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Understanding Civil Society Issues for WHO

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Civil Society Initiative

External Relations and Governing Bodies

WORLD HEALTH ORGANIZATION

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Introduction

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 to ensure that government and business policies protect and promote their interests.

Along with governments, the United Nations (UN) system, which believes that development must rest on people's needs, has not been immune to this unleashing of people power. The UN as an institution has a history of opening its doors to organizations and institutions that represent the diverse interests of people. In recent years, the UN family has made a special effort to broaden its collaboration and consultation with such organizations.

The World Health Organization's (WHO) Constitution encourages interaction, consultation and co-operation with nongovernmental organizations (NGOs) while a number of World Health Assembly, Executive Board and Regional Committee resolutions have strengthened this collaboration.

In recent years, there has been an unprecedented growth in the activity and influence of civil society actors in the area of public health. They have engaged with WHO to implement WHO programmes at country level, made outreach to remote areas and populations possible, advocated WHO issues to a broad audience, addressed sensitive issues that WHO cannot for political reasons and worked in alliance with WHO to raise funds more effectively.

The increasing role of civil society in public health and the mutual benefits involved in expanding partnerships have placed new demands upon WHO. The Civil Society Initiative (CSI) was established in June 2001 in order to ensure that the changing roles and expectations of civil society are more adequately reflected within WHO. The mandate of this new initiative is to initiate a policy discussion on the role of civil society in public health and to guide WHO policy on ways to strengthen relationships with civil society organizations (CSOs)

This paper is part of a series produced by CSI to help promote a wider understanding of civil society and the various ways in which it is involved in health. It introduces some basic concepts and issues to assist WHO in its development of policies and interactions with civil society. It has been edited by CSI based on a background contribution written by Dr Rene Loewenson, TARSC, Zimbabwe.

Exploring the definitions

Civil society has its roots in the word 'civics', which comes from the Latin word 'civis', meaning citizen. Both the Romans and Greeks had equivalent terms meaning 'political society'[1] where citizens active in the political life of the state helped shape its institutions and policies.

Today, there is no universally accepted definition of civil society or organizations formed to represent civil society. Even within Member States and the family of the UN, the definition and classification of civil society actors seems to vary. Many use the term NGOs synonymously with CSOs.

The common understanding is that civil society embraces the general public at large, representing the social domain that is not part of the State or the market. Lacking the coercive or regulatory power of the State and the economic power of market actors, civil society provides the social power of its networks of people. Its ideas, information, services and expertise are used to advance the interests of people by seeking to influence the State and the market. It is a sphere where people combine for their collective interests to engage in activities with public consequence.

The increasingly accepted understanding of the term CSOs is that of *non-state, not-for-profit, voluntary organizations* formed by people within the social sphere of civil society. These organizations draw from community, neighbourhood, work, social and other connections. CSOs have become an increasingly common channel through which people seek to exercise citizenship and contribute to social and economic change They cover a variety of organizational interests and forms, ranging from formal organizations registered with authorities to informal social movements coming together around a common cause.

The term NGO is also commonly used to describe non-state, not-for-profit, voluntary organizations. However, NGOs usually have a formal structure and are, in most cases, registered with national authorities. WHO and other UN agencies use the term NGO in their formal and official language and policies. ***The term CSOs is used in this paper to indicate a wide range of civil society actors including NGOs.***

The fuzzy boundaries between State, market and civil society

In theory, the State can be strictly separated from non-state actors. Non-state actors refer to both the market and civil society. While the market refers to the private for-profit sector, civil society actors are known by their not-for-profit operations.

In practice, however, this categorization between state and non-state, profit and not-for-profit is far from being clear cut. The boundaries between the market, civil society

[1] In Latin ' societas civilis' and in Greek 'politke koinona'

and the State are not always clear, nor are the interests of those in civil society always divorced from the State or market. The interests that motivate people to form associations may reinforce State or market interests or they may challenge them.

There are some not-for-profit organizations that by virtue of their area of operation, governance mechanism, or funding may be closer to or involved in the market. These include, for example, chambers of commerce or trade unions. Other organizations may be more linked to the State. Many CSOs are dependent on public or government funds, including aid from international sources. This has given rise to categories such as Government Organised NGOs (GONGOs) or Business Organised NGOs (BONGOs) and Business Interest NGOs (BINGOs).

As far as WHO's public health mandate is concerned, the importance of differentiating between non-state actors with commercial or market interests and those without such interests is considered important. Some market interests may be in direct conflict with health outcomes, such as the marketing of hazardous products like tobacco or alcohol, while other markets may need to be regulated to protect consumers or ensure equitable distribution of health care resources. Given the possibility of real or perceived conflicts of interest between market motives and public health goals, it is important that market links or interests be transparent to WHO, particularly in the organization's normative and policy role.

Differences within civil society

The world of civil society is not uniform. The role of CSOs in promoting "public" interests may not always be clear. The interests that motivate people to form associations may be public, but they may also be personal. Associations may be formed to support kinship or narrow group interests that have little to do with wider public concerns. Civil society interests provide an important channel for understanding and reaching out to particular social groups but need not be oriented towards wider public good. CSOs may reflect social, political and economic inequalities based on factors such as wealth, geography, religion, and gender.

The wide range of interests, combined with the possible existence of market or State links in civil society organizations, implies that even **within** civil society there may be competition and conflict over different values and interests. Such debate and conflict, if they are open and transparent, are essential for the development and implementation of socially acceptable and equitable policies. Such contention can be constructive, especially when it is used to open channels of communication and negotiation around areas of real conflict, find mutually acceptable ways of resolving conflict and build social harmony.
Far from shying away from or fearing such conflict, international agencies such as WHO have a constructive role to play in encouraging this open public debate, encouraging the expression of all points of view and bringing in new actors and perspectives in the search for constructive policy solutions.

WHO's primary interest is in working with CSOs that share its values and offer the greatest opportunities and synergies for improving health outcomes. Achieving this

calls for 'due diligence' in understanding the nature and interests of the organizations within civil society. Given the number, scale and diversity of such organisations this is a challenging but essential task for WHO if it is to ensure the relevance and integrity of its work. The values, agendas and interests of CSOs and communities that 'talk through' them may be clear and easily assessed against WHO and UN values and goals. Hence, for example, organizations that are involved in promoting interests directly in conflict with health such as arms, tobacco, or alcohol or in conflict with UN values – such as promoting racism – may not form the best partners for WHO.

Making an informed choice

The opportunities of partnerships carry with them the challenge of informed choice—who to engage with and how, who to listen to, whose capacity to build and who to involve in joint actions. WHO needs to be able to sort through and evaluate the wide range of CSOs in operation.

Since there is no single classification system, those wishing to work with CSOs may start by identifying some basic premises on the role the CSO is expected to fulfil. For instance:

- Will the organization contribute to WHO's role as a *global* health institution responsible for developing and advocating norms, goals and policies in public health?
- Will the organization contribute to WHO's role as a *technical* agency contributing to the knowledge base for the development of health policies, systems and programmes?
- Will the organization contribute to WHO's role as *institutional* support at country level for the development of national health systems?

Once clarity on the broad role of the organization has been achieved, judgements on the suitability of CSO need to be made. Three features—constitutional, functional and scale—could form the basis of the information needed to form these judgements.

Constitution and composition

For any representative, normative or policy work it is important to know how the CSO is constituted, who it represents, who funds it and to whom it is accountable.

Some of the key constitutional features that locate the representativeness and interests of CSOs in policy and normative issues are:

- whether the CSO is accountable to a membership and if so what is the membership , its relevance and interests in any health issue.

Membership-based CSOs are governed in a manner that makes them accountable to a common interest membership, whether organised on grounds of professional, religious, welfare, social or other special interests. In contrast, non-membership CSOs are governed by a trust, board of directors or other shareholder mechanism. They include direct service providers, research institutes, technical, training and funding agencies.

- the composition, scale and organization of the groups represented; and whether the CSO has a constitutional mandate for the policy issues under debate.

Knowing how the CSO is composed, and who it represents, will provide WHO a starting point for evaluating the reach, activities, and potential influence of a CSO. The composition of CSOs can cover a wide range. One can have community-based organizations with direct membership from community members (such as home-based care groups); organizations with members drawn from representatives at national level (such as national patient rights organizations); formally organised networks formed by a number of civil society organizations (such as country AIDS networks); and informally organised social movements coming together around a common cause.

- the various funding sources of a CSO; and composition of its governing board members, including transparency of individual board members' related interests.

Knowledge regarding the funding sources, the executive or governing body membership and the affiliations of this membership is also very important for WHO. Without access to this information WHO will not be able to assess potential or real conflict of interest risks when entering into relationships with NGOs and CSOs. Transparency in providing this information is critical for WHO.

Functions and capacities

For all areas of WHO's operation whether it be policy, technical, or health system-related, it is important to know the primary functions, capacities and resources of the CSO.

CSO functions of relevance to WHO include:
- Action, research and training in service provision, outreach, technical and research inputs in specific areas;
- Advocacy, lobbying and information sharing through existing networks and, building wider alliances for health goals and sharing information;
- Policy dialogue and development, policy strategy research and analysis
- Monitoring and 'watchdog' roles and protection of consumer interests.
- Fundraising, resource mobilisation and financial contributions;

The capacities that a CSO brings to its work with WHO include its technical, human, financial and institutional resources. It is also important to build an understanding of the processes and methods used by CSOs to strengthen joint actions on health. This includes processes used to obtain and share information, build networks of support,

obtain mandates, generate alliances, provide services and advocate and negotiate interests.

Scale and outreach

Given the global nature of WHO and its regional and country offices, it is important to know the scale of operation—local, national, regional, international— and north/south location of the CSO and its branch offices. Depending on the issue and strategy under discussion, WHO may wish to work with organizations having a specific reach and range.

Knowing where an organization is located is also important for equity issues. There is concern that many international CSOs have their headquarters based in northern, high-income Member States and that this may lead to an under-representation of developing country interests. Thus it is important for WHO to receive information on the composition and location of the governing body and branch offices of international CSOs

Conclusion

There has been an explosion of civil society actors in recent years. Competing interests and rapid change have created a more complex environment but have also contributed positively to improving human health and development.

Harnessing the energy of these diverse voices to improve public health is both a challenge and an opportunity for an international agency such as WHO.

This paper has outlined some features of civil society relevant to WHO's work and that can be used to help WHO staff to begin assessing which CSOs they want to work with. The manner in which WHO draws civil society into its health policy development will be vital to the relevance of its future public health policies. A better understanding of civil society puts the organization in a clearer and more strategic position to build more inclusive alliances for global and local public health goals.

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