

Round Table Discussion
GOVERNMENTS
AND
NGOS
Partnerships in
Health Promotion

*Record of a meeting held during the
52nd World Health Assembly
Geneva, 19 May 1999*



World Health
Organization

WHO/NMH/HPS/00.2
Distribution: Limited
English only

WHO/NMH/HPS/00.2

English only

Distribution: Limited

© World Health Organization 2000

This document is not a formal publication of the World Health Organization (WHO), and all rights are reserved by the Organization. The document may not be reviewed, abstracted, quoted, reproduced or translated in part or in whole, without prior written permission of WHO. No part of this document may be stored in a retrieval system or transmitted in any form or by any means - electronic, mechanical or other - without prior written permission of WHO. The views expressed in documents by named authors are solely the responsibility of those authors.

Partnerships in Health Promotion

Round Table Discussion GOVERNMENTS AND NGOS Partnerships in Health Promotion

This is a record of a Lunchtime meeting held during the 52nd World Health Assembly, in Geneva, on May 19, 1999.

The meeting was organised and chaired by the NGO Ad Hoc Advisory Group on Health Promotion. The objective was to give some Governments the opportunity to show how they are working with NGOs in health promotion and in the follow up to the Jakarta Declaration and thereby encourage others to do the same

Table of Contents

Chair	Mats Ahnlund, NGO Ad Hoc Advisory Group on Health Promotion.....	3
Intervention	Dr. Pamela Hartigan, Director Department of Health Promotion, WHO.....	5
Intervention	Professor Javier Urbina Soria, Government of Mexico.....	7
Intervention	Dr. B. Bamouni, Government of Burkino Faso.....	9
Intervention	Dr. Bosse Pettersson, Government of Sweden.....	10
Intervention	Mohammed Aktar, Government of United States of America.....	12
Intervention	Dr. Elaine Stowers, Government of Samoa.....	11
Intervention	Delegate of the Government of Benin.....	14
Intervention	Dr. S. Shangula, Government of Namibia.....	15
Intervention	Dr. Thomas Bongo, Government of Congo.....	17
Intervention	Delegate of the Government of Mali.....	18
Intervention	Dr. Gillian Durham, Government of New Zealand.....	19
Intervention	Dr. E. Samba, Regional Director AFRO.....	20
Intervention	Dr. Desmond O'Byrne, Department of Health Promotion, WHO.....	22
	NGO Ad Hoc Advisory Group on Health Promotion.....	23

**Chairman Mats Ahnlund
International Health Cooperatives Organisation / ICA**

We wish you all a very warm welcome at today's Round Table Discussion. I am here representing one of the organisers of this meeting, the International Health Cooperatives Organisation, where I am Secretary General.

An NGO briefing like this during the World Health Assembly is becoming a little bit of a tradition. Last year we held a similar discussion, and the title was the NGO Response to the Jakarta Declaration.

As most of you know, there was a "Call to Action" from the Jakarta Conference and one of the proposals in this document was to create a Global Health Promotion Alliance, inviting different actors in the health sector to be part of this alliance. The NGOs and among them cooperatives, were mentioned as partners. With this as a background, we in the Ad Hoc Group of NGOs represented here today are collaborating with WHO in this health promotion work. The result of last years NGO meeting, which took place in the room next door, one year ago, was a publication, the NGO Response to the Jakarta Declaration. In that the NGOs said yes to this Global Health Promotion Alliance, planned to be founded at the next Global Conference on Health Promotion in Mexico.

Pamela Hartigan who is the Director of the Department of Health Promotion in WHO opens today's discussions.

Dr. Pamela Hartigan
Director Department of Health Promotion, WHO

Thank you for coming to this meeting. I look forward to learning from all of you of the work you are doing in health and development. The work that NGOs carry out at the local, national and global levels is very familiar to me because I, too, come from the NGO world. For the better part of fifteen years, I worked within organizations of the Latino community in Washington, D.C. that were formed by many newly arrived immigrants from Central America who sought to flee the conflict that characterised these nations in the 1980s. Coming to the U.S. in search for better opportunities, they found that they needed their own organizations to represent their legal needs, to respond more appropriately to their health concerns and to ensure the preservation of their cultural heritage in an alien land.

I joined the Pan American Health Organization, or PAHO, the regional office of WHO in the Americas in 1990, precisely with the purpose of facilitating greater linkages between NGOs that worked in health and development in Latin America, and the Ministries of Health. Initially, this was no easy task. Up until very recently, NGOs and governments were hostile to one another. The history of Latin America has been marked by authoritarian rule, and NGOs have been overtly anti-governmental. On the other hand, governments were threatened by NGOs which were growing in number throughout the region. Yet as democracy swept the region, it became increasingly evident that the time had come to build bridges between the two so as to promote health improvements, particularly among the poor. So PAHO set out to bring governments and NGOs closer together.

The work that is carried out by many NGOs is largely promotional in character. They work to build local capacity, empower communities to fully engage in shaping their own future. So whether NGOs call what they do "health promotion" or something else, the work that they carry out on a day by day basis is at the very heart of what promoting health is all about.

Chairman:

Thank you very much Pamela.

It is very much thanks to the Department of Health Promotion that we sit here today. They let us in. As you know, WHO is an organisation of governments and a guerilla force like the NGOs doesn't have automatic access. We have to do very special things to get inside the walls here, but it is thanks to Pamela's department that we have succeeded. And it also thanks to them that we have this good collaboration with WHO.

We are now moving on, but before we start to get news from governments we will have a small presentation about the Mexico Conference and what is going to happen there. We have the Director General of Health Promotion from the Government of Mexico, Prof. Javier Urbina Soria and he will talk about the preparations for the 5th Global Conference on Health Promotion to be held in June next year.

Prof. Javier Urbina Soria
Director General of Health Promotion, Government of Mexico

Thank you for giving me this opportunity to share with you some of the ideas we are planning for the forthcoming conference in Mexico which is being shared with the Government of Mexico, WHO Headquarters, Geneva and PAHO, Washington. They are like three parts of one single whole that together seeks new associates and new partners.

The conference in Mexico City follows the others that have taken place in Jakarta, Sundsvall, Adelaide and Ottawa. Our principal objective is to find new partners for health promotion. One of the basic objectives at Mexico City is that we want to have an open commitment to involve national governments. The conference will have a technical component as in the previous conferences and there will also be a powerful political component. We have invited Ministers of Health to attend and it is our great hope that a maximum number will be able to come to Mexico. Over the last few months we have prepared a draft Ministerial Declaration in the hope that those Ministers of Health who will be present in Mexico City can sign it. This will serve as the prime thrust for the worldwide alliance.

On the technical side there are going to be one or two innovative ideas, which I hope will be very productive. WHO has asked for technical reports to be prepared by specialists. These will cover the health promotion priorities that we defined in Jakarta, and each one of those priorities will be the subject of a report. And then to bring things into the day to day life within our communities there will be presentations of some experiences in community work, such as case studies which show good health promotion practices and successful experiences in this particular field.

So to summarise, I think we can say that the Mexico City Conference will be very enriching from the technical standpoint, as well as serving as a powerful political thrust for health promotion. One of the main participant groups is of course the NGOs. And it is our strong hope that the majority of those here will be with us in Mexico next year. Let me simply say I look forward to seeing you in Mexico City next year. We have a publicity leaflet on the Conference which was handed out to the ministers in the Assembly, and is being distributed now. We will be sending it out to all the organisations and countries throughout the world that are going to be involved. Mexico and its Government is very committed to this conference. We know it is going to be successful and I hope you will be part of that success. Thank you very much.

Chairman:

Thank you very much Prof. Soria. Let's hope that we all will meet there next June.

We are now moving into the main topic of the day and that is how governments look upon NGOs as partners in health work.

At our Round Table last year it was the NGOs that had some ideas on how they could contribute to this partnership work in Health Promotion. This year we have asked some governments to give their views on the usefulness of NGOs in health care work. Of course it would be good if it could be widened in the way Pamela Hartigan mentioned to include also NGOs outside the traditional health sector that work with empowerment and enabling people as preventive action.

I was asked by one or two of the speakers what they should say or what they should stress and I said the best thing would be of course to say that the NGOs are great partners and we would like them to be included as a complement in their own work, but we will see if they elaborate a bit more on that. We have asked Burkino Faso to start and after that it will be Sweden, and the United States and then we have some others on the list.

Dr. B. Bamouni
Government of Burkino Faso

NGO work is part of the overall activities of Burkino Faso. There is a big health problem in our country. We have development priorities. We suffer from resource shortages, financial and human, which means that the NGOs have become a vital partner in the overall development process. Health promotion is one sphere in which the NGOs have a very considerable role to play. National NGO's work is recognised by the government. The international ones have signed a collaboration agreement with the Ministry of Health and this is the legal framework within which they work.

NGOs have a follow up office which is responsible for managing the work of the NGOs in the country from the diplomatic, administrative and legislative aspects. We also have a permanent NGO secretariat which is responsible for the coordination side, and for providing guidance for the geographic distribution of activities throughout the country. The coordination office brings together the various NGO representatives. They meet regularly and discuss their experiences and exchange views on the way the work is organised.

The Ministry organises an annual conference of partners to take stock of the situation for all partners including NGOs. The NGO objectives are defined by the Ministry of Health and they work to achieve the objectives of the Ministry. Their work focuses on participation in decentralised planning. There is direct community action involving full participation by the communities. Coordination work is also conducted among the NGOs. As to follow up and evaluation, we have health indicators which are jointly defined with the Ministry of Health and these are mutually discussed as well as the use of funds that are allocated to NGOs.

Technical support is provided at the regional and central levels and field activities are funded. Very often therefore the health administration is improved by the assistance given by and to the NGOs. The government provides a certain amount of financial contribution for this work. There is support at the central and district levels and some NGOs are responsible solely for the execution of activities in the field. There is a central office that is responsible for purely vertical management. The principal areas of work are preventative care, combating HIV/AIDS, maternal and child health care, programmes for the elderly and re-education and rehabilitation programmes. The results in the community are measured in terms of availability of care and coverage.

What difficulties do we encounter?

Often there are two organizations working in the same field. Some NGOs tend to focus on specific regions. Then there is irregularity in the provision of funds which sometimes makes planning rather difficult at the operational level. Some NGOs set their own requirements for their work and do not really wish to discuss priority setting at the central levels. Sometimes it is hard to capitalise on what has been achieved because there is no adequate follow up. NGOs sometimes come and work and then disappear without a trace. However we are developing contracts in our country so that it will be possible for NGOs to sign a contract with the government for

implementation of programmes. This should result in improved integration of health activities particularly at the community level.

And then there is the United Nations Initiative for Africa, where NGOs can work in a more closely organised way and that I think will certainly improve things in the future. Thank you very much.

Chairman:

Thank you Dr. Bamouni from the Government of Burkino Faso.

I think in one of your statements you made a good point, namely to choose your NGOs carefully so they don't disappear after a little while. I think if we look at this group of NGOs that has invited you here today, we have together some thousands of years of experience. So we promise not to disappear if you start to work also with us!

We have Dr. Bosse Pettersson who is working for a Swedish authority and is representing the Swedish Government here today. For some of you he may be familiar as he was the Secretary General of the Third Global Health Promotion Conference in Sundsvall in 1991.

Dr. Bosse Pettersson
Government of Sweden

Thank you. Let me start by saying that the potential of the partnership between governmental organisations and NGOs has very much to offer especially in a field like health promotion since it is so inter and multisectorial. A brief history of Sweden tells us that it was NGOs that took the initiative of creating a modern welfare society and social accountability. However, their aim was to transfer those responsibilities to public structures and that meant that they also withdrew some of their own possibilities for being more active players in the present times. The role of NGOs has thus become more of an advocate than an active player and participatory provider for its members. So I would say that we would need much more, and better, partnerships with NGOs in Sweden. To encourage you, I would like to give three very brief examples of successes in which we have been collaborating with them.

We have been working together with the Swedish Cancer Foundation, a Non Smoking Organisation, and Physicians and Nurses Against Tobacco, and have succeeded in passing legislation through parliament for an age limit for purchasing tobacco and for further advertising restrictions.

Secondly, the Swedish Heart and Lung Foundation together with leading cardiologists has chosen physical activity as its priority in an EU funded project to combat coronary heart disease. And it goes hand in hand with a recent national public health priority for getting Sweden on the move.

In the middle of the 1970s breastfeeding was declining in Sweden. That negative was turned into a positive one and now we have much better figures and this is very much due to an NGO working in the breastfeeding field.

To sum up with some principles for partnership, I would like to mention an overall principle that partnership must be built on trust, shared goals and visions and also a reasonable division of roles between NGOs and governmental organisations. Public health and public good must be the core. As an example, NGOs must want to be more disease orientated advocates for patients' groups and define their position in relation to health promotion and disease prevention. Normative function is mainly the role of the governmental organisations. NGOs are in the unique position to be able to empower people and communities for health development and they can often have a comparative advantage in taking initiatives for policy development in health, speaking as a third voice outside formal political and administrative structures.

Chairman:

Thank you, the representative of the Swedish government.

Mohammed Aktar**Executive Director of the American Public Health Association, USA**

Thank you Mr. Chairman for inviting me to come here and share some of our experiences from the United States. I bring greetings from the USA to you and best wishes as you plan for the conference in Mexico. We are very interested in health promotion and disease prevention as this is the future of public health. This is the vaccine for the next century and that is why we have put so much emphasis on this particular area.

NGOs in the USA work very closely with the government and that is one of the reasons that as the head of an NGO I am part of the US delegation to the World Health Assembly. With me is Beverly Malone, President of the American Nurses Association, another NGO and she is also part of the US delegation. We work very much together in consultation on various issues relating to public health. We put publications together with the government and share information with the people at large. We play a key role in three areas.

** Education of the health professionals themselves. We have 55 thousand members in the US. And we provide health education and health promotion information to our members so that they can in turn be educated enough to provide to the public at large. And that is a very important responsibility which we can do and which the government cannot do by itself. We start each year in April by celebrating a public health week. In that week we pick an important theme and we start with the Secretary of the Health and Human Services who is our Minister of Health. We celebrate throughout that week and throughout the country that particular theme that we want the public to become aware of and be knowledgeable about. And then we end that week again, with the Secretary or the Surgeon General in Washington. In that way we provide information to the public about the important issues that we want them to focus on during that year.

** Our second area of expertise is in terms of getting assignments from the government for preparing the material ourselves and distributing it to the public. For example, we have the assignment from the government on HIV/AIDS treatment. What are the best treatments? How to make sure the patient will comply with the treatment? Our membership gets together and we prepare the material on behalf of the government and then share it with the public at large to educate them on HIV/AIDS, prevention and treatment. And even more importantly, on maintenance of that treatment because it is very important that when somebody starts to take the medication, they must stay on it to really benefit and not create drug resistant HIV/AIDS. Those are the kinds of things where we take the lead with the government. We do the same thing as what my colleague here from Sweden said in that we are able to bring in all parties with different view points. We offer the table around which people can sit down to discuss and come to consensus where government is unable to do. Sometimes it takes too long for the government and we can do it very fast.

** Our last contribution to collaboration is also very important. We go to our Congress and to our President and ask for more money to be put into health education and health prevention programmes. We go and advocate a lobby for the budgets for our health programmes and that collaboration is absolutely essential, particularly in a democracy because somebody needs to pull from within and someone needs to push from outside and by working together, governments and the NGOs, we can serve our people better. Mr. Chairman that concludes my statement, thank you for this opportunity.

Chairman:

Thank you Mr. Aktar. I think the ultimate proof that you are serious about NGOs as a partner you have shown by including them in your delegation to the WHA. And I think that could be a good model for all of us.

Dr. Elaine Stowers

Director of Nursing, Department of Health, Government of Samoa

Thank you Mr. Chairman. I feel rather privileged to be here, speaking with all these big countries, like the United States, Sweden and so on. I should like to talk of some Samoan experiences in terms of working with NGOs in the health field. This goes way beyond or further back than Jakarta, or even the Alma Ata. We have always worked with communities that are not government paid or funded. These are traditional communities in our villages and we have worked with them in areas like maternal and child health for a long time.

When the NGOs came to our country as an established mechanism from the west, there was some conflict. This was a concept which was introduced as an organised entity into our country which already had its own traditional ways and cultures, and it clashed with governments and established departments.

99% of all the health work, especially health promotion out in the rural areas, was done by nurses. It was fully managed by nurses and it was the nurses who always worked with women's groups out in the community. Then came the new word NGO and the women's groups wanted to be grouped into corporations. This was an indication that our women wanted to have their potential needs recognised. I am a woman and also a member of the Nurses Association so there I see there is a need for this. We had to take into account the cultural and traditional structures so that they can work together.

One traditional example of work was in the area of immunisation - EPI. The way we used to work, is that the women in the village identified the contact points themselves. They had done that for a very long time. We could not enter a village without the women's permission. When the NGOs came in the women were divided under different umbrellas and we found there were conflicting agendas. For a long time NGOs and Government departments wasted a lot of time working out who was following whose agenda instead of pursuing one agenda in health. We found that too much time was spent on trying to analyse what was available and how structures work. Now I think we have matured. About three years ago a central body was set up which now coordinates all the NGOs, men and women, irrespective of gender.

From the health sector point of view for the last three years we have involved the NGOs especially the women's groups working in the villages, around the table in developing our strategic health sector plans at the beginning of every year. This was absent in the past. The Department of Health prepared the programmes and then delegated them, but now the women or the NGOs are involved at the planning table. And since last year foreign donors are now allowing NGOs to go in direct. It is only recently that we have managed to work out our differences.

Chairman:

Thank you. You have pointed out a very important thing, that when we talk about Non Governmental activities it is not only about organisations with rules and statutes registered with the county council or the national government, there are also other more informal non governmental structures that are working since a long time. So thank you very much.

Delegate of the Government of Benin

Thank you very much. When you listen to the various experiences encountered in different countries, it seems to me that much of what I would say simply echoes what my friend from Burkino Faso was talking about. Therefore I would like to just refer to a specific experience that we had with cooperatives which we undertook at the beginning of the 1980s.

There was an economic crisis and less and less public funds were available. The government was no longer systematically recruiting graduates from school, in particular administrative schools and the health sector. The Ministry realised it was simply not possible to entrust health tasks to service providers and we were therefore obliged to try and organise doctors, nurses, midwives, laboratory services and so forth into health cooperatives. The dual purpose was to improve health coverage throughout the country and to cut unemployment among young graduates in the health sector. We were very lucky because we were given technical support from WHO, and UNDP provided us with funds. We were able to organise about 100 young people into cooperatives throughout the country, particularly in rural areas and in destitute semi urban areas. That went back some ten years or so and whilst they encountered some difficulties they nevertheless gained experience of taking stock of their activities, and drawing a kind of balance of the various difficulties. There were basically four difficulties:

* The first was that they had thrown themselves into an experience that they were not prepared for. The provision of health care is very different from managerial tasks and the level of funding they had to work with was not high enough.

* Second, they did not have any kind of formal post graduate training programme. They had not taken any special courses and that in turn led to other problems.

* Third, they were badly equipped. It became increasingly harder to provide for services. More and more human beings were available but the resources were not there for them to be properly equipped and fitted out.

* Fourth, there was a competitive environment. As a result, some of the clinics developed the same type of activities as they were involved in, to have the right set up in the same areas. Over the last seven or eight years solutions have been found for this but there are nevertheless other problems that definitely persist. Thank you very much.

Chairman:

Of course I am very pleased to hear this, working with co-operatives myself. The IHCO newsletter on the table has a description of this specific case on the back page. Its called "possible model for Africa - cooperatives of health professionals in Benin". Thank you very much. We now move in to Namibia.

Dr. S. Shangula
Government of Namibia

Thank you Mr. Chairman for giving me the chance to present our situation.

Namibia has adopted the concept of a primary health care approach that has put us in a position where we cannot exclude the NGOs if we are strictly following this concept as it is. Right from the beginning, since we got our independence eight years ago, the Government has committed itself to improving primary health care and we have worked very closely with the NGOs also in other sectors. A specific area I would like to highlight is child health and development. The policy developed for that specific area has been developed with the involvement of NGOs. The donors supporting the government are also supporting the NGOs and the NGOs that are implementing that aspect in that area, register with the government or the local government. Once they register they are entitled to get what funding is coming through the government in support of NGO activities. That is one area. The government or local government is also giving support in terms of training members from the non governmental organisations in that area.

Secondly regarding women's health and adolescent health. The Ministry of Health in particular has assisted in establishing the regional Planned Parenthood Association in the country which relieves the Ministry of a lot of work in terms of advocating for the women's health and reproductive health as well as adolescent health. They are currently setting up centers throughout the rural areas to try to help adolescent health and get health services accessible in terms of information and health education.

Thirdly, regarding the control of communicable diseases, particularly HIV and TB control. There are organisations working in that area and recently our own President launched the Mid Term Plan to control HIV. I think that the epidemic in our country has brought us to work closer with NGOs and with the other sectors, the public sectors, the private sectors. The process we have followed by coming up with that Mid Term Plan has involved everybody throughout. It took us almost one and a half years, and every sector was involved in the development of that plan. We have now set up structures for coordinating the activities of controlling HIV throughout the country. NGOs at the regional level work through their regional committees, chaired by the government. At the national level we have set up the national coordinating committee in which all the sectors are represented. We hope by working together we will be able to control this epidemic in our country.

The other area I want to emphasise is the care of the aged. NGOs in my country are fully responsible for taking care of the aged. However, the Government has subsidised these NGOs. They register with the Ministry of Health and they get a small amount of money to be able to carry out their activities. As the government will not be able to take care of everybody due to financial constraints so we entrust the NGOs with a lot of work which the health sector cannot do by itself.

Finally Mr. Chairman, the key areas we are actually involved in as the Government is to provide technical support to NGOs to develop their policies together with the NGOs that are working in our country, and for the Government to provide to some extent the financing of some activities. We are active in producing HIV information, education materials and communication and the Government is expected to coordinate this. However, for the distribution of this information and the education of the public, we expect the NGOs to become very involved in this area. One example is the distribution of condoms to prevent HIV. We also expect them to provide the care of those who are infected and affected. So we are expecting that to happen. We also provide training in whatever technical area the NGOs wish to be supported in. We look forward to strengthening our collaboration with NGOs in my country. Thank you.

Dr. Thomas Bongo
Director of Health, Government of Congo

My friends from Benin and Burkino Faso have said much of what needs to be said about NGOs in our country. NGOs are a necessary partner for the Government of Congo. Today's government is faced with many difficulties. We are going through a severe economic crisis. We have a group of NGOs working in health. They are grouped together under a coordination bureau and that bureau works directly with the Health Ministry Cooperation Department. So that shows how significant we see them as being partners. We have a budget heading within the Health Ministry that is entitled Support to NGOs. The NGOs come to us and ask us for funds and the Government provides a budget heading precisely for that purpose. This is very important.

The Ministry of Health works with NGOs in areas of immunisation. For example we had to relaunch a campaign last year and as part of information, education and communication, NGOs provided about one and a half thousand people throughout the country for this particular campaign. In the fight against HIV/AIDS we have relied on NGOs to a very great extent. Five NGOs are working in that particular field very closely with the Ministry of Health. An interesting point as well is that we have an Association of Unemployed Graduates called AMISAB and the Ministry entrusts them with epidemiological survey work on the basis of pre established protocols and this I think demonstrates just how important all this work is. That is for national NGOs.

There are international NGOs that come into the CONGO as well, but it is quite rare for an NGO to come on their own initiative. Very often they come to our country because they are chosen by donor partners to execute particular programmes. In that particular area the government sometimes experiences difficulties. We have an American NGO in our country that is rehabilitating and reconstructing a hospital. You may recall there was a war in Brazzaville and a good many things need to be rebuilt. But what is difficult for us is to know precisely what budget has been allocated to those operations because sometimes the management of them is fairly impenetrable. It is difficult for me when I have to make a report on health expenditure to the Ministry, if I don't know what the NGOs have spent on health. In these cases, I cannot give a precise figure to my government and this presents some problems. So to respond to your concern I would definitely say that in the CONGO the NGOs are very important partners. We would like to work even more closely together to try and ensure that the population's health is helped as much as possible.

Delegate of the Government of Mali

Burkina Faso and Benin have described very well the importance of NGOs in our various policies. There are more than a 1000 NGOs working in my country and to try and regulate the situation a framework agreement was prepared and has to be signed by every national or international NGO. The contents are precisely the same. Its a kind of NGO visa to work in Mali. So you have to sign that document if you wish to work in Mali.

If an NGO wishes to work in health education or agriculture then another agreement has to be signed with the department concerned. On the subject of health the specific agreement refers to the work to be done in the field. You define what your wishes are and of course this has to have its place in the Five Year Plan, and your activity has to find a place in that Five Year Plan. Once that is done you can sign at the community or regional level. The structure has been put in place to avoid subsequent problems of disagreement on the operational side in the field. But clearly, if you agree with those you are working with in the field the entire operation can be success.

In health itself we have about 200 NGOs working on the subject of collaboration and partnership. The Ministry developed these partnerships through the Dakar Forum which we attended along with many other NGOs. In 1994 we set up the framework for cooperation involving annual meetings with NGOs. We called these "NGO Partnership meetings" and they served to define problems in the field and to seek solutions. These are usually in the form of recommendations addressed to NGOs or to the Ministry.

This year we organised a National Partnership Workshop which discussed a number of problems such as the difficulties that NGOs encounter or when importing tax free equipment. Under the agreement they are meant to be able to do that but there are difficulties and we have signed an agreement with the Ministry of Finance requiring them to find a solution to that importation problem. We do have a good many difficulties, but we have made a great deal of progress. Often in our country young unemployed people get together and set up an NGO but unfortunately they don't have the required level of ability and competence in the health field. This is a problem as the work cannot be done without the proper expertise and skills. Thank you very much.

Dr. Gillian Durham
Government of New Zealand

I would like to give a brief perspective as a policy adviser in a very decentralised health sector. We have a large indigenous population - 14% of our population is Maori and about 6% are from the Pacific islands. The basis of our relationship with NGOs is that we have common goals but different roles. The roles of our NGOs are for advocacy service provision and in some instances research, whereas the government role is around policy advisory regulation and funding. Our partnership arrangements are both formal and informal. The most important formal relationship is the Treaty of Waitangi between the Maoris and the Crown which embraces the principles of partnership, protection and participation. And then we have arrangements whereby NGOs are part of formal advisory groups in the Policy Development process or through consultation. In the reciprocal arrangement government officials are invited to be observers on some NGO groups. So for instance we have agencies for nutrition action and we are observers on that group. We have contractual relationships and in some instances undertake joint research. And we have a number of informal relationships particularly with the smoke free coalition, a coalition of over 20 NGOs and by and large we share the work.

In respect of our experiences of the partnership relationship, from our perspective it rises and falls on mutual understanding. From our perspective - the understanding of NGO's objectives, their funding base and also their decision making processes and time frames. From the NGOs perspective - understanding the machinery of government and the budget cycle. I think the most important thing in a developed country is to get control of the budget.

Where things can improve is in the area of mutual respect and trust and an acceptance of the different environments in which we operate. We like to operate in an environment of no surprises, sharing the information, and what we believe is critical to the whole thing, is having personal relationships between particular government officials who know what is happening and also the key people in NGOs.

Chairman:

This ended this part of the programme and it was the most important part, the views among governments and NGOs. And if this represents an average of views of governments, it would be of course fantastic, but we also understand that those governments who have a positive approach towards NGOs are those governments who are here today.

We now give the floor to the WHO Regional Director for Africa, Dr. Samba, who by reputation, (I never met him before, but I heard about it) is a man very open to collaboration with NGOs.

Dr. E. Samba
WHO Regional Director for Africa

Thank you very much Mr. Chairman. I didn't know about this meeting. I was going to another meeting because we have an epidemic of meetings at this time, and then I saw some of my NGO colleagues and I said what's all this about. An NGO meeting? So I decided to come here today.

I have an officer in AFRO exclusively for NGO collaboration. But why did I come here? At the WHA in 1997 there was a similar meeting. And I heard NGOs complaining that WHO doesn't treat them as equal partners and that they wait until everybody has spoken. I said I am going to correct this. Because before joining WHO I was Director of Medical services in my country and after joining WHO and knowing all African countries I have found out that NGOs are extremely useful. There are maverick NGOs. You know them all. My estimate is very conservative, there are over 30,000 NGOs in Africa, in Angola, Ethiopia, and over 1,500 in South Africa. Therefore we need to work together in better harmony and organisation.

Following that meeting in May 1997 I decided I was going to call up a meeting in Dakar in October 1997. We wrote to the NGOs and were overwhelmed with the responses. So we decided that instead of 1997 we would have it in February 1998, and we did. And some of you here were present. There were 19 governments, 300 NGOs, WHO Africa and Headquarters, and after 3 days we all agreed it was really a good meeting. And it was. But I emphasised to all that its not just enough to meet and say what a wonderful thing and slap each other on the back, there has to be a follow up and we agreed to a protocol and to an agreement. It was not what they complained of in 1997. And we agreed that the NGOs were not going to regard WHO as Father Christmas.

Another thing, we agreed there would be a secretariat in AFRO and somebody to deal exclusively with NGOs. We sent a copy of the protocol to all the NGOs, Africans and non Africans. What was the result? I have to say that the African NGOs did very well. They responded and there were far more than we expected. But the international NGOs response was extremely poor. I think only two or three out of 153 respondents. So why did I stop and come to this meeting instead of the other one?. I am convinced that we need each other. Governments cannot do it alone. WHO cannot do it alone. Nor can the NGOs do it alone. Together we can do much better than what we are doing at this moment.

It is not easy bringing NGOs together. It means surrendering certain facilities and taking on more and so I am appealing now to the international NGOs, please respond to the protocol that we agreed on because as you all know most of us attend meetings and then after the meeting we all say what a wonderful meeting that was, and after that we continue as before. So I do hope that we will follow up because you are doing a good job. This is no flattery. If I didn't think so I wouldn't say so. You are doing a very good job but we need more and better organisation. Thank you so much.

Chairman:

Thank you Dr. Samba.

So this positive approach from a Regional Director was a good final speech before the very last one and we shouldn't regard as you say, WHO as a Father Christmas. With the new Director General we should in that case anyway talk about Mother Christmas now.

The very last word is from Desmond O'Byrne, who is our liaison and he is also working and in charge of health promotion at WHO.

Dr. Desmond O'Byrne
Department of Health Promotion, WHO

It really is very encouraging to see such a full attendance at this, the second meeting to be organised during the World Health Assembly by the NGO Ad Hoc Advisory Group on Health Promotion. This NGO Group, as many of you may know, was formed in response to the Jakarta Conference and Declaration. The importance given to the role of NGOs in WHO is underlined by the presence and presentation of Dr. Samba, the Regional Director of WHO in the African Region.

I fully support the previous speakers who stressed that partnerships between Governments, IGOs and NGOs, must be built on mutual respect.

The Jakarta Declaration called for the development of a global alliance in health promotion. This Ad Hoc NGO Group took up the challenge and has been actively promoting collaboration between its many members. It has acted as a catalyst among NGOs in promoting partnership and collaboration.

Dr. Mahler, in speaking to this meeting at the WHA last year, stated that NGOs provide the political dynamite to mobilise action for health. This meeting it is hoped will help to contribute to that motivation.

Dr. Brundtland, Director General of WHO, in her forward to the World Health Report, referred to the importance of NGOs and of the need to reorganise to form more strategic alliances. I am sure we all agree with that. We need to strengthen and build partnerships between NGOs themselves, but also between Governments, NGOs and the private sector. If progress towards health for all is to continue then all sections of society will need to contribute in partnership and mutual respect. NGOs have, and are setting a good example of such partnership. We look forward to this ongoing strengthening of collaboration with Governments and all sectors of society. This meeting is another positive step in the direction.

A Partnership of Committed INGOs

We are an informal group of international NGOs which attended the WHO 4th International Conference on Health Promotion in Jakarta, in July 1997. We saw the need to implement the Jakarta Declaration, and to work in partnership towards the next Global Conference on Health Promotion in Mexico City, June 5-9 2000.

We come from widely different areas of activity -

Education

Health co-operatives,

Traditional health practices

Nursing,

Rural women,

Social welfare,

Women's health.

Our wide diversity of interests, international structures and grass root involvement gives the NGO Ad Hoc Advisory Group on Health Promotion its richness of approach, experience and expertise.

Together we represent many millions of members around the world.

Working together and individually, and in close liaison with the Health Promotion Unit at the WHO headquarters, we have endeavoured to keep the Jakarta and Mexico agendas in the forefront of the NGO community. As a Group we held two successful lunchtime Briefings at the 1998 and 1999 World Health Assemblies, on NGO and Government partnerships in the follow up to Jakarta. As an individual NGO this would not have been possible.

We hope that this example of partnership will encourage others to become involved in health promotion, and that it will serve as an example for NGO Groups in other areas and disciplines.

The Members of the Group

Associated Country Women of the World (ACWW)

Global Alliance of Womens Health (GAWH)

Inter African Committee (IAC)

International Baccalaureate Organisation (IBO)

International Council of Nurses, (ICN)

International Council of Social Welfare (ICSW)

International Health Cooperatives Organisation (IHCO)

International Union of Health Education and Promotion (IUHPE)

Contact Address:

Joanna Koch, Fax: 0041 17 15 41 37, Email: joannakoch@gmx.net

Notes: