

Third CSO dialogue meeting with WHO DG Dr Tedros
Tuesday, 13 October 2020, 14.00-15.30 hrs CEST

Input paper and asks for commitment and action: Social participation and accountability within and beyond Covid-19

“Broadly defined, accountability is the obligation of power-holders to take responsibility for their actions. It describes the dynamics of rights and responsibilities that exist between people and the institutions that have an impact on their lives, in particular the relationship between the duties of the state and the entitlements of citizens. The concept of accountability is at the heart of both democratic, rights-based governance and equitable human development. A democratic and inclusive society is based on a social contract between a responsive and accountable state and responsible and active citizens, in which the interests of the poorest and most marginal are taken into account.” (UNDP 2013, Reflections on Social Accountability¹)

The shortcomings of social accountability as shown in the Covid-19 response

As the Covid-19 pandemic ravages the globe, country governments have made swift decisions to put large swathes of the world’s population under mass isolation (lockdowns, curfews) in the race to heed off Covid-19’s lethality, particularly in certain population subgroups. These decisions affect some groups disproportionately, and policy makers and politicians have not adequately consulted communities, civil society and those who have experience and expertise on the secondary effects of lockdowns, social distancing measures and movement restrictions, nor involved them properly in national task forces.²

Parliamentary and judicial control of governments has been suspended in some countries. Some governments have used the pandemic as a pretext to further restrict the right to freedom of speech, opinion and the press, to expand surveillance, and to reinforce the global trend of shrinking space for civil society.

But meaningful participation of civil society actors in international diplomatic spaces is at stake too, and seriously compromised for the time being, due to virus control measures. Virtual multilateral consultations and negotiations are challenging regarding transparency and participation by civil society actors due to the digital divide.

At the core of the issue, we see the lack or insufficient implementation of social participation and accountability. As expressed in a recent BMJ Global Health paper³, there is an urgent need for more inclusive, participatory and transparent *decision-making*. And the challenge of governments and multilateral institutions being fully *accountable* to their people, e.g. by committing to a public and transparent country level review of the Covid-19 response, might even be more urgent.

In this dialogue meeting between civil society organizations and the WHO leadership, we will not repeat the stories already told in earlier sessions by civil society representatives from various countries. We take them as an agreed starting point for the dialogue and focus on what is to be done.

¹ https://www.undp.org/content/undp/en/home/librarypage/civil_society/2013_UNDP_Reflections-on-Social-Accountability.html . See also, for positioning social accountability within a set of political accountability mechanisms: https://www.shareweb.ch/site/DDLGN/Documents/Social_accountability_changing_region_Report_English_Gov_Week_Cairo_March_14.pdf

² This paragraph is based on: Governance of the Covid-19 response: a call for more inclusive and transparent decision-making. Dheepa Rajan et al., BMJ Global Health 2020 <https://gh.bmj.com/content/bmigh/5/5/e002655.full.pdf>

³ see above

WHO and the promotion of participatory governance: Kicking at open doors, or rather getting the conversation to where it hurts?

“Governments increasingly recognize the need for more participatory and inclusive processes in health sector decision-making. National health policies, strategies and plans are more likely to be implemented effectively if their development and negotiation is inclusive of all relevant stakeholders. Engaging with populations, civil society and communities is also an important means to gauge expectations and opinions on health related-matters; this can contribute to responsive and people-centred health systems. Participatory governance thus entails bringing in the voice of end users of health services as well as the general population - in essence, all those affected by health reforms. There are a variety of mechanisms for fostering dialogue which not only empower people but also help to hold governments accountable for their commitments. WHO provides technical support to countries in this area of work.” (WHO website⁴)

We reaffirm and welcome the leadership of WHO in the field of promoting participatory health governance at country level, such as expressed in the process of developing a *WHO Handbook on Social Participation for UHC*⁵ which will soon be launched. And we welcome the attention to the matter already given by the WHO leadership, as expressed by Dr Tedros in an earlier dialogue meeting, when he explicitly agreed with the pressing need for governments to meaningfully engage communities and civil society in their national responses to COVID-19.

We do not aim at getting another confirmation by Dr Tedros about the relevance and urgency of the matter, as this would indeed be kicking at open doors. So let us straight get to where it hurts, to some institutional and political core issues and how they might be addressed and overcome.

Concretely, this civil society dialogue with the WHO leadership will focus on three interrelated challenges in the promotion of social participation and accountability as a core element of good governance within and beyond the Covid-19 pandemic:

- In its interaction with Member States on promoting social participation and accountability at country level, WHO to provide political leadership beyond technical guidance
- In its own fields of work and related institutional processes and arenas, WHO to consistently deal with civil society engagement as a matter of social participation and accountability
- Civil society organizations, networks and platforms to get better organized in the promotion of good governance at all levels and at the same time consistently address own shortcomings in the field of participation and accountability

In our input paper for the dialogue meeting, we provide short introductions to these challenges and expect the dialogue itself to focus on the resulting asks for commitment and action.



⁴ <https://www.who.int/activities/promoting-participatory-governance-social-participation-and-accountability>

⁵ <https://www.uhc2030.org/what-we-do/voices/accountability/civil-society-consultation-on-handbook-on-social-participation-for-uhc/>

Challenge 1

In its interaction with Member States on promoting social participation and accountability at country level, WHO to provide political leadership beyond technical guidance

All country-level decisions and practices around social participation and accountability are as much political as technical, and they are made (or not) at all levels of government. In fact, social participation itself is an indicator of good governance, with a great diversity of political and societal realities behind.

This implies that any conversation with governments and intergovernmental bodies about social participation is sensitive. WHO is governed by Member States, with its work at country level being based on an agreement with the national authorities. Although globally, the core of WHO's work involves advocating for social participation in health, at country level, its guidance needs to be context-dependent.

To support more adapted country-level guidance, WHO needs to increase staffing and capacities across the three levels of the organization. This would adequately reflect the full support and guidance by Regional Offices and the WHO leadership, including the WHO Governing Bodies and related explicit commitments of the WHO Member States. Such an imperative aligns with both the WHO constitution ("Informed opinion and active co-operation on the part of the public") and the Alma-Ata Declaration on Primary Health Care.

It is therefore crucially important for Dr Tedros not only to personally champion the cause of social participation, but to build the Secretariat's technical work on a sound, strong and coherent institutional position and on related policies and strategies framed at the highest level.

Civil society asks to WHO for commitment and action

- Deepen and extend the conversation on social participation and accountability within and beyond the Covid-19 pandemic in follow-up meetings (jointly set-up by WHO secretariat and CSOs) with WHO Regional Directors, Member States and partner agencies in the Global Action Plan on Health and Well-being for All (GAP)⁶.
- Provide top-level support to the publication and dissemination of the *WHO Handbook on Social Participation for UHC*, explicitly linking the handbook project with the accountability challenges as seen during the Covid-19 response.
- Transform the "Social Participation Technical Network" (SPTN) that has been in the lead of the handbook project into a permanent "Social Participation Leadership Group" (SPLG) with strong and equal representation of WHO (HQ and RC), governments and civil society.
- Provide countries and civil society with further technical/normative guidance and opportunities to share good practice in core fields of participatory governance, such as: public hearings and consultations; addressing issues of diversity and representation; setting up national policy fora etc.
- Explore the opportunity for a high-level document (WHO strategy, WHA resolution) on social participation and accountability and engage in related intersectoral initiatives at UN level. Basically, it would make sense if generally applicable standards for accountability were applied by all UN agencies.
- Provide clear normative guidance and technical support to countries on upholding human rights, including protecting civic space and rights to freedom of expression and opinion, as a core element of the COVID-19 response.

⁶ In the first annual progress report on the Global Action Plan on Healthy Lives and Well-being for All (GAP), strengthening civil society engagement in the GAP was put as as "challenge" (page 45) <https://www.who.int/publications/i/item/9789240010277>

Challenge 2

In its own fields of work and related institutional processes and arenas, WHO to consistently deal with civil society engagement as a matter of social participation and accountability

“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, WHO Civil Society Task Team Report 2018⁷)

As we see in the current series of dialogue meetings or the opening statement by Dr Tedros in a 2018 “WHO-Civil Society Task Team Report”⁸ WHO DG Dr Tedros and his leadership team have proved many times being open to interaction with civil society and also for proposals for better civil society engagement.

However, and despite the programmatic and appealing “Together!” call of the WHO Director-General, the issue of insufficient “people’s participation” in the Covid-19 response is also valid at the level of global institutions, including the WHO itself and the fields in which WHO co-operates within the framework of multistakeholder platforms (e.g. ACT-A) or multi-actor settings (e.g. Global Action Plan).

An “insufficient engagement with civil society” in the first period of the Covid-19 response was already acknowledged by Dr Tedros in a preliminary civil society webinar on 8 July.

This does not come by surprise. WHO engagement with civil society too often takes place in an informal and improvised way, responding to particular initiatives, and not based on a sound institutional policy and practice.

In the field of WHO governance, the “non-state actor” approach (see: FENSA⁹) merges civil society and business associations and neglects the particularities and particular challenges of interacting with civil society and the power imbalances between the various actors involved.

In addition, in a moment when democratic multilateralism as such is under pressure, giving proper attention to social (people’s) participation has become side-lined by the overall multistakeholder or partnership model that promises quick based on a voluntary cooperation by all who are ready to engage.¹⁰

To make things more complicated, participatory governance at the global level is not as clearly defined as at country level. Civil society is far from being a single and homogeneous constituency, and therefore civil society representation in WHO processes and arenas by well-funded NGOs only or through NGOs in official relations only omits many important voices. Unlike member States or the private sector, with hierarchical structures designed to produce one message, civil society cannot speak with a single voice and must include many. That is part of the reality underlying the SDG’s principle of “Leave no one behind”.

All in all there is a lack of strategic guidance and concrete instruments, as expressed in long debates on a more meaningful “involvement of civil society in the WHO governing bodies”¹¹.

Again, this is about accountability and good governance. The state of good governance in global institutions cannot be better than the state of good governance in member states. But if we give it up ourselves on making the UN, the WHO, and other multilateral institutions and processes more responsive to the people, who else would take up the mantle?

And again, part of the picture (and history) is that WHO, as a multilateral organization, is governed by its Member States, and that there has been considerable pressure by some Member States not to overdo it with democratic governance. On the other hand, due to its difficult financial and political realities, the WHO leadership has become more and more focused on getting allies and support from the rich and powerful. This is what most of the UN Agencies have done over the last 20 years, and it is also a symptom of the financial crisis of the UN system, the reluctance of governments to pay for multilateralism and at the same time the rise of philanthropy and cooperations and their power and influence.

⁷ <https://civilsociety4health.org/app/uploads/2018/12/WHO-cso-report.pdf>

⁸ <https://civilsociety4health.org/>

⁹ <https://www.who.int/about/partnerships/non-state-actors>

¹⁰ See <https://www.tni.org/en/publication/multistakeholderism-a-critical-look>

¹¹ <http://g2h2.org/posts/civilsocietengagement/>

As a result, investment cases, partnerships and multistakeholder initiatives and platforms have replaced the formal multilateral instruments of political and technical leadership. Civil society and communities have not typically had the social and financial capital to hold sway in these conversations.

We are not sure if the failure of the multistakeholder paradigm and the need to redefine and restore democratic multilateralism can be addressed during the Covid-19 pandemic, but it needs to be done with urgency. Referring to Articles 18 and 71 of the WHO Constitution and to the spirit of former WHO “civil society initiatives”¹², we believe that a space for meaningful civil society engagement is both fundamental and instrumental for WHO and its work.

This is only possible if WHO agrees to consistently deal with civil society engagement as a matter of social participation and accountability.

Civil society asks to WHO for commitment and action

- Deepen and extend the conversation on social participation and accountability within and beyond the Covid-19 pandemic in follow-up meetings (jointly set-up by WHO secretariat and CSO) with WHO Regional Directors, Member States and Global Action Plan partners.
- Extend the initial series of Covid-19 related dialogue sessions to a permanent dialogue platform that is well governed and managed, based on a sound assessment of the achievements and shortcomings of these initial meetings.
- Move from a general support for “speaking with civil society” to a next level of institutional commitment and leadership for engaging with civil society, by consistently applying a “social participation and accountability lens” at the level of global (WHO) governance.
- Give highest attention and priority to the development of a civil society strategy (as already announced¹³) and related instruments, and provide the secretariat with the capacity and resources for their full implementation.
- Establish a related permanent mechanism for strategically dealing with issues related to WHO and social participation and accountability e.g. by setting up a permanent WHO-civil society commission or by extending the mandate of the “Social Participation Technical Network” (SPTN) or the proposed “Social Participation Leadership Group” (SPLG) from the country level to the global/WHO level.
- Define and overview an overarching framework for civil society participation and accountability in multistakeholder partnerships and platforms in which WHO is engaged, such as the Access to COVID-19 Tools Accelerator (ACT-A).
- Fully deploy the Community and Civil Society Engagement Accelerator (co-led by WHO and UNAIDS)¹⁴ of the Global Action Plan on Healthy Lives and Well-being for All (GAP) and implement and extend the action items on community and civil society engagement as listed in the 2020 GAP progress report, based on a strong representation of CBOs and CSOs in the accelerator and on a revitalized and strengthened Civil Society Advisory Group to the GAP.

¹² <https://apps.who.int/iris/handle/10665/67596>

¹³ WHO EB 146, document https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_34-en.pdf

¹⁴ See progress report on the Global Action Plan on Healthy Lives and Well-being for All (GAP), page 23

Challenge 3

Civil society organizations, networks and platforms to get better organized in the promotion of good governance at all levels and at the same time consistently address own shortcomings in the field of participation and accountability

To overcome the limitations of just having informal and sporadic conversations “with those in power” at the national and global governance level, and to promote real accountability, civil society needs to speak coherently on both the shortcomings and challenges of social accountability and on how to overcome them, providing sound analysis and concrete demands and proposals (see our “asks”, above). To do so, we need to team up across the thematic and sectoral silos, we need to insist, and we need to get better organized.

And we need to look at ourselves. At the country and global level, there are issues of legitimacy and representation of those of us who “speak for the people” that need to be sorted out. And these issues are tricky and challenging and cannot be overcome with a technical approach. There are issues of power, of particular interest, of co-optation, and of bad process management. Too often a few highly professional international NGOs (from the global North and South) and their smart representatives dominate the civil society space, while social movements, communities and grassroots activists never succeed to get their stories, realities and proposals heard.

Too often we ourselves define representation and inclusiveness in a tokenistic, tick-box way (yes, we based our input on a consultation, and yes, we have a “youth representative” and a “community voice” on our gender balanced panels), and not because we are deeply convinced that this is the only proper way of doing it.

Let us be clear: We cannot expect “good governance” and good process management from our counterparts, being it a national government, the World Health Organization and other powerful actors such as the GAP agencies, if we have not done our homework. Good practice, standards and instruments of civil society governance and participation still need to be properly framed.

We invite civil society colleagues to engage in doing so, e.g. in a well prepared follow-up meeting to this session to take place among ourselves. Or you might have other proposals. Anyhow, beyond our much needed thematic activism, we need to invest into a space and community for promoting social accountability and at the same time good civil society governance.

Our asks to civil society colleagues for commitment and action

- Engage in the strong civil society movement for the promotion of good global and national health governance and social participation and accountability beyond your own thematic core field of work and particular cause.
- Be bold and courageous, and do not allow yourself being misused as token tick-box civil society “representation” in WHO fora and processes (geographic, gender, youth, etc.).
- Start with a critical look at the governance and inclusiveness of civil society initiatives and platforms.
- Participate in the preparation of a civil society follow-up session to this dialogue meeting on Tuesday, 27 October (details to be indicated at the dialogue meeting on 13 October)

Civil society co-organizers of this session with main contacts for enquiries

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