Defend the World Health Organization from corporate takeover

June 2, 2015

At the forthcoming World Health Assembly (WHA), two key deliberations have the potential to fundamentally influence the future of the World Health Organization (WHO). The Assembly will consider the latest draft of the ‘framework for engagement with non-state actors’. It will also finalize proposals for the financing of WHO for the next two years. The latter includes a critical proposal by the Director General for a 5% increase in assessed (mandatory) contributions.

We, the undersigned civil society organizations and social movements urge the Member States of the WHO to intervene in these deliberations to strengthen WHO and protect its integrity and independence.

We are concerned that rich member-state donors have been deliberately undermining the WHO and weakening its capacity to promote global health by underfunding, tight earmarking of donor funding and opening spaces for corporate influence. Partly as a response to this situation a number of Member States are driving an initiative directed at protecting WHO from improper influence through regulating WHO’s engagement with the private sector entities, philanthropic foundations, academic institutions and non-governmental organizations. However, this initiative may be blocked at the WHA.

The funding crisis

Donor funds account for 80% of WHO’s budget and 93% of donor funds is tightly earmarked to programs that the donors support. This prevents WHO from implementing programs that rich countries do not support, even when they are decided by the World Health Assembly. Threats of further funding cuts are held out if attempts are made to implement such programs.

The compromised ability of the WHO to intervene effectively during the 2014 Ebola crisis is a tragic illustration of the impact of the budgetary crisis on WHO’s capacity to fulfill its mandate. Over the last four years WHO has been through a far reaching reform program driven in part by arguments that the freeze on assessed (mandatory) contributions should remain in place until the Organization addresses its inefficiencies. Such arguments fly in the face of clear evidence that these inefficiencies are largely a function of WHO’s financial crisis brought on by the freeze on assessed contributions.

The Director-General has now proposed a 5% increase in assessed contributions. While 5% is a relatively small increment, much less than the big donors contribute as voluntary contributions, it is of huge symbolic value and a crucial step towards breaking the logjam of freeze on
assessed contributions. Predictably, certain large donor countries are gearing up to oppose the increase and refuse to adopt the budget.

**WHO’s relationship with global corporations lies at the heart of the crisis**

Threats to health and barriers to affordable health care arise due to the commercial interests of big corporations. The increasing incidence of obesity, diabetes, heart disease and stroke due to intensively marketed cheap ultra-processed foods is a stark example. Pharmaceutical corporations clearly value shareholders’ demand for profits over affordable access to essential medicines and vaccines. For WHO to fulfill its mandate it must be able to name such threats and barriers and develop and implement policies and programs to manage them.

However, rich member states, the USA and UK in particular, have repeatedly opposed WHO taking any action which might run counter to the interests of transnational corporations. Furthermore certain rich member states are seeking to force WHO to open up its policy making and decision making spaces to the transnational corporations.

Proposals for ‘multi-stakeholder partnerships’ would designate junk food manufacturers as partners in the task of addressing obesity, heart disease and stroke. Over the last two years WHO and its Member States have been locked in a contentious debate around the rules governing corporate influence over decision making in WHO. Rich countries are seeking to use these rules to clear the way for transnational corporations to buy influence and insert corporate staff into strategic positions within the WHO Secretariat.

The present draft of the ‘framework for engagement with non-state actors’ is contested and problematic. It is more important to get a good outcome than rush to adopt a document that might further legitimize corporate influence of decision making in the WHO.

A recently leaked document from the International Food and Beverage Alliance (see accompanying document) illustrates the lengths that the corporations will go to ensure that the ‘framework for engagement’ increases their access to policy-making in the agency and the degree to which member states can be ‘persuaded’ (if such persuasion is needed) to support them.

**We call upon the delegates to the 68th World Health Assembly to defend the integrity, independence and democratic accountability of the World Health Organization by**

- supporting the increase in assessed contributions;
- taking such time as is necessary to achieve a robust framework for engagement with non-state actors, to protect the Organization from improper influence.
Asociación Latinoamericana de Medicina Social (ALAMES)
Aliança de Combate do Tabagismo/Brasil (ACT/Br)
Alianza LAC - Global por el Acceso a Medicamentos
All India Drug Action Network
Alliance de la Société Civile Malienne contre la Maladie à Virus d’Ebola
Associação Brasileira Interdisciplinar de Aids (ABIA)
Baby Milk Action
Berne Declaration
Breastfeeding Association of Trinidad and Tobago
BUKO Pharma-Kampagne
Colombian Episcopal Conference
Colombian Medical Federation
Corporate Accountability International
Centro Studi e Ricerche in Salute Internazionale e Interculturale (CSI)
University of Bologna
Diverse Women for Diversity
Drug Action Forum - Karnataka
European Mutual-help Network for Alcohol related problems
First Steps Nutrition Trust
Friends of the Earth International (FOE)
Fundacion Ifarma
Health Action International (HAI)
Health Innovation in Practice (HIP, Geneva)
Health Poverty Action
HealthWrights (Workgroup for People's Health and Rights)
Hesperian Health Guides
INFACT Canada / IBFAN North America Initiative for Health and Equity in Society
International Association of Consumer Food Organizations – Europe (IACFO-Europe)
International Association of Health Policy in Europe (IAHPE)
International Baby Food Action Network (IBFAN)
International-Lawyers.Org
Knowledge Ecology International (KEI)
Medact
Medicines Information Center from the National University of Colombia (CIMUN)
Medico International
Medicus Mundi International Network
MEZIS e.V. - Mein Essen zahl ich selbst
Initiative unbestechlicher Ärztinnen und Ärzte
National Alliance of People's Movements (NAPM)
NGO Forum for Health
NGO Misión Salud (Colombia)
O Fórum da Amazônia Oriental - FAOR
Osservatorio Italiano sulla Salute Globale (OISG)
People’s Health Movement (PMH)
Policies for Equitable Access to Health (PEAH)
Public Services International
REDES (Friends of the Earth Uruguay)
Salud y Farmacos -EE UU
SOCHARA (Society for Community Health Awareness. Research and Action)
Society for International Development (SID)
Third World Health Aid (TWA)
Third World Network (TWN)
Treatment Action Campaign
Universities Allied for Essential Medicines
VBBBvzw / IBFAN Belgium
Wemos
World Action on Salt and Health
World Social Forum on Health and Social Security
Young Professionals Chronic Disease Network
ZimbabweLGBTQ