

IBFAN comments on the Draft terms of reference for a global coordination mechanism for the prevention and control of noncommunicable diseases

IBFAN has several concerns about this Zero Draft of this discussion paper.

We would like the drafters to be aware of [our concerns regarding the engagement of Non State Actors](#) especially as WHO does not yet have a policy on how to safeguard its policy and norm setting role from inappropriate interactions.

In order to respect the 4th over-arching principle as stated in Page 4¹ the global mechanism should not propose interaction mechanisms that have not yet been approved by the Governing Body of WHO.

The mechanism should therefore not propose the inclusion of and funding from the Private Sector will set a precedent that will bias decisions on institutional engagement.

One of the major pillars of WHO's constitutional mandate is the regulation of private commercial sector activities which impact on public health. Notable examples that have already saved many lives and will continue doing so if WHO remains strong, are the International Code of Marketing of Breastmilk Substitutes and the Framework Convention on Tobacco Control.

Creating a multi-stakeholder mechanism which includes the private commercial sector risks driving attention away from WHO's regulatory mandate and takes WHO down the corporate social responsibility path of legally non-binding (and often unaccountable) initiatives. Giving corporations a seat on the table promotes a problematic model for Member States which companies will be sure to use. It provides image enhancement and allows them to position themselves as socially responsible 'corporate citizens' when in reality their products and /or practices are one of the underlying determinants of NCDs. This multi-stakeholder mechanism will move the focus away from underlying determinants and preventive and sustainable approaches to curative ones.

The selective approach outlined in footnote 10 is faulty.² In our experience the companies most criticised and harmful in the context of NCDs tend to have the most highly developed public relations machinery. These companies invariably claim that their aims/purposes ARE in line with those of WHO. The problem is made worse if they are used as the 'messenger' for health messages, since this camouflages the fiduciary duty to maximise shareholder profits.

In our experience the companies most likely to have access to global coordination mechanisms are the large transnationals, not the small farmers, peasants and producers who provide the vast majority of the worlds unprocessed and most healthy foods.

As stated by the [Conflict of Interest Coalition](#), of which IBFAN is a member, coordination of strategies and policies to combat NCDs should be made by those who are free from conflicts of interest³. The decision regarding which entity to engage should be based on what entities 'ARE' rather than what they 'DO'. What they DO changes (and needs careful ongoing monitoring) but what they ARE tends to remain the same.

Finally on funding, we are concerned that the proposed mechanism opens the door to funding from the private sector, with only tobacco excluded. We strongly warn against this. As we have seen in the infant and young child feeding issue, inappropriate funding can bias reporting and programmes.

We hope these general points will be given serious consideration.

¹ "The engagement with non-State Actors will follow the relevant rules currently being negotiated as part of WHO reform and to be considered, through the Executive Board, by the Sixty-seventh World Health Assembly".

² "Non-State actors include academia and relevant nongovernmental organizations, as well as selected private sector entities, as appropriate, excluding the tobacco industry, and including those that are demonstrably committed to promoting public health and are willing to participate in public reporting and accountability frameworks"

³ **Conflict of Interest Coalition:** 161 public interest organisations representing over 2000 NGOs, 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.