

## **OPEN LETTER to members of the 138<sup>th</sup> Executive Board of the World Health Assembly**

### **Civil Society has no confidence in the stalled Framework for Engagement with Non State Actors process**

Dear Members of the Executive Board,

We the undersigned members of public interest non governmental organisations, civil society organisations and social movements wish to address you on the critical issue of the integrity, independence, and credibility of the World Health Organisation (WHO) and its ability to fulfill its constitutional mandate. We reaffirm and value WHO's unique role as the world's highest international public health authority, and over the past four years we have closely followed the deliberations of the WHO governing bodies related to what has become known as a *Framework for Engagement with Non State Actors* (FENSA).

We appreciate the efforts of Member States who were engaged in the negotiation process of the Open Ended Working Group who have tried to strengthen the document. However, the most recent draft of the Framework, instead of providing robust safeguards to protect WHO, legitimises undue influences by the corporate and venture philanthropic sector.

#### **Principle of Inclusiveness**

The principle of 'inclusiveness' when applied to major transnational corporations, their business associations and philanthropic foundations raises ethical issues including, but not limited to, conflicts of interest. Adoption of a principle of inclusiveness would reinforce the framing of public health problems and solutions that favour the interests and agenda of those actors.

Furthermore an inclusiveness principle poses a new and serious threat to WHO's independence and integrity. It contradicts the basis of all conflicts of interest policies which, in order to be effective, must consider which actor to exclude, when and why. This has made it impossible to reach agreement on the conflict of interest section. Conflict of Interest policies should be based on the principle of vigilance and arms length interactions, and do not preclude interactions between WHO and corporate actors, but would ensure they are appropriate.

The overarching Framework treats public interest actors, who are guided by a public health mission, and private entities, guided by market profit-making logic on an equal footing. This problem is one of FENSA's fundamental flaws and is at the heart of our concern.

#### **Official Relations Policy**

A related and equally serious concern is the inclusion of an Official Relations Policy which proposes wholesale admission of International Business Associations and philanthropic entities, with a highly problematic conditionality that such entities have a workplan with WHO. This builds in risks for undue influence.

#### **The way forward**

We call on you as EB members, who have an obligation to protect the right to health of people, to task the OEWG to:

1. Do an in-depth review of the adequacy and implementation of existing relevant WHO policies. In particular the WHO *Guidelines on Interaction with Commercial Enterprises* and the 2010 policy on *WHO's Engagement with Global Health Partnerships and Hosting arrangements* in order to establish whether FENSA strengthens or weakens safeguards.
2. Start work on a comprehensive and effective COI policy for WHO, including whistleblower protection, as well as other such essential safeguards addressing risks of secondments, and the

‘revolving door.’ Such a policy is a prerequisite, *before* any rules on interactions with any external actor are framed and developed.

Finally we ask all Member States to transparently evaluate the FENSA process and clarify its purpose. The WHO secretariat and some Member States seem to hope that FENSA will help address WHO’s financial constraints. This is a misplaced expectation. We stand united in calling on Member States to increase assessed contributions for WHO’s core work. This is an underlying determinant that FENSA can never address. This limitation has fuelled WHO dependency on earmarked voluntary contributions from major donor states, private sector and philanthropic entities. Member States must consider the legitimacy of corporate funding of WHO and the impact of this model on WHO’s constitutional mandate and functions.

Unless the concerns outlined above are taken on board, we are convinced that WHO will be relegated to play a subordinate and ineffective role in what is becoming a ‘stakeholderised’ global health architecture. It will fundamentally undermine the agency’s capacity to set norms, standards and regulations in the public interest.

This letter is endorsed by the following organisations:

1. Anti Drug Abuse Association of Lesotho
2. Association of Breastfeeding Mothers (UK)
3. Baby Milk Action IBFAN-UK
4. Bangladesh Breastfeeding Foundation
5. Blue Cross Norway
6. Blue Cross Thaba Bosiu Centre
7. Borstvoeding vzw (Belgium)
8. Centre for Health Science and Law
9. Centre for Science in the Public Interest (Canada)
10. Centro Internazionale Crocevia (Italy)
11. Corporate Accountability International
12. Déclaration de Berne – Berne Declaration
13. European Alliance of Lactation Consultants (ELACTA)
14. Feminist Center for Information and Action (Costa Rica)
15. FIAN International
16. First Steps Nutrition Trust (UK)
17. Geneva Infant Feeding Association
18. Health Action International (HAI)
19. Health Equalities Group (UK\_)
20. IBFAN Italy
21. IBFAN-Sumy group, Ukraine
22. IFARMA Foundation (Colombia)
23. INFAC Canada/IBFAN North America
24. Institute for Socioeconomic Studies INESC - Brazil
25. Institute of Alcohol Studies (UK)
26. International Baby Food Action Network
27. International Blue Cross
28. International Code Documentation Centre (Penang Malaysia)
29. IOGT International
30. Initiativ Liewensufank
31. Lactation Consultants of Great Britain (LCGB)
32. Medico International
33. Medicus Mundi International. Network Health for All
34. Observatory for food and nutrition security policies (OPSAN/UNB) University of Brasilia
35. Peoples Health Movement (PHM)
36. Proyecto Alimento – Mexico
37. Reference Centre on Food and Nutrition Security (CERESAN), Rural Federal University of Rio de Janeiro, (Brazil)
38. Royal College of General Practitioners (UK)
39. SAAPA Lesotho
40. Soul City Institute for Health and Development Communication, South Africa
41. Society for International Development (SID)
42. Southern African Alcohol Policy Alliance
43. The East Africa Alcohol Policy Alliance (EAAPA)
44. Third World Network
45. Transnational Institute, Amsterdam
46. UK Health Forum
47. Wemos Foundation
48. World Obesity Federation