

24 March 2013



IBFAN Response to the web Consultation on WHO's engagement with non-State actors

The International Baby Food Action Network (IBFAN) the global network of 273 groups in 168 countries ¹is a member of the *Democratising Global Health Coalition*² and a signatory to the *Conflict of Interest Coalition Statement*.³ IBFAN has a thirty-year experience of working alongside WHO and its Member States on the adoption and implementation of World Health Assembly Resolutions. IBFAN has followed WHO's reform process closely knows from experience the impact commercial companies can have of health policy setting.

We welcome this open web-consultation and hope that our responses will help safeguard WHO and the Assembly from undue influence and allow the attainment of the "highest possible level of health for all people" (WHO Constitution Art 1)...

Unless conflicts of interest are tackled adequately, they may be institutionalized as the norm, and through the back door industries with a financial interest in the outcome of WHO's policies, will increase their influence and international and national public health priorities and policies will be compromised and distorted.

SUMMARY OF IBFAN's Recommendations in addition to those sent by Democratising Global Health Coalition and Conflict of Interest Coalition.

- There is a need for overarching principles for interactions with all non-State actors,
- WHO must develop a new comprehensive organization-wide policy addressing the avoidance and management of individual and institutional conflicts of interest with the protection of public health as the prime concern.
- There is a need for 3 separate policies – for NGOs, private commercial entities (producers of goods and services) and those who represent – their interests, and Philanthropies.
- WHO should strengthen its engagement with NGOs
- In view of the very real risks of undue influence, especially if commercial entities (and their front bodies) systematically violate WHA Resolutions and recommendations or work against them, IBFAN considers that it is unnecessary, risky and inappropriate for such actors to make oral interventions during meetings setting WHO's standard and norms.

¹ www.ibfan.org

² Core Statement of the Democratising Global Health Coalition on WHO Reform, http://www.medicusmundi.org/en/topics/pnfp-sector-and-global-health-initiatives/who-reform/dgh_core-statement_final.pdf

³ <http://coicoalition.blogspot.com> The **Conflict of Interest Coalition** Statement of Concern was submitted to the President of the UN General Assembly in September 2011. The Statement of Concern has been endorsed by 161 groups, alliances and networks, representing approximately 2,000 health and citizens groups on six continents, united by the common objective of safeguarding public health policy-making against commercial conflicts of interest through the development of a Code of Conduct and Ethical Framework for interactions with the private sector.

- Such actors should be invited to take part in web consultations (such as this) and to provide information when needed and appropriate. Written submissions allow for better evaluation of impact, helping Member States make sound judgments.
- If further consultation/interaction with such actors is deemed necessary and appropriate it must be in line with the agreed policy (see above).
- WHO must publicise its policies on conflicts of interest more widely to create greater understanding of these critical issues and encourage good practice at national and regional level.
- There is a need for a review of WHO's accreditation processes, including the work programmes
- WHO should not accept financing from commercial enterprises for activities leading to production of WHO guidelines or recommendations, especially when these entities violate or work against WHA Resolutions.
- WHO must ensure that the financing dialogue facilitates open discussion of the risks and benefits of different types of financing.
- Contributions from Non-State actors should only be accepted for the Global Programme of Work – ie untied to specific topics. Tied funding can result in disproportionate funding being allocated to fashionable topics at the expense of core work. This has the potential not only to distort WHO's priorities, but to distort public perceptions of what needs to be done to achieve health for all.
- WHO should not be involved in the provision of incentives to commercial companies such as bonds or guarantees, especially when they run for several years. This does not allow for the frequent evaluation that is needed to establish and maintain the effectiveness of programmes.⁴
- WHO must publicise its policies on conflicts of interest more widely to create greater understanding of these critical issues and encourage good practice at national and regional level.
- WHO must not equate financial gain for WHO with benefit for public health.
- WHO must pay close attention to terminology and wherever possible use non- emotive, descriptive language. Terms such as “partnership” can have strong emotional and commercial value, and should be qualified as to whether the engagement or interaction is a form of a sponsorship, contribution in kind, product development, secondment, information gathering exercise?
- WHO should avoid any attempt to “ensure a mutually derived benefit” for non-State actors, especially when they are commercial entities.

⁴ Such ideas are described in box 5.1 in (page 25) in the IDS/ACF paper *Aid for Nutrition: Using innovative financing to end undernutrition* « First, developed country governments could guarantee a future market for products, and thereby give private companies confidence to invest in R&D and product development. A good example is the Advance Market Commitment (AMC) process, where governments guarantee the price of vaccines developed by pharmaceutical companies. This template could be a useful mechanism for the development of fortified foods, and ensuring the availability — and affordability — of materials for complementary and therapeutic feeding at scale.”