

WHO and Civil Society: Linking for better health



CIVIL SOCIETY INITIATIVE



External Relations and Governing Bodies





© 2002 World Health Organization. All rights reserved.

Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to Publications, at World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland, fax +41 22 791 4806, email: permissions@who.int

The World Health Organization does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.

Graphic design: Tushita Graphic Vision, Carine Mottaz, Tushita Bosonet, Geneva.

Contents

Introduction	2
Pursuing human rights	3
Promoting public health campaigns	8
Reaching out in emergencies	11
Enhancing local capacity	15
Engaging professionals	18
Balancing private sector interests	21
Conclusion	22

Introduction

2 We live in a world of shrinking borders and burgeoning needs, where people faced by rapid social, economic and political change are seeking new ways of controlling their lives and the future of their communities. Armed with more access to information than ever before, and backed by new technologies, people are banding together to find new means of articulating their needs and promoting their interests. Civil society today is more visible, organised and vibrant than it has ever been before. People's demands to participate in the development of policies that affect every aspect of their lives can no longer be confined to local settings but spill over into international arenas as well.

The engagement with civil society profoundly affects the ways in which international organizations understand and respond to the needs of people all over the world. Concepts about poverty, equity, justice, security, rights and responsibilities take on new meaning. Exposure to the complexities of cultures and communities hone critical thinking and sensitivity. Assumptions are challenged, power is redefined, change is initiated.

The World Health Organization (WHO) has had a long and successful history of working with civil society and nongovernmental organizations (NGOs) to promote public health. Evolving concepts about health and the articulation of its links to poverty,

equity and development have recently widened the range of WHO's partners. No longer the domain of medical specialists, health work now involves politicians, economists, lawyers, communicators, social scientists and ordinary people everywhere. These developments have given rise to a new emphasis on partnerships, communication and outreach within the Organization.

The Civil Society Initiative, created in 2001 to energise WHO's relations with civil society, recently concluded a review of WHO's relations with civil society and NGOs. The review showed that while WHO's interactions with NGOs were varied, dynamic and long-standing they could benefit from more recognition and systematic integration into the Organization's core priorities. This publication seeks to celebrate WHO's existing interactions with civil society. It does not represent a comprehensive evaluation nor a complete representation of all interactions but rather provides a quick glimpse, a kaleidoscope of different situations and interactions that suggest how partnerships with civil society can yield tangible public health benefits for all.

Pursuing human rights

The pursuit of human rights has been a central concern of civil society. Human rights groups and movements have provided both the impetus and inspiration for the formulation of international and national laws to protect the basic and fundamental rights of people. By monitoring situations and making their findings public, human rights groups have also proved invaluable in ensuring that these laws are implemented as widely as possible. In addition to civic, political and economic rights, the right to health forms an important aspect of human rights. The examples chosen in this section illustrate how various organizations have worked with WHO in ensuring that the human rights of women, adolescents and the disabled are adequately recognised in public health programmes and policies.

Empowering adolescents in Mongolia

3

The right of adolescents and young people to influence programmes that are targeted at them is now recognised as fundamental to the success of any youth-oriented programme. It is only when young people can express themselves, their needs and their priorities that programmes can begin to help young people achieve their right to health.

In Mongolia, WHO and various ministries including the Ministry of Health have formed a partnership with other UN agencies and several NGOs to “improve the outlook for adolescent girls and boys”. With the help of two youth-based NGOs – the Mongolian Youth Development Centre and Scout Association – the project aimed to involve young people directly in the design and implementation of health services in order to improve youth access to health services and to make health educational messages more appropriate to adolescents.

Youth voices and the NGOs helped challenge the assumption that most young people are healthy. They showed that health problems related to lifestyle, risky behaviour, and adverse social circumstances are increasing among the youth. These include tobacco, alcohol and other drug use, oral health problems, accidents and injuries, violence and stress, mental health and sexual health problems.

A review-team consisting of youth groups, parents, service providers, managers and policy-makers assessed the existing health services in the light of these health risks. In focus-group discussions, it became obvious that adolescents generally had little trust in service providers. They feared for their privacy and felt that their confidentiality would not be respected. When young people were asked evaluate the available educational material, it became obvious that they liked very little of it, and that it had been developed without their involvement. The project therefore conducted a six-day workshop to let the youth identify what kind of educational material they needed. They identified the need for simple and attractive posters on various issues including HIV/AIDS and reproductive health, material that was later developed by the project. Discussions with these young people have provided the basis for the development of a new Mongolian model for youth-friendly services.

Based on project documents from "An Outlook of Adolescents in Mongolia".

Advocating reproductive rights

Women's rights advocates have pointed out the inadequacies of family planning programmes that focus only on fertility reduction to the exclusion of wider reproductive health issues for women. Women's concerns have ranged from the potential abuse of contraceptives to the lack of ethical standards in reproductive research. These and other concerns took centre stage during the 1994 UN Conference on Population in Cairo, and the adoption of the Cairo Declaration and Plan of Action is said to have been a breakthrough for the reproductive health and rights movement.

This development had implications for WHO's Programme for Human Reproduction (HRP) as well. The programme was set up to initiate and support the development of contraceptive methods. In response to



Family planning programmes need to focus on the whole gamut of reproductive health needs and not just on fertility reduction.

the international demand for the inclusion of women's voices in reproductive health programmes, HRP initiated a series of dialogue meetings to ensure that the emerging views and approaches advocated by women's health advocates could be heard and reflected in its work. Policy-makers, scientists and providers of reproductive health services were offered an opportunity to listen to the experiences and needs of women who actually used these contraceptives and were potential recipients of new fertility regulation technologies. The dialogue meetings were conducted from 1992 to 1997, comprising of a total of six meetings, one in every region of WHO.

WHO pinpoints this dialogue process as having been a key factor in shifting HRP's contraceptive research agenda to increased emphasis on user controlled methods rather than only on hormonal methods such as injectables or implants, the delivery of which is dependent on the health system. A study in three countries on the acceptability, use-effectiveness and service delivery requirements of the diaphragm is one example of this shift. Research on the female condom was initiated in response to the need of women to be in more control of their reproductive options. Also as a result of the dialogue meetings, more attention is now devoted to training in ethical standards in research through a series of regional workshops on ethical issues in reproductive health research as well as a research initiative on the "informed consent process" to clarify what both research subjects and investigators understand by the concept of informed consent.

Based on documents concerning the project "Creating common ground" provided by HRP/WHO.

Preventing violence against women

Violence against women has been identified as a major public health and human rights problem in the world today. Women's rights activists and many others meeting at the UN Conference on Women held in Beijing in 1995 identified the lack of gender-sensitive health research and reliable data on the root causes, magnitude and consequences of violence against women as a major obstacle in the search for solutions to address this problem.

In order to collect such data, WHO started developing and co-ordinating a Multi-country Study on Women's Health and Domestic Violence in 1997. The study is being carried out in partnership with local research institutions and/or national ministries and women's organizations working on issues related to violence. The study has been implemented thus far in: Bangladesh, Brazil, Japan, Namibia, Peru, Samoa, Tanzania and Thailand.

Women's organizations have been important for challenging assumptions of the researchers and in shaping the questionnaire development for the collection of data. Research results have been used by women's organizations to mount information and advocacy campaigns in their communities. In Thailand, the study has provided the impetus for the formation of networks to address the issue,

in Peru has prompted women's health advocates to work on sensitizing local leaders to the problem of violence against women and gender inequality issues, and in Brazil has led to integration of violence into medical and other health curricula. The study has also built local capacity by training the researchers and interviewers and building networks of people committed to working on violence against women.

The WHO staff involved in the study say the expertise of women's organizations has been invaluable in the development and implementation of the research. These organizations will also help WHO ensure that the findings are used for supporting policy change at both the national and international level.

Based on the report "WHO Multi-Study on Women's Health and Domestic Violence Against Women", June 2002.



©WHO/H.Jansen



©WHO/H.Jansen

By interviewing local women in their own surroundings, volunteers from women's organizations are critical in helping to gather data on violence against women.

Consulting the disabled about care

During the past two decades, beginning with the International Year of Disabled Persons in 1981, there have been significant changes in the concepts of disability and rehabilitation. The traditional medical model of disability has developed to incorporate social aspects such as participation in school, work and social activities as well.

Responding to these changing concepts, the Disability and Rehabilitation Team at WHO and the Ministry of Social Affairs in Norway organised the Rethinking Care Initiative and Conference bringing together disabled people and other stakeholders. The majority of the conference participants were composed of people with disabilities coming from all parts of the world, many of whom were represented by an NGO. The primary aim of the Rethinking Care Conference was to: “give disabled people requiring health and social support an opportunity to contribute to the process of Rethinking Care with respect to policy regarding the development of health and social services, and, in so doing, provide new insights and knowledge for the formulation of appropriate recommendations for WHO Member States”.

Conference participants assisted WHO in formulating appropriate policy recommendations for governments. The UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities provided the backdrop to the discussions, with participants focusing on awareness-raising, medical care, rehabilitation and support services in particular. The conference provided an opportunity for disabled people and the groups representing them to evaluate the care the disabled receive, and to suggest

how services could be structured to suit their needs better. Among the recommendations made, governments were called upon to: ensure equal access to community-based services and facilities such as housing, schools and colleges, public buildings and transport systems; introduce comprehensive mandatory anti-discrimination laws; and secure the equal and effective treatment of all disabled people within mainstream medical services.

From the WHO conference report
“Rethinking Care: from the
Perspective of Disabled People”,
August 2001.

Promoting public health campaigns

8

By bringing in new perspectives, resources and outreach capabilities to supplement the government's and WHO's work, NGOs can make significant contributions to the implementation of public health programmes and campaigns. NGOs can be particularly effective in reaching marginalized populations and remote areas, ensuring community participation, and providing services and advocacy. The polio and epilepsy campaigns chosen for this section demonstrate that when WHO forms stable partnerships with NGOs, public health goals can be greatly enhanced.

Fighting the stigma of epilepsy

Epilepsy affects 50 million people in the world today. With access to available treatments, the vast majority of them would be able to live normal lives instead of being subject to fear, stigma and discrimination. In order to raise awareness about epilepsy and its treatment, and to combat the stigma associated with it, WHO launched a global campaign in 1997 called "Out of the Shadows" along with two NGO partners. One is the International Bureau for Epilepsy representing patients and their families, and the other is International League against Epilepsy consisting of health professionals. Together, the three partners aim to raise the awareness about epilepsy to a level that has so far not been achieved, despite all efforts by each separate organization.

Together with the WHO Regional Offices, the national NGO-chapters in over 80 countries are the main actors in this campaign. The local chapters are in the best position to know the local problems, needs and solutions for people with epilepsy in their countries. The campaign activities vary from country to country. They include discussions to involve health ministers and health professionals in the campaign, translation of campaign material, poster competitions, and the initiation of advocacy efforts via the mass media such as radio, TV, and print press. Demonstration projects are set up to support Departments of Health with the aim of identifying and extending treatment to people with epilepsy as well as to promote prevention by educating health personnel. In addition to developing models for the integration of epilepsy care into existing health systems, the campaign partners also address the social and physical burden borne by patients and their families and work to dispel stigma. A newsletter, produced jointly by all three collaborating organizations, is regularly sent to over 600 addresses all over the world informing people about the progress and prospects of campaign activities. The NGOs also help raise funds from various public and private sectors to support campaign activities.

Adapted from a paper
"ILAE/IBE/WHO collaboration",
June 2002.

Out of the Shadows is an international campaign launched to raise awareness about epilepsy and its treatment and to fight the stigma and discrimination faced by people with epilepsy.

EPILEPSY out of the shadows



A Global Campaign Against Epilepsy

Eradicating polio

Rotary International is one of the partners on the Global Polio Eradication Initiative spearheaded by WHO, UNICEF, and the US Centers for Disease Control. Since the Initiative began in 1988, polio has been reduced by 99.8%. Polio still exists in a limited number of countries including India, Afghanistan, Pakistan, Nigeria, and Niger. Together, these countries account for 85 per cent of all polio cases, with the remaining cases found in the Horn of Africa, Angola and Egypt.

As a campaign partner and as an NGO, Rotary's role in the polio campaign has been manifold. Rotary members world wide have embarked on a major campaign to help meet the funding needs of the campaign and to raise US\$ 80 million by the year 2003. To date, Rotary has committed US\$ 510 million world wide, equivalent to 20% of costs. Indirectly, they have contributed even more by advocacy and pressure on their respective governments to contribute to the Polio Eradication Programme. In addition to raising funds, Rotary members donate their time and personal resources during National Immunisation Days. Rotary has also had an unprecedented role in mobilizing ordinary citizens, forming a highly motivated and trained volunteer base. In many countries, Rotarians have been active in preparing and distributing mass communication tools, assisting with vaccine delivery, administering the vaccine and providing other logistical support such as helping people get to the vaccination sites. In India, for example,

over 100 000 Rotarians and their families have joined the Indian government, health staff and volunteers to implement “immunisation days”, reaching 152 million children in one day. Rotarians helped with social mobilisation, going from house to house to ensure that no child was missed.

“We couldn’t accomplish what we have done without them,” says a WHO officer when talking about Rotary International’s commitment to the eradication of polio. The campaign’s goal of eradicating polio is within reach, says WHO.

Based on Polio News Eradication,
Polioplus by Rotary International,
provided by WHO.

Donating time and resources, Rotary International has been active in organizing camps where children can get vaccinated against polio.



Reaching out in emergencies

Emergency situations caused by armed conflict, civil unrest, drought, floods and other man-made and natural disasters affect people all over the world. In Africa alone 180 million people are affected. People suffer from fear and displacement, food and water shortage, and crowded and unsanitary living conditions in make-shift shelters and temporary camps. Basic health services collapse leading to rampant diseases that kill more people than the conflict or flood that created the emergency in the first place. Reaching these people in need can prove very difficult for international agencies such as WHO, making it necessary to turn to local and international NGOs operating in these areas. NGOs have a well-deserved reputation for setting up services and providing assistance to populations in emergency situations. Between 70 – 95% of health services are reported to be delivered by NGOs in emergency situations. The examples chosen in this section illustrate how NGOs have helped WHO treat and contain malaria, tuberculosis and guinea worm in countries where local systems have collapsed.

Rolling back malaria

Roll Back Malaria is a global partnership set up to have the world's malaria burden by 2010. At least a million deaths from malaria occur world wide each year – 90% of them in Africa, south of the Sahara. Up to 30% of Africa's malaria deaths are in countries undergoing complex emergency situations affecting large civilian populations.

In order to deal with these emergency situations, the partnership has set up a Technical Support Network on Complex Emergencies, housed in WHO, and consisting of UNICEF, UNHCR, the Malaria Consortium, Médecins Sans Frontières, Medical Emergency Relief International and the US Centers for Disease Control and Prevention.

“Institutions are prone to slowness. We need NGOs to generate speed and action,” says the Technical Support Network based at WHO. Besides mobilising NGOs and other emergency partners, the network trains and equips them and provides technical support to increase their capacity to respond quickly and effectively.



With the assistance of these emergency-NGOs, activities are ongoing in several Sub-Saharan African countries and in Afghanistan. Problems that have been addressed include the issuing of clear treatment guidelines in cases of drug-resistance, managing malaria effectively among malnourished people, and treating extremely poor people. Together, NGOs and WHO have developed standardized guidelines, a draft handbook on malaria control, and a training manual for health workers. NGOs have also helped develop and test new tools such as insecticide-treated emergency plastic-sheets for the construction of shelters.

From the Roll Back Malaria web site information provided by RBM/WHO.

Showing people how to treat sheets with insecticide is part of the malaria control work undertaken by health volunteers in Africa.

Treating tuberculosis in Somalia

Tuberculosis kills two million people every year. A lack of basic health services, poor nutrition and inadequate living conditions all contribute to the spread of TB and its impact upon the community – factors that are rife in emergency situations. Having seen great political and social upheaval in recent decades, Somalia has one of the highest TB incidences in the world, 375 per 100 000 population.

To respond to the fragmented situation in war torn Somalia, UN agencies, local and international NGOs, multilateral and bilateral donors organised themselves in 1993 into the Somalia Aid Coordination Body or SACB. A health sector committee and several ad hoc working-groups for diseases such as TB, malaria, and cholera were created. Seventeen international and local NGOs are the ones who actually provide out-reach services for people that cover the 18 regions of Somalia. In spite of considerable

logistical and security problems, these NGOs have helped ensure that the overall treatment success rate has reached 79%, with several centres reaching the target of 85%.

The TB-working group in Somalia is also facing new challenges that will require even more synergy and understanding among partners. The increasing prevalence of HIV in TB patients, the threat of multi-drug resistance, and the new opportunities like the Global Fund to Fight AIDS, TB and Malaria make it necessary that a broader approach to tuberculosis be undertaken. The role of NGOs in ensuring that these challenges are met will prove critical in the future.

From information provided by
WHO Country office, Somalia.



It is difficult to treat TB patients in countries undergoing great social and political upheaval.

Eradicating guinea worm in Southern Sudan

14

In the beginning of the 20th century, guinea worm disease or dracunculiasis was widespread. Due to public health campaigns mounted by WHO and its partners including Global 2000, UNICEF, NGOs and the endemic countries, 98% of guinea worm cases have now disappeared. The parasite, however, remains a problem in 13 Sub-Saharan African countries with the overwhelming majority of cases – about three-thirds – found in southern Sudan.

Working in this war-torn country has required WHO and its partners to find different strategies to combat this disease. The void created by the collapse of the health system has been filled by numerous international and local NGOs providing services to a scattered population. The only way WHO can fulfil its goal to eradicate guinea worm is by working with and through these nearly 40 NGOs.

WHO provides technical support to the NGOs in the form of training, supplies and transport. The NGOs in

turn use the presence of their volunteers on the ground to raise awareness in villages about how the disease is transmitted. Volunteers teach villagers how to break the transmission cycle by filtering drinking water, digging wells and boreholes and chemically treating contaminated drinking water sources. NGOs also provide medical services by helping to detect cases early and by cleaning, treating and bandaging wounds caused by the worm. Since the health needs of the people are enormous and they face common risks, technical support from WHO has to embrace common health care needs and includes TB, malaria, leprosy and other diseases as well. Every year a coordination meeting is held in Nairobi with WHO and all the NGOs from the area, providing an opportunity to exchange information and experiences and to strengthen capacities for enhanced action. With the help of these NGOs, WHO hopes to make guinea worm disease the first parasitic disease to be eliminated.

Based on information provided by the Dracunculiasis Eradication Programme, WHO.



©WHO/Dr. Ahmed T. Tayeh

Learning how to filter drinking water is a key aspect in controlling the spread of guinea worm in southern Sudan.

Enhancing local capacity

One of WHO's main functions is to work with Member States and civil society in strengthening national and local health systems. Health developments at these levels are often very complex, involving a range of different actors and issues. Governments and health systems have to balance competing health demands with limited resources. There are many situations when health functions can be effectively delegated or shared with grass-roots and community level organizations, especially when financial or human resources are constrained. This can help reduce the burden on local and national administrations as well as enable governments to meet their social obligations more effectively. The examples chosen from India and Cambodia illustrate the various ways in which WHO can work with NGOs and the government to not only help improve the health of people but to also strengthen the internal capacity of both actors to sustain future public health efforts. The example chosen from Africa also illustrates the role WHO can play in building better understanding between governments and NGOs.

Improving sanitation in an Indian slum

The provision of water and sanitation services and the improvement of hygiene is a major problem in many parts of India. The rapid increase of the urban population has resulted in the formation of slums and squatters facing an acute shortage of basic amenities such as water supply and waste disposal systems. These unsanitary environments can lead to widespread infections and diseases caused by unsafe water, flies, mosquitoes, hookworms, or roundworms with a devastating impact on infant mortality and the general health of slum dwellers.

The South East Regional Office of WHO (SEARO) has established partnerships with NGOs and the local municipal government in a project to provide low-cost toilets and safe water for 150 000 people in 12 urban slums in Delhi, India. The Population Services International-INDIA (PSI) and Sulabh International Social Service Organization are the NGOs actually implementing the project in the slums.

The low-cost community toilets built, operated and maintained by Sulabh have vastly improved sanitation in the 12 slums. In addition to this, PSI and Sulabh have trained over 6000 residents of Delhi slums on hygiene and sanitation related issues and identified 1500 volunteers among the residents to

communicate health and environmental messages to the people. One of the key changes being promoted is the disinfecting of drinking water by people in their homes using a low-cost water disinfectant socially marketed by PSI. The perspectives and experiences of the volunteers have, in turn, shaped the nature and content of the training and the information material provided to them. As important as the toilets are in improving sanitation and hygiene in the slums, the education and advocacy efforts undertaken to change social attitudes and behaviours about hygiene and sanitation are considered vital to the long-term improvement of the health of the people.

Based on information provided by SEARO, Sulabh and PSI, India.

Reforming Cambodia's health sector

In the early 1990s, Cambodia had a new administration and the country was entering into a more stable phase after decades of unrest and conflict. The ushering in of a new era provided the WHO country office an ideal opportunity to work with the national authorities and other organizations in rebuilding and strengthening the health sector.

An initiative to improve the government's capacity to handle the health sector reform was undertaken along with WHO, UNICEF and NGOs active in health. There were about 80 international, emergency and development NGOs working on health in the country. WHO and NGO representatives were involved in monthly national Central Co-ordinating Committee meetings in charge of steering the health sector reforms. All NGOs at provincial levels attended similar coordinating meetings at the provincial level. These meetings served as peer



Children are particularly vulnerable to disease and infection caused by unsanitary conditions and unsafe water.



group reviews, allowing for discussion on the provision of care and the best ways for meeting the needs of the people. The Ministries of Finance and Health were able to get direct feed back from the field on various aspects of health policy reform such as the effect of user-fees on patient's health seeking behaviour. The NGOs helped to identify research areas that the Ministry of Health was able to subsequently take up. The NGOs also took an active part in developing national technical guidelines of care which were of particular use at the district level.

With growing national capacity, the joint meetings between the government, WHO and the NGOs have now become less frequent, although they still continue. The Ministry of Health is presently working on a Health Strategic Plan with active participation from NGOs as well.

Based on information provided by
WHO Country office, Cambodia.

Mapping NGOs in Africa

In order to fill the gap in knowledge about civil society actors, and to provide governments and international agencies a sound basis for building new partnerships with NGOs, WHO's Regional Office for Africa decided to initiate a mapping of NGO resources in Africa. Forty-two of the 46 WHO country offices in Africa canvassed local NGOs and made inventories of NGOs active in the health sector, while the Regional Office produced an overall analysis based on these country reports.

The report noted that many of the national NGOs in operation in Africa are relatively young, having been formed in the 1990s, and tend to be largely concentrated in areas close to the capital cities. In general, national NGOs made up 50-75% of the total number of NGOs operating in the health sector, while the presence of international NGOs increased substantially in countries under emergencies.

Relations between NGOs and governments had improved substantially in recent years. However, there was a general lack of coordination of NGOs by governments and among NGOs themselves. Many countries lacked an NGO policy and NGO registration systems were unevenly spread out among countries. Where NGO policies did exist, few were drafted with the involvement of the NGO community. Not many countries had systematic structures or mechanisms established to facilitate the involvement of NGOs in policy-making and legislation. The report made many recommendations to improve this situation, including the setting up of new legal and administrative structures, improving information exchange, setting up of umbrella networks, and establishment of funding programmes.

The regional office report was presented to governments. So far, 14 African states have arranged special national NGO forums to discuss how to take the recommendations forward. The Regional Office hopes to work with more governments and NGOs in order to strengthen joint activities to improve health in Africa.

From the report "Tripartite Collaboration, an analysis of NGO country studies in the African region," Regional Office for Africa, Sept 2000.

Engaging professionals

18

One of WHO's main tasks is to produce guidelines on various public health issues that reflect the latest scientific knowledge and consensus on the issue. These guidelines not only set policy standards but also contain practical information on the application and implementation of public health programmes. WHO's technical guidelines involve and benefit professionals all over the world. Many of the guidelines are produced in collaboration with professional associations. Besides bringing the needed expertise and acting as local and cultural sounding boards for the application of these guidelines, professional associations can help WHO disseminate the information as well. The examples in this section illustrate WHO's collaboration with professionals in advancing knowledge on midwifery and sanitation.

Providing resources for water and sanitation experts

With the aim of accelerating health gains from safe water and hygiene, WHO collaborates with a wide range of organizations, including many from civil society. One example is the International Water Association (IWA) which has a history going back over fifty years, has long-standing official relations with WHO and provides access to an active network of around 7000 water professionals in over 130 countries. Its members includes university academics, government policy makers and regulators, both public and private water utilities as well as other private sector suppliers. The Association and its members cover the continuum between research and practice in all aspects of the water cycle.

These strengths have led to a multi-faceted relationship with WHO. The IWA provides access to a strong network of professionals, allowing WHO the benefits of working with the technical diversity and practical know-how of the Association's membership. The IWA's specialist groups provide scientific input to WHO publications on topics such as water quality guidelines. They collaborate to advance best practice such as the Sanitation Connection, a web-based resource on environmental sanitation.

WHO works with experts to promote safe drinking water standards.



©WHO/IRC

WHO and the IWA jointly publish material of particular relevance to IWA members such as new titles on microbial safety and chemical quality of drinking waters. WHO also has targeted access to expert audiences through participation in IWA conferences so as to disseminate new science to practitioners at both international and regional levels. While professionals get access to an international institution that works directly with governments and that sets standards, WHO benefits from the professional reach and technical expertise of the NGO.

Based on information provided by IWA and WHO.

Producing a best seller for midwives

Midwives and nurses are critical in helping to reduce mortality, morbidity and disability among women and children and to promote healthy lifestyles. WHO works actively with two professional associations – the International Confederation of Midwives (ICM) and the International Council of Nurses (ICN) – to increase awareness about the importance of midwifery and nursing and to strengthen technical skills and leadership capacities of midwives and nurses in countries.

Towards this end, the production of midwifery training modules to upgrade midwifery skills and improve maternal and new born health care services deserves special mention. ICN and WHO's Department of Reproductive Health gathered together midwives and teachers of midwives from around the world to jointly identify needs for midwifery education for safe motherhood. Six training modules were subsequently developed based on needs identified by participants. WHO provided technical input, coordinated the project, and provided funds.

After intensive field-testing by WHO and the ICN, WHO printed the education material in 1996. Since then they have been updated, used all over the world and constitute a “best seller”, according to WHO’s publication distribution centre. An independent committee recently evaluated the updating of the six modules. The review process included UNICEF, UNFPA, the International Council of Midwives and the American College of Nurses and Midwives. The review conclude that the modules were still in great demand and had advanced the cause of midwifery. It further recommended that the material should be used as basic text for training not just midwives but all other health professions requiring midwifery skills, including doctors. A new module is currently under way to complete the set, aimed at the management of the major causes of maternal death.

Based on information
provided by RHR/WHO.

Midwives play a critical role
in helping to ensure safe
pregnancies and in reducing
maternal and infant mortality.



Balancing private sector interests

The pursuit of public health often brings WHO up against competing economic and political interests. Depending on the circumstances and the industry concerned, WHO may decide to work or not to work with certain industries. In either situation, NGOs play a critical role in helping WHO ensure that public needs are not drowned by private sector concerns.

The tobacco and pharmaceutical examples chosen in this section represent very different situations for WHO. The interests of the tobacco industry are totally contradictory to health. The tobacco industry's main objective is to sell more tobacco products, while WHO's goal is to reduce tobacco consumption to save lives. On the other hand, the interests of the pharmaceutical industry partially overlap with WHO's goals. Drugs and medicines are essential to protect health. The industry's policies can, however, sometimes run contrary to the public health goals of ensuring equitable, sustainable and integrated drug systems that are best suited to the country's needs.

Developing guidelines for drug donations

Countries perceived to have a shortage of medicines often receive donations of drugs provided directly or indirectly by pharmaceutical companies. These donations are not always needed, safe or appropriate raising great concern among public health officials. In order to set standards for drug donations that met public health needs, WHO initiated a global consultation in 1996. The Department of Essential Drugs and Medicines Policy consulted with over 100 individual experts, recipient countries, international organizations, donor agencies, industry representatives and NGOs. The result was a Guidelines for Drug Donations jointly issued by NGOs and international institutions – the World Council of Churches, ICRC, International Federation of Red Cross and Red Crescent Societies, Médecins Sans Frontières, OXFAM, UNHCR, UNICEF and WHO.

The Guidelines were translated into various languages and widely distributed by all the co-sponsoring agencies. They were published in scientific journals and used in training programs, academic courses and at international conferences. An evaluation 16 months after the introduction of the Guidelines showed that they had been adopted or adapted by either the governments or the organizations involved with donations in over 45 countries. Overall, the evaluation showed that the guidelines were making a difference.

Donations were meeting needs better and it had become easier for recipients to refuse a donation. The drugs received had longer shelf life, packaging and labelling had improved, and distribution-times had been reduced.

The Guidelines were revised and re-published in 1999, this time with 15 co-sponsoring organizations. In spite of not being an international regulation, the Guidelines have had a positive impact on drug donations internationally. According to the evaluators, “It is the awareness and the discussion that have actually led to better donation practice.” The NGOs involved in the process played a major role in ensuring better standards, monitoring drug donations and in ensuring that the Guidelines have been adhered to by the industry.

Based on Guidelines for Drug Donations, 1999 and Five-year experiences with the Interagency Guidelines on Drug donations.

International guidelines try and ensure that drug donations are safe, are of the highest quality and meet the needs of the country.



Countering the claims of tobacco companies

Tobacco kills nearly five million people every year, making it the single largest preventable cause of death today. Since the 1950s, the tobacco industry's own scientists have known that nicotine is addictive and that tobacco kills. Documentary evidence of the industry's own internal papers point to systematic and global efforts by the tobacco industry to undermine tobacco control policy and research in order to starve off legislation and regulation.

Countering the decades long campaign of tobacco companies and exposing the truth about tobacco is one of the main tasks facing WHO's Tobacco Free Initiative (TFI). This task took on an added urgency in 1999 when WHO's Member States began negotiating the world's first international treaty on tobacco, the Framework Convention on Tobacco Control. Tobacco companies, now faced by their first credible international threat, went into a high-gear public relations campaign to weaken the treaty.

As part of the advocacy efforts to support the treaty, WHO launched the "Tobacco Kills – Don't be Duped" global media and NGO advocacy campaign. The initiative aims to equip media and health communicators with appropriate information and tools to tell the story of tobacco, promote healthy choices and push for policy changes. Freedom of information issues, especially the public's right to know about the health consequences of tobacco use on the one hand, and the tobacco industry's practices on the other, are emphasised. As part of the project, NGOs in nearly 30 countries help WHO expose the truth about tobacco and tobacco company campaigns and strategies. Both within the project and outside, the NGO community's public scrutiny of the tobacco industry and continuous support for a strong treaty have provided WHO with effective allies in its fight against the tobacco epidemic. The success of Don't be Duped has led to the initiation of a new NGO project called "Channelling the Outrage" aimed at building up future support for the implementation of the tobacco treaty.

Based on information provided by TFI, WHO.



Tobacco kills. Don't be duped.

Conclusion

24

The examples included in this document represent a mere fraction of all the interaction and collaboration that takes place between WHO and civil society. Even this limited selection, however, shows us that public health is the winner when such collaboration is based on trust and respect.

- NGOs have played an important role in implementing human rights within public health. They have pushed for the formulation of policies as well as monitored the results of implementing these policies at local, national and international levels.
- Important public health programmes and campaigns in WHO have benefited from NGO contributions to fundraising, mobilization of volunteers and advocacy.
- In countries affected by emergencies, NGOs have ensured that people have access to health services and medicines. Very often, NGOs provide WHO's only access to local populations in need.
- NGOs help WHO and governments in building up local public health capabilities. The truth is that much of health services in many countries are delivered by NGOs.
- Working with professional organizations provides WHO with access to a varied pool of technical expertise as well as improves the professional's capacity to use data. Professional organizations

also help WHO disseminate the information to an audience that can actually implement WHO's guidelines, providing an excellent source of practical feedback for the Organization.

- NGOs help WHO in balancing the political and commercial interests involved in public health. They can promote openness and transparency in the setting of public health standards and policy, and help ensure that private sector interests do not supercede public health priorities.

NGOs offer WHO unique avenues for action. They have engaged with WHO to implement health programmes at country level, made outreach to remote areas and populations possible, advocated public health issues to a broad audience, addressed sensitive issues and worked in alliance with WHO to raise funds more effectively. The increasing role of civil society in public health has not only placed new demands upon WHO but has also opened up fresh opportunities for expanding the mutual benefits involved in partnerships. Integrating civil society into its work will be vital to the Organization's future development and bring much needed vitality and energy to meet the public health challenges of the 21st century.

For more information, please contact:

CIVIL SOCIETY INITIATIVE
External Relations and Govering Bodies
World Health Organization
Avenue Appia 20
CH-1211 Geneva 27
Switzerland
Tel: (+41-22) 791 44 10
Fax: (+41-22) 791 13 80
E-mail: barbozag@who.int



World Health Organization