



T20 Policy Brief

Task Force 06

STRENGTHENING MULTILATERALISM AND GLOBAL GOVERNANCE

Advancing Global Health Governance and Financing through Meaningful Civil Society and Non-State Actor Participation

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Abstract

In this brief, we advocate for integrating civil society organizations (CSOs) and other non-state actors (NSAs) in multilateral organizations and global health systems. This memo elaborates on proposed mechanisms to embed CSO and NSA representation in decision-making bodies and implementing architecture to promote inclusivity, responsiveness to on-the-ground realities, and greater transparency through independent oversight.

CSOs and other NSAs are integral to the global health ecosystem. Their many roles as experts, mediators, watchdogs, community advocates, and implementers have been crucial to tackling many complex global health crises. Despite significant contributions over decades, CSOs have been historically excluded from meaningful participation in multilateral institutions and global health entities.

Analysis and recommendations for the G20 around the following will be addressed in our piece: a) the promotion of meaningful civil society participation in the WHO system; b) the formalization of civil society for the role of independent oversight in the context of the pandemic agreement and negotiations to the amendments of the IHR; c) the deployment of CSOs and NSAs to promote greater inclusivity and decolonize global health financing in the context of the Pandemic Fund.

Participation of CSOs and other NSAs in global health decision-making bodies and governance architecture can facilitate effective coordination, promote accountability, increase inclusivity, and ensure that community voices are adequately represented in vertical decision-making structures – all of which align with Sustainable Development Goals 16 and 17.

Keywords: Civil Society; Civil Society Organizations; Non-State Actors; Meaningful Participation; Global Health Governance; WHO; Pandemic Agreement; Pandemic Fund; Global Health Financing.



Diagnosis of the Issue

Civil society organizations (CSOs) and other non-state actors (NSAs) have long been recognized for their substantial contributions within the global health ecosystem, fulfilling diverse roles, including experts, implementers, watchdogs, and community advocates. Despite civil society's remarkable efforts in advancing global health goals, their capacity for meaningful participation in global health entities has been markedly limited (Lee 2010). Engagement with CSOs in these spaces has often been regarded as tokenistic, characterized by their exclusion, in many cases, from active participation in decision-making processes (United Nations 2019). The voice of civil society is often sidelined by other actors, such as donor governments, whose interests are generally privileged within global health governance structures (Gostin, Sridhar, and Hougendobler 2015). These issues have been further compounded by complex bureaucratic processes and insufficient financial and technical support for NSAs (Gómez 2018). In this brief, we detail the barriers to effective NSA participation in global health systems and recommendations to achieving greater engagement in the following contexts: a) the World Health Organization (WHO) system; b) the pandemic agreement and amendments to the International Health Regulations (IHR); c) the Pandemic Fund.

As a state-centered intergovernmental organization, the WHO allots no formal role to NSAs in its governing structures and restricts privileges to those in official relations (Solomon and Nannini 2020). The accreditation requirements, however, exclude many non-governmental organizations (NGOs) that are domestic and poorly funded (Gostin, Sridhar, and Hougendobler 2015). Regarding engagement opportunities, interventions allotted to NSAs occur at the end of debates, providing limited opportunity for their statements to generate significant impact on the content and outcomes of discussions



(Nakkazi 2021). The recent establishment of the WHO Civil Society Commission, while marking an exciting first step toward facilitating adequate CSO participation, prompts concerns regarding the inability for civil society to select their own representatives and the lack of a funding mechanism to help support the group's activities.

Civil society has been notably absent amidst negotiations surrounding the WHO pandemic agreement, having not been extended an invitation to participate in its development. The exclusion of civil society demonstrates a missed opportunity for CSOs to provide their expertise as implementers of pandemic responses, depriving negotiations of important on-the-ground insights. As advocates and representatives, their absence also raises concerns around inclusivity as it leaves overlooked communities without a voice in the negotiation process. Research has demonstrated that without mechanisms to ensure accountability, treaties are no more effective than a piece of paper with recommendations (Hoffman et al. 2022). Both the current draft of the pandemic agreement and the proposed amendments to the IHR are missing adequate provisions for accountability, including independent oversight, to which civil society has traditionally played a major role.

The World Bank's Pandemic Fund, while being the first funding mechanism exclusively dedicated to pandemic preparedness and response (PPR), has engendered reservations surrounding its governance and allocation practices. Global health financing systems have often been influenced by colonial legacies and power imbalances, resulting in issues around lack of equity and adequate representation (Brown et al. 2023). Several have argued that the Pandemic Fund's governance structure reflects these disparities, noting that low-income countries and CSOs were only included after facing heavy criticism (McDade and Yamey 2022). Moreover, the Fund's Governing Board is predominately composed of donors and lacks a broader stakeholder input (Brown et al. 2023). Although CSOs were later invited to participate in the Fund's Board, their



allocation of two of the 21 seats puts into question the weight their voices can carry. Further, the designation of regions and the selection of co-investor countries to represent them lacks logic and fails to account for geographic relevance, diversity, cultural ties, and existing regional organizations.

Considering their vast range of roles, civil society can play a crucial part in advancing the targets outlined in the G20 Agenda. Sustainable Development Goal (SDG) 16, which calls for the development of effective, transparent, and inclusive institutions, indicates an opportunity for CSOs to act as watchdogs to ensure greater accountability, and to leverage their networks to help foster more inclusive and representative decision-making processes. Civil society's capacity to facilitate effective coordination and mobilize resources and knowledge is also relevant to goal 17, which is aimed at enhancing global partnerships and supporting implementation of the SDGs. The current state of NSA involvement in global health entities, however, fails to meet objectives set by the SDGs, signaling the need for reform and greater inclusion.



Recommendations

- **WHO system: Enhancing NSA representation**

As WHO Member States, G20 countries can champion four changes to enhance civil society representation within the WHO system. First, they can advocate for revision to the process through which NSAs attain official relations status. Drawing from the United Nations Economic and Social Council, the G20 should push for the expansion of accreditation for official relations to include national, subregional, and regional NSAs. Second, G20 countries should help establish a fund that provides scholarships to NGOs from the Global South to incentivize their engagement within the WHO system (Gostin, Sridhar, and Hougendobler 2015). Third, regarding the WHO Civil Society Commission, the G20 should prioritize the principle of autonomy by advocating for CSOs to select their own representatives, rather than merely allowing them to cast nominations subject to final approval by the WHO Secretariat. Finally, the G20 should commit to establishing a funding mechanism for the Commission to facilitate broader representation and participation of CSOs.

- **WHO system: Opportunities for greater influence of NSAs**

To enhance the influence of NSAs in the WHO system, the G20 can draw from a model trialed during the 74th World Health Assembly, which included the convening of informal sessions ahead of formal meetings for constituency organization (Nakkazi 2021). G20 officials should collaborate with the Civil Society Commission to establish these pre-meeting informal sessions, which will serve as platforms for dialogue between Member States and NSAs. During these sessions, Member States can brief NSAs on upcoming meetings and NSAs can contribute their input on agenda items. The G20

should also promote earlier NSA interventions, ideally at the beginning of or during debates, to facilitate greater influence on direction and outcomes.

- **Pandemic Agreement: Advisory and accountability bodies with CSO participation**

Within the context of the pandemic agreement, meaningful participation of civil society can be enhanced through the formal institution of bodies that broaden opportunities for the contribution of CSOs, with respect to expertise and independent oversight. As Article 21 of the current draft permits the Conference of Parties to establish subsidiary bodies, we recommend the G20 countries support the creation of two bodies within the framework of the agreement that would involve the presence of civil society:

- 1) A technical body that advises on how to streamline provisions;
- 2) An independent body for accountability.

The establishment of a Civil Society Advisory Committee would carve out space for CSOs to offer their insights on various provisions of the pandemic agreement, regarding coordination, policy development, and implementation. This committee would especially be valuable in providing guidance around the promotion of whole-of-government and whole-of-society approaches, as well as on implementation capacities and support, an integrative and collaborative One Health approach, a well-trained and adequate workforce, and communication and public awareness. The G20 should ensure that the establishment of this committee includes a financing provision to enable effective organization and operation.

We also urge the G20 to propose the creation of an independent accountability body that guarantees inclusion of civil society to monitor and assess parties' compliance with the pandemic agreement. An accountability body would benefit from CSO inclusion



because it requires independence to ensure objective evaluation and the freedom to call out state parties that fail to comply with enforceable provisions of the agreement. This body should be tasked with generating assessments on the adherence of parties to the agreement and should verify that countries are self-reporting on time and with accuracy. The G20 should recommend that this body triangulate state self-reporting with other, reputable sources and develop assessments that identify gaps in implementation which are reported back to Member States and to the public (Hanbali et al. 2023).

- **IHR: Inclusion of civil society in proposed monitoring committees**

In the context of the amendments to the IHR, the G20 should commit to ensuring that the proposed standing committees for monitoring, which are currently restricted to state parties, include civil society to strengthen accountability. Additionally, the G20 should advocate for civil society to be deployed as watchdogs, providing a complementary measure to the establishment of an independent accountability body in both the pandemic agreement and the IHR. In this role, civil society could engage in external monitoring, participate in consultations around the accountability body's structure and processes, and publicly share information based on independent research that is conducted.

- **Pandemic Fund: Board restructuring to facilitate equity and CSO representation**

As proponents of the Pandemic Fund's establishment and key contributors, G20 countries have a vested interest in ensuring its ability to address gaps in PPR more effectively and efficiently. We urge the G20 to propose a restructuring of the regions and representatives within the Fund's Board to ensure greater relevance to geographic, cultural, and epidemiological factors. While the Board representatives currently follow

regional classification of the WHO, funding recipient decisions are intended to align with the regions outlined by the World Bank. G20 officials should advocate for co-investor countries or relevant CSOs to represent World Bank regions to promote equity and better alignment with on-the-ground realities. Regions such as Latin America, which have faced significant disparities throughout the pandemic, are not well-accounted for by a singular representative at the Board. It is, therefore, imperative that the G20 push for more Board seats to allow these regions greater impact on decision-making processes. This proposed shift should also entail granting non-state actors a greater number of seats on the Board, as many influential CSOs are well suited to represent regions considering their vast experience in addressing subregional and regional health challenges. This mirrors the composition of the Board of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, which includes 6 non-state actors among its 20 voting members, one of which represents a region.

- **Pandemic Fund: Prioritizing proposals that promote CSO participation**

The Pandemic Fund acknowledges the risk of equating government with countries as global health actors may exert influence over the former, potentially distorting national objectives. To enhance transparency and representation, G20 officials should encourage the Pandemic Fund to prioritize funding proposals that incorporate provisions for meaningful participation of civil society and other NSAs. Increasing the weight for civil society engagement within the Fund's scoring methodology would prevent proposals from being dominated by government agendas and would more effectively incorporate the voices of communities most in need.



Scenario of Outcomes

It is vital to delineate possible scenarios related to the proposed recommendations to allow G20 officials a deeper understanding of the complexities involved and anticipate trade-offs that may emerge. If requirements for official relations status in the WHO are broadened, the diversity of NSAs would subsequently increase, allowing for a wider representation of perspectives and expertise. The implementation of these suggestions would enable NSAs from the Global South that were previously excluded from participation to effectively engage in the WHO system, enhancing equity and inclusion. The potential trade-offs for expanding accreditation include an increase in demands for interventions, dilution of the quality of NSA contributions, and the fragmentation of voices which could impede consensus-building efforts.

Establishing greater autonomy for the WHO Civil Society Commission could strengthen the representation of civil society within the WHO system and enable CSOs with limited financial resources to engage in the group, alleviating the burden of covering their own expenses. However, doing so may create accountability concerns over the utilization of funds and the selection of representatives. Finally, enhancing NSA engagement at meetings and debates offers the potential for improved dialogue and collaboration between NSAs and Member States. Adjusting the allocation and timing of their interventions can improve efficiency and prevent debates from being bogged down by an overwhelming volume of statements. Enhanced dialogue, however, may also engender a greater time commitment for Member States and could lead to potential delays in decision-making.

Our recommendation to the G20 surrounding the development of a technical advisory civil society committee within the pandemic agreement has the potential to provide a



more structured opportunity for CSOs to contribute their expertise on provisions outlined in the draft. The establishment of this body could improve policy development around whole-of-government and whole-of-society approaches and public communication efforts, as well as the implementation of said plans. This committee may entail certain trade-offs, including the need for additional financial resources or the possible diversion of resources from other areas. Moreover, it may lead to potential delays in decision-making due to an increase of time needed for adequate coordination with CSOs.

The creation of an independent accountability body in the pandemic agreement and the institution of civil society in the proposed committees for monitoring in the IHR would ensure more accurate evaluations of state parties' compliance with both documents. Involving civil society in accountability mechanisms might prevent potential discrepancies in state self-reporting from slipping through the cracks. Deploying CSOs as watchdogs could add an additional layer of oversight to help guarantee that countries are held accountable for their actions. The inclusion of civil society in a monitoring body and as watchdogs could, however, engender a potential conflict of interest, especially if assessments are triangulated with reports from civil society itself.

The implementation of our proposal to restructure the Pandemic Fund Governing Board can promote equity in decision-making and amplify the influence of non-contributors. The proposed shift would better align with geographic, cultural, and epidemiological factors, as well as existing regional public health organizations, thereby enabling regional representatives at the Board to leverage their networks and experiences more effectively. Considering their role as advocates, greater inclusion of civil society at the Fund Board could guarantee that marginalized communities have a voice in decision-making processes and that their needs are adequately addressed. The Board adjustment could, however, introduce complexities in decision-making, potentially making it more

difficult for consensus to be reached. Increased representation may also necessitate additional administrative and financial support, which may put a strain on the Fund's already limited resources.

By prioritizing funding proposals that incorporate meaningful participation of civil society, the Pandemic Fund could ensure the priorities of marginalized communities are given due consideration. As community representatives and implementers, CSOs are well equipped to enhance the effectiveness of projects that receive funding. However, introducing a new key principle or increasing the weight for civil society participation within the scoring methodology may lead to the exclusion of proposals that do not emphasize civil society involvement due to limited resources or differing priorities.

Despite potential tradeoffs, implementing the recommended items on meaningful non-state actor participation presents an opportunity to foster more inclusive, effective, and transparent approaches to PPR within global health entities and decision-making bodies, such as the WHO system, the pandemic agreement and IHR, and the Pandemic Fund.



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