged in building capacity, mobilizing communities, and advising and recommending

Roles played, split by international and national/local respondents, *% of CSOs*

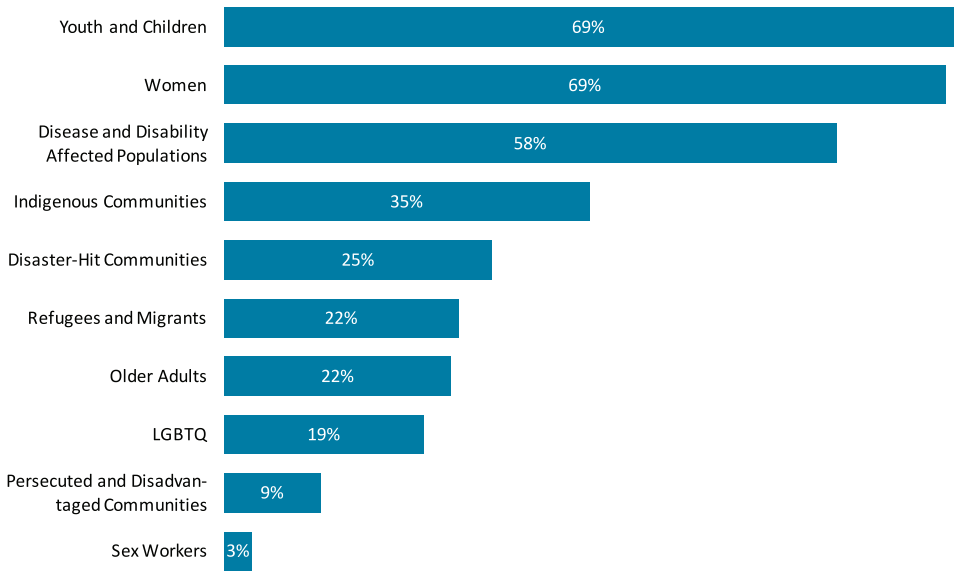


- *A greater number of international CSOs surveyed reported playing a coordinating and advising role, compared to national/local CSOs*
- *A greater number of national/local CSOs reported mobilizing communities and resources as a major role, compared to international CSOs*

Notes: Percentages do not add to 100 as respondents were able to select multiple categories
Source: Dalberg survey analysis

BENEFICIARIES: Over two-thirds of respondents target youth and children, and women

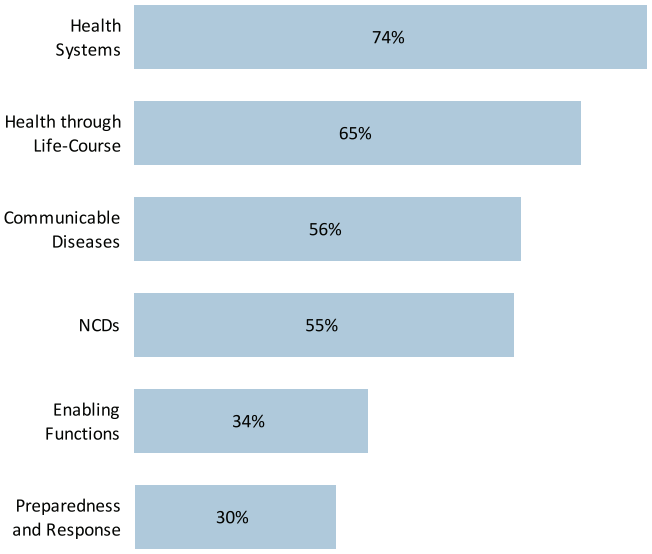
Target beneficiary, *% of CSOs*; *n=153*



Notes: Percentages do not add to 100 as respondents were able to select multiple categories
Source: Dalberg survey analysis

FOCUS AREAS: Respondents have most frequently collaborated with WHO on health systems and health through the life-course

Area of past collaboration with WHO[1], *% of CSOs; n=105*

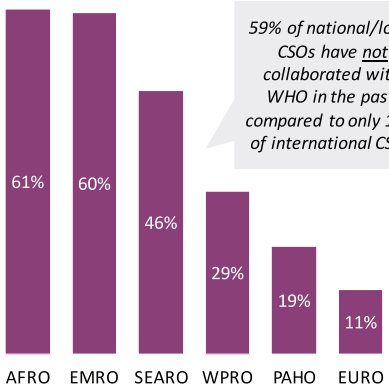


Notes: Percentages do not add to 100 as respondents were able to select multiple categories
Source: [1]Thematic areas are sourced from WHO Register of Non-State Actors; Dalberg survey analysis

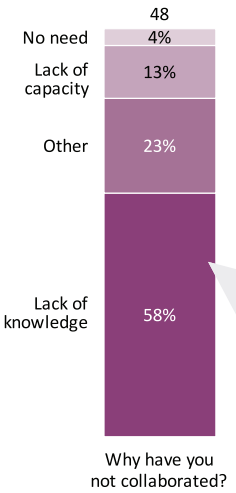
Top subareas	Selected by
National health policies, strategies, and plans	45%
Health systems strengthening	44%
Reproductive, maternal, newborn, child, and adolescent health	41%
HIV/AIDS	37%
Access to medicines and health technologies	29%
Social determinants of health	29%
Tuberculosis	29%

INTERNATIONAL CSOs, and those based in the Global North, were most likely to have previously engaged with WHO

% of CSOs with no previous WHO engagement, by region; *n=153*



59% of national/local CSOs have <u>not</u> collaborated with WHO in the past, compared to only 15% of international CSOs

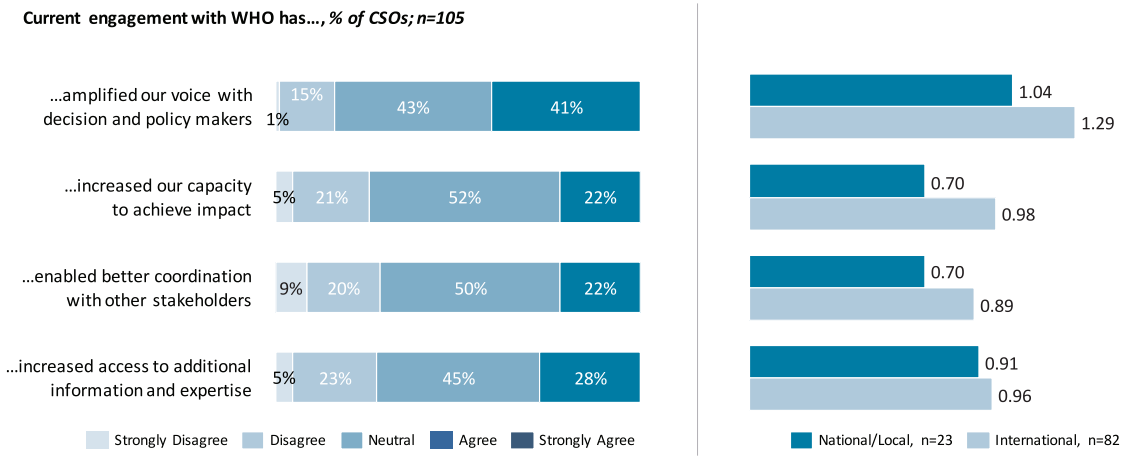


'Lack of knowledge' is the main reason for lack of collaboration with WHO. Other reasons included:

- *CSO is in a nascent stage*
- *Identifying opportunities is challenging*
- *Lack of WHO communication*
- *Lack of outreach from WHO, which limits engagement to government or specific NGOs*

Source: Dalberg survey analysis

RESPONDENTS AGREED that collaboration with WHO has been valuable, particularly around enhancing CSO ability to influence policy makersNotes: Percentages



"Worth Health Assembly & other events provide valuable access to key stakeholders for global health advocacy."

"We enjoy the evidence based policy and guidance setting of WHO, as well as guidance in global public health priority setting."

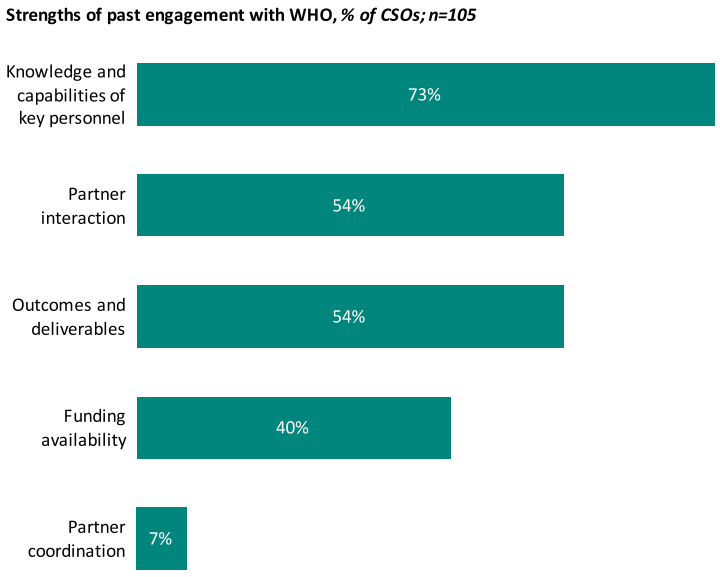
WHO has "provided a model for how we as an organization can help fulfill our mission."

"We have valued all interactions very highly."

1 This chart reflects the average score among international and national/local CSOs for each statement; the score is calculated by assigning each "Strongly Disagree" a score of -2, "Disagree" -1, "Neutral" 0, "Agree" 1, and Strongly Agree "2"

Source: Dalberg survey analysis

RESPONDENTS APPRECIATED the knowledge and capabilities of key personnel in past WHO engagement



Other strengths identified:

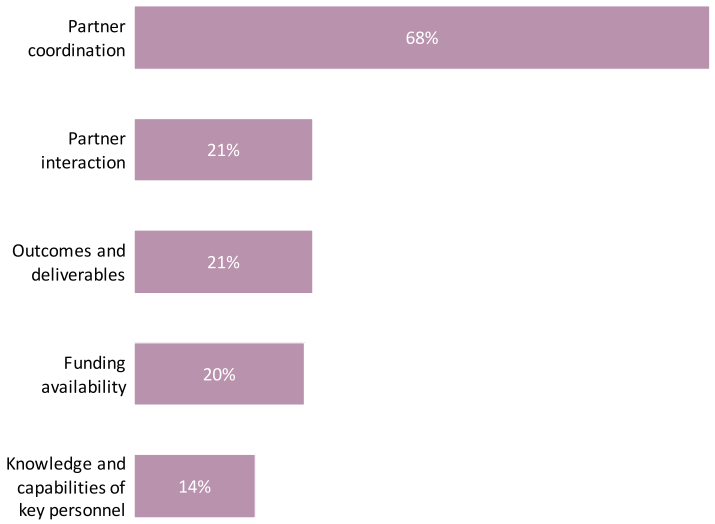
- Normative influence
  - *"Guidelines building and advocacy with UN"*
  - *"Joint advocacy and influencing national government"*
- Collaboration on research
  - *"Mapping for Sustainable Development Goals, publications"*
  - *"Collaboration for writing joint publication"*
- Facilitation role
  - *"Bringing the voice of health workers to the discourse"*
  - *"Networking with other CSOs"*

Notes: Percentages do not add to 100 as respondents could select none, one, or several of these choices in each question

Source: Dalberg survey analysis

RESPONDENTS CRITICIZED partner coordination across levels, departments, clusters, and personnel

Challenges in past engagement with WHO, *% of CSOs; n=105*



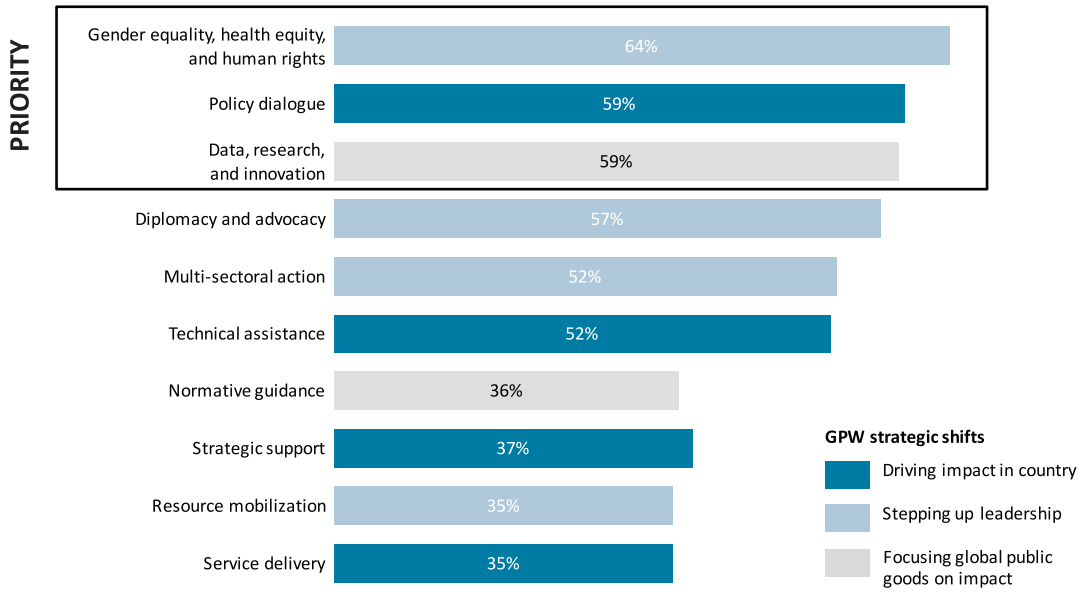
Other challenges identified:

- Transparency
  - *"Transparency, conflicts of interest"*
  - *"Lack of transparency and communication by WHO"*
- Timelines and timeliness
  - *"Timelines"*
  - *"Pressing and short timelines"*
  - *"Timely response"*
  - *"Often extremely short notice of physical meetings"*
- Politics
  - *"WHO should behave as 'steward' not 'competitor for funds and activities'"*
  - *"Politics of WHO bureaucracy, leadership"*

Notes: Percentages do not add to 100 as respondents could select none, one, or several of these choices in each question
Source: Dalberg survey analysis

SURVEY PARTICIPANTS identified three high-priority GPW strategic shifts for future collaboration with WHO

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

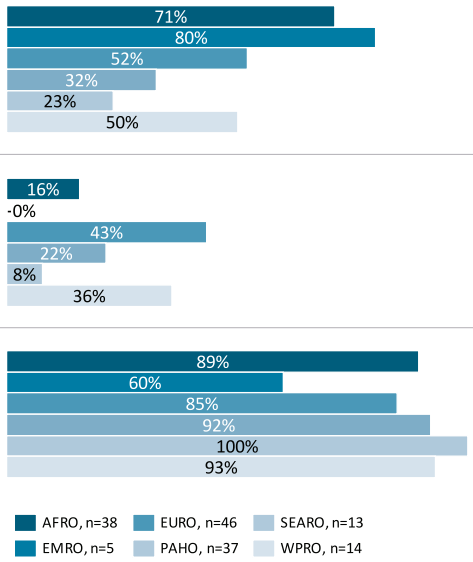


Notes: Percentage reflects the proportion of CSO survey respondents indicating that they would like to collaborate with WHO on each sub-component of the three GPW strategic shifts
Source: Dalberg survey analysis

LOOKING FORWARD, a majority of respondents favored bidirectional collaboration with WHO, with some variation by scale and region

Preferred direction of WHO-CSO engagement split by international and national/local respondents, *% of CSOs; n=105*

Preferred direction of WHO-CSO engagement with respondents split by region, *% of CSOs; n=105*

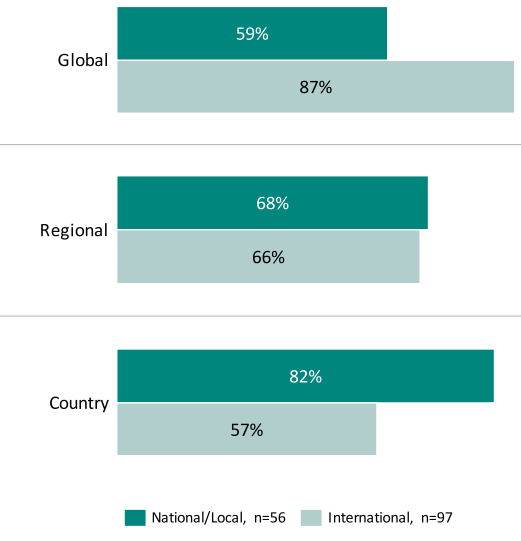


Bidirectional WHO-CSO collaboration was the preferred option across levels and regions, with the exception in EMRO where the preference was from WHO advice/ funding to CSOs.

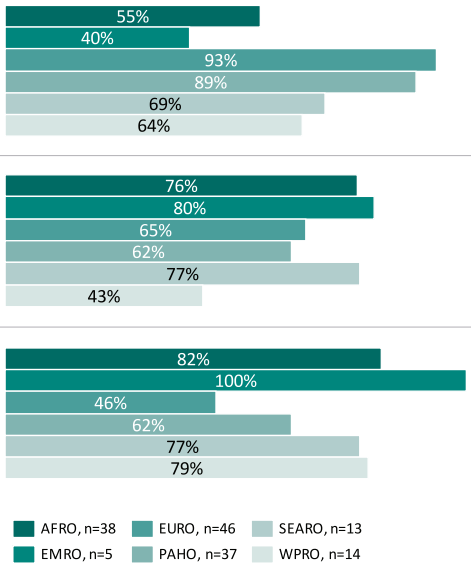
Source: Dalberg survey analysis

LOOKING FORWARD, thought interaction with WHO should occur across levels, with some variation by scale and region

Preferred level of WHO-CSO engagement split by international and national/local respondents, *% of CSOs; n=105*



Preferred level of WHO-CSO engagement with respondents split by region, *% of CSOs; n=105*

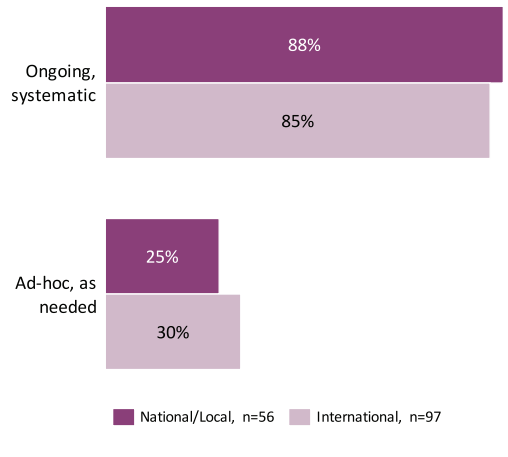


National/local respondents and respondents based in Africa expressed a preference for future WHO engagement at the country level, whereas international respondents and respondents based in Europe or the Americas indicate higher preference for global engagement.

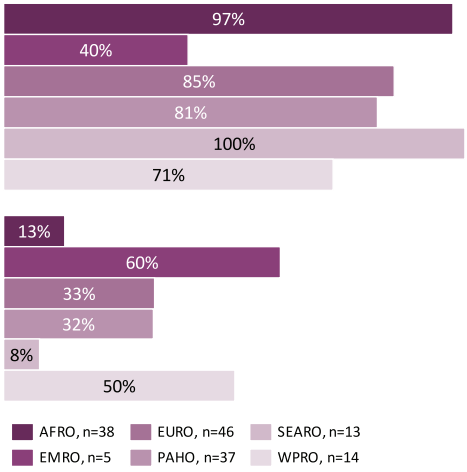
Source: Dalberg survey analysis

LOOKING FORWARD, respondents indicated a clear preference for systematic engagement with WHO

Preferred frequency of WHO-CSO engagement split by international and national/local respondents, *% of CSOs; n=105*



Preferred frequency of WHO-CSO engagement with respondents split by region, *% of CSOs; n=105*



Overall, the respondents' preference was for ongoing, systematic engagement; respondents from the WPRO, EURO, and PAHO regions also seem to be slightly more open to ad hoc collaboration.

Source: Dalberg survey analysis

RESPONDENTS IDENTIFIED the following key areas for WHO to strengthen engagement with CSOs going forward:

Diversifying CSOs engaged

"WHO should engage with CSOs that do not focus directly on health but whose programs have direct or indirect impact on health"

"WHO should give more access and opportunities to grassroot CSOs"

Engaging CSOs systematically

"In the era of sustainable development, it is imperative for WHO to engage systematically with CSOs"

"More active and timely consultation is required"

Engaging youth

"Youth engagement on all processes is crucial"

"Many youth organizations are not in official relations […] this can be a significant barrier to ensuring a diverse youth perspective is heard"

Mobilizing resources for CSOs

"Consider small-scale grants and collaborative relationships with CSOs to maximize resources that may be small in capacity but relevant to the country situation"

Increasing communication and transparency

"More clarity and improved communication regarding CSO engagement and more clarity regarding how we can support WHO. We want to make sure our contribution is meaningful"

Improving internal and external coordination

"Greater connectedness across WHO departments, with coherent messages of strategic actions"

"Strategically aligning key stakeholders and clearing the way for these to work where they are best"

Source: Dalberg survey

PHOTO: SHOT@LIFE

PHOTO: UNITED NATIONS / ESKINDER DEBEBE

ENDNOTES

1 World Health Organization, "Draft thirteenth general programme of work 2019-2023", 2018.

2 As specified in WHO's "Guide 2016: WHO Country Cooperation Strategy", page 11, http://apps.who.int/iris/bitstream/handle/10665/251734/WHO-CCU-16.04-eng.pdf?sequence=1

3 World Health Organization, "Draft thirteenth general programme of work 2019-2023", 2018.

4 Sourced from CSO survey responses and tweets during the World Health Assembly side event.

5 As explained in the typology section, this included international NGOs, national NGOs, community-based organizations, networks and associations, academic institutions, and think tanks.

6 The Project Team consisted of the UN Foundation, RESULTS, and Dalberg Advisors.

7 Greer, Wismar, and Kosinska, "Civil society and health: Contributions and potential", 2017.

8 Global Financing Facility, "Civil Society Engagement Strategy", 2017.

9 Sourced from CSO survey responses and tweets during the World Health Assembly side event.

10 Sourced from CSO survey responses and tweets during the World Health Assembly side event.

11 Most notably the UHC2030 Civil Society Engagement Mechanism.

12 Including the Civil Society groups on noncommunicable diseases (NCDs) and tuberculosis (TB).

13 A mapping of CSOs' role in the governance of other multilateral institutions can be found in the Annex.

14 As specified in WHO's "Guide 2016: WHO Country Cooperation Strategy", page 11, http://apps.who.int/iris/bitstream/handle/10665/251734/WHO-CCU-16.04-eng.pdf?sequence=1

15 WHO's "Guide 2016: WHO Country Cooperation Strategy", page 11, http://apps.who.int/iris/bitstream/handle/10665/251734/WHO-CCU-16.04-eng.pdf?sequence=1

16 United Nations Climate Change, "Youth at UNFCCC Conferences", 2018.

17 Inter-Agency Standing Committee, "Reference Module for Cluster Coordination at Country Level", July 2015 https://interagencystandingcommittee.org/system/files/cluster_coordination_reference_module_2015_final.pdf

18 WHO Health Cluster/Sector Dashboard, accessed 01/06/2018, http://www.who.int/health-cluster/countries/HC-dashboard-March2018.pdf

19 Inter-Agency Standing Committee, "Reference Module for Cluster Coordination at Country Level", July 2015 https://interagencystandingcommittee.org/system/files/cluster_coordination_reference_module_2015_final.pdf

20 International Council of Voluntary Agencies, "Review of NGO Leadership Roles in Clusters," 2015.

21 State of the Humanitarian Support by the Active Learning Network for Accountability and Performance in Humanitarian Action, which is housed at the Overseas Development Institute.

22 WHO, "A Foundation to address equity, gender and human rights in the 2030 agenda: Progress in 2014 – 2015, http://www.who.int/gender-equity-rights/knowledge/GER-biennium-report.pdf

23 High-Level Working Group on the Health and Human Rights of Women, Children and Adolescents, "Leading the Realization of Human Rights To Health and Through Health", 2017, https://www.ohchr.org/Documents/Issues/Women/WRGS/Health/ReportHLWG-humanrights-health.pdf

24 World Bank Group, "World Bank Advisory Council on Gender and Development," 2018.

25 Meier and Gostin, "Human Rights in Global Health: Rights-Based Governance for a Globalizing World", 2018, unpublished.

26 A WHO-funded participatory approach to national health

27 Dr Tedros Adhanom Ghebreyesus established an NCD civil society Working Group, co-chaired by WHO and the NCD Alliance, an NGO, for the third High-Level Meeting of the UN General Assembly on NCDs in 2018 ; WHO's Global TB Programme established a TB Civil Society Task Force (CSTF) in 2016 to enhance strategic engagement of communities/ CSOs

28 World Health Organization, "Empowering communities to end TB with the ENGAGE-TB approach," 2018.

29 World Bank Group, "Citizen Engagement," 2018.

30 UN Department of Economic and Social Affairs, "NGO Branch," 2018.

31 Most notably WHA 69 (2016) and 70 (2017)

32 Director-General's Office. "Director-General Dr. Tedros takes the helm of WHO: address to WHO staff." 2017.

33 For example: policy dialogues; operational engagement in select countries; resource mobilization for health financing in general, and/or WHO in particular; support for accountability, etc.

www.civilsociety4health.org
#CivilSociety4Health