Civil society engagement in the development of World Health Assembly resolutions and decisions

Lessons and examples from the Seventy-seventh session

World Health Organization

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Foreword

In a world of overlapping global health challenges, from pandemics to the environmental crises, noncommunicable diseases to antimicrobial resistance, the imperative for inclusive, participatory health governance is clear. Most recently, the COVID-19 pandemic demonstrated the crucial role of civil society in shaping resilient health systems and including the voices of communities in policy-making processes.

Transforming the way WHO works with civil society organizations is one of the seven pillars of the organizational transformation we have been undertaking since 2018. Engaging the voices of communities is essential for driving support countries to progress towards the Sustainable Development Goals.

The WHO Civil Society Commission was set up to strengthen engagement between WHO and civil society at the global, regional, and national levels. This new report illuminates how civil society can be integrated into global health governance, highlighting lessons learned and best practices from the preparatory processes for the World Health Assembly.

Our collective journey towards healthier populations, universal health coverage (UHC), and robust health security hinges on the active engagement of civil society. The three case studies in this report – *Social Participation for UHC, Climate Change and Health,* and *the WHO Fourteenth General Programme of Work* – demonstrate the transformative potential of civil society involvement. They provide concrete examples of how meaningful consultation and collaboration can lead to more effective, equitable, and sustainable health policies.

WHO is committed to fostering a culture of inclusivity and transparency. We recognize that the success of our health initiatives depends on the strength of our partnerships with civil society. This report offers invaluable insights into how these partnerships can be strengthened and how we can work together to overcome the challenges that lie ahead.

I extend my deepest gratitude to all those who contributed to this report – the Member States, civil society representatives, and WHO staff who participated in the consultations and shared their experiences and perspectives.

As we look to the future, we must build on the foundations laid by this report and continue to champion the principles of social participation, equity, and accountability as we move forward towards achieving our shared vision of health for all.

Dr Tedros Adhanom Ghebreyesus
Director-General, World Health Organization

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This study report is the product of an iterative process with members of the Steering Committee of the WHO Civil Society Commission, as well as representatives of Member States, WHO Secretariat and civil society. The WHO Civil Society Commission extend their gratitude to all study participants for their time, reflections and feedback to the report.

Abbreviations

ATACH	Alliance for Transformative Action on Climate and Health
COP	Conference of the Parties
CSO	Civil Society Organisation
CSEM	Civil Society Engagement Mechanism
DG	Director-General
EB	Executive Board
FENSA	Framework of Engagement with Non-State Actors
GPW	General Programme of Work
GCHA	The Global Climate and Health Alliance
HMP	WHO Department of Health and Multilateral Partnerships
INB	Intergovernmental Negotiating Body (for the Pandemic Agreement)
NGO	Non-Governmental Organisation
PHC	Primary Health Care
SPHERE	Social and Public Health Economics Research Group
SPTN	Social Participation Technical Network
UHC	Universal Health Coverage
UN	United Nations
UNFCCC	United Nations Framework Convention on Climate Change
WHA	World Health Assembly
WHO	World Health Organization
WHO CSC	World Health Organization Civil Society Commission

Executive Summary

Civil society engagement in the development of World Health Assembly resolutions and decisions

Lessons and examples from the Seventy-seventh session

The establishment of a WHO Civil Society Commission comes at a critical time to highlight and support the crucial role that civil society organisations (CSOs) play in securing universal access to healthcare, and in ensuring that diverse community voices are heard in policymaking processes.

This first study published by the Civil Society Commission evaluates the involvement of civil society in drafting some key resolutions and decisions adopted by the 77th World Health Assembly (WHA77) in May 2024. The three cases featured in the study offer inspirations and concrete recommendations for improving future WHO interactions with civil society.

The study

The study "Civil society engagement in the development of World Health Assembly resolutions and decisions" was conducted between March and May 2024 by a working group of the WHO Civil Society Commission. It included the following steps:

Case selection: Three cases of civil society consultations and engagement were identified as examples for involvement in the making of key World Health Assembly documents: two WHA resolutions and the 14th WHO General Programme of Work (GPW14).
Document collection: Key documents and references were collected in relation to consultation processes.
Surveys and interviews: An online survey and a series of semi-structured interviews were conducted with key actors from Member States, the WHO Secretariat, as well as with civil society.
Analysis: Data analysis was conducted to identify best practices, challenges, and recommendations for future consultations.

Three case studies

1	**Civil society consultations during the drafting of a WHA Resolution on Social Participation**	*Consultations undertaken by Member States*
2	**Civil society and youth consultations during the drafting of the WHO Fourteenth General Programme of Work (GPW14)**	*Consultations undertaken by WHO Secretariat*
3	**Civil society interactions with Member States related to the drafting of a WHA Resolution on Climate Change and Health**	*A civil society initiative taken up by Member States*

CASE STUDY 1:

Civil society consultations related to the drafting of a WHA Resolution on Social Participation

Summary: This case study focuses on the civil society consultations during the drafting of a WHA resolution on social participation. The process was initiated and led by a Member States core group co-chaired by Slovenia and Thailand, with support provided by the WHO Secretariat.

Key findings:

- The resolution itself emphasises the importance of social participation for universal health coverage.
- Member States consulted civil society through a series of informal meetings and provided feedback on the advancement of the draft process.
- Challenges for Member States for broad consultations were the limited time and capacity as well as the need for confidentiality in a process driven and owned by Member States.
- Nevertheless, the consultation of civil society can be seen as a successful pilot and as a learning experience to improve engagement with civil society in the making of future WHA resolutions.
- The case study concludes with a set of recommendations to Member States, the WHO Secretariat and civil society organisations.

CASE STUDY 2:

Civil society and youth consultations related to the drafting of the WHO Fourteenth General Programme of Work (GPW14)

Summary: This case study examines the broad consultations with civil society and youth undertaken by the WHO Secretariat during the drafting of the WHO GPW14, which sets the global health agenda for 2025–2028.

Key findings:

- Being in the lead of the drafting process, the WHO Secretariat facilitated consultations with various stakeholders, including civil society and youth groups.
- The process relied strongly on the initiative and skills of the responsible Secretariat team. The consultation process involved multiple rounds of feedback on draft documents.
- Participants appreciated the inclusive and iterative consultation process.
- The study report recommends that the WHO Secretariat and civil society further explore and advance the practice of civil society consultations at global, regional and national level.

CASE STUDY 3:

Civil society interactions with Member States related to the drafting of a WHA Resolution on Climate Change and Health

Summary: This case study highlights the role of civil society in shaping the WHA resolution on climate change and health adopted by the 77th World Health Assembly based on a prior history of successful interactions between CSOs, Member States and the WHO Secretariat.

Key Findings:

- Civil society played a significant role in initiating the resolution, and in providing knowledge on climate and health issues.
- While a formal civil society consultation process was not implemented, the resolution strongly benefited from the informal engagement of CSOs.
- Challenges occur when diverse perspectives have to be managed and meaningful participation ensured within limited timeframes.
- For future consultations with civil society, formalised and systematic engagement is recommended.

General conclusions

Overall, this study underscores the vital role of civil society in drafting key WHO documents. Timely and meaningful engagement of CSOs enhances the quality and inclusivity of health policy processes undertaken by WHO. The lessons learnt from the three case studies, despite being diverse, provide some valuable general conclusions:

- **Enhanced transparency and structured processes**: The introduction of standardised templates and checklists for WHA resolution projects, in 2023, based on a request by Member States, has significantly improved the transparency and efficiency of drafting WHA resolutions. These tools have provided a clear framework for Member States, though they have also raised concerns about potential rigidity.
- **Varied approaches to civil society engagement**: The three case studies demonstrate different methods of civil society engagement and involvement, leveraging the capacity and expertise of civil society to enhance the quality and relevance of the outcome.
- **Challenges in implementation**: The study explains key challenges, such as time constraints, lack of standardised procedures for civil society engagement, limited capacities, and varying degrees of willingness among Member States to incorporate civil society input. Despite these challenges, the experiences from the case studies offer valuable lessons and inspirations for future processes.
- **Benefits of inclusive policy making**: The involvement of civil society and youth in the drafting of the GPW14 and in the WHA resolutions underscores the benefits of inclusive policy making. Engaging openly with civil society contributes to more comprehensive and effective health policies.

Key recommendations

1. **Systematic engagement practices**: There is a need to institutionalise the practice of civil society engagement across all drafting processes for WHA documents. This includes developing clear guidelines, checklists and protocols to ensure consistent and meaningful involvement of civil society.
2. **Building on successes**: Future initiatives should build on successful practices identified in this study, such as early consultations, targeted communication and leveraging the expertise of civil society networks. These practices can serve as models for other Member States and WHO initiatives.
3. **Continual learning and adaptation**: WHO Member States and the WHO Secretariat should adopt a mindset and culture of continual learning and adaptation, based on acknowledging the value of civil society input. Regular reviews and assessments of civil society engagement practices will help refine and improve these processes over time.
4. **Expanding outreach and inclusivity**: Efforts should be made to sustain, broaden and standardise the outreach and inclusiveness of civil society consultations in order to engage with civil society and reach out to underrepresented groups and regions to ensure a diverse range of perspectives.
5. **Implementation and monitoring**: Effective implementation of WHA resolutions requires ongoing collaboration with civil society. Establishing mechanisms for monitoring and evaluating the establishment and impact of resolutions will ensure that commitments made are translated into tangible actions and outcomes.

Background

The World Health Assembly and WHA resolutions

The World Health Assembly[1] is the supreme decision-making body of the World Health Organization (WHO). The main function of the WHA is to determine the policies of the WHO[2,3]. The WHA takes place each year in May in Geneva and is attended by delegations from all 194 WHO Member States. Civil society organisations with an "Official Relations" status[4] can attend the WHA as observers without voting rights.

A WHA resolution is a formal agreement by WHO Member States adopted by the World Health Assembly based on Art. 23 of the WHO Constitution[5]. WHA resolutions are used by Member States as a policy instrument to make political commitments and request action from the WHO Secretariat on a specific topic. A WHA resolution is, in legal terms and compared with international regulations and agreements adopted by the WHA, a non-binding instrument. Nevertheless, as the resolutions provide recommendations to Member States, they represent a powerful instrument for agenda-setting and the promotion of a specific cause. This could be observed for example with the WHA resolution on "Improving the transparency of markets for medicines, vaccines, and other health products"[6] to which the promoters of fair prices of medicines have referred since its adoption, or with the resolution on "The health of Indigenous Peoples" adopted by the WHA in 2023[7] which was celebrated as "historic" and "groundbreaking"[8]. WHA resolutions often also pave the way for translating general commitments and recommendations into WHO action plans or strategies.

New guidance and more transparency

Since the 1990s, there has been an "expectation that for purposes of good governance and to ensure that the WHA has sufficient information before considering proposals, draft resolutions and decisions be first considered by the Executive Board"[9] at its main meeting that usually takes place at the end of January. In 2023, based on the recommendations of an "Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance[10], ***new overall terms for proposing and implementing draft WHA resolutions*** have been agreed by the EB[11], with standard procedures formalised in a "template and checklist for Member States preparing Health Assembly resolutions and/or decisions"[12]. This new guidance relates to the Member States' overall ambition to make the work of the WHO governing body more effective and efficient.

With the new ***template and checklist*** published by the WHO Secretariat, Member States are requested to launch any WHA resolution proposal by October, with the preparation of a concept note and a zero-draft resolution for distribution among Member States, both to be available by 1 November. This is expected to allow timely consultations on the draft, which is then to be submitted to the WHO EB in January for guidance, and to the WHA in May for decision/approval.

In 2024, the ***Executive Board***, at its 154th session in January (EB154), endorsed some resolutions with agreed text already available as part of the EB documentation, by "deciding to recommend their adoption to the Health Assembly" as seen in the resolution on strengthening laboratory biological risk management[13]. In other cases, the report of EB154 states that the Board agreed that "intersessional consultations should be held with a view to enabling a draft resolution to be submitted to the Seventy-seventh World Health Assembly for adoption"[14].

Some of interviewees from Member States and civil society criticised that, with the new guidance and procedures framed as a "general principle"[15], some ***advantages of a less regulated and less structured process*** risk getting lost, and that the EB meeting in January, with its systematic consideration of all resolution proposals, becomes itself a "little World Health Assembly". However, the experience of the 77th World Health Assembly (WHA77) shows that there is ***still space for "ad hoc" resolutions*** proposed and negotiated by Member States shortly before or even during the World Health Assembly as seen in the case of the resolution on the health emergency in and around Ukraine[16,17] and the resolution on the health conditions in the occupied Palestinian territory, including east Jerusalem[18]. The last-minute drafting and submission of WHA resolutions, however, does not allow an opportunity for timely review and consultation with other stakeholders such as civil society.

In any case, the fact that a resolution draft is expected to be ready for the EB meeting in January sets a ***clear and short timeframe*** for the consultation process: it should mainly be done between the months of November and January.

No standard practice for consulting civil society

As outlined above, the WHA and the related drafting processes are ***governed and led by WHO Member States***. With many Member States keen to defend their prerogative as "owners" of the WHO, and some overall ambivalence in the relations between Member States and civil society, there has been a limited common understanding and ***no established routine or even clear terms and modalities*** on how to involve civil society in the preparatory process and drafting of a WHA resolution. The WHO Secretariat's "template and checklist" published in 2023 and implemented since then does not provide any guidance for Member States on this matter.

For this reason, the ***opportunities of civil society organisations (CSOs) to engage in a WHA resolution*** have differed strongly according to the team of Member States in the lead of the drafting process, from CSOs being closely involved in the framing and shaping of a resolution to being totally excluded from the "black box" of a Member State process. As a consequence, and until today, CSOs have often ***not even been aware of a draft resolution*** before the text was negotiated and agreed by Member States and published in the EB or WHA documentation.

Over the last few years, however, civil society observers and advocates have at least noted ***better transparency*** regarding WHA resolution drafts, notably with the publication of Member State consultations in an "***Informal list of intergovernmental meetings***" on the WHO website[19] and with the fact that draft resolutions are now, as a standard, already published ahead of the January meetings of the EB, as "***conference documents***" (see the draft resolutions on Climate Change and Health[20] and Social Participation[21] in the version submitted to the EB in January 2024).

At the same time, civil society advocates have observed that some Member States' representatives and the WHO Secretariat show ***willingness to explore ways to engage with civil society*** in the making of WHA resolutions and decisions in a more timely and meaningful way–and have done so successfully. What can we learn from such ***ad hoc involvement*** of civil society for the future? This is the starting point for this study.

The study

Cases selected

This study assessed ***three processes of civil society consultations and interactions*** ahead of the 154th Session of the WHO EB in January 2024 (EB154) and the 77th World Health Assembly in May 2024 (WHA77):

- The civil society consultation related to the drafting of a WHA resolution on social participation for universal health coverage, health and well-being
- Civil society and youth consultations related to the drafting of the WHO Fourteenth General Programme of Work (GPW14)
- Civil society interaction with WHO Member States related to the drafting of a WHA resolution on climate change and health.

The drafting processes for the ***two WHA resolutions*** and the related interactions with civil society are well documented and contacts to lead actors could be easily established by the study team.

The overall process for GPW14 is governed by the WHO Constitution as a Member State process delegated to the Secretariat, with Article 28 stating that "the function of the (Executive) Board is to (...) submit to the Health Assembly for consideration and approval of a GPW covering a specific period"[22]. On this ground, the pattern for the ***drafting of GPW14*** (consultations, draft for the EB, adoption by the WHA) was the same as for the resolutions. To the knowledge of the study team, civil society has never before been consulted during drafting of a WHO GPW in such an extensive way as was the case with GPW14. The study team hence decided to add the civil society consultation undertaken by the WHO Secretariat related to the drafting of GPW14 to the two cases of draft resolutions to be assessed.

According to the preliminary assessment by the study team, all three cases potentially contained ***elements of inspiration and good practice*** that could be taken up by representatives of WHO Member States and the WHO Secretariat interested in engaging with civil society organisations in a timely, effective, and meaningful way and by CSOs interested in playing a

more (pro)active role in the making of a WHA resolution or decision.

Each of the ***three cases were expected to be distinct***, thus not allowing for a general blueprint for "how to do it".

The decision to restrict the study to three cases was made due to ***time and capacity limitations.*** The study and the resulting report aim to inspire and guide Member State representatives, the WHO Secretariat and CSO colleagues to foster positive interactions in future consultations. The intention for this study report, with the three case stories and the assessments of lessons learnt and elements of good practice, is to be ***available in good time before the next round*** of draft resolutions are initiated towards the 78th WHA in May 2025.

With the aim to encourage and inspire further engagement, this study looked specifically into the ***good practices and positive outcomes*** of the timely engagement of civil society by two main WHO actors – the Member States and the Secretariat.

Methodology and timeline

After identifying the three cases to be assessed, the study began in March 2024 by ***collecting key documents and references***. Different available online sources were considered as well as own insights by the study team in the course of the interaction and consultation processes. During the course of the study, these references were further complemented by materials received from the actors who participated in the study.

For each of the three cases selected, a ***set of key actors*** from Member States, WHO Secretariat and civil society was identified to be approached for the study. Study participation involved filling in an online survey and partaking in a semi-structured interview. The overview below (Table 1) summarises the responses to the study invitation.

Table 1. Response of the key actors to the invitation to take part in the study

	Member States			WHO Secretariat			Civil Society			Total		
	INV	QUE	INT	INV	QUE	INT	INV	QUE	INT	INV	QUE	INT
Resolution on Social Participation	2	2	2	2	2	2	6	3	2	10	7	6
Resolution on Climate Change and Health	3	2	1	1	1	1	4	2	1	8	5	3
Drafting of GPW14				4	3	4	4	3	3	8	6	7
Total	5	4	3	7	6	7	14	8	6	26	18	16

INV = invited to participate in the study;

QUE = filled in the online questionnaire;

INT = interview conducted

In April 2024, an ***online questionnaire*** was sent out to 26 individuals identified as key actors and resource persons. The questionnaire included the following questions:

- Why did you engage in the interaction?
- What were your initial expectations and objectives?
- What main challenges have you experienced in the course of the interaction?
- How do you assess the outcome of the interaction in terms of shaping the draft WHA document?
- Based on your experience, what are key success factors for collecting timely and relevant civil society input to the drafting of WHA related documents?

In the next step, a total of ***16 interviews*** were conducted in April and May, complementing the information collected in questionnaires by actors' deeper perspectives on the way in which the interactions took place during the resolution drafting. The interviewees were asked explicitly to specify the particular elements of the interaction that could be considered as good practice and as such taken as recommendations for future consultations.

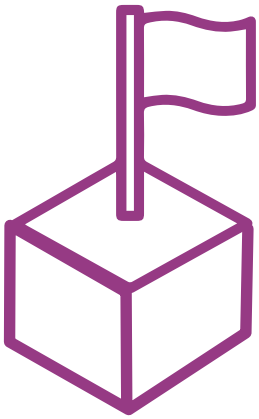
Once the series of 16 interviews was concluded and the interviews transcribed, the quantity and quality of collected information was reviewed by the study team and deemed sufficient for further analysis.

For each of the case studies – the two resolutions and the GPW14 – a detailed analysis of the drafting and consultation process was "backed" by insights from each of the actors' groups: Member States, WHO Secretariat and civil society. Participants' quotes are used with their consent, fully anonymised, with only the actors' group used as identifiers. Individual quotes are presented in italics with quotation marks.

Once drafted into a report, the study was shared for feedback and guidance with the interviewees and with the Steering Committee of the WHO Civil Society Commission (WHO CSC) in early June.

Three cases, three stories, and some lessons learnt

Eighth Meeting of Committee A , WHA77, 30 May 2024, pictured here: Mr Chiti Hoonaukit, Ministry of Public Health of Thailand. Photo © WHO / Antoine Tardy



CASE STUDY 1:

Civil society consultations during the drafting of a World Health Assembly Resolution on Social Participation

On 29 May 2024, the 77th World Health Assembly (WHA77) adopted a resolution on "Social participation for universal health coverage, health and well-being". A draft resolution was tabled by a core group of Member States (with Slovenia and Thailand as co-chairs, supported by Brazil, Norway, France, Tunisia, and Madagascar) ahead of the 154th Session of the WHO EB in January 2024[23]. Due to a controversy on language related to gender and people in vulnerable and marginalised situations, which required subsequent intersessional negotiations to be resolved, the draft resolution could not be agreed at that stage. Consultations among Member States continued until mid-May, when the text was finalised and then adopted by consensus at the WHA.

At the WHA77, many countries highlighted the value of social participation, such as Brazil in a written statement: "We are proud to be a co-sponsor of the draft resolution on 'Social Participation for UHC, Health and Well-being'. In Brazil, social participation in the formulation, monitoring and evaluation of public policies for the right to health is guaranteed by the Federal Constitution and is one of the greatest achievements in the construction of our universal health system over the past 35 years"[24].

The delegation of Slovenia, one of the initiators and co-chairs of the resolution process, stated: "We see a lot of potential in social participation, both in decision-making and implementation of health policies. This is about working with civil society and communities to adopt more informed decisions and better identify the needs of those most vulnerable and left behind. It is about organised groups, youth, patients, and other civil society organisations that have the same values and goals as our government and health professionals and that can provide important inputs to the development of guidelines and tools, so that those are more equitable and responsive to their needs. Together, we can ensure better access to quality health care for all and build and sustain trust which is key to achieving our common goals. For this reason, together with Thailand and with the support of the core group, and co-sponsors from all Regions, we tabled the resolution for the consideration of this Assembly."

In a news item published after the adoption of the resolution, the WHO Secretariat wrote: "Social participation means empowering people, communities and civil society through inclusive participation in decision-making processes that affect health across the policy cycle and at all levels of the system. The resolution acknowledges the instrumental role that social participation can have in fostering mutual respect and trust, while making health systems more responsive, equitable and resilient. The resolution acknowledges the important contribution of existing technical guidance by WHO on this agenda as well as WHO's efforts to engage systematically with civil society in its own operations, through initiatives such as the WHO CSC and Youth Council"[25].

In the following section, the process of drafting the resolution on social participation will be considered in detail, backed by relevant quotes from the study participants.

The resolution: Background and overall drafting process

The proposal for a WHA resolution on social participation is rooted in the ***technical work of the WHO Secretariat*** in guiding Member States on how to achieve participatory governance, social participation and accountability, by engaging the population, civil society and communities in national policy- and decision-making[26].

As part of this work, WHO published in 2021 the document ***"Voice, agency, empowerment–handbook on social participation for universal health coverage"***[27]. The handbook "draws on best practices and lessons learnt to support government institutions in setting up, fine-tuning, improving, and institutionalising new or existing participatory health governance mechanisms"[28].

Following publication of the Handbook, the team in the lead of the process formed a working group to explore how to foster its implementation. At the request of the working group, the WHO Secretariat led a consultative process to produce the ***Technical Paper*** on social participation[29] published in 2023 to identify priority actions for Member States, synthesising the Handbook's key messages and feedback from the consultation. There was also growing momentum across the regions, with strong references to the importance of social participation in Regional Committee resolutions and during side events.

This working group also identified a ***WHA resolution as a priority to secure political will*** to advance social participation at country level. This was taken up by a ***group of Member States*** who initiated and implemented the resolution project with support by the WHO Secretariat at their request.

In the interviews, Member States in the lead of the draft resolution made it clear that this initiative was rooted in their ***own practice of social participation*** in their home countries:

> *"So, this is a resolution that for our country highlights a really important issue. If we are to meet sustainable development goals and other health goals that we set for ourselves, we really need to include other stakeholders, namely community, society, civil society organizations. This led to quite a lot of political support for social participation in our country."*
>
> **Member State**

In May 2023, at the 76th World Health Assembly, the aspiration of having a WHA resolution on social participation became a concrete pursuit, with a ***WHA side event*** on "Institutionalizing social participation for PHC, UHC and health security" where the intent of the core group to pursue a resolution was announced. According to the announcement, the "event aims to demonstrate political support for social participation among Member States and raise awareness and mobilise support for a WHA77 resolution on moving towards institutionalizing social participation"[30].

The ***drafting of the resolution*** then followed the guidance provided in the "checklist and template" for draft WHA resolutions and decisions, with a concept note and first draft ready at the end of October 2023 and a series of Member State consultations convened by the core group leading the draft resolution, with Slovenia and Thailand as co-chairs.

Civil society consultation undertaken by WHO Member States

In October 2023, the WHO Secretariat reached out to a ***small group of civil society networks*** (Annex 2) informing them that Thailand and Slovenia, with the support of Brazil, Norway, France, Tunisia and Madagascar, were pursuing a WHA resolution on institutionalising social participation, and inviting them to nominate representatives for a first consultation meeting on 6 November 2023.

Together with this announcement, the Secretariat shared the ***concept note for the resolution*** (Annex 1) and the ***terms of reference (ToR) for the civil society consultation*** (Annex 2). In the ToR, the background and overall approach for the civil society consultation are outlined as follows:

"Respecting the request from civil society for a consultative process (as articulated during the dialogue with the WHO Director General in August 2021 and during the consultation on the WHO Social Participation for UHC: Technical Background Paper in 2023), the Core Group has committed to facilitate two 'informal consultations with civil society' during the drafting of the resolution text. These will take place in parallel to the Member State negotiations ('informals'), providing an opportunity for invited civil society representatives to share their reflections on the zero-draft resolution text and contested issues further into the negotiations with an audience of Member States. Civil society feedback will be disseminated to the Member States for their consideration during the negotiation process."

Regarding the ***modalities*** of the consultation, the ToR proposed a first informal consultation on the zero-draft text on 6 November 2023 and a second session on the evolved draft text in late November or early December, both to be set up as online webinars facilitated

by the co-lead countries Thailand and Slovenia. The ToR defined the following ***"principles" for the consultation***:

- Circulate the zero draft resolution text at least 72 hours in advance of the first informal consultation with civil society.
- Circulate guiding questions on the most contested issues at least 72 hours in advance of the second informal consultation with civil society.
- All missions will be invited to join the informal consultations with civil society.
- A brief synthesis meeting report will be circulated to all participants and missions with a link to the recording within 5 days of the informal consultations with civil society.
- The subsequent Member State informals (after each informal consultation with civil society) will include a report back of the feedback received by civil society.

The ***two consultation meetings*** took place on 6 and 30 November 2023. The related communications were also implemented as planned, mainly the ***communication of the first draft*** of the resolution (Annex 3), a short note providing ***feedback on contested issues*** ahead of the second consultation (Annex 4) and ***summary reports of the two meetings*** (Annex 5 and Annex 6)**.**

In the period between the EB meeting and the WHA, when negotiations of the final draft continued among Member States, ***no further civil society consultations*** took place. A representative of the co-chairs provided an ***update on the resolution and its drafting*** on 14 May 2024 at an "Informal WHA77 pre-meeting for Member States, non-State actors in official relations and the Secretariat"[31]. Beforehand, in January, representatives of Slovenia, Thailand and the WHO Secretariat participated in a ***public policy debate*** convened by civil society organisations with the title "Beyond a World Health Assembly resolution: how to implement and institutionalise social participation and accountability?"[32].

Further ***informal exchanges with civil society*** "proposed for after negotiations are concluded to discuss implementation" (Annex 6) have been initiated at the moment that this report is being written. This third and final consultation was held on 15 July 2024. The core group remains intact to drive implementation of the resolution, and has invited the WHO Civil Society Commission, the Youth Council and the CSEM to nominate a representative from each network to participate in the core group. This expanded core group will prepare terms of reference (TORs) and a workplan for a multi-stakeholder network to pursue collaborative activities in support of the resolution.

The story behind the civil society consultation

In promoting social participation in national policy- and decision-making in the field of health, representatives of the WHO Secretariat, Member States and civil society organisations have engaged in close cooperation over the last few years, first in the context of the ***Health Systems Governance Collaborative***[33] that was "set up to work as a global network and is made up of participants from various backgrounds: technical experts, agencies, policy makers and citizens' representatives" and "open to all stakeholders seriously interested in advancing health systems governance".

This cooperation was deepened during the process of the development of a ***WHO handbook on social participation***. For that purpose, a ***Social Participation Technical Network (SPTN)*** was convened in February 2019 "as a joint venture between WHO, the Health Systems Governance Collective and UHC2030." The Network gathered representatives of member states (1/3 of its membership), civil society (1/3), international organisations and academia (1/3) to discuss and agree the core content of the handbook, review different draft versions of chapters, and advise on dissemination and implementation[34].

The intensive and fruitful cooperation between the different actors is confirmed in the interviews with the Secretariat and Member States.

> *"Some of these Member States were case study countries for the handbook itself. So there was long close collaboration, knowing each other, trusting each other, and joint thinking through ways forward, and supporting each other. There was that ease of engagement, also with civil society, from the beginning."*
>
> **WHO Secretariat**

This cooperation promoted ***mutual trust*** and demonstrated the value of ***working together*** in the promotion of social participation. Broad consultations were also undertaken to feed into drafting the "Technical Paper on Social Participation"[35]. The complete drafting process for the Technical Paper cannot be fully covered in this report, but, while the section "acknowledgments" is usually not the most interesting part of a document, the full page of acknowledgments in the Technical Paper[36] provides a solid picture of the range of stakeholders engaged in its breadth and diversity.

The same is the case for the resolution itself. The full picture of the process is outlined by the two Member States, Thailand and Slovenia, co-chairing the resolution project as they root the civil society consultation in their ***practice "at home"***, in which consulting civil society is a core ingredient of policymaking.

> *"For us, we get civil society involved at the beginning of drafting a resolution, they can draft a resolution together with us, with a government agency: consultation, adoption, implementation, monitoring and evaluation – they're involved in all processes like that. But I understand that the WHA perhaps cannot be the same as our National Health Assembly. But at least Member States can consult civil society."*
>
> **Member State**

While the two Member States were well aware that the consultation of civil society within the drafting process of a WHA resolution was not self-evident, and that there was no protocol to do so, the ***topic of the resolution*** was itself a strong case for the representatives of Thailand and Slovenia to engage with civil society.

> *"Drafting a resolution is very much a closed process. It's open to Member States only because putting a resolution in the pipeline is of course the prerogative of Member States. It's up to the Member States to propose resolutions and in the end, it's up to the Member States to adopt resolutions. Nobody else has a say when it comes to the Assembly. But, considering the topic and the principles of social participation, we thought it would be completely wrong not to include a wider pool of stakeholders to contribute to the text of the resolution."*
>
> **Member State**

> *"Because the topic of our resolution is social participation, how could we ignore the voice of civil society? It would be a shame not to consult them."*
>
> **Member State**

Related to this, there was an expectation expressed by Member States that collecting civil society input would contribute to the quality of the drafted document. In their view, this is not only valid with regard to this specific resolution, but it is important for WHO and the Member States to ***harvest the knowledge and expertise of civil society*** "upstream" in important processes in a more timely and meaningful manner.

With this background, the consultation with civil society during the drafting/negotiations of the resolution on social participation was explicitly ***framed as a learning experience*** and a ***pilot to explore a new standard of interaction*** with civil society that, if successful, might inspire others.

> *"It was on one part having a text and asking yourselves where are possible improvements? Is there anything missing? Is there anything that goes a little bit too far, or is it unrealistic or unmanageable?*
>
> *"We believe that the way civil society organizations are involved in the work of WHO is not to the point where we want it to be. We want the collaboration to be more meaningful. The most meaningful collaborations that exist are really on technical levels. But when you talk about global governance, just allowing non-state actors to make statements at Assemblies or at EBs is a bare minimum, but I really question the usefulness on its own in terms of impacting the decisions. The way resolutions are being dealt with is that we try to finish the drafting process months before the WHA. So, we tried to actually involve civil society when it mattered, before the resolution was finalized.*
>
> *"We also wanted to lead by example, to set a precedent. We weren't the first ones doing that. But continuing that practice and moving it forward allows Member States to get ideas how interactions with civil society can be improved so that this approach can also move a little bit more into the mainstream."*
>
> **Member State**

"We wanted to learn from this process. And that was a clear intention from the co-chairs. They said from the beginning: look, this is useful for us, but it's also an important process to pilot, to learn from and document, so that moving forwards we have lessons for ourselves and for others on how to do this better. And that was an intention from the outset. It wasn't an afterthought."

—WHO SECRETARIAT

This approach of learning and testing a new practice is perfectly expressed in the ***Terms of Reference*** for the consultation: "This is a learning process, without a defined approach or protocol. There are many challenges, notably how to select representatives, and time constraints. This is an opportunity to pilot certain features in the approach with a view to informing future efforts to engage civil society during the drafting of a resolution" (Annex 2).

To that end, the Member States looked for ***references and guidance*** and found them in the making of a ***WHA76 resolution on rehabilitation***, where the core group in the lead systematically consulted civil society during the drafting process.

> *"The consultation with the civil society organizations is not something that we invented. It was already a practice from the year before, we saw it in the resolution on rehabilitation that was chaired by Israel, that they included it in their process. It was done in a similar way to get initial feedback on the text and then, if there were any sticky issues, to consult again on what could be a possible way forward."*
>
> **Member State**

Finally, Member State representatives stated that they understood the WHA resolution as a step in a longer process. They expected civil society to ***help bring the resolution over the finish line*** at the World Health Assembly.

Based on their experiences in domestic policymaking, they knew that the translation of the commitments by Member States into tangible change needs to be driven through a ***sound implementation and monitoring process***, in which all relevant actors need to be on board.

> *"We had in mind to sensitize non-state actors to what the issues are in order to be able to use their leverage with Member States in order to get more support for the resolution. It is a sort of a two-way street in the sense that Member States have a certain influence on other Member States, but sometimes some things are better also expressed from non-state actors to certain Member States."*
>
> **Member State**

> *"In terms of implementation, not just on this issue, not just on this agenda, but on any agenda of the WHA, we need collaboration from civil societies. For this, we need to consult them at the beginning."*
>
> **Member State**

Assessments by those engaged: Challenges of the consultation process

When it came to "doing the consultation" (and doing it according to the terms agreed and testing if the terms proved to be a valid reference for future endeavours), there have been several challenges along the way, of which the Member States in lead and the WHO Secretariat were aware from the beginning.

In this section, their assessments are complemented by the views of some civil society representatives engaged in the consultation. The picture outlined here cannot be seen as "representative" or "comprehensive", due to the small number of interviews. It nevertheless provides some valuable insights.

Modalities and procedures

As reported above, contrary to the overall process of drafting a WHA resolution or decision, there is ***no "checklist and template"*** to which Member States can refer when consulting with civil society.

> *"There was also this question and this request and this demand from civil society to be part of the process, and for it to be more open and transparent and engaging. And this was a difficult one because there's no guidance on it, there's not really a mandate, there's not really a protocol for how to do it. And there are delicate issues involved."*
>
> **WHO Secretariat**

> *"Actually, up until last year and the work of the Member State Working Group on Governance, we actually didn't have a template on how to do a WHA resolution – period. Now we have some guidance on what are the steps in the drafting process, but the involvement of civil society is not part of it."*
>
> **Member State**

For this reason, the co-chairs of the resolution project and the WHO Secretariat decided to ***develop, test and document modalities and procedures ad hoc***, accepting the limitations of such an approach. Some of it worked quite well, such as ***doing two consultation sessions*** in a well-timed sequence.

> *"We could not refer to established procedures which, for the beginning phase, is OK. Because we should demonstrate several ways of consulting civil society and then review and assess them."*
>
> **Member State**

> *"We were very aware that this was an imperfect process. And I think being explicit about that upfront is important, just for transparency, but also for accountability about what we are committing to do, what are the limitations to that. We thought that if we're going to try and do anything, it needs to be on paper.*
>
> *"My feeling is the first consultation was really important for civil society to feed in. The second consultation was really important for civil society to get intelligence, more than the other way around perhaps. And then the third one will be about the way forward and would be a collaborative kind of vision and more forward thinking."*
>
> **WHO Secretariat**

Who to consult, what expertise to collect

Part of the learning process was the (difficult) question of who to include in the civil society consultation. Should it be a broad outreach, or is it mainly about tapping expert knowledge?

As reported above, the co-hosts of the consultation opted for consulting ***a small group of civil society representatives only***, mainly from the civil society groups engaged in the earlier technical processes, being convinced that these groups and their representatives had the ***expertise and background*** to provide meaningful input in a ***"manageable" process,*** with a group small enough for all to contribute during the meeting.

> *"When we looked at the consultations regarding the resolution on rehabilitation, the Israeli mission representative said it was very straightforward which group they would engage among civil society. It's not so straightforward for social participation, because of course this is something society might want to have a voice on. And there's richness to diversity in this. It was a tricky, more political question."*
>
> **WHO Secretariat**

> *"Of course, we wanted to have representation that is aligned with the principles of social participation that we advocate for in the resolution itself. When organizing these consultations, we realized how difficult they are to put into practice, even considering that you have the best of intentions in mind. But when it comes to a broad topic like social participation, where arguably any kind of stakeholder has a right to be there, how do you even organize that logistically that you can gather voices of potentially dozens of thousands of organizations who might want to have a say in this? With limited time, limited resources, and with even the infrastructure not there. Fully aware that it was a compromise, and limitation to our ap-*

proach, we included the list provided by the Secretariat of organizations that have been previously involved in drafting some of the technical guidance, and we decided to use these existing connections to gather the relevant voices."

Member State

In addition, as reported above, the "proper" consultation was part of a ***longer process*** which was complemented by various ***informal interactions***. All this provided opportunities, from the point of view of the Member States and Secretariat, to feed civil society input to the initial draft and the further drafting.

Nevertheless, while Member States and the WHO Secretariat saw that approach of a targeted consultation appropriate for this time, they also flag in the interviews that this ***is not necessarily the standard*** for the future and for other topics and settings.

> *"Social participation is a bit of a particular topic because it is hard to determine who are the most relevant stakeholders. You could argue that it's everyone, because everyone from the society needs to be included. If the resolution was on alcohol, for example, it would be a lot easier to identify the stakeholders that are relevant."*

Member State

> *"Depending on the topic and on the context, having a broader outreach certainly is important in order to get many people and many viewpoints. But it's also important to make space for meaningful engagement, it's also important to make sure that when there is a consultation, that we see who is not participating, motivating others to come in to comment.*
>
> *"For this resolution, there had been a lot of other processes feeding into it. So there was a possibility to draw a lot from other meetings, webinars, findings, engagement, etc, which was of an added value. But for future processes, I would not say that this should be the standard practice. Because of the process and the context, it has taken quite a long way, which may be different for other resolutions."*

WHO Secretariat

A key consideration behind the core group's decision to consult only with a small civil society group was ***time constraints*** and ***limited capacity*** to process the input received. There was also an expectation that the civil society participants nominated by their networks ***represent a broader constituency.*** It was important that civil society nominated their own representatives, rather than having the Member States or Secretariat select individuals themselves— using networks allows for this more easily.

> *"When we discussed it between the co-chairs, we agreed that we wanted to have certain types of organizations present, to have an international perspective and local perspectives and organizations that are coming from different regions, to try to get that diversity.*
>
> *"And then the limitations of being able to process the information that came through. We could have done a survey, we could have done something online and so on, but then we also have questionable capacity to be able to get through thousands of in-*

puts. We needed to be very realistic about how the input collected could influence the text of the resolution itself, because that's what it's about in the end."

Member State

> *"We didn't have a lot of time. We felt that we need a small enough group that allows for conversation, and a broad enough mix of representation, regionally, thematically, etc. that allows for inputs from different parts of the constituency of the civil society, and we need some logic as to what's fair. So I'm sure it was not perfect."*

WHO Secretariat

"Non-state actors are such a diverse group and even within those subgroups like the private sector, NGOs, civil society organizations, academia, there's so much diversity. Part of the challenge is really setting up processes in a way that you can capture the diversity as well and not just say that civil society is saying this and this, because it's just not real. We have very different views on certain things and this is also reflected in civil society."

—MEMBER STATE

Finally, another limitation of the outreach was the fact that they had to restrict the consultation meetings to being held in ***English only***, due to limited financial and human resources.

> *"It would have been fantastic to be able to have interpretation in the consultation, but we don't even have the budget to think of something like that. In the end, it was a judgement on how much we want to strike the right balance between having something manageable and being as inclusive as possible, up to a point that it's still manageable."*

Member State

According to the civil society representatives interviewed, a targeted consultation, mainly in the setup of a consultation meeting, is challenging, and ***cannot be seen as "inclusive" in proper terms***. The approach of representation has its limitations, which is discussed in the handbook on social participation. The limitations of inclusiveness and representation might be different if another format for the consultation is chosen, but civil society representatives are aware that this is problematic in the specific context of drafting of a WHA

resolution. Interviews also reveal a notion that civil society networks need to better organise themselves to transparently select a representative and be accountable to network members in sharing what is said during these meetings.

> *"I think I definitely was not representing civil society, but rather a much smaller group. And I think what our members wanted was to make sure that those who are engaged in this consultation referred to messages that are agreed and disseminated within the advisory group of our network. But then in terms of the feedback mechanism, that was not as clear. We have monthly advisory group meetings, so during this meeting, we would debrief those who were attending. But there was not necessarily a broader communication to our broader membership about the engagement of advisory group members in this process specifically. So that may be something to think about."*
>
> **Civil Society**

> *"The fact that they decided to extend the consultation to the wider Youth Council rather than just two organizations that hold the status of being in official relations with WHO was already an improvement. But building on that, we have had several discussions on the fact that even the Youth Council is not very representative of youth around the whole world, because we have to take into account the privileges of belonging to an organization that was able to apply and be selected."*
>
> **Civil Society**

> *"Inclusiveness should be also cared for by civil society itself, bringing more people into these processes, learning about the WHA, why it is useful and how to use these outcomes, but not necessarily engaging everybody in the actual discussion. I think that this is a reasonable thing to do and, given the difficulty already for Member States to engage, having a group of 500 people is definitely not something that would be feasible for them and would be a little bit scary."*
>
> **Civil Society**

Uptake of the input collected

The input collected by the civil society consultations was fed into the drafting of the resolution through ***direct participation of Member States*** in the consultation meetings and through ***meeting reports***. From a procedural point of view, this was well organised, while the impact of the input will be discussed in a later section. Civil society organisations should be aware that providing input through a formal consultation process should be complemented by other, more targeted forms of engaging with Member States for the drafting process, such as through lobbying Member States directly (see the case of the climate and health resolution also featured in our report).

> *"There were a lot of Member States listening in, while the meeting itself was the platform for civil society. And the idea that the co-chairs would then disseminate this report not only to civil society but to all the Missions was the second way to encourage that those voices are heard. Or at least that there is no excuse for Member States to say 'well, we didn't know that this happened, or we didn't hear that they asked for this.'*
>
> *"However, this pathway for influencing is vague. There's no responsibility for Member States to take up those recommendations. So, the only way that one can try and influence to be heard, is making sure that Missions had that information at their fingertips or in their ears … otherwise what's the point of the consultation, right?*
>
> *"It's not just about focusing on the consultation process alone, it's a combination of institutionalized approaches through the system of what the resolution negotiation is, but also the more activist or bilateral lobbying. And that combination can maybe have more impact than the consultation process by itself."*
>
> **WHO Secretariat**

Transparency and confidentiality in a Member State-led process

The co-chairs of the resolution project were fully aware of the sensitivity of the Member State process of drafting a WHA resolution, and they reacted to it with a triple approach:

- Firstly, by being perfectly ***transparent about the terms and steps*** of civil society consultation and reporting back to Member States in detail about the (two) consultation meetings and the input collected.
- Secondly, by ***involving all interested Member States*** by inviting them to the consultation meetings.
- Finally, by respecting the ***principle of confidentiality*** of Member State positions on contested elements of the draft.

This proved to work well, with some limitations regarding Member State involvement.

> *"Transparency was important as a communication tool, but also to bring everybody on board. The co-chairs wouldn't have done it in case the core group would not have agreed. Therefore, documenting it made it a feasible thing to try to do.*
>
> *"The second consultation was a bit trickier to manage because we could not say what Member States stated, we could not show the text. At that stage, the co-chairs provided a summary of the state of the content, what had shifted, what were the outstanding issues, and some of the themes that had come up in the negotiations to date. And then there were the reflections from civil society in response to that. We weren't sure how to best handle that because it's a grey area and it's (also) a delicate one. I think that's something that we should think more about and also learn from and challenge and consider how to best manage that piece of the process."*
>
> **WHO Secretariat**

> *"There are some unwritten rules about negotiations, and they get broken from time to time. One of the main ones is that what happens in the room stays in the room, but there are nuances to that. I can come back and report to the civil society organizations and say, look, these are the discussions. I think that's fine as long as we don't go so far to say 'Bangladesh said this, Zambia that, and Germany said this' etc. That's something that's obviously crossing the line. We announced to Member States that we were going to do the consultations. Actually, the Member States were invited and (were) encouraged to join the meetings with the civil society organizations. In that sense, there was also a transparency towards the Member States and the assurance that the trust that needs to be there (...) is not under threat because they were able to check what we were doing. So that went quite well, I think."*
>
> **Member State**

Assessments by those engaged: Outcomes and perspectives

Impact of consultation in drafting the resolution

After all the efforts undertaken, has the collected input made a difference in the resolution drafting? The assessment by those in the lead regarding the impact is rather sober: as long as WHA resolutions are expected to be ***adopted by consensus***, this implies that the core team in the lead of a resolution mainly has to accommodate the divergent positions of Member States, which often does not allow to take up new or stronger language.

> *"This was actually personally also one of my reservations or fears – how is this going to be taken up? And my fear was, I think, quite well-founded. We did see that, in the end, a lot of the things that came from civil society were already proposed by Member States who really believe in this. But because WHO works on consensus, we need to find that middle ground. And, you know, you could have ten civil society organizations saying something, if there is one member state saying 'no, this is not acceptable for us', we have to adapt to that."*
>
> **Member State**

The limited impact of civil society input is also related to the particular ***socio-political topic*** of the resolution, which prevents drawing direct conclusions applicable to future resolutions with more "technical" topics.

> *"I can say quite openly that the interaction with civil society had a rather limited impact on our resolution. But I think I would definitely do it again and suggest to other Member States who are drafting resolutions to adopt a similar approach. In other resolutions that are more founded in thematic health areas, this will be more useful. Our resolution is so broad and social participation has so much to do with rights, with human rights for example, that make some Member States also uneasy.*
>
> *"If we were talking about something else, like alcohol, or access to medicines, having in the room organizations such as patients' organizations, people with lived experience, people who understand what are the real issues in their health systems to get*

appropriate care, appropriate drugs for their conditions, I think their input could have actually been more helpful."

Member State

The proponents of the resolution had, in their assessments, very much the same ambition as civil society to include ***strong language*** in the resolution, e.g. on institutionalising social participation or on social accountability, as expressed in the detailed report of the second consultation: "In the closing, civil society urged the co-chairs to remain ambitious and courageous, and reiterated that it is important for the resolution to advance the agenda, which may not happen if only agreed language is used."

The challenge of bringing new and more ambitious language into the text of the resolution is transparently documented in the co-chairs' feedback on ***"contentious items"*** before the second consultation session (Annex 4). And, finally, some of the language important for civil society did not make it to the final version adopted by the WHA.

The consultation was nevertheless seen as a ***valid and important endeavour***, to be repeated.

> *"I was quite impressed how civil society gave inputs to us and also supported us and encouraged us."*
>
> **Member State**

> *"Even though I think for our resolution the impact on the text itself was very limited, I am proud of what we did, and I think it was a good thing. We should continue and especially harvest these learnings."*
>
> **Member State**

Civil society expectations and how they were met

Knowing that being consulted is not the norm, but the exception, ***expectations of civil society had been low.*** But overall, the assessment of the consultation by civil society representatives is positive.

> *"Because I also have experience of how we are able, or should I better say unable, to engage with WHO more formally, I was also aware of the potential limitations such a process would have. At the time when they announced the resolution was going to happen and they said they would do consultations, we didn't really know what exactly that would mean."*
>
> **Civil Society**

However, the topic of the resolution was the advancement of social participation, and the representatives of Member States in the lead of the resolution and the staff at the WHO Secretariat are well known as honestly engaged in this field. For this reason, there were some well-founded expectations that the civil society consultation would be done ***in the spirit and using the tools jointly promoted*** in the handbook and technical guidance on social participation.

> *"In terms of the expectations, I am quite pleased to see this invitation and the effort that the two pen-holders were making to engage civil society. And at the same time, given the topic of the resolution, it felt natural to invite civil society. I think it would have been strange not to engage at all with civil society in this process.*
>
> *"I think what Slovenia and Thailand did in terms of sharing a draft, having a first consultation, then doing a report they disseminated to Member States participating in the negotiations, and then having this second consultation about letting us know what happened, that was all really good. I think they managed quite well the confidentiality of inputs from Member States, but still being able for us to understand the dynamics and what the sticking points were. Also, clearly, they were keen to hear our suggestions to try to ease some of the issues."*
>
> **Civil Society**

With this background, the "invitation to contribute", the modalities of the consultation, and the opportunity to provide this timely input were all appreciated, whereas some ***higher expectations regarding co-creation of the resolution*** were not met.

> *"I was hoping for the consultations to potentially be structured. I was hoping that there would be some small working groups, round tables on particular issues that are a part of the resolution, and that interested people could be discussing. But the way I saw the consultations being conducted was just like generally opening the document and then asking for comments. And because it was such a big call, not a lot of people actually were able to add their inputs. So, I was slightly disappointed just from the level of, I wouldn't say engagement, but meaningful engagement.*
>
> *"Civil society could potentially be more included in the development as a whole, in a process of co-creation rather than giving us only the opportunity to provide additional input. And if we don't have the opportunity to go directly into co-creation, because I understand the limitations that exist in the WHO space, they could have consulted civil society before they started drafting the resolution, allow us to express needs and wants, and that these could have been incorporated while structuring the document from the get-go rather than having the first consultation only after the first draft has already been written by the Member States.*
>
> *"If I compared this process to the processes of most of the other resolutions and declarations and strategies that we've seen in the past couple of years, I would say that this already, for the WHO space, is a big improvement. At least in terms of the engagement. But then also, for me coming from the side of a youth space, I see a lot of value in saying that this was perhaps a good first step, but we need to do better, at least when it comes to social participation."*
>
> **Civil Society**

Member States: How to sustain and consolidate the practice of consulting civil society?

The Member States in the lead of the resolution on social participation and the team of the Secretariat providing support both see the civil society consultation as a sound step in advancing a practice of consulting civil society in a timely and meaningful way, moving from the exception

and pilot, to ***shaping a new standard practice***. Thailand and Slovenia want to ***inspire others to do the same***, also by documenting and sharing their experiences and tools.

> *"There is a lot of guidance, and we hope of course that the handbook on social participation is one of them, but some more concrete guidance on the WHA resolutions and also to state what civil society is expecting and how they would like to see their role, would be valuable. It is up to all of us to make sure that we spread the awareness that participatory processes, in whichever objective and form you may want to use them, can actually trigger important and valuable information to make processes more meaningful. This doesn't only go with member state processes. The same reflections are valid in-house at WHO, across the three levels, that we need to raise more awareness and share lessons, provide recommendations and guidance, in order to make sure that we are not just having a process in order to tick the box but there's actually a meaningful contribution.*
>
> *"I do think that with some of the guidance that is now being produced, lessons from the different processes and also knowing about Member States who dared to consult civil society, that other Member States now are maybe trying to engage with civil society because they see an added value."*
>
> **WHO Secretariat**

There are valid considerations to go one step further, with not only consulting, but ***co-creating resolutions*** from the beginning, involving civil society already in the development of the concept note and initial draft.

"Moving forward, this is something I will be suggesting to our colleagues as well to whoever thinks of going for a resolution: Include civil society organizations! But maybe what I would do differently, and I think that that depends on the resolution itself, is at what point do you include them. Because what I found that even though we made a step forward in terms of allowing non-state actors to have a say in the text instead of just having a say at the meeting with a statement, I would even go further and say, when we are at the very beginning of the drafting process, before we even come up with the first draft, let's ask them then what's really important to be there."

—MEMBER STATE

Member States in the lead of a resolution drafting process are also aware that such a new practice ***cannot be imposed*** on any other team; it all depends on the ***openness, leadership and capacity*** of the co-chairs and core group in the lead of a draft resolution. Just adding a ***recommendation to consult civil society*** to the "template and checklist" for drafting resolutions would not be sufficient.

> *"The first success factor is the leadership from the side of Member States because, ultimately, every Member State decides on its own how they want to do the process, and nobody can force them otherwise. Even some processes that Member States agreed are sometimes not respected.*
>
> *"The guidelines for drafting resolutions were developed by Member States, with the help of the Secretariat. So it would be again Member States to agree with putting that line in. I think we could do something that would be quite caveated, on a voluntary basis. But I think there are still some Member States that are not convinced that having a very participative approach is the best way to go. But I'm hopeful. I'm hoping things are moving in the right direction."*
>
> **Member State**

Civil society: How to get fit for being consulted

From the perspectives of the civil society representatives interviewed, and in addition to the challenges related to "representing civil society" discussed above, the consultation has shown that a full and meaningful participation in a consultation session requires a set of ***skills and capacities***. The first ingredient is knowing about ***WHO processes and how to engage***. The consultation also showed the challenge of providing ***consolidated input*** and not just the particular view and voice of the representative in the room. This cannot be improvised, it needs systems of interaction and feedback within civil society and its constituencies.

> *"When you think about the discussions themselves, not so many people were speaking, taking the floor during the conversations. I think there were about twenty people in the room and only four spoke. That makes me think that it was fine to have this selection because you may need to have people who are used to these processes.*
>
> *"If we want to have more engagement, or more meaningful engagement of civil society, having some ways to explain what are all these processes it would be helpful, because it's still very opaque for a lot of us how it takes place, what are the rules, how you can engage both formally and informally, having some sort of guidance for civil society for EB and WHA would be important. My colleagues internally, they don't know that the resolutions are already well advanced when we reach the EB. They think that it's fine to start engaging in April, but it's way too late. So it will be super helpful to have your report with the analysis and the guidance. Ultimately, it is also our responsibility to know this."*
>
> **Civil Society**

> *"Because we were all contacted quite ad hoc, there wasn't a lot of coordination happening between ourselves. So, a lot of the inputs that I was hearing during these consultations were strictly coming just from one organization, which watered down our input and we might have been stronger if we had some time to coordinate between ourselves a little bit more. That is also somewhere where the WHO staff could have supported us a little bit."*
>
> **Civil Society**

Assessment and recommendations by the Study Team

For many reasons, the 77th World Health Assembly in May 2024 can be seen as a difficult one, also in terms of full and meaningful participation of civil society represented at the Assembly by organisations in official relations with WHO. There was limited access to the Palais des Nations for civil society and limited opportunity to provide input, with the length of individual statements finally reduced to 45 seconds, and no opportunity to convene side events. The ***formal space of civil society at the World Health Assembly has obviously been further shrinking*** and this is expected to continue, with new demands and plans of Member States for a more meaningful and rational management of the meetings of the WHO Governing Bodies.

However, as shown in this case study, this is only one part of the story: The civil society consultation undertaken by Member States as part of the drafting process for the WHA resolution on social participation can be seen as a ***sound step towards a more effective, timely and meaningful engagement*** with civil society in the preparation of an important decision to be taken by the WHA.

Despite the ***particular topic and the particular story*** behind the resolution and the drafting process, the story of the consultation and the assessments by those involved will hopefully inspire both Member States in the lead of drafting a WHA resolution – "consult civil society!" – and civil society organisations working in international health – "engage in consultations!"

Consulting civil society in the drafting of a WHA resolution in a timely and meaningful way should not remain the exception, but will, ***hopefully, soon become a standard practice.***

Lessons learnt for the next time

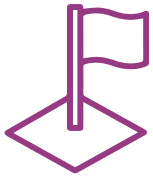
Based on the assessments of the material collected and the interactions with different stakeholders, the following elements of the civil society consultation on the drafting of resolution on social participation can be extracted **as key for its successful outcome**:

- **Team and trust:** The resolution project and the related civil society consultation brought again together a mixed team of Member States, WHO Secretariat and civil society representatives that have already worked together in the technical field (social participation) covered by the resolution. The same key ingredient of "knowing who to consult" was reported from the consultation on the 2023 resolution on rehabilitation which was an important reference for the team in the lead. On this background, the WHO Secretariat and its technical departments can play an important role in bringing actors from various constituencies together, mainly through technical platforms for exchange, consultation, and cooperation.
- **Walking the (leadership) talk**: The civil society consultation process was initiated and implemented by representatives of Member States, with Thailand and Slovenia in the lead, who were fully aware that consulting civil society was going to be an additional effort adding to the already challenging project of a WHA resolution. From their personal and institutional backgrounds, they were confident of the value of doing so. They walked

the talk and had the skills and capacity for doing so, as well as sound support from another skilled team at the WHO Secretariat. Among the civil society representatives invited to participate in the consultation, this generated the confidence needed to engage fully.

- **A genuine interest to expand the practice and explore new modalities and tools.** Part of the expressed interest of the "mixed team" of Member States and WHO Secretariat engaged in civil society consultations was to see the process as a pilot and learning experience that could be used to pave the way for expanding the practice of timely and meaningfully engaging with civil society, both through inspiration ("we did it") and through a set of modalities and tools developed and tested ("yes, this is how it can work"), knowing that alternative options would be possible.
- **Full transparency and full respect for the overall rules**. It would have been easy for Member States involved in the drafting of the WHA resolution to question the new practice of consulting civil society. The team in the lead prevented this by explaining the value of doing so, and by being fully transparent about the consultation and its terms while, at the same time, strictly respecting the leadership of Member States in drafting the resolution and by respecting the confidentiality of the Member States process.

Recommendations



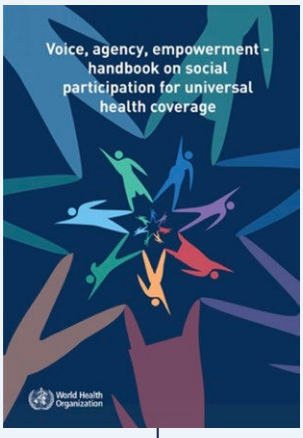
- **To Member States who start engaging in a draft resolution and to WHO staff providing support**: Get inspired by the success of the experienced consultation and build on the emerging instruments and good practice, making sure to document experiences for learning and dissemination. Consult civil society in the drafting process for a WHA resolution in a timely and meaningful way that is feasible and manageable and will add to the quality of the document. Don't hesitate to contact the representatives of Thailand and Slovenia or the colleagues at the WHO secretariat for any questions. They are happy to share their experiences and tools with you and your team.
- **To Member States members of the Executive Board (EB):** Consider adding a recommendation on "consulting civil society" to the "template and checklist" for drafting WHA resolutions and decisions. Even as a non-binding recommendation, it would nudge Member States to at least explore this option honestly and advance the practice towards an informal standard.
- **To Member States in ongoing consultations with civil society:** Consider expanding the sequence of civil society consultations beyond the EB meeting in January, to sustain the momentum and the contacts, and to "prepare the ground" for the implementation of a resolution after its adoption by the World Health Assembly. In fact, consider consulting civil society from the get-go and incorporating their input into the zero draft.
- **To Member States consulting civil society:** Get inspired by the case presented but feel free at the same time to do it your way and contribute to further shaping the practice of consulting civil society. The working group on civil society consultations at the WHO Civil Society Commission would be keen to assess the experiences of sustainable, broad and inclusive consultation, instead of the approach of reaching out to a selected and targeted civil society group, as documented above for this case study (including experiences in "co-creating" a WHA resolution, see also: case 3 of this study).

- **To Member States:** Launch the draft resolution with a public event, either as a side event at the WHA or later in the year, to make the project and those in the lead visible and tangible, so that civil society can explore options for engaging and being consulted in a timely way. Make sure to publicise the process early.
- **To WHO Secretariat**: Publish and update on the WHO website a list of draft WHA resolutions, with concept notes, initial drafts and contacts of the core group, so that civil society can explore options for engaging and being consulted in a timely manner.
- **To WHO Secretariat**: Continue the practice of featuring draft resolutions in the series of "informal pre-meetings for Member States, non-state actors in official relations and the WHO Secretariat" ahead of the Executive Board meeting, as done this year. This is an opportunity for Member States to provide an update and outlook on drafting processes for WHA resolutions, also inviting Member States to feature if and how they have consulted civil society. This might become another opportunity for Member States to learn from each other and get inspired.
- **To WHO Civil Society Commission**: Use this report to create awareness and interest among CSOs. Continue to disseminate basic information about key governance processes within WHO and how to contribute as civil society.
- **To WHO Civil Society Commission**: Provide opportunities for civil society to learn and share experiences and good practice of what it needs to engage in consultation in a meaningful way. This should include the exploration and promotion of standards and good practice for inclusivity, meaningful participation and representation, also based on the WHO handbook on social participation and civil society references.

Toolkit

From the documentation of this case study, the study team proposes to add the following documents to a toolkit on how to advance the practice of civil society consultations:

- **Terms of reference** for the civil society consultation (Annex 2)
- **Summary reports** of the first and second informal consultation with civil society in November 2023 (Annex 5 and Annex 6)
- **The Resolution on social participation** itself, with its recommendations to Member States and the WHO Secretariat.
- **The Handbook on social participation (2021) and the related Technical Paper (2023)** that provide basic references, good practice, practical guidance and lots of inspiration.



Second Meeting of Committee A, 28 May 2024, WHA 77. During the session, Committee A discussed and approved the 14th General Programme of Work (GPW14). Pictured here: WHO ADG Dr Bruce Aylward, photo © WHO / Antoine Tardy

CASE STUDY 2:

Civil society and youth consultations during the drafting of the WHO Fourteenth General Programme of Work

The WHO Fourteenth General Programme of Work, 2025–2028 (GPW14) was approved by the World Health Assembly on 28 May 2024. The new GPW is at the same time the corporate strategy for the WHO for the coming four years and, as its subtitle states, also a "global health agenda for 2025-2028"[37].

According to the WHO Secretariat, the document approved by the WHA "sets an ambitious agenda for global health in the face of challenges and key mega trends including climate change, ageing, migration, evolving geopolitics, and advancing science and technology"[38].

GPW14: Background and overall drafting process

In 2023, the WHA76 requested the WHO Director-General to prepare the draft GPW14 effective from 2025 ***in consultation with Member States***.

The final document adopted by the 77th World Health Assembly[39] describes in detail the ***"broad and deep iterative process"*** undertaken by the WHO Secretariat, based on modalities agreed by the WHO Secretariat with Member States in July 2023.

In addition to consulting Member States, "the Secretariat interacted regularly with the GPW13 ***independent evaluation team***, discussing each iteration of the draft GPW14 with ***staff across all three levels of WHO,*** and sought the perspectives of a ***broad range of partners***, including United Nations agencies, international organizations and Funds working in health, civil society and community organizations, youth groups, donors, WHO collaborating centres, multilateral development banks, and private sector associations in official relations with WHO."

For this purpose, "a ***series of consultation documents*** were developed by the WHO Secretariat, including two initial versions of the draft GPW14, as the basis for consultations with Member States. (...) Each successive document built on the previous document and incorporated Member State feedback. Those documents were also used as the ***basis for soliciting input and perspectives*** from partner entities, a very large number of entities which participated throughout the draft GPW14 development process."[40]

At the 77th WHA, Member States expressed broad support for the draft document presented by the WHO Secretariat and also their ***appreciation for the extensive consultation process*** undertaken[41]:

"We thank the WHO Secretariat for its efforts to consult Member States and other stakeholders in developing the GPW14. It is critical to align the efforts and aspirations of all health players, from WHO to Member States to multilateral bodies, NGOs and civil society. By aligning global efforts we are able to work towards common objectives." (quoted from the statement by Australia)

"We welcome WHO's work and the inclusive process of the elaboration of the GPW14, fostering a participatory involvement of stakeholders. This spirit is key to addressing the interconnected, cross sectoral hurdles." (quoted from the statement by Portugal)

WHO Secretariat consultations and interactions with civil society and youth

On 24 October 2023, the WHO Secretariat sent out a ***communication to NGOs in official relations*** with WHO and to the members of the ***WHO Civil Society Commission*** as well as to the ***WHO Youth Council***, inviting them all to a first consultation meeting (30 October 2023), attaching the first GPW14 consultative paper.

At the ***consultation meeting***, after an introduction on the development process and content provided by the WHO Secretariat, the discussion was moderated by representatives of the WHO Civil Society Commission and the Youth Council, and input was collected in response to the following guiding questions (also shared via "Slido" online tool):

- Do the context, overarching goal and 6 strategic objectives resonate with you?
- Do the major directions of the proposed outcomes resonate with CSOs and Youth and with your views on organising health services?
- What WHO products and services (outputs) are key to help drive this agenda and enable others?
- What change, including in its partnership model, is needed for WHO to play its role?

On 30 November 2023, the WHO Secretariat forwarded to civil society and youth organizations the ***second GPW14 consultation document*** which, according to WHO, "has just been shared with WHO 194 Member States for their rapid consideration in advance of finalising by mid-December a formal paper for our upcoming Executive Board (EB) session"(Annex 7).

The Secretariat stated that, in developing this document, they "have endeavoured to capture the perspectives and advice of a very broad range of Member States, implementing partners, donors and constituencies," at the same time inviting comments to be submitted in just a week.

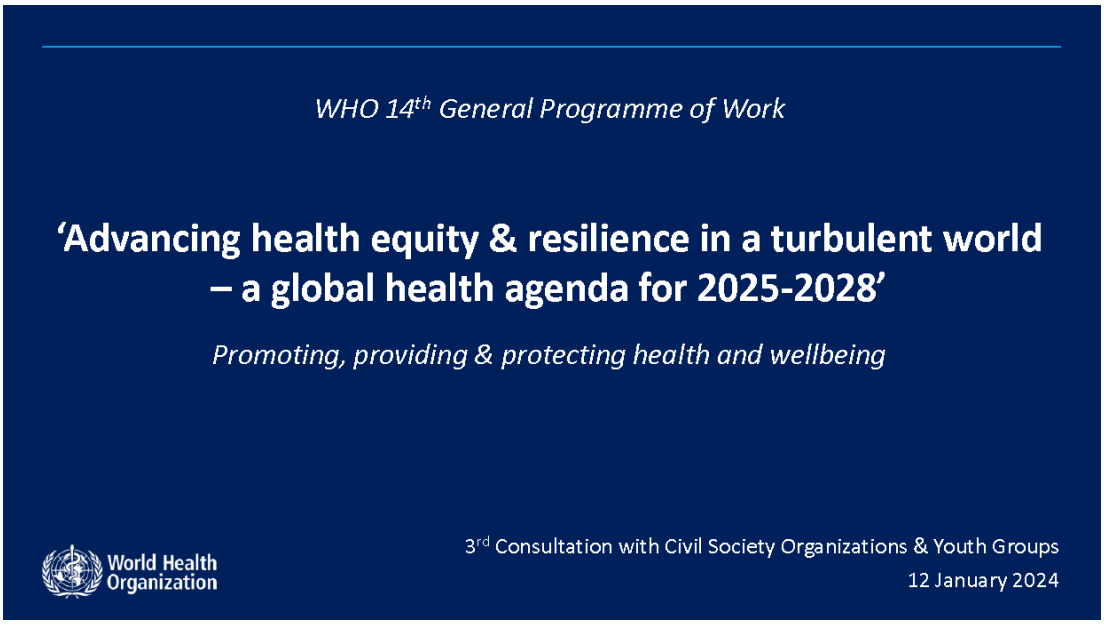
Organisations that submitted a written input in response to this call received a ***short feedback*** that these comments and inputs were well received.

In January 2024, the Secretariat convened ***another virtual civil society and youth consultation*** on the version of the WHO GPW14[42] which was to be presented to WHO EB at its 154th

session from 22 to 27 January 2024. At the same time, the Secretariat opened a second round of collecting written comments.

The ***final consultation*** with civil society and youth was convened on 21 March 2024. The Secretariat provided an overview of the state of the GPW14 process and final steps until WHA77, as well as the feedback they received on the final draft (EB version), and changes implemented since January 2024[43], and invited participants to provide comments.

After the conclusion of this series of consultations, an ***informal interaction with civil society*** ahead of WHA77 took place on 19 April 2024, in a dedicated session convened by the WHO Secretariat as part of the WHA77 pre-meetings for Member States, non-state actors in official relations and the Secretariat. At that session, the Secretariat informed participants about the state of the GPW14 document and process and provided an outlook to the WHA[44], this time mainly to organisations in official relations with WHO, but with the presentation and discussion being publicly webcast and recorded on the event website[45].



The story behind the consultation

An important starting point for the civil society consultations by the WHO Secretariat was a mix of institutional and personal culture and experiences by the staff in the lead of the GPW14 process. They explicitly referred to the ***experience of COVID-19*** and the engagement of civil society by WHO Secretariat, e.g. related to the Access to COVID-19 Tools Accelerator (ACT-A)[46] and in a ***series of dialogue meetings with the Director-General***[47].

> *"We saw during the (Covid 19) pandemic just the importance of civil society voices, expertise, advocacy, and implementation, and Dr Tedros was strongly supportive of that. Ourselves, we reached out to civil society related to Covid and ACT-A, where we recognized the importance of it and what it meant for actually having a better document, better product. Because civil society brings really, really important perspectives."*
>
> **WHO Secretariat**

> *"I was also once in a meeting at the Secretariat and then said that we cannot describe in the GPW on how to improve partner engagement, and not do it for the process itself. And there was not any resistance. They said 'of course we have to do it'."*
>
> **WHO Secretariat**

The ***evaluation of the 13th WHO General Programme of Work (GPW13)*** also provided important guidance, as the evaluators made clear – in initial communications to the GPW14 team – that the GPW13 process had not been as consultative as it could have been. This was later confirmed in the evaluation report. The report also requested GPW14 not just to be a corporate strategy for WHO, but ***a global health agenda for all actors*** – which implied that all actors needed to be brought on board.[48]

> *"I think the first person that I probably spoke to when Tedros asked me to do this was the people who were running the evaluation of GPW13. We also negotiated with the Member States that we could in real time interface and interact with the evaluation. There was a strong recommendation rooted in the Constitution that the GPW should really be for the world. And it should be a vision for where the world should go and not just the Member States and the Secretariat, but also those working with them."*
>
> **WHO Secretariat**

From the beginning, the WHO Secretariat made clear to Member States that, based on the recommendations by the evaluation team, they wanted to set up the drafting as an intensive and iterative process of consultations and interactions with Member States, but that they would also engage in ***briefings and interactions with other key actors, including civil society.*** This was ***agreed and formalised*** in an outline of the GPW14 process in July 2023 and this later provided a solid foundation for all interactions with civil society.

> *"In July, in that very first information session, where we're trying to negotiate what the process would be, Member States were quite supportive. And we never got any pushback at all."*
>
> **WHO Secretariat**

> *"Perhaps it was also the sheer volume and speed of things that Member States didn't even notice how much civil society could co-shape the evolution of the document."*
>
> **WHO Secretariat**

Another element of "enlightened self-interest" of WHO to consult a broad range of actors is the fact that ***GPW14, as a corporate strategy, still needs to be financed***. The "stakeholders" consulted by the WHO Secretariat are seen as potential funders and also as allies in promoting the engagement of Member States in the sustainable and predictable financing of WHO[49]:

> *"The General Programme of Work will also be supported by an investment round, and in many countries, governments will turn to civil society."*
>
> **WHO Secretariat**

This approach of using the strategy for attracting new/more funding was visible already in the decision taken by Member States at the last World Health Assembly (in 2023), when they requested the WHO Secretariat to "prepare a draft Fourteenth General Programme of Work (GPW 14) effective from 2025 in consultation with Member States, as the technical strategy to underpin the first WHO investment round for the last quarter of 2024"[50]. Together with the resulting involvement of stakeholders such as donors, multilateral development banks and private sector associations in official relations with WHO in the drafting of the new "global health agenda" and WHO corporate strategy, the overall positioning of GPW14 as providing the arguments for an investment round is explicitly stated in the final text and raises questions that are worth discussing.

In this report, however, the focus is on what factors supported the consultation of civil society in the development of GPW14 and, as such, the ***approach of linking the strategy process with the fundraising attempt*** was certainly helpful.

Assessments by those engaged: Challenges of the consultation process

Resulting from the interviews conducted with the different teams at the WHO Secretariat and with civil society representatives participating in the consultation, it is interesting to see that their assessments of the process and the related challenges are strongly shaped by their perspective, and related to this, the information available. ***A consultation is always, and mainly, to be seen as an exercise in communication***, with all the related challenges.

Modalities and procedures

For the Secretariat team, the "how to do" the consultation with Member States and other stakeholders was not seen as a major challenge. Based on their ***experiences***, the ***complexity*** of the endeavour, and the ***broad range of actors*** that needed to be consulted, they opted for an ***iterative approach***, with a series of drafting steps and related consultations, taking along the target groups, step by step.

> *"We have done multiple strategic plans and strategic plan processes. So, (...) we map them out similarly, and we become really experts on this in terms of who we want to be consulting with, what are the mechanisms that we will use, what is the timeframe, and also what is the order of consultation as well. And (…) that was all mapped out in July 2023, very early in the process.*
>
> *"We had to bring our organization with us. That's thousands of people, and different offices. We also had to bring our Member States. So, we had a lot of diversity within WHO. The way we normally approach these things is to start with the table of contents. What the document is going to look like. And we kind of lock that in a bit. And then, here is the big goal, here are the strategic objectives, here is the big outcome. And the first consultation was just on the basic six strategic objectives. And there were five consultation papers. Every single one of them built on the previous one and basically added to it and it grew over time. At the end of the day, you have it."*
>
> **WHO Secretariat**

There have also been challenges inherent to the iterative approach, mainly ***sustaining the participation*** over the entire period, and ***integrating newcomers.***

> *"The one downside to that – we did still have new CSO partners joining quite late in the process who hadn't been on the journey with us."*
>
> **WHO Secretariat**

> *"One challenge was that, as an organization that is not in official relations, we did not get the information on the follow-up consultations in a timely manner, so we missed these sessions."*
>
> **Civil Society**

Who to consult, what expertise to harvest?

In the implementation of the consultation, the mixed team in the lead at the WHO Secretariat (GPW14 Secretariat and Department of Health and Multilateral Partnerships HMP) ***strategically engaged with two emerging new platforms created by the Secretariat***, the WHO Youth Council[51] and the WHO Civil Society Commission[52], involving the Council members and the Steering Committee of the Commission in the organisation of the interactive sessions. The Secretariat expected these two newly established bodies to be able to ***facilitate a broad outreach, through mobilisation and representation***.

> *"It was also really important to try and go through existing mechanisms just because of capacity. We also made it very, very clear that we wanted to strengthen and raise the profile of the Commission. That was intentional. It was ideal timing."*
>
> **WHO Secretariat**

> *"When I highlight the time constraints and that there was no established procedure, I think it's very much linked to inclusiveness. Because when you don't have enough time and there's no established process, you cannot assure that you are inclusive and that you really tap the expert knowledge. You're getting the knowledge of those who are interested, who happen to have the time."*
>
> **WHO Secretariat**

"It was a great opportunity to take advantage of the fact that the WHO Civil Society Commission had been established. We expected the outreach you would have to be much broader than us trying to pull together all our contacts in the CSO community. And so, having an existing platform that we could then utilize as the channel for this was really appealing."

—WHO SECRETARIAT

> *"We had four full-fledged consultations with over 100 participants, and we deliberately did go beyond NGOs in official relations. Basically, we combined the list of NGOs in official relations with the ones usually being invited for the DG-CSO dialogues."*
>
> **WHO Secretariat**

Time constraints due to the overall timeline

The WHO Secretariat admitted that, due to the overall tight timeline for the drafting of GPW14, the ***short time given to civil society (and Member States) for providing feedback*** was indeed challenging, which could be partly compensated by the ***repetition of consultations***.

> *"Civil society had the same constraints as Member States, the narrow timeframe we gave for providing feedback. That was in the nature of the process. But by repeating the consultation sessions we overcame that challenge."*
>
> **WHO Secretariat**

This challenge was confirmed by civil society representatives. According to their aspirations and their initial setup, they had to ***adapt to the pace*** in order to be able to follow the consultation process and provide meaningful input.

> *"I'm very glad that we set up an internal working group because of the short timeframe that we had to respond. Sometimes, it was two weeks, sometimes less, sometimes more, but it was around two weeks and that's too short notice to do a broad consultation of your full membership.*
>
> *"I think more timely delivery of drafts would be important.*
>
> *"In terms of the timeline, there was also a feeling that – and that's probably the way things should be – we were coming in after the Member States had already had their opportunities. We're always a bit behind rather than being there from the beginning of the process."*
>
> **Civil Society**

Uptake of the input collected

The Secretariat team worked with an ***ad-hoc mechanism for documenting how input was collected*** in the various interactions that they considered being effective and efficient.

> *"We learned very early on, and again this was from past experiences, that you need to track everything. And so we have a very elaborate system for documenting every comment that was made in every forum on the GPW.*
>
> *"Frankly, we 'killed a lot of trees' trying to make sure that we documented and referenced everything correctly."*
>
> **WHO Secretariat**

The WHO Secretariat was also quite confident that the way they processed the received input – which was directly related to the iterative approach – was sufficiently ***well communicated and understood.*** But there are nuances.

> *"We did not provide individual feedback. Basically, the feedback was the subsequent iterations of the document. Providing individual feedback would have been virtually impossible. And the other thing is that, by responding in written form, often makes things worse because people don't like the explanation why you took their input on board or not.*
>
> *"It was important for us to be very clear and walk people through, so that they could see where the document was, breaking it down in a way that was digestible, and then also be very transparent about what we tried to do with the feedback that we received, what we took and what we couldn't take. And so people felt there was an honesty there. That was important."*
>
> **WHO Secretariat**

> *"Our communications were more focusing on the document itself and not on the meaning of it. I guess there's an assumption that many of the people who engage in the consultation would know what the GPW14 or GPW in general is, but of course that's not necessarily so."*
>
> **WHO Secretariat**

> *"You actually need to let the participants know which of their comments were taken on board and which were not. And there should be a report. However, this was not possible for time constraints, and we currently just do not have the capacities needed for doing so."*
>
> **WHO Secretariat**

> *"I think that the learning that we had from the previous engagement with civil society was really important because we understood the importance of transparency, we understood the importance of showing that we heard, so that the words that people were looking for would show up, so they could see it. And that was enormous. Because when people saw, 'oh, you listen to my comment, I can see rare diseases or palliative care' – whatever it is, actually you took it on – that was really important for them to feel that they were influencing it."*
>
> **WHO Secretariat**

The Secretariat's approach of ***actively listening and taking up input*** was appreciated by representatives of civil society and youth organisations engaged in the consultation. They also highlighted the merits of the ***WHO staff in the lead***, with Dr Bruce Aylward seen as a "friendly face" of WHO:

"What I saw after that first meeting was that the drafting team really took on board a lot of these comments about disability being neglected, and in the next draft, it was much more clearly and repeatedly mentioned. So apparently it made a difference that, by speaking up, the drafting team paid attention to what our organisation was saying. And so we got more involved."

—CIVIL SOCIETY

> *"I am very appreciative. Especially from the WHO staff, this was one of the best experiences we've had in terms of them being so open to all of the inputs and even actively commenting directly back on individual interventions, especially from the side of Bruce."*
>
> **Civil Society**

> *"Seeing him taking copious notes, listening to what everybody was saying and then getting back and commenting on so many different issues... It was active listening and an attempt to understand better what somebody was trying to say. I felt that they were a really good team.*
>
> *"I think it was a good thing that there were several rounds of consultations because that helped to see the impact of previous rounds. I found that to be quite helpful. That was motivating to keep engaging because you were seeing that they were picking up, they were paying attention."*
>
> **Civil Society**

However, the iterative approach chosen by the WHO Secretariat for the drafting of GPW14 and its consequences for the consultation process (input received mainly reflected in the next draft) was ***not always fully understood by civil society representatives engaged*** in the consultation, who expected alternative options and more specific feedback on the input provided.

> *"It might have been better to break down this long document into smaller pieces, because it would have been easier to follow on the side of the civil society, so that we would all know, for example, if we were discussing the climate change priority section, then this is what we are talking about right now and much easier to kind of also provide input. At the consultation, I had a feeling that most civil society representatives basically prepared an intervention like a little statement that encompassed all of the inputs they had for the whole GPW14."*
>
> **Civil Society**

> *"WHO has typically been quite good with drafting specific policy guidelines, and there they normally create a document that summarizes how the inputs they received have been reflected in the draft. But I haven't seen that on this occasion. I was expecting here to get some feedback, too. I think the most important thing would be to really have some clear modalities and ways of communication between the Secretariat and everyone who has engaged in the consultation over time, whether you submitted written comments or attended a meeting."*
>
> **Civil Society**

Civil society representation and capacity

While the representatives of the WHO Secretariat highly valued inputs received from civil society organisations, in all their variety and specificity, the civil society participants in the consultation, despite an overall positive assessment of the process and opportunities given to civil society to engage, raised issues of ***representation, thematic bias and capacity***.

> *"You see so many different CSO voices being represented across geographies and disease priority areas, and I was very impressed with that level of representation which might not have been possible if there was not the virtual meeting component as opposed to just submitting written comments."*
>
> **Civil Society**

> *"We should work on providing each other with some capacity building opportunities to prepare for such events. Because the easiest thing to do, obviously, especially if you work on a very specific vertical topic issue and also a very specific target group as well, that you have to also be self-aware enough to know that maybe pushing just that one particular specific agenda is maybe not the point of having a global program of work because it doesn't reflect on the work of all the regions or all the populations around the world and cannot be easily integrated into something bigger. So I think that this kind of awareness also needs to come from our side."*
>
> **Civil Society**

> *"I very much agree with the importance of having clear modalities and support provided by the WHO secretariat, but I also think that we as civil society organizations play an important role in collecting timely and relevant input from communities and groups who are often marginalized themselves and might not be able to engage with the process. It is up to us to ensure that there is a diverse range of CSO voices aware and able to engage."*
>
> **Civil Society**

Assessments by those engaged: Outcomes and perspectives

Relevance of the consultation for the drafting of GPW14

Representatives of the WHO Secretariat are convinced that the consultation of civil society had a ***strong impact on the resolution drafting process***. They also see the consultation process itself as a ***benchmark for further consultation processes***.

The fact that ***civil society input is often very specific***, focused on the specific agenda and core competence of an organisation, is commented by the Secretariat as "not unexpected" and viewed in a rather positive way.

> *"I think it was definitely a valuable exercise."*
>
> *"It's always easier to build on success. And if people feel something has been good and we have a better document, a better process, better informed with better engagement, there are no downsides."*
>
> **WHO Secretariat**

> *"Honestly, I didn't make my expectation explicit. But I must say you went beyond them. I know from those processes that you don't get it fully right from the start. But we managed to set a new standard. I would be happy if for other WHO consultation processes, we reach the same standard as we reached for GPW14, which is a combination of the intensive consultation we had, and the openness and the intellectual capability of the team in the lead to digest what came in, and the full engagement from the civil society side."*
>
> **WHO Secretariat**

> *"There were some instances where engagement with civil society helped us work through some sticky issues. It was civil society that came up with some framing that helped us deal with some of the sensitivities around the gender issue, for example. So, we were able to come at that in a different way. So it was great.*
>
> *"Civil society did not have this great impact in shaping ACT-A, but it had a very big impact in GPW14. There are things in the document that wouldn't have been there if they were not proposed by civil society. A couple of them stand out for me: Rehab was one, palliative care was something. And they were very practical; that was great. Or disability. I think we have much more visibility of disability thanks to them.*
>
> *"We are left with a lot of admiration for these people. We were very impressed. It was quite enjoyable from our side."*
>
> **WHO Secretariat**

The assessment that civil society input made a difference was also shared by CSO representatives, although with some question marks.

> *"I think the consultation from our perspective made a difference because issues that were of importance to us, which were not mentioned previously, are now mentioned, but not in the way that we had proposed and not using any of the terminology that we proposed. In a way that's where you have to accept that you're part of a much bigger picture and your point will get subsumed into a broader category, and you have to still see that you are in there. But to read that document now and compare it with the first draft, I think it's got a lot better in terms of the issues that are of importance to us."*
>
> **Civil Society**

WHO Secretariat: How to sustain and consolidate the good practice?

Secretariat representatives see various ways ahead for "doing it again", but they are also worried about the ***fragility of the currently improved engagement with civil society***. Passing on the expertise and a set of instruments from one team to another (or a next) one is needed, but not evident. It can only be done with a mix of ***documenting the tools and standard practice*** and, at the same time, consolidating and broadening a ***culture and routine of engagement and openness for interaction*** with civil society across the organisation (WHO).

> *"All in all, this was an incredibly intensive period of hard work. So, we are starting now to see some attrition as well, and to take the next steps, it needs a revitalization.*
>
> *"I think we are going in the right direction, but I think it's really important that we capture the fragility of this right direction. This is a Director-General who believes civil society enriches the work of WHO and that we can be good for civil society as well. And he's trying to create mechanisms to make that work, like the Civil Society Commission for example, but he could go, and this could disappear.*
>
> *"We have worked across broad sweeps to the organization, and we know it well. And we've worked at different levels of the organization so we know that as well, but you really should not be doing this ad hoc every four years. We documented the process quite well, but the risk is, right now, that without an office where this sits, this is getting lost. You should have an office for strategy and planning that oversees the strategy process."*
>
> **WHO Secretariat**

According to the Secretariat, the lessons learnt from the GPW14 consultation can also ***inform the more technical consultations undertaken by WHO.*** But this again needs skilled and motivated people in the lead, and it needs capacity-building and the documentation of methods and standard practice, as outlined by different representatives of the Secretariat:

> *"I think we need to make sure that it would not be dependent on the person leading it, how the comments are integrated, because I don't think we can have Bruce in every consultation that's organized.*
>
> *"But let us not over-complicate things. If people see that doing a consultation is so much work, they might feel that they won't be able to do it because they don't have the resources."*
>
> **WHO Secretariat**

"We have successfully managed a consultation process for a corporate document; there is no document that is more corporate than the GPW. We have a few examples of good consultation practice undertaken by technical departments. Others haven't done well at all or haven't done any consultations at all. And to set a standard for consultations which are in-between the two will be something we have to jointly learn."

WHO Secretariat

"I think that the culture has changed a lot already or is changing at the moment. Already there have been many small consultations. And now, more and more people in WHO are realizing that consulting beyond staff and Member States is something that needs to be done."

WHO Secretariat

"I think it's a journey and we have to think of it probably like with any innovation: Yes, we have the front runners, the early adopters, but then we will have the mainstream. How do we engage them? And then we have those lagging behind."

—WHO SECRETARIAT

"It needs capacity-building. Because undertaking a consultation is not intuitive. It is a kind of dialogue many WHO colleagues don't know how to do. We have had lots of engagement with CSOs and so we're very okay with it, but others don't, or haven't, so they approach it in a stiff manner. There's something around capacity-building that is important for understanding how to have a meaningful dialogue–not just with CSOs, but with other stakeholders. That shouldn't be underestimated because it isn't something that just comes naturally."

WHO Secretariat

"I don't have a straight answer on how we deal with the fact that the GPW Secretariat was very motivated and well enlightened on what it means to consult. We have to produce guidance for those which don't bring in both qualities at that high level. We will have some super-motivated but simply ignorant of what it means, and we will have others who are rather reluctant and don't really want the inputs. And I'm not sure if guidance, which can evolve over time into terms of references, would make a difference for these."

WHO Secretariat

Civil Society: Confidence and capacity as core ingredients

In their assessment, CSO representatives emphasise the fact that, based on their experiences of the past, ***being consulted by WHO was not at all self-evident***. Being fit to fully and meaningfully engage in WHO consultations needs a set of 'ingredients' at the institutional level of a civil society organisation:

- being informed about a drafting process;
- being invited to contribute;
- having the team, capacity and mandate to respond to the invitation;
- having the confidence that your voice is taken up;
- getting organised within and beyond your team.

> *"I am not sure that my organisation would have been aware about the preparation of GPW14 if I had not been involved in the Civil Society Commission Steering Committee. The experience has been a mixture of positive, frustrating and educational. If wider civil society is to be engaged systematically in future, much more will need to be done to raise awareness of the opportunities to participate and to prepare the ground well in advance, so that CSOs are equipped to respond. At the beginning, we weren't properly equipped for it, and there was this learning process that actually our inputs could make a difference, and maybe would have made more difference if it got in there earlier. So that's a reason to be better prepared next time.*
>
> *"One question for me was how much an organisation can influence this process. Is the consultation process a window-dressing exercise where the WHO Secretariat has to show that it has consulted and that it's been open for discussions? Or is it genuinely an open consultation process where there's a chance that by contributing, we might actually be able to influence the outcome? When we realized that actually there's a chance that we can input more, that there's an openness, we felt it was important to consult more widely. And that's when we appealed to all of our members to put together a working group that would be able to provide more detailed input."*
>
> **Civil Society**

Assessment and recommendations by the Study Team

The consultation of civil society as part of the drafting process for GPW14 can be seen as a success story and a good example of ***concrete expression of a new culture and endeavour at the WHO Secretariat*** to walk the talk for civil society engagement. As with the first case study presented in this report, the consultation for drafting the GPW14 provided civil society organisations another opportunity to assess ***what they need to be engaged in a meaningful way***.

Lessons learnt for future

Based on the assessments of the study material and the interactions with different stakeholders engaged, the following elements for meaningful civil society consultation for the drafting of GPW14 are identified as key for its successful outcome:

- **A clear mandate:** The WHO Secretariat, for its consultation process, referred to a clear mandate for broad consultations, including civil society. This had resulted from the evaluation of GPW13 and was confirmed by the Director-General and the Member States.
- **The "right" team:** The WHO Secretariat mandated a team for the overall drafting of GPW14 and for consultation with civil society and with Member States and other stakeholders. This was highly motivating and ensured the instruments and skills at hand for 'doing the job' in a competent and friendly way, which was highly appreciated by civil society representatives engaged in the consultation.
- **A proper civil society consultation**: Within the overall approach of consulting a broad range of "stakeholders" in the drafting of GPW14, there was one special track for targeted consultation of civil society and youth by the WHO Secretariat.
- **Iterative approach and reporting back:** The interviewed CSO representatives expressed their appreciation to have been invited to a series of online consultation meetings. It was seen as particularly helpful that at each consultation the WHO Secretariat provided an update on the state and progress of the drafting process and how external input was taken up.

Recommendations

There are important lessons to be learnt from the civil society consultation regarding the drafting of GPW14 and there are next steps to be taken to consolidate the achievements and to further advance a consultation culture and practice at WHO on how civil society can be involved in a timely and meaningful way.

The study team identified the following recommendations:

- **To WHO Secretariat: Create a "consultation" team.** If there is an emerging culture at the WHO Secretariat to engage with and reach out to civil society in a more structured and solid way, sustaining and further advancing such enhanced interactions is not possible without having a permanent team (or even several teams) at the Secretariat which has the mandate, capacities and instruments to provide tools, guidance and support for any consultation processes.

- **To WHO Secretariat: Collect, document and provide written good practice and guidance.** With the "Handbook on Social Participation"[53] project, the WHO Secretariat developed for Member States a concrete tool to promote their interaction with civil society and, at the same time, provide a set of very concrete tools for how to do so. Such a handbook and/or an easily accessible repository of inspiring stories, good practices, tools and instruments would be extremely helpful for civil society consultations and interactions undertaken by the WHO Secretariat.

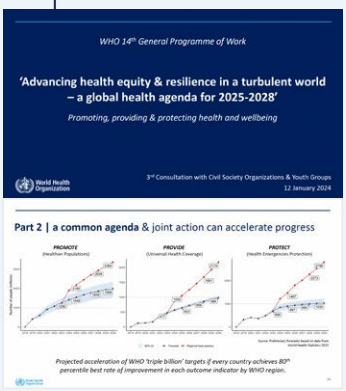
- **To civil society: Get fit for consultations, and team up.** The inherent diversity of civil society input is an asset as such, and therefore civil society should not be expected to speak with one common voice. At the same time, it is not reasonable that CSOs and their thematic coalitions and networks react to a call for contributions by WHO to provide input to a very specific drafting process by just copying and pasting their standard discourse and statements, and by underlining the importance of their particular health issues. If a subset of civil society actors is invited to a consultation by WHO, their input should be straight to the point, coherent (especially if there is a series of sessions) and, ideally, it should be presented by coalitions of organisations who have the capacity, expertise and track-record of representing a broad constituency. Further, the setup of a WHO consultation should be done in a way that allows broad and diverse participation. While the leadership and ownership of a WHO consultation process for civil society is clearly with WHO, it can be explored how the emerging WHO Civil Society Commission as well as the Youth Council could establish thematic platforms to facilitate the consultation process and to contribute to making civil society "fit for the job".

- **To WHO Civil Society Commission and its working group on consultations:** Further explore the field of WHO consultations with civil society beyond the current methodology by assessing experiences and recommendations which came up from a variety of consultations undertaken by different thematic departments and desks at global, regional and national level.

Toolkit: Good practice

For the documentation of the consultation process, we would propose to add the following to our "Toolkit" on how to undertake civil society consultations:

- **Presentations by the WHO Secretariat** on the GPW14 drafting process, feedback received, state of the draft, next steps, and how to engage dated 2 October 2023, 12 January 2024 and 21 March 2024.



Walk the Talk: The Health for All Challenge - 21 May 2023 ahead of WHA76. Pictured here: WHO Director-General Dr Tedros Adhanom Ghebreyesus (centre) speaks with Walk the Talk climate activists. Photo © WHO / Antoine Tardy

CASE STUDY 3:

Civil society interactions with Member States during the drafting process of a World Health Assembly Resolution on Climate Change and Health

On 30 May 2024, the 77th World Health Assembly adopted a resolution on Climate Change and Health[54]. A first draft of the resolution was already shared by a core group of Member States, with the Netherlands and Peru in the lead, ahead of the 154th Session of the WHO EB in January 2024[55]. There was, however, no agreement on the draft resolution at this time. Further consultations among Member States continued ahead of the WHA when a revised draft was adopted by consensus.

In a note for the media[56], the WHO Secretariat called the resolution "a landmark" and its adoption "a ***key moment in the fight against climate change"***: "In a resounding call to action, the Seventy-seventh World Health Assembly has recognised climate change as an imminent threat to global health, passing a resolution which underscores the urgent need for decisive measures to confront the profound health risks posed by climate change. The resolution, supported overwhelmingly by Member States, presents an overview of the existential threat that climate change poses to human health".

The adoption of the resolution was also welcomed in a press release by the Civil Society Global Climate and Health Alliance (GCHA)[57], positioning the resolution in the ***broader negotiation processes on climate change and health beyond WHO***:

"'Adoption of the Climate Change and Health resolution during this World Health Assembly demonstrates a clear political commitment by governments and WHO to scale up climate action as a public health priority in order to protect people from the increasing health impacts of climate change', said Rosie Tasker, Clean Air Liaison at the Global Climate and Health Alliance. 'Following years of calls for greater action by civil society organisations and the Director General and other senior leadership of WHO, the resolution also clearly connects health to climate mitigation, adaptation, and for the first time, loss and damage.

"With the UNFCCC intersessional climate meetings in Bonn next week, and the COP29 international climate negotiations on the horizon, it's crucial that the health and climate community maintains and builds on this momentum during this World Health Assembly. We're calling for urgent cross-sectoral action, beginning with eliminating the world's dependence on fossil fuels to protect people's health and wellbeing, and with investments in health systems and societies to better withstand challenges of the climate crisis" (press release quoting Jess Beagley, GCHA Policy Lead)

According to GCHA, the ***broad support for the resolution*** "reflects the urgent need of responding to the health impacts of climate change and the need for a coordinated global response". However, the GCHA press release also provides a sober assessment of the shortcomings in the resolution text and makes a clear call for further activities after the resolution's adoption by the WHA, including continued consultation and involvement of civil society: "Now that the resolution has been adopted, the World Health Organization is expected to work on developing the Global Plan of Action on Climate Change and Health (GPoA) to drive this work throughout the organisation, alongside WHO's strategy to make its own operations climate neutral by 2030. 'Looking ahead, the Global Climate and Health Alliance and our civil society members and colleagues stand ready to contribute to and support WHO's development of the GPoA, where we'll be seeking to address some of the resolution's shortfalls,' concluded Tasker."

A Member State drafting process

The launch of the proposal for a climate change and health resolution and the drafting process followed the ***standard patterns and* processes *for drafting WHA resolutions*** (also described in the first case study), with Member States in the lead. The drafting process was supported by a skilled team of the technical department of the WHO Secretariat. After the adoption of the health and climate resolution, the WHO Secretariat congratulated the ***Member States team – the Netherlands and Peru*** – in the lead of the drafting process for the resolution:

"Brilliant leadership by the Delegations of the Netherlands and Peru, along with the numerous co-sponsors, in championing the Climate Change and Health resolution. Very grateful for their hard work in ensuring the approval of this crucial resolution with overwhelming consensus." (Dr Maria Neira, WHO Director, Public Health, Environmental and Social Determinants of Health)[58].

> "History made! One year after the Netherlands youth delegate called for a new WHA resolution on Climate Change and Health, co-chairs, Peru and 30 co-sponsors bring it home with resounding support." (Diarmid Campbell-Lendrum, Head of WHO Climate Change Unit)[59].
>
> **—WHO SECRETARIAT**

After the ***announcement of the resolution project at the WHA*** in May 2023 by the Dutch delegation and the development of a first draft by the core team, the Member State consultation process was launched with a ***public event at the Geneva Graduate Institute*** on 2 November 2023.

At the event, the Deputy Permanent Representative of the Netherlands introduced in a keynote the resolution project in compelling words: "Today, I'm thrilled to be part of a collective effort, led by the Kingdom of the Netherlands in collaboration with Peru, Fiji, Barbados, Kenya and the United Kingdom of Great Britain and Northern Ireland to spearhead a groundbreaking resolution on Climate and Health, slated for consideration at the World Health Assembly in May 2024. The objective of this resolution is to galvanize the World Health Organization, Member States and other stakeholders into tangible action within the confines of our current shared points of agreement" (Source: Communication by the Delegation of the Netherlands).

At the launch event, the initial ***draft text of the resolution*** was shared and introduced by representatives of the core team, announcing a first Member States consultation on the resolution (on 14 and 23 November 2023). Finally, the drafting process led to the publication of a draft resolution text as a "conference document" for the 154th Session of the WHO Executive Board in January 2024 and was continued until the 77th WHA in May. The consultation process did ***not include any consultations*** of civil society or other actors.

The story behind the resolution

The story of this resolution rightfully celebrated as a great achievement by Member States is also a ***story of a remarkable civil society initiative*** and an ***intensive process of interaction between civil society, the WHO Secretariat and Member States.***

The following section of this study will give insights into the process based on interviews conducted with representatives of Member States, the WHO Secretariat and civil society. The "civil society roots" of the resolution and the strong role that civil society played in initiating and shaping the resolution was confirmed by all interviewed partners.

There is no secret about this. In a press release published by the Global Climate and Health Alliance (GCHA) after the adoption of the WHA resolution, the GCHA stated that the resolution "was ***called for and closely followed by a diverse civil society coalition*** of over 50 organisations across more than 30 different countries"[60].

Intensive cooperation in view of COP28

In addressing the political, social and technical challenges related to climate change, the United Nations Framework Convention on Climate Change (UNFCCC) and its Conference of the Parties (COP) play a central role. The ***28th Conference of Parties of the UNFCCC (COP28)*** took place in November and December 2023 in Dubai, hosted by the United Arab Emirates. More than 70,000 participants attended COP28. For WHO and for civil society organisations focusing on the health sector, COP28 was a milestone event. It "lifted the political profile of the climate-health nexus and contributed to mainstreaming health in the global climate change agenda", as reported by WHO[61].

WHO itself engaged strongly in the preparatory process and the implementation of the first-ever ***Health Day***[62] at a Conference of Parties at which Health Ministers endorsed the ***COP28 Declaration on Climate and Health,*** supported by 120 countries[63].

A highlight of the Health Day at COP28 was the ***launch of a joint call to action by WHO and civil society organisations***[64] to prioritise health in climate negotiations at COP28. In the call to action, WHO and over 42 million health professionals called on governments to meet the commitments they have already made and to deliver on the Paris Agreement, including the acceleration of the phasing out of fossil fuels and to raise their ambition for a healthier, fairer and greener future for humanity[65].

The successful cooperation of WHO and civil society for the Health Day at COP28 was well prepared in advance. Already in 2022, WHO initiated the global platform ***Transformative Action on Climate and Health (ATACH)***[66] as an "informal voluntary network for participants to exchange views, share information, and enhance technical and political cooperation. It is not a distinct legal entity, thus administered by WHO, which provides its Secretariat."

A "Call for consultancy: WHO support to WHO Collaboration with Civil Society and ATACH in preparation for COP28" published on the website of ATACH[67] provides further details of how ***WHO actively promoted the engagement of civil society in the preparatory process*** for COP28: "2023 provides a unique opportunity to advance action at the intersection of climate and health (...). This opportunity places extra demands on coordination among health partners including health civil society organisations engaging on climate change. WHO recognizes the important role of the public health community in highlighting the importance of health protection and promotion within the Climate Change debate."

The call also refers to a ***WHO-Civil Society Working Group for Action on Climate Change and Health*** launched in 2019 as a mechanism for WHO-civil society collaboration on climate and health. The website of the working group is hosted by the Global Climate and Health Alliance and presents the group as follows: "Working group members work individually and collaboratively to increase engagement of the health sector in climate change mitigation and adaptation. Through the Working Group and its three subcommittees they tackle climate change through health care systems reform, research, peer education, advocacy, emergency response, and policy development. Established by WHO Director-General Tedros Adhanom Ghebreyesus, the group is co-chaired by the WHO Assistant Director-General for Healthier Populations, and the Executive Director of the Global Climate and Health Alliance"[68].

The two platforms of cooperation and joint advocacy which were set up in the last few years, and the joint project of preparing the Health Day and related initiatives at COP28 led to a ***practice and experience of intensive cooperation and co-design of important processes and documents*** in a team including the WHO Secretariat, some Member States in the lead of linking climate change and health, and a range of well-organised and powerful civil society organisations and networks.

> *"A couple of years ago, civil society already started consulting with us. We established a working group for collaboration of WHO and civil society on climate change and health. This is a very special working group in WHO because it was created at the request of Dr Tedros, really right at the beginning of his first mandate. He came to his first COP in Bonn and then we actually introduced him to the different NGOs that were around in this field. And then he basically proposed something so simple: We need to strengthen this collaboration and have something official. Just let's bring together a work plan of engagement."*
>
> **WHO Secretariat**

> *"With this working group we always had super open exchanges. When a group of NGOs requested us to stimulate the development of the resolution, we, as technical team, were immediately in support. And we facilitated together with them* some *informal exchanges with Member States that we knew as interested and supporting."*
>
> **WHO Secretariat**

Civil society reaching out to Member States with a "non-proposal"

The established contacts and the experience of WHO as a reliable partner allowed a civil society team around GCHA to approach the WHO Secretariat and Member States with a proposal to make the most out of the renewed attention on the climate change and health nexus by launching another proposal of a ***WHA resolution***.

> *"We convened a group of civil society organizations who were really interested in seeing an updated resolution of climate change in health. However, the starting point of that story was a group of organizations who work with WHO, who wanted to see WHO doing more and scaling up the work on climate change and health.*
>
> *"GCHA organized, two years ago already, some informal consultation. We, as WHO secretariat, also participated. They invited some key countries that showed interest in this idea. There was a lot of openness from all sides. So there was a kind of consultation, just done on the initiative of a group of NGOs with the blessing of the technical unit and the welcoming by certain Member States."*
>
> **WHO Secretariat**

> *"There was a lot of discussion internally as a group of CSOs what the best mechanism would be: Would it be looking at the next General Programme of Work? Would it be a resolution? Would it be an action plan? If it was an action plan, how do we arrive at it? There was sort of brewing over 2022. And while GCHA convened those conversations, it was very much a multi-party discussion. We heard from a lot of different organizations on that. It was then settled that a resolution would be the best mechanism, because there were a number of gaps that a resolution could build on and it could then task into an action plan and other technical products.*
>
> *"At the same time, we knew that, as civil society organizations, we can't draft a resolution. There would need to be a certain amount of Member State engagement. So, we started piloting those conversations with different Member States who we thought might be interested.*
>
> *"A significant part of some of those conversations was actually walking through a concept note that we drafted together. It was quite useful to speak on behalf of these 30, 40 organizations, to show to Member States: This is our digest of the issue. This is what we're really worried about. This is what all these organizations are already facing. That was really helpful in helping to frame the conversation with Missions mainly where they didn't have that kind of technical expertise."*
>
> **Civil Society**

The ***concept note for a "WHA77 Resolution on Climate Change and Health"*** shared by the civil society team with Member States in different versions, throughout 2023[69], can indeed be seen as the main ***catalyst and initial reference*** for the later launch and framing of the draft resolution by a group of Member States.

The concept note is a ***remarkable document***: It starts with references to the earlier WHA resolution (WHA61.19) on climate change and health, adopted by the WHA in 2008[70], and bridges from these to the current health and climate crisis and the related challenges for WHO and Member States, outlining why a new WHA resolution was needed, what could be expected from its adoption and what could be its possible content in terms of recommendations to Member States and the WHO Secretariat:

"In the 15 years since the last World Health Assembly (WHA) resolution on climate change and health, the understanding of the links between climate and health has advanced significantly. There is, however, currently a piecemeal approach to mitigation, adaptation and responding to loss and damage, threatening to leave many of the most vulnerable individuals and communities behind. This civil society coalition calls on World Health Organization Member States to respond to this with an updated resolution to be adopted at the 77th session of the World Health Assembly to draw together existing initiatives, tools and resources, better align and support the work of key global actors and set new ambitions for Governments and the WHO. This concept note presents notable international policy developments on climate change and health and provides a brief overview of the complex interlinkages between climate change and health. Building on this, it maps out some of the key issues a resolution could consider, including a core set of recommendations for action by the WHO Secretariat and Member States. This note has been co-developed by a broad coalition of civil society organisations, academia and philanthropies which are actively committed to supporting Governments and the WHO to take comprehensive action on climate and health. It seeks to provide a summary of the key issues facing communities and a set of potential actions to help support and inform Member State negotiations on a resolution"[71].

The civil society concept note already contained all key elements of a draft WHA resolution. The fact that the civil society input document was called a "concept note" and ***not a "draft resolution"*** resulted directly from the initial explorations of the CSO team with Member States and the Secretariat and the advice received.

> *"They wanted to draft a resolution and propose it to Member States. We actually refrained them from doing so, because it's not the way it works with Member States. They have to come up with a proposal themselves. But as we really valued the civil society initiative, we encouraged them to put down a concept note, not in the form of an already pre-written resolution, but just all the background, rationale, and the reason why WHO needs a new resolution of climate change and health. So they prepared this concept note and they circulated it to Member States with our backup and support."*
>
> **WHO Secretariat**

> *"When we reached out to check a resolution with Member States, in the first period, we talked about a 'draft resolution' or a 'resolution outline'. Shifting to calling it a 'concept note' was on the advice of certain Member States who said that within the full pool of WHO Member States, there are some who say that if there is a civil society*

draft of a resolution that they won't engage, whereas if there is a concept note or a set of desires that they will."

Civil Society

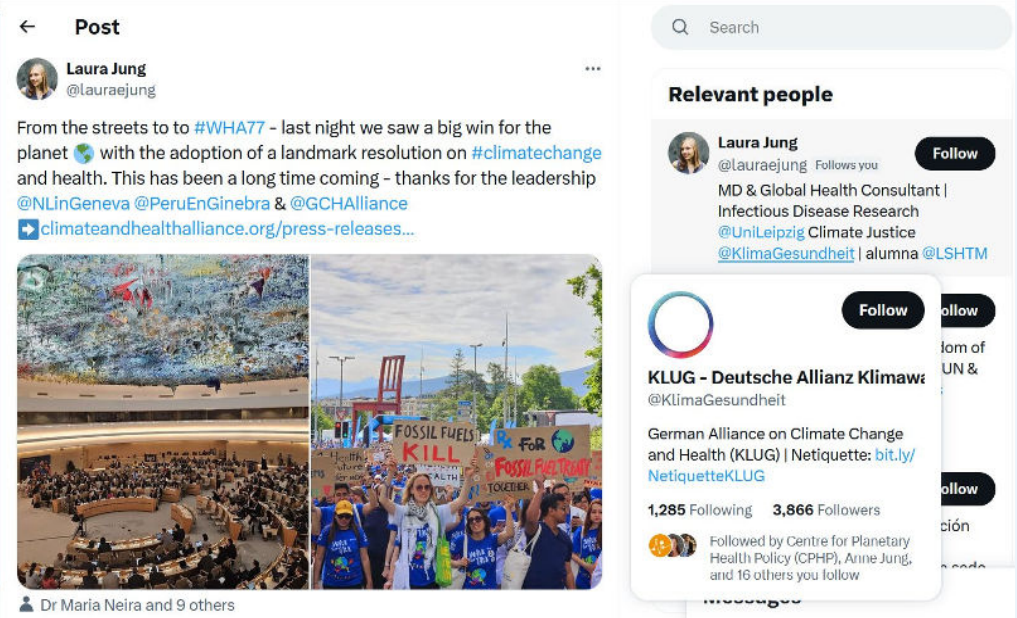
The key value of the ***civil society concept note*** together with the ***informal interactions with civil society*** and the ***support provided by the WHO Secretariat*** are also confirmed by the Member State representative.

> *"Yes, I think that's a very important point. One of the countries, when approaching us with the proposal of a new resolution, also mentioned that there is already a concept note drafted by a large group of NGOs that actually promotes this resolution and also gives concrete recommendations for what should be in this resolution. And this really helped also convince the higher political levels to take this up, because we already had some concrete ideas of such a resolution and something we could build on when starting to draft the resolution.*
>
> *"And another important and more indirect way was through the WHO Secretariat. So they have a contact group, a working group with civil society on climate change. So all the members in their team provided us with suggestions and also informed us about their feelings from their discussion with civil society organizations on what would be important to have in the resolution. So it's in a sense a more indirect way. And then we had some discussions as well with several NGOs in our country, as we have created – as part of our global health strategy – an interface which brings together all relevant stakeholders including private sector, but also our knowledge institutes and civil society organizations. So we had some discussions with them to get a feeling of what they would think and what would be important to have in this resolution."*
>
> **Member State**

From a civil society proposal to a Member States' draft resolution

In May 2023, at the 76th World Health Assembly, Member States finally took over the lead, with the delegation of the Netherlands ***announcing the resolution project in a statement***. The statement by the Netherlands at WHA76 was a great relief for the civil society team. At that moment, they could confidently ***rely on the Member State leadership for the resolution*** and focus their attention towards watching the progress of drafting and promoting strong language in the resolution.

> *"A lot of our earlier conversations with Member States went like 'Okay, we hear a lot of requests for resolutions, but why is this one needed? Why does it not need to be an action plan or something else?' The real turning point was the statement at the WHA last year from the Dutch Youth Delegate who said that we are not seeing enough work on climate change in health and the Netherlands would be very interested in pursuing this further with a WHA resolution."*
>
> **Civil Society**



Youth delegate reacts to the successful adoption of the WHA resolution on climate and health showing the success of their activism

Launched by a "Youth Delegate"

The fact that the resolution project was launched by the Netherlands at the 76th World Health Assembly in a statement read by their Youth Delegate is a remarkable side note, herewith reported. The Youth Delegates programme is another remarkable initiative promoted by WHO. Through the inclusion of youth delegates in a Member State's official delegation, a Youth Delegate Program provides a space for young people to participate in global health governance. A national WHO Youth Delegate is a young person that is formally accredited on a Member State's official delegation to a WHO high-level meeting. At the 76th World Health Assembly, there were WHO Youth Delegate Programs from the following Member States: Canada, Denmark, Germany, Ghana, Israel, Lebanon, Norway, Oman, Peru, Portugal, Romania, Slovenia, Switzerland, and The Netherlands[72].

Many young WHA delegates engaged in making the climate crisis visible and audible as part of the WHA "Walk the Talk" event in Geneva before the opening of the World Health Assembly. One year later, a post on "X" on the day of the adoption of the resolution, illustrated the link between youth activism on the streets (in Geneva and elsewhere) and the successful adoption of the WHA resolution:

"From the streets to WHA77–last night we saw a big win for the planet with the adoption of a landmark resolution on climate change and health. This has been a long time coming. Thanks for the leadership to the Delegations of the Netherlands and Peru in Geneva and to the Global Climate and Health Alliance"[73].

For the Member States, the ***launch event in November 2023*** with a ***variety of speakers including civil society*** was crucial to initiate strong engagement of Member States in the drafting of the resolution.

> *"The idea behind it was mainly to have Member States being on the same page of what we would intend to achieve with such a resolution. Because, at that time, climate and health was already gaining more political attention, but the feeling of our permanent mission in Geneva was that not so many colleagues knew exactly what such a resolution would be about. For example, what would be the mitigation side? Or would it be the adaptation side? etc. So the idea was mainly to bring Member States on board. An important way to do that was actually to have many organizations and experts from outside expressing what they would think why it would be important to having such a resolution, and as well to have the WHO Secretariat tell something about the impact of climate change on health and vice versa. So that we would actually have a good basis from which to start the negotiations.*
>
> *"We knew of course that those negotiations would be Member State-led and it would no longer be up to us to actually include the views of outside actors. That would need to be done directly by approaching Member States, but that there was still an opportunity to have civil society actors and experts express themselves on this topic."*
>
> **Member State**

Assessments by those engaged: Interactions during the drafting of the resolution

Once the drafting of the WHA resolution started, the civil society team that initiated the resolution project had to cope with the ***overall terms of a Member State process*** which are described in other chapters of this study. The team did this quite successfully, and this part of the story, as reported by those engaged, is also remarkable.

No "proper" civil society consultation

The Member State team in the lead of the drafting process decided, before the launch of the Member State consultations, not to add a targeted consultation of civil society or other actors, mainly due to capacity and time constraints. They also considered that informal opportunities for providing input and the existing civil society concept note already provided space for input and reflected a sound understanding of civil society positions and demands.

> *"We definitely considered a consultation. But there were several reasons why we actually in the end didn't organize it. One is simply the lack of time. It was already very hard to organize all the Member States consultations, and then to produce a revised draft again and again. So that's quite simple. But another reason was that we already had this concept note drafted by civil society organizations, which was quite elaborate and detailed. So that already provided us with very useful input. And the third reason is also that we as co-facilitators were a bit hesitant to organize something ourselves for this. We didn't want to give the impression that we were losing our own neutrality and that it would no longer be a Member State-driven process. In*

that regard we actually stimulated others to organize something on this topic outside of the resolution, but still connected to the resolution process."

Member State

A Black Box, with some peepholes

Respecting the ***confidentiality principle*** is seen by Member States as a core ingredient of a set of unwritten rules about negotiations. This is confirmed by the actors interviewed.

> *"To respect the idea that this is a Member State process, it's ultimately Member States deciding what should be put in. But still allowing for the opportunity of civil society to influence the process in a way.*
>
> *"Once we started the actual negotiations, we thought it would be better as co-facilitators to really focus on incorporating the input from Member States. And then encourage civil society organizations if they want to provide input to do that via other Member States engaged in the negotiations. So, approach them directly to bring this in during the negotiations."*
>
> **Member State**

The "black box" of a Member State negotiation process excludes those who are not allowed to contribute and act from inside the box, who have to stand by and wait until 'the box delivers its output'. There is, nevertheless, to a certain extent, the possibility from 'outside the box' of ***gathering intelligence on the state of negotiation*** and, on this basis, for ***continued and targeted advocacy*** on promoting particular issues or language to be included in the negotiated document. This reality corresponds with the proper meaning of the term "lobbying": advocates waiting in the lobby outside the negotiation room and approaching those who walk in and out, to influence them. The precondition for lobbying (or better to use the term 'advocating') is to have some ***Member States available to be approached*** in an informal way. This was confirmed by both sides.

> *"What has made civil society participation in this process possible was how open some Member State representatives have been to talking with and to hearing from civil society. And that has really made a lot of difference, but it's by no means a given. I've worked on other resolutions where that hasn't been the case, it has been a bit like trying to get blood out of stone.*
>
> *"To the best of my knowledge, the core group was quite open about engaging with civil society. My sense of framing the conversation between the co-chairs and other Member States was that Peru and the Netherlands wished to pursue this resolution. And they have heard that there has been really strong support by civil society for a resolution."*
>
> **Civil Society**

> *"About what we were able to communicate, about the process and the further updates of the concept resolution, that was quite minimal, of course. We informed outside organizations a little bit about the key elements we were expecting to have in the resolution. But we couldn't be very detailed about the paragraphs in the resolution and also not about which Member States supported something and which opposed it."*
>
> **Member State**

> *"The co-chairs encouraged us to go and speak to Member States directly and I think this was partly to provide a bit of space between them and us, to give both groups a little bit more space. But also because there were certain things that were framed in the resolution that we didn't agree with, and there are certain things that we still don't agree with."*
>
> **Civil Society**

> *"I never heard any complaints about confidentiality. I have to acknowledge also that most of the NGOs engaged were very discreet and professional. They didn't really upset anybody since nobody complained, on the contrary. I think there was lots of interest in hearing."*
>
> **WHO Secretariat**

Civil society team: Expertise, team, strategy, and task-sharing

The civil society team following the negotiations and lobbying for strong language is a ***great example of what is needed for successful advocacy*** in terms of a team, expertise and capacity, and modalities of work. These 'ingredients' were described by a representative of the team in one of the interviews. These important ingredients were also observed in practice by a member of the study team who followed the teamwork from within.

On the need to ***team up, cooperate and coordinate***:

> *"I don't think it would be feasible to do this work as one single organization. This is the baseline. And I think the nature of the challenge of climate change and health is such that we did need that multiplicity of voices and specifically voices that came from around the world.*
>
> *"Our organization is very much focusing on collaborative work across different civil society organizations and bringing in different levels of expertise. So it's been about trying to coordinate and consolidate, so that we have a core set of messages that everyone can articulate, because we know that Member States often need to hear these things multiple times. And then everyone can then build their own emphasis on that."*
>
> **Civil Society**

On ***diversity and representation***, and a set of agreed ***core messages:***

> *"I think we have tried hard to make sure that we are as representative as possible. I think we can still try and improve on that. And that's the conversation that we are having across the board about the work that we do. But I think our approach is trying to think about not only the message that we want to convey, but who is the best messenger for that, who has the greatest expertise, and who is the most authentic voice.*
>
> *"We tried to brief people so that they can use the opportunities they've had when talking to capitals or missions, to have a common voice on the climate and health resolution so that we have a common approach. And then, each individual organization can take those components that are most relevant for their organizations' mission and motivation. So, there are organizations that focus quite specifically on climate-sensitive diseases, and there are organizations that would focus much more on health care workforce, or there are some that focus much more on health system strengthening at large, and others that focus on NCDs."*
>
> **Civil Society**

Civil society used a ***double approach in reaching out to Member States:*** via the Missions in Geneva, by a consultant hired for this task, and in capitals, via the diverse members based in over 30 countries.

Tools drafted and continuously updated for this purpose included the initial concept note, a ***civil society briefing note*** which listed "key areas for consideration as part of the negotiations", and a ***Member State Outreach tracking sheet*** for internal coordination.

> "I think where we have seen success both for this resolution and for previous resolutions that I've worked on is where we can combine the conversations that advocates are having in Geneva with those conversations that organizations are having with capitals.
>
> **—CIVIL SOCIETY**

Keeping the broad civil society ***team informed and engaged*** and providing space and tools for ***joint planning and strategizing*** was a key task for the Geneva-based consultant. At the same time, the consultant functioned as team coordinator and facilitator. For this purpose, the coordinator regularly disseminated updates and notes of team meetings via an ***internal mailing list***, which could also be used as a tool for horizontal communication, allowing all members to share their news and insights. The ***team meetings*** convened by the coordinator allowed members to share and discuss insights and updates on the development of

the draft resolution (language, sticky issues), and made assessment possible regarding the process and evolving context, as well as to strategize on next steps.

> *"Another large part has been holding regular calls to provide updates for interested CSOs on where the negotiations are, what the process looks like, what to anticipate, when might be opportunities for intervention, when might those windows close, sharing drafts, coordinating a response document. So, it's really focused on trying to bring together and smoothen the process as much as possible for civil society engagement."*
>
> **Civil Society**

On certain occasions, the team ***reached out to a broader civil society audience***, sharing updates and insights and promoting engagement: in an open discussion meeting in August 2023[74], a representative of the GCHA provided an update[75] on the proposed resolution, and on the status of shaping civil society input and narrative, and advised on how to engage. In a policy debate in January 2024, a representative of GCHA provided a detailed report of the history of the resolution, an assessment of the state of the draft (consensus areas, sticking points, gaps in the text) and an outlook to what was to be expected from the Executive Board meeting and the WHA[76].

It goes without saying, although this would not have been heard from the interview partners, that the role of the "spider in the web", the ***coordinator of the civil society team***, was highly important. The whole civil society team benefitted from having a great professional in this role. This, however, did not come "for free" and needed financial resources. There was, however, a great return on investment for the organisations that initiated the project and convened the team.

Was the civil society team even "too professional"? A difficult question, also for the WHO representative who provided their perspective on the new style of NGOs engaging in global processes and fora:

> *"The professionality of our civil society counterparts has a double kind of reading for me. Our director was always saying to them, every time she meets them: 'Please be an NGO, and especially if you're young, be alternative, use your own language, use your own style', because we need also a provocative partner on the other side that is not always adapting to the process and following the UN or WHO mechanism professionally, using the same UN language. We appreciate a lot this new style of a kind of NGO that makes noise in a formal way, but at the same time, I think we sometimes lose the most progressive voices around climate change.*
>
> *"When I speak today with our NGO counterparts, with these very well-structured, big NGOs, working at the international level and then they declare they are representing broader constituencies, representing a national level, some specific perspectives, we trust them. But then yes, and this is not a criticism, I have the feeling that I'm not really dealing with grassroots civil society."*
>
> **WHO Secretariat**

Assessments by those engaged: Outcomes and perspectives

The civil society team engaged in the making and shaping of the resolution on climate change and health has evaluated this work as a ***good and successful experience,*** which allows for an ***optimistic outlook to the important next steps ahead***, once the resolution is adopted. This includes mainly the continued civil society engagement by WHO in the implementation of the resolution via the development of an agreed Plan of Action and via advocacy work requesting Member States to follow-up on the actions points and commitments on which they have agreed by adopting the resolution. This has been confirmed by the WHO Secretariat.

> *"The Plan of Action for us is even more important than the resolution, because we can really then showcase all the priorities and highlight the most important piece of work we want to implement. Even in a conversation with Member States, we mentioned that we want to establish as soon as possible a mechanism to make sure NGOs and other key actors can be consulted in the development of this action plan, with the technical unit in charge of the implementation of the resolution. We want to create a mechanism for consultation. And they are in agreement. So, again, probably the opportunity for us to really have the first real official interaction is after the adoption. We should then again frame together a process for consultation on the development of the work plan."*
>
> **WHO Secretariat**

For the civil society representatives, the story of having been able to successfully initiate a resolution proposal and to provide sound and timely input in the drafting of the resolution is a good one. It shows the ***value of having tried it***, both regarding the ***outcome (the resolution)*** and the process which has triggered ***civil society mobilisation and capacity***.

> *"I think that approach has been successful – not entirely successful, I mean. The resolution is good, but it's not everything we had hoped it to be.*
>
> *"Looking at how we engaged CSOs outside of Geneva, we significantly opened the scope for engagement and increased the number of people that we have who can help us advocate and make the case. This is important for the future, too.*
>
> *"I think the outlook is good. I think the conclusion is that civil society has a really important role to play. We have a realm of social and technical expertise which really complements those of the WHO."*
>
> **Civil Society**

At the same time, when compared with the civil society consultations described in the case of drafting of the WHA resolution on social participation, the civil society representative would have welcomed a similar approach. **Being more open for interactions** is also a conclusion of the Member State representatives.

> *"I don't actually think opening up to a more structured process would have caused political issues. I know that there is definitely an openness and interest in that kind of a structure by the co-facilitators. But I think, it potentially fell afoul of having the time, also because the Netherlands co-chairs the Intergovernmental Negotiation Body for*

a Pandemic Agreement. There was a lot of demand particularly on that mission. So I don't think it was a lack of willingness. It was probably a lack of capacity.

"Maybe I would try to organize one or two more briefings during the actual negotiation process, similar to what is being done for example in the INB, to have other actors express what they think and what they would advise. And to have Member States hear them about this, especially because climate and health was still quite a new topic for some of the people negotiating in Geneva. And I think it might have been helpful if they would hear about all these topics from civil society organizations. Because if it is only a discussion amongst Member States, it may become a little bit more political, and we also already have limited time during those negotiations to explain everything."

Member State

Overall, there is an expectation that the ***co-creation of a WHA resolution can and should be further advanced*** and, to a certain degree, formalised. This is supported by the representatives of Member States.

> *"Another thing is that civil society has always engaged in resolution processes. We're always likely to be there. So, why not make the best use of civil society time and expertise because we are going to be there anyway.*
>
> *"So, tick every box on time. Do it formally. And utilize those resources, that expertise that civil society can tap into and draw on to ensure that these resolutions are as strong as possible. Because otherwise we're relying on friendly Member States – which are fantastic, but this is an ad hoc way of doing it."*
>
> **Civil Society**

> *"To make resolutions as strong and as practical and as impactful as possible, having a formal process to engage with civil society is really important. It also could and should help to address some of the ivory tower criticisms of the processes in Geneva.*
>
> *"The work of fully and meaningfully engaging civil society needs to be done. It needs to be part of the initial conception of how a resolution is done. Because trying to retrofit some of it is likely not to happen because of capacity issues. Whereas if it's planned in from the beginning, then you stand a much better chance."*
>
> **Member State**

Finally, comparing the limited inclusivity of processes at WHO with other UN organisations, especially in the space of climate negotiations, there are expectations that the WHO principle and routine of a ***"Member State only" drafting process, which normally*** takes place behind closed doors without the possibility for direct access for civil society, is ***not carved in stone***.

> *"The process of resolution development is one that, from the best of my experience, has always sort of taken place behind closed doors. And to a certain extent, I can understand the rationale behind this. Resolutions are negotiated between Member States, the WHO is answerable to its Member States. So that Member States focus is a function of how things have worked so far. But talking to colleagues, particularly from the climate space who have engaged much more with UNFCCC, what has really jumped out is how small the civil society space is around WHO."*
>
> **Civil Society**

Assessment and recommendations by the study team

The last case reported in this study is again a very particular story, possibly the one that corresponds best with the notion of civil society and Member States, with the support of the WHO Secretariat, ***"co-creating" a WHA resolution***, at least at the inception phase.

Lessons learnt for the next time

The lessons learnt from this case study are mainly for ***civil society organisations that have a particular cause to promote*** and consider the instrument of a WHA resolution for doing so. It is not an easy endeavour to reach the ***critical step of having an experienced team and Member States fully engaging*** and taking the lead in the formal resolution drafting and negotiation process.

For civil society, the case reported here shows ***the huge investment in terms of capacity, professionality and resources***. In the described example, the investment was worth it. There are also many ingredients that can be seen as good practice, to be taken up by others. However, it would be interesting to know if the same result could have been ***achieved with fewer of these ingredients***, but with huge enthusiasm and ambition, perseverance and networking skills of a single civil society organisation and an individual or a small team.

Despite its impressive success, the study team would refrain from promoting the initiative documented in this case study as a benchmark**.** It recommends ***future experiences of "co-creating a WHA resolution"*** to be actively shared and assessed, still emphasising the big efforts that it requires. These may be stories of failure or success, because we often learn more from failure than from success.

With this reservation, the following elements for a meaningful and successful civil society engagement in the promotion and drafting of the WHA77 resolution on Climate Change and Health were identified as key for its success by the study team:

- **A history and routine of interaction:** A successful handing-over of a civil society-initiated proposal for a WHA resolution to WHO Member States was only possible due to history and experience of thematic interaction. In the present case this happened via the ATACH platform and related to the COP28 process, which led to the mutual trust and understanding needed for Member States and the WHO Secretariat to consider the civil society initiative.

- **A strong sense of relevance and urgency:** The project of a WHA resolution on climate change and health was built on the common assessment by all those in lead that this was the right thing to do at the right time. However, WHO Member States today face the challenge of a very packed – and almost unmanageable – WHA agenda. Further, negotiations and adoptions of WHA resolutions have become difficult and unpredictable. This became obvious at WHA77, e.g. with an unexpected prolongation of the drafting of a set of resolutions due to disagreement on language related to gender and sexual rights. In the future, the Member States are expected to be even more reluctant and strategic when it comes to the decision to propose a WHA resolution on certain health topics.

- **A plan, a team, and enough time**: For the civil society initiative for a resolution, these three elements were (and are) crucial. This also needed a developed process and initial investment, and it needed continued attention and flexibility. “Establishing a team” also included bringing the WHO Secretariat on board, and benefiting from the skills and network of a broad and extended team.

Recommendations

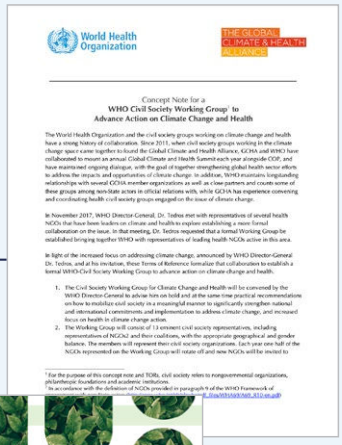
The study team’s conclusions mainly reflect the specific experience of the civil society team which was involved in the development of the WHA77 resolution on climate change and health. They nevertheless allow for some general recommendations:

- **To Civil Society Organisations: Dare to do it – again!** CSOs might engage in proposing WHA resolutions for various reasons, and in different ways, but, at the onset, they should honestly and profoundly consider the efforts and capacities needed for successful engagement. Improvisation, not having the plan, the team, the capacity, and the contacts needed will not only guarantee a failure, but it will damage the CSO’s own cause, as well as the cause of promoting a more meaningful engagement of Member States and the WHO Secretariat with civil society.
- **To WHO Civil Society Commission**: **Provide opportunities** for civil society to learn and share experiences and good practice of what it takes to propose a WHA resolution.
- **To WHO Civil Society Commission: Explore and promote standards and good practices** for informally engaging in drafting processes for which WHO and/or Member States do not provide a formal interface and a structured process.

Toolkit: Good practice

From the description of the interactions, the following is proposed to be added to the toolkit:

- **Civil society concept note** for a WHA77 Resolution on climate change and health
- **Launch event** for the WHA resolution


World Health Organization

THE GLOBAL CLIMATE & HEALTH ALLIANCE

Concept Note for a
WHO Civil Society Working Group[1] to
Advance Action on Climate Change and Health


The Core Group Climate Change and Health and the International Geneva Global Health Platform would like to invite you to

Launch Event - Towards a New Resolution on Climate Change and Health

The impact of climate change is the greatest global health threat of the 21st century, whilst paradoxically the healthcare sector and its supply lines is negatively impacting climate change. We need to take action to adapt and mitigate this impact. At this event you'll find out what challenges lie ahead and what steps we can take, from the perspective of science, non state actors, government, intergovernmental organizations and youth. To take forward in the process towards a new Climate and Health Resolution to be adopted at the 77th World Health Assembly.

The event will be moderated by Prof. Gian Luca Burci - Global Health Centre, Geneva Gradate Institute

Final conclusions and perspectives

The Study "Timely and meaningful civil society engagement in the development of World Health Assembly resolutions and decisions" reveals several critical insights and lessons:

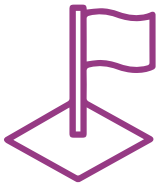
- **Enhanced transparency and structured processes**: The introduction of standardised templates and checklists has significantly improved the transparency and efficiency of drafting WHA resolutions. These tools have provided a clearer framework for Member States, though they have also raised concerns about potential rigidity.
- **Varied approaches to civil society engagement**: The three case studies demonstrate diverse methods of civil society engagement. Successful cases involve early and extensive consultations, leveraging the capacity and expertise of civil society to enhance the quality and relevance of the outcome.
- **Challenges in implementation**: The study identifies key challenges such as time constraints, limited established procedures for civil society engagement, limited resources and varying degrees of willingness among Member States to incorporate civil society input. Despite these challenges, the experiences from the case studies offer valuable lessons for future processes.
- **Benefits of inclusive policy making**: The involvement of civil society and youth in the drafting of the GPW14 and the two WHA resolutions underscores the benefits of inclusive policy making. Engaging openly with civil society actors contributes to more comprehensive and effective health policies.

Looking ahead, several recommendations and opportunities emerge from this study:

- **Systematic engagement practices**: There is a need to institutionalise the practices of civil society engagement across all WHA resolution drafting processes. This includes developing clear guidelines, checklists and protocols to ensure consistent and meaningful involvement.
- **Building on successes**: Future initiatives should build on successful practices identified in these case studies, such as early consultations, targeted communication and leveraging the expertise of civil society networks. These practices can serve as models for other Member States and WHO initiatives.
- **Continual learning and adaptation**: The WHA and WHO should adopt a mindset of continual learning and adaptation. Regular reviews and assessments of civil society engagement practices will help refine and improve these processes over time.
- **Expanding outreach and inclusivity**: Efforts should be made to broaden and standardise the outreach and inclusivity of consultations. This involves not only engaging established civil society networks, but also reaching out to underrepresented groups and regions to ensure a diverse range of perspectives.
- **Implementation and monitoring**: Effective implementation of WHA resolutions requires ongoing collaboration with civil society. Establishing mechanisms for monitoring and evaluating the establishment and impact of resolutions will ensure that commitments made are translated into tangible actions and outcomes.

Each of the three reported stories of interactions between WHO Member States, the Secretariat and civil society in view of WHA77 have their own value and learning opportunity. They were each initiated by a different actor (Member State, civil society, WHO Secretariat) and have led to very specific processes. Overall recommendations hence cannot replace those extracted from the case studies individually.

Here some specific advice:



- ***To Member States that are interested in consulting civil society in the drafting of a WHA resolution:*** Get inspired from case study 1, consider our recommendations, explore how to do it by consulting the resources and references published, and reach out to the Member States involved in the civil society consultation on the WHA resolution on Social Participation

- ***To teams at the WHO Secretariat*** that promote more systematic consultation of civil society in the making of important WHO documents: Get inspired from case study 2, consider our recommendations, and continue to explore within the Secretariat and in interaction with civil society counterparts what is needed to advance the practice.

- ***To representatives of civil society*** who want to drive an important cause by proposing and promoting a WHA resolution: Consult case study 3 and reflect on how our recommendations match with your realities and capacity.

All in all, the experiences and lessons from the three case studies provide a solid foundation for advancing meaningful and comprehensive civil society engagement in global health decision-making. By embracing these lessons, the WHA and WHO as well as civil society can strengthen their commitment to participatory governance, making health policies more responsive, equitable, and effective.

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Annexes

ANNEX 1.

Concept Note: Institutionalising Social Participation for Health and Well-being

Concept Note

Institutionalising Social Participation for Health and Well-being

Why social participation for health and well-being?

In the context of major economic and health challenges across the globe, especially following the COVID-19 pandemic, strengthening and institutionalising social participation must be a priority to advance health and well-being. Social participation – defined as empowering people, communities, and civil society through inclusive participation in decision making processes that affect health across the policy cycle[1][2], and at all levels of the system[3] – is a crucial element of good governance for health. The policy cycle involves situational analysis, priority setting, planning, budgeting, implementation, monitoring, evaluation and review, which take places at community, district, regional and national levels.

Social participation, based on equality, mutual respect and impartiality, is important for several reasons[4]. First, it can contribute to more equitable outcomes by promoting the voices of marginalized and vulnerable populations and preventing undue influence by more powerful actors. Second, it can strengthen trust in public authorities by ensuring that all affected constituencies are heard, with no one's interests misrepresented or neglected. Third, participatory mechanisms can be mobilised in the context of an emergency to maintain trust and shape response measures. Fourth, social participation can contribute to more effective and sustainable reforms by fostering a sense of collective ownership and by increasing the legitimacy of decisions made. Fifth, people, communities and civil society are important sources of knowledge to inform health policy processes. Finally, inclusion of the voices of those whose needs and values health systems are designed to serve is vital for more responsive and equitable health systems.

In short, the participation of empowered people and communities in decisions that affect their health and well-being is the foundation of a responsive, equitable, resilient, accountable, and sustainable health system.

Ensuring a regular two-way dialogue can empower people and communities, as recognized in the primary health care approach, and should be seen as complementary to other one-way communication tools, such as surveys and polls. Social participation can be leveraged to advance complementary efforts related to improving service delivery, building health literacy, boosting risk communication and community engagement, tackling vaccine hesitancy, as well as addressing the social determinants of health to drive health equity anchored in a human rights approach.

In this context, accelerating progress, through the primary health care approach, towards goals of universal health coverage (UHC), health security, and the broader health-related Sustainable Development Goals (SDGs) cannot be done without active engagement of people, communities, and civil society.

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[1] World Health Organization. Strategizing national health in the 21st century: a handbook (2016).

[2] The policy cycle involves situational analysis, priority setting, planning, budgeting, implementation, monitoring, evaluation and review.

[3] All levels of system include community, district, regional and national levels.

[4] Bergen Center for Ethics and Priority Setting, Norwegian Institute of Public Health, World Bank. 2023. Open and Inclusive: Fair Processes for Financing Universal Health Coverage. © Washington, DC: World Bank. http://hdl.handle.net/10986/39953

How to institutionalise social participation for health and well-being?

To amplify the voices of people, in particular those living in vulnerable conditions and affected by marginalization, it is crucial to mitigate power imbalances and create and maintain safe spaces where everyone can meaningfully contribute and influence debates. This requires capacities to address barriers for participation, to prevent and manage conflicts of interest, as well as skilful facilitation. Effective legal frameworks and other mechanisms for preventing and managing conflicts of interest should be put in place to uphold the principle of impartiality.

Mechanisms for engaging populations in decision-making for health can be both mandatory (legally required for a decision to be adopted) and voluntary (left to the discretion of a particular body). Examples of social participation mechanisms include health assemblies, citizen juries, health councils, district committees, citizen representation in various governing boards. These can be organised virtually and/or in-person, at all administrative levels of the health system and across the policy cycle. Mechanisms should be tailored to allow participation of the lay public as well as users of specific health services.

Social participation will only work, and lead to more equitable and effective policies, if it is supported by mechanisms to ensure transparency, accuracy of information and reason-giving. There is significant evidence that participatory governance mechanisms are effective only when those who are participating receive timely and accurate information and when the decision-making process is transparent, and choices of various policies should be justified.[5]

Objectives/expectation

With the global community approaching the halfway point of the 2030 Sustainable Development Goals agenda, the objective is to strengthen, institutionalize and sustain social participation as a basis for responsive, equitable, resilient, sustainable and accountable health systems.

Recognizing that a universal feature of humanity is that human beings want to be able to shape their futures, and that each country can build on its own traditions and institutions in finding ways to engage its populations more effectively, **institutionalizing social participation for health and well-being requires the following actions by Member States, in line with national context and law, and with the support of the Secretariat:**

1) To strengthen **government capacities** to design and implement social participation
2) To ensure **equitable, diverse and inclusive representation**
3) To ensure that social participation **informs decision-making** for health across the policy cycle and at all levels of the system
4) To **systematize and sustain** regular social participation, including through **legal frameworks**
5) To invest **adequate, stable and predictable financial resources** for social participation
6) To facilitate **capacity strengthening and financial resources for civil society**
7) To **monitor, evaluate and review** the quality and impact of social participation and support related research.

[5] Bergen Center for Ethics and Priority Setting, Norwegian Institute of Public Health, World Bank. 2023. Open and Inclusive: Fair Processes for Financing Universal Health Coverage. © Washington, DC: World Bank. http://hdl.handle.net/10986/39953

The actions proposed here are informed by the WHO Handbook on Social Participation for Universal Health Coverage[6] and the Technical Background Paper[7], which involved multi-stakeholder consultations.

We expect to pursue a resolution on this agenda at WHO Executive Board 154 and the World Health Assembly (WHA) 77 to secure political commitment to institutionalise social participation within countries for the duration of SDG agenda (2030).

The social participation movement

Despite various existing intergovernmental commitments to the principle of social participation - such as SDG target 16.7, the Astana Declaration on Primary Health Care, the UN High Level Political Declaration on Universal Health Coverage, and the UN Human Rights Council resolution on equal participation in political and public affairs – all countries can do more to improve its implementation.

Given the significance of social participation for health, the Social Participation Technical Network was formed in 2019 to support and advise on the development of the WHO publication 'Voice, agency, empowerment: Handbook on social participation for universal health coverage', which was launched in 2021. The Technical Background Paper synthesises key messages from the Handbook and national, regional and global multi-stakeholder consultations. These include regional consultations with Member States (PAHO, EMRO, SEARO, EURO), a national consultation in Thailand, a global public online survey, and constituency specific consultative meetings with civil society, youth, parliamentarians and international agencies. At the same time, social participation has been gaining momentum in Regional Committee resolutions[8].

At a World Health Assembly (WHA) side event in May 2023, various Member States announced their intention to pursue a resolution on institutionalising social participation for health at the WHO Executive Board and the WHA in 2024.

Relation to existing work of WHO

- In WHO's Thirteenth General Programme of Work (GPW13), social participation sits within 1.1.4 (Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities), with a clear link to 1.1.1 (Countries enabled to provide high-quality, people centred health services, based on primary health care strategies and comprehensive essential services packages), to accelerate progress towards UHC. Due to the cross-cutting nature of governance, social participation also advances the other triple billion targets, for

[6] World Health Organization. "Voice, agency, empowerment: Handbook on social participation for universal health coverage." (2021).

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example risk communication and community engagement for health security, health promotion and social determinants for healthier populations and health equity.

- For the Fourteenth General Programme of Work (GPW14), which is in development, social participation is emerging as a central approach to strengthen health system governance and a core component of a primary health care approach for equitable progress towards UHC. It also promotes trust and strengthens health system resilience and accountability.
- Social participation is complementary to the work in other WHO departments and programmes to strengthen the engagement of communities and civil society to improve people's health and well-being in countries.
- Social participation is distinct from initiatives to strengthen civil society and youth engagement in WHO's corporate governance structure, such as through the WHO CSO Commission and Youth Council.
- There is close collaboration and coordination with the Health and Multilateral Partnerships team, the Secretariat and networks of UHC2030, as well as technical teams across WHO programmes to ensure synergies. The results of this resolution can meaningfully contribute to other work of WHO on civil society and community engagement, for example by mobilizing political will and developing additional tools such as a monitoring and evaluation framework.
- FENSA is relevant but not directly related to this agenda of social participation which focuses on government-led participatory processes with people, communities and civil society in countries.

ANNEX 2.

Terms of Reference: Informal Consultations with Civil Society for the Social Participation Resolution at EB154 & WHA77

Informal Consultations with Civil Society for the Social Participation Resolution at EB154 & WHA77

Terms of Reference

Background

In the context of major economic and health challenges across the globe, especially following the COVID-19 pandemic, strengthening and institutionalising social participation must be a priority to advance health and well-being. Social participation – defined as empowering people, communities, and civil society through inclusive participation in decision making processes that affect health across the policy cycle[1][2] and at all levels of the system[3] – is a crucial element of good governance for health, and the foundation of a responsive, equitable, resilient, accountable, and sustainable health system.

Under the leadership of Thailand and Slovenia, a Core Group of countries is pursuing a resolution on institutionalizing social participation for health and well-being at the WHO Executive Board (EB154) and the World Health Assembly (WHA77). A Concept Note was circulated to all Member State missions in Geneva on 3rd October.

Respecting the request from civil society for a consultative process[4], the Core Group has committed to facilitate two 'informal consultations with civil society' during the drafting of the resolution text. These will take place in parallel to the Member State negotiations ('informals'), providing an opportunity for invited civil society representatives to share their reflections on the zero-draft resolution text and contested issues further into the negotiations with an audience of Member States. Civil society feedback will be disseminated to the Member States for their consideration during the negotiation process.

This is a learning process, without a defined approach or protocol. There are many challenges, notably how to select representatives, and time constraints. This is an opportunity to pilot certain features in the approach with a view to informing future efforts to engage to civil society during the drafting of a resolution.

Objectives

- To consult a selected list of civil society representatives on the zero-draft text for the resolution on institutionalizing social participation and on contested issues further into the Member State negotiations.
- To learn from this process of informal consultations with civil society, soliciting feedback from participants to inform recommendations for how this can be improved in the future.

This will be done in a transparent manner, whereby criteria for the selection of representatives will be established, and a report of the meeting will be prepared. However, to maintain the confidentiality of Member State negotiations, no comments will be attributed to any specific Member States.

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[1] World Health Organization. Strategizing national health in the 21st century: a handbook (2016).
[2] The policy cycle involves situational analysis, priority setting, planning, budgeting, implementation, monitoring, evaluation and review.
[3] All levels of system include community, district, regional and national levels.
[4] As articulated during the dialogue with the WHO Director General in August 2021 and during the consultation on the WHO Social Participation for UHC: Technical Background Paper in 2023.

Selection of civil society representatives

Criteria:

- Nominations to be provided by civil society networks/organisations involved in the Social Participation Technical Network (SPTN) and the consultation on the Technical Background Paper. These include UHC2030 CSEM (including representatives from the SPTN civil society members); SPHERE; WHO Youth Council; WHO CSO Commission; G2H2; and those involved in domestic consultations.
- Aim for a mix in terms of geographic spread, country income level, global/regional/national/community-based organizations/networks, gender, health topics (UHC/PHC/health systems, diseases/population group focus, social determinants of health etc).

The networks will be asked to nominate a given number of representatives to meet the criteria listed above. All civil society representatives to the meeting will be asked to declare any relevant conflicts of interest.

Format and schedule of informal consultations with civil society

Each informal consultation with civil society will be an online webinar for two hours, and the meetings will be recorded. The meetings will be facilitated by the co-lead countries (Thailand and Slovenia).

In terms of the **schedule**:

- First informal consultation on the zero-draft text on 6th November 2023 at 13:00 – 15:00 CET.
- Second on evolved draft text – late November/early December TBC

In pursuit of this, we will follow certain **principles**:

- Circulate the **zero draft resolution** text at least 72 hours in advance of the first informal consultation with civil society.
- Circulate **guiding questions** on the most contested issues at least 72 hours in advance of the second informal consultation with civil society.
- All missions will be invited to join the informal consultations with civil society.
- A brief synthesis meeting report will be circulated to all participants and missions with a link to the recording within 5 days of the informal consultations with civil society.
- The subsequent Member State informals (after each informal consultation with civil society) will include a report back of the feedback received by civil society.

Reference materials

- Concept Note.

ANNEX 3.

First draft resolution: Institutionalizing Social Participation for Health and Well-being

Institutionalizing Social Participation for Health and Well-being

The Executive Board, having considered the report by the Director-General,

Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following resolution:

1. Reaffirming the WHO Constitution on the enjoyment of the highest attainable standard of health as one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition; the right of individuals and groups to participate in [health-related] decision-making processes (CESCR General Comment 14 (2000))[1]; and the importance of creating a safe and enabling environment for participation (HRC48/2 (2021))[2]; underpinned by human rights principles of equity, transparency, accountability and non-discrimination;

2. Recalling the 2023 Political Declaration of the High-level Meeting on Universal Health Coverage (A/78/L.3)[3], which promotes participatory, inclusive approaches to health governance for universal health coverage, including by exploring modalities for enhancing a meaningful whole-of-society approach and social participation, involving all relevant stakeholders, including local communities, health workers and care workers in the health sector, volunteers, civil society organizations and youth in the design, implementation and review of universal health coverage, to systematically inform decisions that affect public health, so that policies, programmes and plans better respond to individual and community health needs, while fostering trust in health systems;

3. Reiterating the importance of empowered people and communities as part of the primary health care approach, which includes the involvement of individuals, families, communities and civil society through their participation in the development and implementation of policies, and plans that have an impact on health, as per the Declaration of Astana (2018), endorsed in WHA72.2 (2019); and noting that community engagement has often focused more on service delivery and health promotion, without sufficient attention to participation in decision-making and governance.

4. Deeply concerned about the exacerbation of inequities within countries, due to the COVID-19 pandemic, climate change and conflicts, along with inadequate progress to address all determinants of health equity and well-being[4], as well as the structural factors that affect these[5], as outlined in the World Report on Social Determinants of

[1] International Covenant on Economic, Social and Cultural Rights, General Comment No. 14.
[2] HRC48/2: Equal participation in political and public affairs. 2021.
[3] A/78/L.3: Political declaration of the high-level meeting on universal health coverage. 2023.
[4] Including, but not restricted to, social, commercial, economic and cultural determinants.
[5] Structural factors relate to the governance and policy frameworks and cultural norms that produce the social determinants of health.

Health Equity and Well-being (EB154/16 (2023))[6]; and recalling the Rio Political Declaration on Social Determinants of Health (2011)[7] that identifies promoting participation in policy-making and implementation as one of five key action areas to address health inequities, and pledges to promote and enhance inclusive and transparent decision-making, implementation and accountability for health and health governance at all levels, including through public participation, and to empower the role of communities and strengthen civil society contribution to policy-making and implementation by adopting measures to enable their effective participation for the public interest in decision-making;

5. Recalling the need to promote the participation of groups in vulnerable and marginalized situations, as a core strategy to achieve the SDG promise to reach first those who are furthest behind, and mainstreaming a gender perspective into all policies, strategies, programmes and plans for health and wellbeing (inter alia UNGA58/142 (2004), WHA66.10 (2013), WHA69.2 (2016), UNGA75/152 (2020), WHA74.8 (2021), WHA75.20 (2022), HRC48/12 (2021));

6. Noting the importance of long-term, sustained community engagement to ensure trust and effective public health interventions (WHA73.8 (2020)), and expressing concern at the erosion of trust, particularly during the COVID-19 pandemic, as well as the negative impacts of health-related misinformation, disinformation, hate speech and stigmatization, especially on social media platforms, on people's physical and mental health, recalling the Political declaration of the General Assembly high-level meeting on pandemic prevention, preparedness and response (A/78/L.2 (2023))[8];

7. Commending WHO's efforts to strengthen its own engagement with civil society at global, regional and national levels of the organization, through initiatives such as the WHO CSO Commission, the Youth Council, Director General-Civil Society Dialogues (2021), and the WHO-Civil Society Task Team (2018), noting that this is different from and complementary to social participation in decision-making for health within countries;

8. Recognizing the various terminologies used in relation to social participation, and noting the WHO definition as empowering people, communities and civil society through inclusive participation in decision-making processes that affect health across the policy cycle and at all levels of the system,[9] whereby the policy cycle[10] includes

[6] To be adopted at EB154 and WHA77.

[7] World Health Organization. Rio Political Declaration on Social Determinants of Health. 2011.

[8] A/78/L.2. Political declaration of the General Assembly high-level meeting on pandemic prevention, preparedness and response. 2023.

[9] World Health Organization. Social Participation for Universal Health Coverage: Technical Background Paper. 2023. Pending publication.

[10] World Health Organization. Strategizing national health in the 21st century: A handbook. 2016.

situational analysis, priority setting, planning, budgeting, implementation, monitoring, evaluation and review of progress, at local, sub-national and national levels;

9. Welcoming the WHO publication Voice, agency, empowerment - handbook on social participation for universal health coverage (2021)[11] that provides practical guidance on strengthening meaningful government engagement with people, communities, and civil society in decision-making process for health; and acknowledging the WHO publication Social Participation for Universal Health Coverage: Technical Background Paper[12] that has been informed by consultations with Member States, civil society, youth, international organizations, parliamentarians and other stakeholders to identify recommended actions for Member States to institutionalize social participation;

10. Acknowledging the variety of mandatory and voluntary social participation mechanisms to facilitate two-way dialogue between governments and people, communities and civil society, that may be implemented either virtually or in-person, while noting the importance of a combination of relevant mechanisms to achieve broad and inclusive engagement that can improve health and well-being;

11. Recognizing that empowering people, communities and civil society for equitable, diverse and inclusive participation involves strengthening their capacities to meaningfully engage, financing their participation, valuing lived experiences, and addressing power imbalances in the design of the participatory space;

12. Noting the need to prevent, manage and mitigate conflicts of interest to uphold the integrity and legitimacy of social participation and ensure that private and personal interests do not override public health goals;

13. Acknowledging the instrumental role that legal frameworks may have in mandating governments to implement, fund and sustain social participation for health and well-being, in promoting transparency, and in facilitating inclusive, equitable and diverse representation of the population;

14. Emphasizing the importance of strengthening monitoring and evaluation of social participation within countries, including the quality of engagement, whose interests are represented, and whether the recommendations influence higher-level decisions that

[11] World Health Organization. Voice, agency, empowerment: Handbook on social participation for universal health coverage. 2021.
[12] World Health Organization. Social Participation for Universal Health coverage: Technical Background Paper. 2023. Pending publication.

affect health and well-being, while acknowledging the important contribution of broader social accountability initiatives[13];

15. Underlining the importance of institutionalizing regular social participation to foster mutual respect and trust, which can be leveraged during health emergencies as part of a whole-of-society approach for strengthened trust, preparedness, response and resilience (inter alia resolutions WHA73.1 and WHA73.8 (2020), HRC48/2 (2021), A/78/L.2 (2023)[14]);

16. Acknowledging the important contribution that social participation can make to improved health service delivery, health promotion, effective risk communication and community engagement (RCCE), tackling vaccine hesitancy, addressing the social determinants of health, accelerating health-related SDGs, and advancing health equity and fairness;

17. Reaffirming the commitment of Member States, as articulated in various WHO Regional Committee, WHA, UNGA and Human Rights Council resolutions, to implement meaningful social participation in all health-related decisions across the policy cycle at all levels of the system, in line with the national context and laws;

18. URGES Member States to strengthen, institutionalize and sustain meaningful social participation in all health-related decisions through:
    (1.) Strengthening government capacities for the design and implementation of meaningful social participation;
    (2.) Ensuring equitable, diverse and inclusive participation;
    (3.) Ensuring that social participation has the authority to inform decision-making for health across the policy cycle, at all levels of the system;
    (4.) Implementing and sustaining a range of regular social participation mechanisms, including through supportive legal frameworks;
    (5.) Investing adequate, sustainable and predictable financial resources in support of social participation;
    (6.) Facilitating the capacity strengthening and financial resources for civil society for diverse, equitable and inclusive social participation;
    (7.) Monitoring, evaluating, and reviewing the quality and impact of social participation and supporting related research.

19. REQUESTS the Director-General:

[13] Social accountability is defined as "citizens' efforts at ongoing meaningful collective engagement with public institutions for accountability in the provision of public goods", such as community scorecards, social audits, participatory budgeting etc. Boydell, V. et al. Studying social accountability in the context of health system strengthening: innovations and considerations for future work. Health Research Policy and Systems; 2019; 17, 34.
[14] A/78/L.2. Political declaration of the General Assembly high-level meeting on pandemic prevention, preparedness and response. 2023.

(1.) To advocate for the institutionalization of meaningful social participation both within the health sector as well as across other sectors that affect health equity and well-being;
(2.) To provide technical support, upon the request of Member States, for strengthening, institutionalizing and sustaining social participation as a means to accelerate equitable progress towards UHC, health security and the health-related SDGs, including through the provision of training, and the development of technical guidance and operational tools;
(3.) To document Member States' experiences in implementing meaningful social participation through different types of mechanisms, at different stages of the policy cycle, and at different levels of the system, and facilitate learning and exchange;
(4.) To develop a monitoring and evaluation framework for social participation for use within countries, and support Member States, upon request, in its application;
(5.) To harmonize technical support on social participation across WHO divisions and the three levels of the organization;
(6.) To work with the CSO Commission, the Youth Council and others to explore how civil society engagement can be strengthened within WHO, at all three levels of the organization;
(7.) To report on the progress made in implementing this resolution to the Eightieth World Health Assembly in 2027 and the Eighty-third World Health Assembly in 2030, through the Executive Board.

ANNEX 4.

Feedback (Email)

Date: 29 November 2023

From: Member State co-lead

To: Selected civil society representatives

Subject

Re. Invitation to informal consultations for the resolution on social participation, 30Nov 13.00 CET.

Text body

Dear colleagues from CSOs,

Further to the email above, as promised, we would like to share some issues that relate to the more contentious topics from the negotiations. At this point I would also like to apologise for the delay in sending these topics- the negotiations are happening at quite a high pace, the last one taking place on Monday afternoon, and the next one being tonight. Please keep in mind that following today's meeting more issues might emerge. We will draw upon your wisdom tomorrow to help us find a way forward in the negotiations with Member States.

Some of the outstanding issues relate to:

- The terminology "institutionalization", and mention of legal frameworks
- Scope – health and well-being, or universal health coverage
- Right to participation as a component of the right to health
- Human rights principles
- Terms related to representation including: diverse, inclusive, marginalization, as well as listing specific groups (e.g. women, persons with disabilities, Indigenous Persons etc)
- Monitoring and evaluation of social participation at country level, and accountability
- Investing financial resources for social participation
- Supporting civil society with financial resources for social participation
- Verbatim references to consensual language from previous resolutions/declarations

In relation to these, we would be grateful to hear your perspectives, including potential red lines (on aspects that should be maintained in the resolution text), and alternative approaches that might be acceptable to all Member States.

Looking forward to the discussion.

Best,

(name)

ANNEX 5.

Summary of first consultation

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.

- 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.
- 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**.

ANNEX 6.

Summary second consultation

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

30th November, 2023

The meeting started with an **update on the process** to date from the Co-Chairs. Now that the Member State informals are under way, it is not possible to share the **negotiated resolution text**. Another **informal consultation with civil society** is proposed for after negotiations are concluded to discuss implementation.

Civil society responded that they are **grateful** for the detailed report from the first informal and the approach taken to date for engaging civil society in the process, despite limitations (including the limited size of the group consulted). This experience has triggered the **WHO CSO Commission** Steering Committee to develop interim guidance on consultations. There will be a **Geneva Global Health Hub dialogue series** before the Executive Board in January, which could provide an opportunity to brief civil society on the resolution negotiation process.

Civil society feedback on outstanding issues:

The terminology "**institutionalization**", and mention of **legal frameworks:** Core Group has maintained that strengthening isn't enough, potential other words include mainstream, implement, systematize. There has been resistance to specifying legal frameworks; public policies have been proposed.

- Institutionalized captures intent best
- Alternatives: important to emphasise **formal and sustained implementation** – so that they are continuous, funded, mainstreamed. Other potential words include establishing and codifying.
- Framing legal frameworks in a longer list may help - relevant policies, laws, frameworks
- "in accordance with national laws etc" may be a helpful caveat

Scope – health and well-being, or universal health coverage (UHC)

- Strong preference for broader, more inclusive scope: health and well-being
- In some countries UHC can be perceived as restrictive, limiting and not sufficiently comprehensive; it was noted that there is still some confusion among some partners regarding the concept of UHC
- Wellbeing also captures topics including environmental and planetary health, social determinants of health etc.
- PHC and SDH references in text are broader than UHC – need to keep breadth in title and text

Right to participation as a component of the right to health, and **human rights principles**

- It is hoped that the General Comment is still referenced, and important that this is accepted across countries
- Use Alma Ata Declaration agreed language on this
- Examples of how to manage this issue in other negotiations may help – e.g., Framework Convention on Tobacco Control

Terms related to **representation** including: diverse, inclusive, marginalization, as well as **listing specific groups** (e.g. women, persons with disabilities, Indigenous Persons etc) – is meaningful a term that captures the rest?

- There seems to be a clear trend at WHO not to list groups, whereas other UN agencies do tend to use lists. Lists always bare the risk of leaving someone out when doing so (NB use inter alia), and different groups may be contextually relevant
- Social and universal *should* include everyone, but this may not be the case in practice
- Strong preference for lists to be included (caveated by 'inter alia' so as to not be exhaustive) as what gets mentioned gets done! If not named, there is less chance that they will be considered, and specific actions are needed for inclusive participation of particular groups to leave no one behind
- A question of editorial style and political choice

- Concern at the lack of mention of youth engagement noting their potential contribution

Monitoring and evaluation of social participation at country level, and **accountability**
- This is an important agenda that should be reflected in the text as it is at the core of why social participation is important
- Potential for WHO to produce guidelines with approaches, methods and tools for M&E, as a menu of options for countries. Civil society with vast experience in social participation could feed into this
- Not clear why this is controversial
- Explore language on M&E in A/78/L.3 – may not be ideal but could be helpful in getting agreement

Investing financial resources for social participation
- Very important that social participation is funded in a sustained way otherwise it is not meaningful
- Could be helpful to be specific about what funding is for – running the platforms themselves, convening, capacity building of public officials, information campaigns to inform citizens on rights, including right to participate and informing about the existing spaces for social participation in health
- Always an issue asking for financial resources

Supporting civil society with financial resources for social participation
- This is important for vulnerable groups; but paying civil society to participate is not the main cost, and civil society must remain independent and autonomous.

Verbatim references to **consensual language** from previous resolutions/declarations has been questioned in various resolution texts currently under negotiations. The Core Group does not intend to change agreed text
- Potential to look across other negotiations, e.g. listings from another resolution negotiation could be applied here if appropriate and agreed elsewhere

Social accountability
- Social accountability is at the heart of the state-society relationship and social participation is a key component of this
- Important to retain the notion in the document, not just participation in shaping government policy, also government being accountable to the people
- In a public sector context, social accountability refers to a broad range of actions and mechanisms that citizens, communities, independent media and civil society organizations can use to hold public officials and public servants accountable
- Link with M&E – there are plenty of approaches, methods and tools for doing monitoring and evaluation of public policies and services within the social accountability field
- Hope the resolution text can acknowledge the benefit from the many years of experience and learning available from social accountability
- Alternative could be public accountability?
- NB World Bank resource on social accountability (https://documents1.worldbank.org/curated/en/327691468779445304/pdf/310420PAPER0So1ity0SDP0Civic0no1076.pdf)

In the closing, civil society urged the Co-Chairs to remain ambitious and courageous, and reiterated that it is important for the resolution to advance the agenda, which may not happen if only agreed language is used.

ANNEX 7.

WHO Second Consultation (email)

Date: 30 November 2023

From: WHO HMP

To: Various CSOs via mailing lists

Subject

WHO: 14th Global Programme of Work (GPW14) - 2nd Civil Society organization consultation. Deadline 6 December 2023

Text body

Dear Civil Society representatives,

Thank you for your engagement, and that of your organization, in our ongoing work to develop WHO's 14th General Programme of Work (GPW14) for the period 2025-2028. As indicated earlier, please find attached the 2nd GPW14 Consultation Document – with the working title 'Advancing Health Equity and Resilience in a Turbulent World - a global health agenda' – which has just been shared with WHO 194 Member States for their rapid consideration in advance of finalizing by mid-December a formal paper for our upcoming Executive Board (EB) session. We very much welcome your perspectives on this document, and particularly on any additional information that might help the WHO Executive Board's deliberations on this crucial topic at its 154th Session in late January 2024.

In developing this paper we have endeavored to capture the perspectives and advice of a very broad range of Member States, implementing partners, donors and constituencies. Thank you in advance for your patience if we have inadvertently failed to reflect key inputs your organization may have shared previously. As the formal paper for the Board's consideration will be issued by mid-December, we would be grateful if comments on this 2nd Consultation Document could be sent to [...] by 6 December 2023.

Please be assured that we will continue to have additional rounds of consultation on this draft strategy in the run up to our Executive Board in late January, and then again as we further evolve this draft GPW14 between the Board and the World Health Assembly in May 2024.

Thank you in advance and best regards,

(name, function)