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TECHNICAL DISCUSSIONS, THIRTY-EIGHTH WORLD HEALTH ASSEMBLY, MAY 1985

Collaboration with Nongovernmental Organizations in Implementing the  
Global Strategy for Health for All

Document CWO/TD/84.1, attached for the information of the Delegates of Member Governments to the XXX Meeting of the Directing Council, contains a suggested framework and guidelines in preparation for the Technical Discussions which will be held at the Thirty-eighth World Health Assembly in May 1985. At the request of the Director-General of WHO, the document has been sent to the Member States through the PAHO/WHO Representatives' Offices. It is intended to inform Governments and nongovernmental organizations (NGOs) about the Technical Discussions and to assist the countries to prepare their contribution to the drafting of the final background document by the WHO Secretariat. Examples of substantive actions by NGOs in health-related matters, or of potential areas for collaboration between WHO, the Governments and NGOs, would contribute to a better preparation of the material and to the event itself. The present document contains an outline of key questions relevant to the issue of NGOs and Health for All, which may assist Member States to focus their collaboration and participation at the Technical Discussions.

Annex



TECHNICAL DISCUSSIONS

Thirty-eighth World Health Assembly, May 1985

Collaboration with nongovernmental organizations in  
implementing the Global Strategy for Health for All

Suggested framework and plan of action  
in preparation for the Technical Discussions

At its seventy-third session, in January 1984, the Executive Board of the World Health Organization recommended that future Technical Discussions should be devoted to subjects crucial to the attainment of health for all by the year 2000. In keeping with this decision the subject of the Technical Discussions to be held during the Thirty-eighth World Health Assembly in May 1985 will be "Collaboration with nongovernmental organizations in implementing the Global Strategy for Health for All".

The 1985 Technical Discussions are expected to contribute to:

- stimulating governments and NGOs to review critically the current status of mutual collaboration within the context of the Global Strategy for health for all;
- clarifying the role of NGOs at all levels - national, regional and global - in the implementation of health for all objectives, especially with regard to promoting community involvement;
- determining priority action needed to develop and strengthen a partnership approach through innovative mechanisms to facilitate the dialogue and enhance joint efforts;
- identifying ways and means in which international support can be provided by WHO in collaboration with other agencies to further promote the involvement of NGOs in health for all strategies.

This outline contains a summary of the main issues on which the Technical Discussions could focus. It is intended to elicit suggestions and comments on these issues, so that the viewpoints of all concerned - Member States, NGOs at all levels, individuals and groups involved in the implementation of the Global Strategy for Health for All - are adequately reflected in the background paper to be prepared for the May 1985 meetings. The present document should also prove useful at the national, regional and global levels, as a framework for preparatory activities for the Technical Discussions.

Member States, NGOs and all individuals or bodies involved in the implementation of the Global Strategy, are invited to respond.

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## 1 OBJECTIVES OF THE TECHNICAL DISCUSSIONS

The World Health Organization has a long tradition of close collaboration with nongovernmental organizations (NGOs). The foundation for this collaboration - encompassing today every major area of health - was laid down by the Member States at the First World Health Assembly. Ever since the historic Declaration of Alma-Ata and the commitment of Member States to achieve the goal of health for all by the year 2000, followed by the adoption of a Global Strategy and a plan of action, this collaboration has acquired a new meaning. The recent monitoring of the implementation of the Global Strategy by Member States has revealed the formidable challenges of health for all and the need to mobilize all available resources at all levels in order to meet them.

There is widespread recognition of the role that NGOs already play as dynamic allies in this struggle. Their expertise and experience and their innovative approaches could be a much greater asset if mobilized properly. A real partnership between people and government is inherent in the primary health care concept itself. NGOs, as representatives of groups of people, could do much to promote and strengthen such a partnership.

The following objectives for the Technical Discussions are therefore proposed:

- (a) to promote a greater awareness and understanding among governments of the role of NGOs (local, national and international) as a vital component in the successful implementation of the health-for-all strategies;
- (b) to promote a similar awareness and understanding among NGOs of the importance of their collaboration with local community and governments, as well as between themselves, for the greater relevance and impact of their work;
- (c) to identify measures to help to forge a growing partnership between governments, communities and NGOs, including joint involvement in the planning and execution of health development;
- (d) to determine WHO's role in facilitating this partnership.

The outcome of the Technical Discussions should be recommendations for action and should lead to:

- clear identification of specific responsibilities of the governmental and nongovernmental sectors in achieving health-for-all objectives as part of an effective partnership at national and international levels, within the framework of the Global Strategy;
- determination of priority goals for NGOs in relation to national health programmes and strategies, and international support towards this end.
- formulation of mechanisms and modalities to promote, support and intensify this collaboration, including the mobilization of resources.

## 2. NONGOVERNMENTAL ORGANIZATIONS: THEIR MANY PROFILES

What are the NGOs? How do they contribute to development in general and health in particular?

This section deals inter alia with the semantics of the term NGO, but - more important - with the various settings in which NGOs have valuable potential vis-à-vis the Global Strategy.

### 2.1 What are the NGOs?

The term "nongovernmental organizations" has sometimes been criticized because it defines this important group of organizations only in terms of what they are not. It is the term most commonly used within the United Nations system, but it is less well-known outside that system. Other terms perhaps more commonly used among the NGOs themselves are "private voluntary organizations", "charitable societies", "voluntary agencies", etc. While no term seems to be fully satisfactory, or universally understood to mean a certain group of organizations, it was felt that the use of the term NGO throughout this document would facilitate a common understanding.

A clear understanding of the various levels at which NGOs work is necessary for the purpose of these Discussions. To begin with, there are the small local groups doing voluntary work at the community level. Then there are the larger, national bodies. Two types can generally be recognized in this latter group: professional societies, and social and development-oriented organizations. And finally there are the international NGOs which generally have their national affiliates. Again, international NGOs fall into two categories - professional and social/developmental. Within the United Nations system, official relations or consultative status is granted to international NGOs of both types.

### 2.1.1 Voluntary action: a characteristic of human society

The human impulse to relieve suffering and help other human beings in need has expressed itself universally in social measures, laws and institutions, and also, throughout history, in spontaneous initiatives, either by individuals or in organized form - which is the basis of voluntary organizations of today.

Originally, the voluntary movement essentially comprised charitable groups giving assistance. The concept of helping is alive today but the emphasis has shifted. Focus is now on supporting self-help and the efforts of individuals and communities to become self-reliant and achieve a better quality of life. The desire of individuals to participate in the affairs of their nation, and of the world at large, expresses itself in ways and in structures that vary greatly between and also within countries. Political systems, culture, religion, literacy, the economic situation, all have an influence on the growth of voluntary groups and their activities. Another key element is the governments' willingness to share responsibilities for development with the people.

### 2.1.2 The national scene

Types of organizations. These extend from well-structured organizations - voluntary health societies, professional associations, religious groups, consumer associations, trade unions, women's organizations, school organizations, youth movements - to informal set-ups such as clubs, mutual aid societies and self-help or citizen groups emerging spontaneously to cope with a pressing problem. These groups, working at the grassroots level, form the backbone of the self-help concept and provide the organized framework through which people participate in voluntary work. Some NGOs are uniquely national or even local, without any affiliation to an international body.

Characteristics of NGOs. The great variety and scope of national NGOs make generalization difficult. Nevertheless, specific traits emerge: NGOs have a potential for dynamism and flexibility, the capacity to act quickly thanks to minimum bureaucracy, to experiment and to pioneer; resourcefulness, access to the community and awareness of people's real needs are other characteristics. The strength of NGOs lies in their human resources, i.e. the young people, the men and women who supply the initiative, the vision, and the devotion which result in action.

Some organizations are financially self-sufficient, but these are few. Many rely on various forms of contributions including governmental aid. For the majority, finding funds to continue their work is a constant preoccupation.

If the positive aspects are many, the less positive characteristics have often been stressed by NGOs themselves, which realize that they share the difficulties and problems of the social phenomenon called "group interest". Of particular concern are: the difficulties of NGOs to relate to each other, which bring them sometimes to the point even of competing with each other; similar constraints in relating to governmental or community programmes and in taking national policies and priorities into consideration; some reluctance to venture beyond limited goals to embark upon larger undertakings; a lack of specified objectives for health action and inadequate mechanisms for evaluating the extent to which such action is benefiting those whose health needs are greatest. Some NGOs have also been criticized - perhaps unfairly - for playing a role that leads them to act more as pressure groups and deprives them of their flexibility.

These positive and negative aspects emphasize the extreme diversity of national NGOs with regard to structure, roles, resources and scope of action.

### 2.1.3 The international NGOs

The first half of the twentieth century reflected a growing awareness of the interdependence of the nations of the world and of the need to exchange knowledge and experience across borders and to stimulate cooperative achievements. The last three decades have seen a remarkable increase in the number of nongovernmental organizations in all fields. Those active in the field of health (including professional societies and associations) constitute one of the major groups.

These institutions vary greatly in geographical coverage and scope of action. While some international federations draw their strength from a broad basis of active national affiliates established in all regions of the world, others can only claim a thin coverage and limited potential for action.

All in all, however, international NGOs act as valuable "umbrella organizations" for collecting and disseminating precious expertise and experience, and initiating useful networks for action and cooperation.

The World Health Organization has always attached a good deal of importance to its collaboration with the international nongovernmental organizations in various areas of health, and maintains for this purpose one category of "official relations" with NGOs.

The First World Health Assembly, in 1948, adopted a set of Working Principles to guide WHO relations with NGOs and specified certain criteria to be fulfilled before an NGO could be considered for admission into official relations. Official relations provide a special status to an NGO working with WHO in health development. WHO has admitted 131 NGOs into official relations.

Joint activities relate to all priority programme areas. They range from dissemination of information through NGO networks and data collection in support of a specific activity, to the preparation of manuals, the organization of training courses for all categories of health workers, collaboration in specific health programmes such as control of tuberculosis, leprosy, cancer, cardiovascular diseases, and also programmes of mental health, environmental health, oral health, clinical laboratory and radiological technology, and health education.

It is increasingly common for groups of NGOs to come together with WHO to collaborate in specific areas (primary health care, infant and young child feeding, maternal and child health and family planning, prevention of blindness, aging, alcohol and drug abuse, rehabilitation and prevention of disability), and to develop "group initiatives" in addition to the specific collaborative activities of each individual NGO with WHO.

In recent years, Member States of WHO have been emphasizing that such joint activities should be developed at regional and national levels as well as globally so as to implement the health-for-all strategies. To this end they have indicated that WHO should actively promote the collaboration of national NGOs with national governments, underlining the role of these organizations in implementing national strategies for health for all, and mobilising support of international NGOs towards this end. WHO has therefore initiated activities in a few selected countries to promote and support a continuing dialogue between governments and national NGOs, including national affiliates of international NGOs. Collection of information on such NGOs and their programmes, analysis of their potential role in the overall national health system, and national meetings between governments and NGOs for joint programming are some of the initiatives WHO has been actively supporting.

A compendium of WHO's collaborative activities with nongovernmental organizations in official relations is also being compiled to bring together information which could be useful to a wide range of groups at the global, regional and national levels.

## 2.2 NGOs and the Global Strategy for Health for All

The Global Strategy stresses "the importance of full and organized community participation" in achieving health for all. It indicates that such community participation can be facilitated by support from voluntary groups, youth and women's groups, self-help groups, consumer groups, and other nongovernmental organizations, etc. Voluntary work in the health sector constitutes in fact a vast potential with which NGOs might support health for all, and governments could also solicit the use of that potential.

The international NGOs themselves, in their report to the Alma-Ata Conference, specified the various areas in which they could contribute to primary health care. They emphasized their capacity to: assist communities in strengthening voluntary capabilities and activities and help them assess existing health and development programmes; stimulate innovative activities; promote full participation by individuals and communities in the planning, implementation and control of health programmes; expand training efforts; develop appropriate health technologies; contribute to the creation of new and effective methods of health education; gain recognition for the essential role of women in health promotion; and further extend the capacity of the voluntary health sector to work with the poor, the disadvantaged and remote populations, enabling them to break the cycle of deprivation, hunger and disease, and in this way contribute to the search for greater social justice.

Among themselves, some of the NGOs have come together in deliberate support of the primary health care approach as a means of achieving health for all. For example, an NGO Group on Primary Health Care was formed in 1976 to work more closely with WHO in the promotion of primary health care. Since 1982 this group has been engaged with WHO and UNICEF in a joint effort in five countries of southern Africa, to support greater collaboration between the governments and NGOs of those countries in health care development and in primary health care. A major NGO, which is making large contributions to developing countries in the field of health and development, has been represented on the Health Resources Group for Primary Health Care (HRG).

Recently, a position paper elaborated by the NGO Group on PHC identified four specific action areas by NGOs, namely: promotion of people's participation; strengthening the means of communication at all levels; encouraging joint planning among the NGOs within countries; and working for a new style of coordination at the local, regional and international level.

These developments are very encouraging. However, if the vast potential inherent in NGO cooperation is to be fully utilized for the attainment of health-for-all objectives, many more systematic and purposeful efforts are needed by the NGO community and the governments themselves.

## 3. A PARTNERSHIP APPROACH

In the background document for the Technical Discussions, this section could include selected case studies to analyse and illustrate the partnership approach.

The material for case studies would be derived from selected country experiences of the role and responsibilities of NGOs in national health work, as well as collaborative activities between them and the government. Such studies would highlight positive achievements as well as problems and constraints.

## 4. CRITICAL ISSUES CONCERNING COLLABORATION BETWEEN NGOS AND GOVERNMENTS

4.1 This section deals with important issues concerning more effective collaboration between governments and NGOs in implementing the health-for-all strategies, and the factors that may either help or hinder the development of a real partnership and dialogue along the way. These are some of the issues which will be focussed on in the Technical Discussions next May. Discussions with a large number of individuals and representatives of both governmental and nongovernmental sectors, together with certain country experiences, have provided preliminary material for the present outline. In the background document to be prepared for the Technical Discussions, this section will be further elaborated using the responses to the questions which follow and other inputs, including the proposed case studies, by governments and NGOs.

It is only after all the pertinent issues have been clearly perceived that action by governments and NGOs can be envisaged and meaningful recommendations can emerge. Obviously each country has its own specific situation and priorities. Yet a broad perspective, based on the experiences of numerous governments and NGOs, will certainly facilitate the formulation of country-specific action. Such a process will also help to mobilize international support.

#### 4.2 Issues and questions relevant to the objectives of the Technical Discussions

The following paragraphs identify the main issues, after which a number of questions are posed relating to each issue. It is to these questions that responses are invited.

4.2.1 While adequate information on the work of international NGOs is readily available, data on the multifarious activities of national NGOs is inadequate. In most countries, such information is not easily obtainable, even in ministries of health which are the national coordinating and directing authorities for health work. In some countries relevant information is systematically collected and analysed, and this has proved to be crucial in developing a meaningful dialogue between governments and NGOs.

- Is there enough awareness of the potential role that national NGOs can play in implementation of the national strategies? In what concrete ways does this awareness express itself?
- Is there adequate information on NGO work in the country?
- In formulating the national strategy for health for all, have the role and responsibilities of NGOs been taken into account? What factors have facilitated or hindered this process?

4.2.2 At the national level it is essential that NGOs have adequate understanding of the primary health care concept. They also need to be well-informed about national policies, programmes and priorities. It is important that there should be adequate communication between the governmental and nongovernmental sectors. Governments also need to fully appreciate the NGO viewpoint, their potential as well as their expertise and experience.

- What can be done to bring about better understanding by NGOs of national priorities, policies and programmes, and, conversely, better understanding by governments of the objectives, relevance and potential of the work of NGOs in relation to national priorities and programmes?

4.2.3 NGOs can be powerful partners in advocating "change". They can espouse the cause of necessary reforms needed to improve health, and to reorient the health system itself within the broad national policy framework. If it is to be constructive the advocacy role needs, however, to develop within this framework and should be based on awareness of national plans, priorities, needs and resources - one further reason for close communication.

- Can you cite examples of positive impact on national health policy as a result of intervention by NGOs?
- What measures by governments can support an NGO's advocacy role vis-à-vis national policies and programmes?



4.2.4 In some countries, a planned dialogue between ministries of health and NGOs has proved extremely useful in forging government/NGO cooperation. Through such a dialogue, NGOs are able to make a constructive contribution to the formulation of national health policies and strategies based on primary health care by giving their views and sharing their grassroots experience in promoting community involvement.

- Has such a dialogue been initiated in the country? How are NGOs involved in the health planning process?
- What mechanisms exist in the country to facilitate NGO/government cooperation?
- In what ways (and by what specific steps) do governments feel that NGOs can help bridge the gap between governmental programmes and the people who are the beneficiaries of these programmes?

4.2.5 Coordination in health work is ultimately the government's responsibility, with the ministry of health acting as the focal point. But the purpose of coordination is to promote cooperation among all concerned, while leaving ample scope for initiative and freedom of action. For this purpose a continuing dialogue between government and NGOs is essential.

- What is the situation in your country in this regard?

4.2.6 A distinctive hallmark of community health work by NGOs is its ready acceptance by the community and its success in reaching out to a larger number of people. Its special merit lies also in its relative cost-effectiveness.

- How can governments make use of such approaches in forging effective nationwide primary health care programmes?
- How do NGOs, for their part, feel they can contribute towards this end?

4.2.7 To facilitate successful implementation of national health work, some governments have taken the initiative to entrust a certain part of the task to competent NGOs and provide adequate resources for such an undertaking. In many cases the outcome is very positive.

- Are you able to provide examples from your country? (Brief examples, please.)

4.2.8 Most national NGOs are faced with scarcity of resources. To finance their activities, NGOs have developed various means of mobilizing financial resources: community fund-raising, government subsidies, tax exemptions, support from international organizations, etc. Where governments subsidize NGOs, they would be wise to maintain the independence and voluntary initiative of the NGOs. Just where the line should be drawn for financial support depends on the nature of the task and the economy of the country.

- What is the national experience in this respect?
- What is the situation regarding resource allocation from government to NGO in the country?

4.2.9 In some countries NGOs have established such mechanisms as national federations, national unions or associations of NGOs, to link them and facilitate coordination. These links also provide a ready mechanism for a continuing government/NGO dialogue.

- Do mechanisms for coordination between NGOs exist in the country? If not, what are the reasons? What are considered as the most effective ways for NGOs to be coordinated? Are attempts being made to create such links, and how?

4.2.10 International NGOs have a great potential to support national health work, particularly through their national affiliates. Yet the functional link between parent international NGOs and their national groups is often tenuous and lacking in continuity. Hence planned cooperative programmes are often difficult to organize, unless specific national initiatives are taken.

- Has this issue been adequately addressed by all concerned?

4.2.11 It is necessary to progress from general dialogue to specific collaboration in well-defined programme areas if government/NGO is to have substantial meaning. One way of doing this would be for national programme managers and competent NGOs to jointly discuss programme issues to pave the way for cooperative activities in specific fields. It is important to emphasize that all initiatives and activities, whether governmental or originated by an NGO, should relate to an overall framework of agreed policies, approaches, and objectives. At the same time there should be ample scope for flexibility and innovation.

- What steps are needed to translate agreed general principles into specific terms to ensure concrete contribution to health development by NGOs?

4.2.12 International organizations such as WHO have a long-established framework for collaboration with NGOs. Nevertheless, processes for promoting and supporting work by NGOs at the regional, and particularly at the national level are not clear nor fully developed. Some Member States have taken the initiative, making it possible for WHO to play its catalytic role in such a process, but these efforts have only been on an ad hoc experimental basis.

- What should be the role of the World Health Organization at the global, regional and national level in promoting, supporting and strengthening the vital partnership between governments and NGOs in order to accelerate the implementation of health-for-all strategies?

## 5. CONCLUDING REMARKS

Clearly, the full contribution that NGOs can offer to the effective implementation of the Global Strategy for Health for All has not yet been adequately mobilized. The imperatives of the Strategy demand a new partnership between governments and NGOs, and this requires a critical examination of the main issues inherent in government/NGO relationships, and an innovative approach to evolving means and mechanisms of consultation between the two partners.

Experience shows that the contribution of NGOs to health development at national and local level could make a significant difference in bridging the gap between official programmes and people's involvement, besides ensuring greater cost-effectiveness and impact. In fact, the further the Member States progress in the implementation of the Global Strategy, the more formidable are the challenges to be overcome. In such a situation NGOs could emerge as one of the most useful allies of governments, reinforcing governmental efforts with their own unique assets of innovative methods, experience and high motivation.

There is general agreement on the value of such a partnership. But much remains to be done in identifying the most effective ways to develop a frank and willing dialogue that can make all the difference in achieving the goal of health for all. The countdown has begun thus making the issue urgent.

6. SUGGESTED PLAN OF ACTION FOR THE PERIOD JULY 1984 - MAY 1985

Take steps to assess the situation and identify priority issues in preparation for the Technical Discussions

Some of the steps would include:

1. Suggested action for ministries of health:

- (a) discuss the questions raised in this document;
- (b) dialogue with other health-related sectors on this subject ;
- (c) summarize the views expressed in a short document as input for the background document;
- (d) select, from existing reports, case material on significant activities involving government and NGO action, and pinpointing problem areas, innovations, etc. (see section 3, page 5);
- (e) examine the possibility of including representatives from NGOs in the government delegation to the World Health Assembly for participation in the Technical Discussions.

2. Suggested action for international NGOs:

send out copies of this document\* to national affiliates, inviting them:

- to discuss the questions raised, possibly involving representatives from other NGOs and from government bodies with whom they have close working relationships;
- to provide case-study material clearly highlighting some key processes and/or problems.

LAST DATE for sending replies: 31 October 1984

Correspondence should be addressed to:

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\*NGOs who have distributed to their affiliates the preliminary outline of the background document (CWO/84.1) may not wish to send out this new document as it covers similar issues presented in a different format.