

Published on *non-State actors statements* (<https://extranet.who.int/nonstateactorsstatements>)

Home > Seventieth World Health Assembly > 23. Management, legal and governance matters > 23.3 Engagement with non-State actors > Medicus Mundi International

# Medicus Mundi International

## **Meeting:**

Seventieth World Health Assembly (A70/1)

## **Agenda Item:**

23.3 Engagement with non-State actors

## **Statement:**

MMI appreciates this opportunity to address item 23.3. Our statement is supported by PHM and TWN. FENSA legitimates the stakeholderisation of GHG, allowing PSEs a place in WHO's core activities and structures, undermining WHO's norm and standard setting activities. WHO's financial crisis underlies the current efforts to institutionalise its dependence on tied contributions from MS, philanthropies and PSEs. FENSA normalises financial contributions from PSEs and allows them to participate in projects in which they have commercial interests. It permits OR with philanthropies financed by PSEs that invest in health-impeding industries. Currently Secretariat staff simultaneously engage in oversight over NSAs and fundraising. These deficits must be addressed through a comprehensive COI policy. FENSA contains inadequate details about transparency and oversight mechanisms regulating OR status, risk assessment & management, NSA classification and evaluation of NSA commercial interests. Clarification should be provided on these mechanisms and documentation should be detailed and publicly available.

FENSA allows secondments from NGOs, philanthropies, and academia funded by PSEs, and a "revolving door" between PSEs & WHO. WHA69.10 excludes secondments from NSAs in all sensitive posts, which is contradicted by WHO Secretariat's proposal in WHA70.53 by limiting exclusions only to norms and standards setting activities. We call for more detailed regulations on these issues. The framework only regulates the Secretariat's engagements with NSAs, but leaves MS free to advance PSE interests through the governing bodies, financing dialogues, and behind closed doors. FENSA should include regulations preventing public officials from advocating for PSEs. The public character of WHO can only be secured if untied financing from MS is expanded. We urge MS to support the 3% increase in ACs as a first step towards breaking the donor chokehold, and to increase their untied contributions.

**Source URL (modified on 05/26/2017 - 05:44):** <https://extranet.who.int/nonstateactorsstatements/content/medicus-mundi-international-10?destination=node/2458>