ENGAGEMENT WITH NON-STATE ACTORS

Introduction

1. In May 2016, the World Health Assembly adopted the Framework of Engagement with Non-State Actors (FENSA).\(^1\) Given the independent legal status of the Pan American Health Organization (PAHO), this policy framework did not automatically apply to PAHO until it was expressly approved and adopted by resolution of PAHO’s Member States through its Governing Bodies.

2. In September 2016, PAHO Member States at the 55th Directing Council adopted FENSA through Resolution CD55.R3. PAHO Member States instructed the Director of the Pan American Sanitary Bureau (PASB) to implement FENSA “in a coherent and consistent manner, and in coordination with the Secretariat of the World Health Organization (WHO), with a view to achieving full operationalization within a two-year timeframe, taking into account PAHO’s constitutional and legal framework.” The Director was also requested to report on the implementation of FENSA to PAHO’s Executive Committee, through its Subcommittee on Program, Budget, and Administration, under a standing agenda item to be considered each year during the Committee’s June session. This document contains PASB’s third annual report.\(^2\)

3. PASB’s report on Non-State Actors in Official Relations with PAHO, which is part of the implementation of FENSA in PAHO, will be presented to the Subcommittee on Program, Budget, and Administration under a separate agenda item.

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\(^1\) Resolution WHA69.10 (2016).
Engagement

4. As the Organization has done for many years, including prior to FENSA under its Guidelines for Collaboration with Private Enterprises, PAHO proactively engages with a broad range of non-State actors in an effort to support Member States and to fulfill its mission. For each proposed engagement, PASB conducts due diligence to assess any risks and balance them against expected benefits, thereby promoting engagement with non-State actors while preserving the Organization’s independence, integrity, and reputation.

5. In 2018, PASB conducted over 120 standard due diligence and risk assessment reviews, an approximately 20% increase over the preceding year, as well as hundreds of simplified reviews for low-risk engagements. Some examples of the resulting engagements include: working with a nongovernmental organization (NGO) to improve vaccine coverage rates in the Region of the Americas; an agreement with another NGO for a project on trans fat-free Americas; collaborating with a university to support the advancement of open data, health information systems, and e-health; and engaging with Member States, NGOs, academia, and international business associations as part of the Pan American Network for Drug Regulatory Harmonization. In addition, PASB frequently participates in meetings with non-State actors, inviting them to PAHO meetings and attending meetings convened by non-State actors. PASB also maintains close collaboration with non-State actors in official relations with PAHO. For example, during the Directing Council in September 2018, 23 delegates from nine non-State actors in official relations attended, and many of these non-State actors provided valuable statements on items of interest to them.

Implementation of FENSA

6. PASB began implementation of FENSA immediately after it was adopted by PAHO Member States in September 2016, and the Bureau met the deadline to fully implement the policy for all proposed engagements with non-State actors by September 2018. Throughout 2018, PAHO’s FENSA focal point informed staff on all applicable procedures. Relevant internal policies and procedures have been and continue to be revised to promote smooth implementation without disrupting ongoing engagements.

7. As requested by PAHO Member States through Resolution CD55.R3 (2016), PASB continues to coordinate closely with the WHO Secretariat for the coherent and consistent implementation of FENSA, taking into account PAHO’s legal status and Constitution. PASB’s FENSA focal point regularly discusses FENSA implementation with the WHO

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3 PASB conducts a standard due diligence and risk assessment review if a proposed engagement involves, among other things: a financial or in-kind contribution; policies, norms, and standard setting; the private sector or any entity affiliated with the private sector; or non-State actors whose policies or activities negatively affect human health. A simplified review may be conducted when the proposed engagement is repetitive in nature (if an assessment of the non-State actor has previously been conducted and the activities are the same) or considered low risk (e.g., participation in a meeting with a non-State actor that is not categorized as “private sector” and the meeting does not involve policies, norms, or standard setting).
Secretariat and exchanges information to maintain a coordinated approach while streamlining processes. In 2018, WHO issued its FENSA tools, including the WHO Register of Non-State Actors, the WHO Guide for Staff, and the Handbook for Non-State Actors. The WHO Register contains information on non-State actors in official relations with WHO. The WHO Guide for Staff was formally published in 2018, after PASB provided extensive written comments to the WHO Secretariat on previous drafts. Similarly, the Handbook for Non-State Actors, which provides information to non-State actors who may wish to engage with the Organization, was published in 2018. In conformity with Resolution CD55.R3, PASB has adapted the Guide and Handbook to take into account the applicable PAHO procedures without modifying the substance, thus addressing PAHO’s legal status while ensuring a coordinated and coherent application of the Framework.

8. A few challenges have been identified during implementation of FENSA. For example, PASB uses the same definitions as the WHO Secretariat when requesting non-State actors to confirm that they have no links with the tobacco industry and that their activities do not further the tobacco industry’s interests, as required under FENSA. However, WHO has found it difficult to develop a consistent definition of what constitutes “furthering the interests” of tobacco and how broadly this phrase should be interpreted; this has proven challenging for some non-State actors, which consider the scope overly broad. PASB has coordinated and will continue to coordinate with WHO to find the appropriate interpretation. In addition, PASB continues to work with non-State actors to explain why certain information is being requested, as well as to explain the review processes for engagement. Finally, PASB notes that the availability of human resources required to develop, implement, and maintain a systematic due diligence and risk assessment system across the Organization, for both standard and simplified procedures, remains an issue that needs to be addressed, including through provision of additional staff. This was foreseen when FENSA was adopted.

9. PAHO’s FENSA focal point continues to work with the WHO Secretariat and participates in meetings with other WHO global FENSA focal points, including commenting on training materials under development by the WHO Secretariat. These will be adjusted as necessary by PASB to provide continued and additional training to PAHO staff on FENSA.

10. The WHO Secretariat will conduct an evaluation of FENSA in 2019. PASB will report to the Executive Committee in June 2020 through the SPBA.

Action by the Subcommittee on Program, Budget, and Administration

11. The Subcommittee is invited to take note of this report and provide any comments or recommendations it might consider pertinent.

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4 See paragraph 3(6) of WHA69.10 (2016).