

Summary of first informal consultation with civil society on the draft resolution ‘Institutionalizing Social Participation for Health and Well-being’

6th November 2023

This two-hour online meeting was opened with remarks from the Co-Leads (Thailand and Slovenia), and was **welcomed** by the civil society representatives as an important initiative to promote transparency and participation with civil society early on during what is otherwise a “black box” process of drafting and negotiating resolutions. Civil society also welcomed the second informal consultation which will take place further into negotiations, when contentious issues could be summarised (without attribution to any specific Member State) for their consideration and feedback.

The Co-Leads were asked to elaborate on the **selection criteria**, and why an open public consultation was not held. Given the reality of very tight timelines in the drafting and negotiation process, and limited capacities to host a more comprehensive consultative process with civil society, this approach was taken. Networks that had engaged in the Handbook production and the consultation on the Technical Background paper were asked to nominate a range of diverse representatives, and a limited number was intended to enable a meaningful meeting where all participants have time to contribute. It was recognised that while this consultation is progress, it is an important opportunity to document and learn how to better engage civil society in resolution processes.

In response to questions regarding **initial perceptions** from the first Member State informal that was held on 3rd November, the Co-Leads suggested it was premature to identify specific challenges. One concern is that the negotiations tone down the level of ambition to allow for the status quo instead of strengthening and scaling-up meaningful participation in decision-making processes. Another could be that mandate of the resolution is broader in scope than health.

There was clarification on the **scope** of the resolution which focuses on the participation of people, communities and civil society in decision-making processes across the policy cycle, from local to national levels, that affect health and well-being. This **excludes**:

- The specificities of government engagement with **for-profit private entities**, noting however that private sector entities may be organized into umbrella civil society organizations (e.g., professional provider associations), and civil society may receive private sector funding, hence the importance of managing conflicts of interest. It was noted that civil society’s interests should align with those of the ministry of health to advance public health and well-being.
- **WHO’s corporate efforts to strengthen social participation in its own operations** (at HQ, regional and country offices), which is complementary to and different from the focus of the resolution on social participation in government-led processes within countries.

General comments from civil society included:

- The resolution should be **ambitious**, and the draft should be daring and optimistic, including what we want to see. Civil society is not interested in a resolution that reinforces the status quo.
- The resolution should be **practical and actionable** at country level.
- There is important **political symbolism** in tabling this at the WHA.
- Strong calls for **more specific, concrete and measurable operative paragraphs**.
- The need to recognise the **shrinking space for civil society**.
- Greater emphasis on the **value of social participation**, as a driver of efficiency, responsiveness, transparency, equity, trust etc., and an enabler for achieving the SDGs.
- The title should be broadened to focus on social participation **and accountability**. This is consistent with the civil society asks prepared for the WHO DG – civil society dialogue in October

2020 was cited (available here: <https://drive.google.com/file/d/1QiuX0zUJs6qksoknLn-KPQsm22apPtU8/view>).

- More explicit reference to **key populations** as the most disadvantaged groups, noting that financing their participation and sustaining their participation over time to build trust are essential.
- Welcome the reference to **managing conflicts of interest**, and focus on the participation of civil society working for the public interest.
- Welcome the operative paragraphs for Member States on **financing, capacity strengthening and legal frameworks** to create a strong enabling environment.
- An **operative paragraph on overall leadership by Member States** (from head of state to minister) is missing – who recognises the value of social participation and embeds it in processes for health.
- Good practices could include the UN DESA guide to youth delegate programmes (available here: https://social.desa.un.org/sites/default/files/migrated/21/2020/05/Youth-Delegates-Guide_May-20200-WEB-1.pdf).

The Co-Leads clarified that:

- **Operative paragraphs** must be relevant and appropriate across all countries with diverse contexts and cannot be too prescriptive.
- **Reporting** would happen every two years, and the **M&E framework** mandated by this resolution should help to drive results, bringing greater specificity to the implementation of the operational paragraphs.
- Many preambular paragraphs that **cite existing resolutions/declarations** use the agreed language and are unlikely to deviate from this.

Specific text suggestions included:

- **PP1:** 'Reaffirming the WHO Constitution on...'
 - Add reference to **HRC53/13** that also covers shrinking civil space and the lack of funding for civil society participation (available here: <https://undocs.org/Home/Mobile?FinalSymbol=A%2FHRC%2FRES%2F53%2F13&Language=E&DeviceType=Desktop&LangRequested=False>).
 - Add language from **WHO Constitution** preamble: "Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people".
 - Replace 'distinction' with '**discrimination**'.
 - Add '**inclusion**' to human rights principles.
- **PP3:** 'Reiterating the importance of empowered people...'
 - Add reference to **1978 Alma Ata Declaration**: "The people have the right and duty to participate individually and collectively in the planning and implementation of their health care" (available here: <https://www.who.int/docs/default-source/documents/almaata-declaration-en.pdf>).
- **PP5:** 'Recalling the need to promote...'
 - Consider **listing vulnerable groups** to emphasise the diversity of voices needed, as there is a risk that with generic language, Member States will decide for themselves how to interpret this. For example, 'Identify and eliminate barriers to meaningful participation, particularly for communities experiencing marginalization such as people on the move (migrants, stateless and displaced persons); people with disabilities; people living with HIV; people with diverse sexual orientation, gender identity, and/or expression; people engaged in sex work; people who are intersex, Indigenous, neurodivergent, ethnic minorities; people who are criminalized; people who are imprisoned... '
 - Adding '**age**' to 'mainstreaming gender and age perspective'.
- **PP7:** 'Commending WHO's efforts to strengthen its own...'

- Add reference to **WHO civil society working groups supporting technical units** (e.g. TB, NCDs etc.).
- Alternative text to include both the WHO corporate engagement and processes to promote civil society participation in governing body processes and negotiations hosted by WHO: “Acknowledging recent efforts undertaken by the WHO Secretariat to strengthen its own engagement with civil society at global, regional and national levels of the organization, and welcoming initiatives by WHO member states to promote better and more meaningful participation of civil society in WHO governing body meetings and in member-state processes and negotiations hosted by the WHO, and noting that such civil society participation at WHO and in WHO related processes is complementary to social participation in decision-making for health within countries;”
- **PP11:** ‘Recognising that empowering people...’
 - Welcome recognition of **lived experiences** as important expertise, and request that this is noted in other paragraphs also, with **reference** to existing documents e.g. WHO framework for meaningful engagement of people living with NCDs, mental health and neurological conditions, UNAIDS greater involvement of people living with HIV, etc.
- **OP1.2:** ‘Ensuring equitable, diverse...’
 - Too vague. Needs to be more concrete and measurable.
 - Proposed: ‘Ensure equity, diversity and inclusion in the design, implementation and evaluation of participatory mechanisms.’ And ‘Ensure that the communities that health services intend to reach are elevated as particularly important stakeholders in achieving UHC, and are involved and heard in decision-making processes (i.e., not only technical experts, but all advocates and community members) - especially when the health services are focused on groups experiencing marginalization and structural discrimination.’
- **OP1.4:** ‘Implementing and sustaining a range of regular...’
 - More specific language on the types of legal frameworks.
- **OP1.7:** ‘Monitoring, evaluating and reviewing...’
 - Need to monitor who participates, and who is excluded
- **OP2.6:** ‘To work with the CSO Commission...’
 - Proposed alternative text: ‘To work with the Member States and civil society, including the CSO Commission and the Youth Council and the already existing civil society task forces or engagement mechanisms, to explore how civil society participation can be strengthened within WHO, at all three levels of the organization as well as in the governing body meetings and in working groups, consultations and negotiation processes led by Member States;’
 - Consider asking for an action point for Member States also.
- **OP2.7:** DG to ‘Report on progress...’
 - Need a **baseline** and **targets**, as well as clarity as to how data will be collected.
- The following comments were not linked to specific operative paragraphs:
 - Provide opportunities for **learning from and expanding existing platforms** for civil society and community actors to inform the development, implementation and evaluation of policies.
 - Equip government actors with the capacity to create or expand participatory mechanisms which are **accessible to and appropriate for a wide range of the community members**.
 - Build government actors’ awareness of the importance of **tacit or experiential knowledge and the traditional knowledges of various communities** (e.g., Indigenous peoples) in decision-making.
 - Strengthen government actors’ **capacities to be reflexive** (awareness of how one’s identity shapes their relationship to others and to the participatory process, including understanding of power dynamics among and between actors from community, government, private sector, and beyond).

Various comments pertained to **WHO's corporate engagement of civil society**, which falls beyond the scope of this resolution. These included calls for:

- WHO to consider civil society engagement as social participation and accountability, honouring civil society's right to participate in WHO governing bodies and related processes such as the pandemic treaty. This is consistent with the civil society asks prepared for the October 2020 WHO DG – civil society dialogue (available here: <https://drive.google.com/file/d/1QiuX0zUJs6qksokLn-KPQsm22apPtu8/view>).
- Measures to track that WHO engagement is meaningful and not tokenistic.
- Greater financial resources for WHO engagement with civil society and youth.

The final segment of the discussion focused on **how this consultative process could be improved:**

- **Standardise** civil society engagement in resolution drafting and negotiation.
- This is an opportunity to **pilot, document and learn** about how to consult civil society on draft resolutions, and the experience could inform the CSO Commission in drafting minimum standards etc.
- A request for **ongoing engagement** throughout the negotiations as well as after the resolution is adopted to discuss its implementation.
- It was noted that sufficient **lead time** in sharing the zero-draft resolution allowed representatives to consult their constituencies and solicit broader inputs.
- To facilitate a broader consultation, **digital tools**, such as Padlet or Slido could play a potential role.
- This practice should be shared with Member State colleagues to **implement in other resolution negotiations**.