

# WHO Reform and Public Interest Safeguards: An Historical Perspective

Judith Richter

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*“Many of WHO’s traditional donors face their own budgetary pressures. WHO will therefore seek to attract new donors and explore new sources of funding. ... [T]he aim will be to widen WHO’s resource base, for example, by drawing on ... foundations and the private and commercial sector, without compromising independence or adding to organizational fragmentation.”*

*“Global health policy is shaped by a wide range of stakeholders from the public, private and voluntary sectors. It is of growing importance that these voices are also heard in WHO. Being more inclusive can contribute to a stronger leadership for WHO by gathering broader-based support.”*

from *The future of financing for WHO*<sup>1</sup>  
(December 2010)

## Introduction

The following reflections were sparked by the concern that WHO’s Director-General (DG) has embarked on a ‘reform’ of our highest authority in international public health. This might ultimately result in trading off the ‘soul’ of the World Health Organization – its decision-making processes in the public interest – against the hope of attracting more funds from profit or neoliberal ideology-driven actors.

I have focused much of my professional life on issues of corporate accountability and regulation with a particular focus on the transnational pharmaceutical and infant food industries. Starting in 1998, I served as a consultant for UNICEF’s Children in a

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Globalizing World project.\* In the course of this project, I became increasingly concerned over the lack of attention given to conflicts of interests, and to the predictable harmful effects of public-private partnerships (PPPs) and multi-stakeholder initiatives on global health policy making and architecture.

Several public interest NGOs and the Finnish government provided me with an opportunity to explore these issues and outline some possible solutions. In 2005, I was commissioned to summarize concerns about global health partnerships for WHO’s Director-General, the late Dr. Jong-wook Lee, and his Assistant Director Generals (ADGs).<sup>2</sup> From 1998 until 2005, the focus of my work shifted increasingly to what is now termed ‘global health governance.’

This entails questions of how to:

- Maintain democratic principles;
- Establish adequate and effective accountability mechanisms;
- Safeguard public interests in ‘global health governance’;

These are the issues I would like to explore in this editorial.<sup>†</sup>

## Linking private-sector financing with a reform of WHO

Debates around how to fund WHO in a more predictable and sustainable way started in 2009 amidst alerts that WHO was in ‘a funding crisis.’<sup>3</sup> I

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\* This resulted in the book *Holding corporations accountable: Corporate conduct, international codes, and citizen action*. London: Zed Books. 2001.

† The editorial is based on a presentation given during a briefing for UN missions organized by the Democratising Global Health Coalition. The briefing took place about three weeks before the November Special Session of WHO’s Executive Board set up to discuss WHO reform. Its content is based primarily on documents available at the time. The original presentation has been edited and expanded to include a number of important changes that have taken place through mid-December 2011.

joined these debates in May 2011, when health and pro-democracy activists drew my attention to proposals by Dr. Margaret Chan, the current WHO Director-General, which threatened to make WHO even more dependent on funding from foundations and the private sector.

Particularly alarming was the fact that Dr. Chan's reports to WHO's governing bodies had begun to link fundraising from private-sector sources with an *"ambitious agenda for reform."*<sup>1</sup> Reform plans included a proposal to *"supplement"* WHO's existing intergovernmental governing structure through *"a new forum that will bring together Member States, global health funds, development banks, partnerships, nongovernmental organizations, civil society organizations, and the private sector to address issues critical to global health."*<sup>1</sup>

In March 2011, a background paper for an advisory meeting on WHO and Global Health Governance stated that:

***The Director-General has committed to convening a regular multi-stakeholder forum, which will bring together Member States, global health funds, development banks, partnerships, NGOs, civil society organizations, and the private sector. This initiative recognizes the need for a more inclusive debate on all aspects of global health ... Discussions at the Forum may identify new priorities, highlight neglected issues or suggest actions that might be taken by different stakeholders. Its role will be in helping to shape the future global health agenda in a way that is relevant to all, with WHO as its convener. It is therefore a mechanism for improving global health governance, without being a formal part of the governance of WHO.***<sup>4\*</sup>

At the time of the World Health Assembly in May 2011, this proposed multi-stakeholder World Health Forum had become one of the centerpieces of WHO's reform agenda. Subject to approval by this Assembly, WHO's Secretariat planned to hold the first World Health Forum in late 2012 in Geneva.<sup>5,6</sup>

WHO's Member States were not enthusiastic about this plan. A number of Member States complained about the lack of time to fully evaluate the Director-General's financing and reform proposals. This complaint reflected broader concerns about the way the process was being carried out.<sup>7</sup> WHO Ex-

ecutive Board members in their regular meeting immediately following the World Health Assembly, insisted that WHO reforms have a more *"transparent, Member-State driven and inclusive consultative process."*<sup>8</sup> Civil society actors, such as the People's Health Movement (PHM) and the Democratizing Global Health Coalition (DGH) pointed out that the Director-General had not adequately justified the need for a reform through a convincing contextual analysis of the problems WHO was allegedly facing.<sup>9†</sup>

In November 2011, at the Special Session of the Executive Board, the Director-General announced that she was abandoning the idea of the regular World Health Forum due to lack of support from Member States.<sup>10</sup> Nonetheless, a massive restructuring of WHO and its relationships with private-sector actors continues to be promoted under terms such as *"inclusiveness"* and *"widening engagement"* with 'stakeholders.'<sup>10</sup>

Member States can pursue alternate strategies if they want to ensure that WHO unambiguously and effectively fulfills its constitutional mandate and core functions. I will outline some of these strategies in the closing part of this editorial.

### **The WHO reform: a justified move or a continuation of neoliberal global restructuring of the UN at all costs?**

WHO's proposed 'reform' is just the latest manifestation of an increasing coziness between the UN and big business. This trend is often said to have started at the 1992 UN Conference on the Environment and Development in Rio de Janeiro. At that time, Dr. Gro Harlem Brundtland influenced environmental policies in her capacity as chairperson of the World Commission on Environment and Development. Ever since, closer UN-business relationships seem to have become a leitmotif in UN reforms.

In 1997, the newly elected UN Secretary-General Kofi Annan advocated strengthening ties with the business community as a particular focus of his UN reform proposal. He launched the Global Compact initiative as the flagship of this trend at the 1999 World Economic Forum in Davos. This multi-

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† For other contributions (e.g., by PHM, DGH, the Third World Network), see the websites of these organizations. At the time of writing, a good entry point to the relevant websites and other material is the thematic section on WHO reform at the Medicus Mundi International website.

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\* Emphasis (in bold) added

stakeholder initiative was presented as a means to increase corporations' social responsibility with respect to nine selected principles in the field of human rights, labor and the environment.\*

In 1998, Dr. Brundtland, newly elected as Director-General of the World Health Organization, told Member States that one of the hallmarks of her term would also be increased cooperation with the private sector under the name of public-private partnerships.

UNICEF's Executive Director at that time, Carol Bellamy, launched the Global Alliance for Vaccines and Immunization (GAVI) at the World Economic Forum in 2000 and the Global Alliance for Improved Nutrition (GAIN) during the UN General Assembly Special Session on Children in May 2002. Both launches occurred in the presence of the major financial sponsor Bill Gates, also CEO of Microsoft Corporation. Bellamy did not seem to mind the introduction of a new feature of global health initiatives under the Gates venture-philanthropy PPP model: the presence of private-sector representatives on their decision-making boards from the global to the national levels.†

UN leaders pushed aside any concerns over potential harmful effects of this trend toward greater collaboration with big business by issuing decrees of their inevitability. For example, Dr. Brundtland justified the restructuring of the global health arena at the 2002 World Health Assembly with the claim that there was no way to solve "*complex health problems*" except through these new partnerships. She asserted "*whether we like it or not, we are dependent on our partners ... to achieve health for all.*"<sup>11</sup>

WHO's current Director-General, Dr. Chan, promotes her reform in similar terms:

- In common with other UN leaders, Dr. Chan first initiated a reform plan, which involves fundamental changes in the relations between the UN agency for which she is responsible and the private sector, *and only later* sought to gain approval from WHO's Member-States for her initiative. One could say, somewhat provocatively, that the

agenda was set and Member States were asked to rubber-stamp it.‡

- Yet Dr. Chan's proposal to establish a regular global multi-stakeholder forum for health went a step beyond Dr. Brundtland's introduction of the PPP paradigm. To consider the possible implications, imagine the following scenarios: (1) Your health minister announces bankruptcy, invites the private sector to co-fund your ministry of public health and, simultaneously, announces a vague restructuring of the ministry as well as of national public health decision making. The only clear component of the restructuring is a multi-stakeholder forum permitting private-sector actors to actively shape public health affairs. (2) What would happen if the UN Secretary-General announced serious funding problems for the UN Security Council and suggested that the remedy was to raise more funds from the private sector? This would be accompanied by a 'reform' of the Security Council, which would include the creation of a regular multi-stakeholder security forum. The arms industry would be invited as one of the key 'stakeholders' to this Global Security Forum to help shape matters of peace and war.
- In common with Dr. Brundtland, Dr. Chan sidelines concerns over predictable negative impacts of these moves with promises to establish safeguards to hedge them.

#### **Safeguards for public interests: myth and reality**

In 2000, Kofi Annan issued "Guidelines on Cooperation between the United Nations and the Business Sector."<sup>§</sup> The Guidelines listed among its General Principles regarding cooperative arrangements with business that these arrangements should "*advance UN goals as laid out in the Charter,*" be based on a "*clear delineation of responsibilities and roles*" and "*not diminish the UN's integrity, independence, and impartiality.*" Its principle on transparency stated: "*Cooperation with the business community must be transparent. Information on the*

\* A tenth principle, the call to business to work against corruption and all forms of extortion and bribery, was added later on.

† For more details on the historical context as well as reference to the relevant literature and official documents, see Richter 2004 *Public-private partnerships*, pp. 68-85. See also Richter 2003 *We the peoples*, pp. 21-31, Ollila 2003 [reference 30], pp. 36-73 and Zammit 2003, pp. 235-256.

‡ There are still underexplored questions as to who set the initial WHO reform agenda. Following my original presentation, the public wondered to what extent the Director-General's May 2011 Report had been informed by the World Economic Forum's Davos Global Redesign Initiative model as well as by suggestion and funding by the Bill and Melinda Gates Foundation.

§ For the revised 2009 UN Guidelines, see <http://www.business.un.org/en/documents/guidelines>.

*nature and scope of cooperative arrangements should be available within the Organization and to the public at large.*"<sup>12</sup>

In 2001, Dr. Brundtland also promised public interest safeguards. They included:

- Documentation of private-sector interactions, which would be made available to the Executive Board, the World Health Assembly and the public at large;
- Creation of guidelines for staff on how to handle such interactions, which would be updated regularly and include texts to recognize and avoid conflicts of interest;
- Establishment of a tool to assess the good standing of companies with whom interactions are envisaged;
- Facilitation of civil society organizations' input on issues pertaining to public-private interactions.<sup>13\*</sup>

In 2003, when I was asked by the Finnish government to assess WHO's safeguards for public interest, I found out that many of them had never been established or made effective. Until very recently, I could not share my findings from the internal consultancy with WHO's leadership, since the 2005 report had been classified as confidential.<sup>2†</sup> Not enough information is available to evaluate whether the situation has fundamentally changed in 2011-2012, when Member States are again being urged to approve a path towards closer interactions with the private sector.

A number of Member States and public interest NGOs expressed concerns that the intensified resource mobilization from private foundations and the commercial sector and that the current pro-business reform are steps in the wrong direction. Promises are made about safeguards for public interests to allay these concerns, but we have heard these promises before.

Dr. Chan dismissed concerns over conflicts of interest and undue industry influence on several occasions. She argued that she is 'transparent' about industry representatives on particular advisory committees and told NGOs who criticized multi-

stakeholder approaches (for example in the obesity/NCD prevention arena) that 'her' Member States have told her to do this.<sup>‡</sup>

Official WHO documents asserted that resource mobilization from private foundations and the commercial sector can be implemented "*without compromising [WHO's] independence.*"<sup>5</sup> We also read that the projected multi-stakeholder forum for global health "*may help shape decisions and agendas, but will not usurp the decision-making prerogative of WHO's own governance, which will remain intergovernmental.*"<sup>5</sup> Above all, the proposed regular multi-stakeholder dialogue on global health issues claimed to "*[strengthen] WHO's role in global health governance.*"<sup>5§</sup>

A careful inspection of the close relationship between the UN and the private sector (including the Bill and Melinda Gates Foundation) does not support the assertions that were made in the Director-General's reports to the Member States. Both the idea of attracting more funding from private foundations and the commercial sector and the notion of dealing with global health and nutrition matters through multi-stakeholder approaches carry major risks to WHO's role as the highest authority in international public health. Even though the regular World Health Forum is abandoned at the moment, the notion of greater private-sector involvement as legitimate 'stakeholders' in public health affairs is not. There is an urgent need to reflect on whether this path should be pursued.

### **An alternative vision of WHO reform**

The English word *reform* comes from the Latin term *reformare*, which means to form something again. It often refers to correcting wrongs or even to return something "*back to the original condition.*"<sup>14</sup> The term implies that this original condition was better and therefore there is no need for a complete overhaul (revolution).

Let us remember what WHO and the United Nations and its agencies originally stood for. They were meant to work for us ("the peoples") and not for corporations. From that perspective, one can argue that UN leaders have initiated not so much a

\* For a summary of Dr. Brundtland's proposals, see Richter 2004 *GASPP Policy Brief*, p. 4, box 1.

† In November 2011, following a meeting between NGO representatives and three WHO ADGs, promises were made that the discussion paper would be publicly available. In January 2012, verbal consent was given to request it from WHO or the author.

‡ As one example, see Chan's defense of the presence of a Novartis representative on the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property, which discusses how to finance pharmaceutical R & D, in Beigbeder 2011.

§ See also WHO Background paper [reference 4], p. 8.

‘reform’ of our UN agencies but rather their neoliberal restructuring.

This restructuring process includes what some refer to as ‘privatization’ of our public agencies and spaces. Privatization in this sense refers to a greater reliance on private-sector funding, as well as inviting profit-motivated actors into public decision-making forums, and sometimes removing specific public issues from the public sphere altogether. It is the opposite of ensuring financial independence of our public institutions and safeguarding and enlarging spaces for public debate.

The Merriam-Webster Dictionary mentions the word *reclaim* as a synonym to the verb reform.<sup>15</sup> It is heartening to see people standing up and reclaiming democracy and democratic institutions worldwide. Many have been influenced by the short essay “Indignez-vous!”<sup>16</sup> (English translation: “Time for Outrage!”<sup>17†</sup>), written by 93-year-old Stéphane Hessel, a former resistance fighter against Nazism who had subsequently been involved in the drafting of the Universal Declaration of Human Rights.

In the debate around a reform of WHO, it may be useful to remember a few tenets of democracy. *Democracy* is a term coined in ancient Greece and refers to rule by the people for the people. *Plutocracy* is rule by money; it is what UN agencies and their member states should refrain from fostering.

Trying to prevent money from ruling has always been difficult. More than 2000 years ago, the Greek philosopher Aristotle advocated a clear separation of the public square from the market to ensure a free and unpolluted exchange of ideas.<sup>18</sup>

Those who believe that it is possible to increase ‘voluntary funding’ by the private sector (or neoliberal ideology-driven development agencies such as the UK Department for International Development) and to ‘widen engagement’ via multi-stakeholder arrangements without risk of losing independence, integrity, and public trust may be faced with resistance by citizens who remember folk sayings such as “he who pays the piper plays the tune” and “don’t let the fox guard the chicken coop.”

The fundamental problem is that WHO has lost control over its budget. Currently, less than 20 per-

cent of its budget comes from regularly assessed Member States’ contributions. Apparently Member States show little willingness to change the situation. This is why there is an urgent need to bring the financing debate back to the forefront of the agenda.

Discussions around financing, evaluation, and reform of WHO should be based on the ‘shape’ enshrined in the principles and values of WHO’s constitution and Health For All declarations and strategies (reaffirmed in the 1995 and 1998 World Health Assembly resolutions on health in the 21st century<sup>19,20</sup>), as well as in the International Covenant on Economic, Social and Cultural Rights and other relevant human rights documents and reports.

### How to steer WHO’s reform into a healthier direction?

What can be done when those at the helm of our UN agencies try to push significant changes without leaving the space or time for appropriate discussion?

Member States and civil society organizations can influence the ‘reform’ agenda and process in various ways. For example, they can:

- Resist attempts of manipulation, silencing or sidelining, e.g., by insisting on discussion of the points they raise and by demanding transparency as a first step to prevent undue industry influence.
- Insist that transparency about the presence of commercial sector actors in public forums and expert committees is not the same as addressing concerns about conflicts of interest.
- Redirect the debate toward the need to establish broader public interest safeguards in financial and other interactions with the private sector, which include not just the establishment of clear, comprehensive and effective conflict-of-interest policies but also the creation of an enabling environment for informed public debate by a vibrant civic community.<sup>‡</sup>
- Remind WHO’s Director-General that ‘her’ Member States are in fact ‘our’ States, and that public officials are meant to act in the interest of their citizens. Some Member States might be offended by the way they are being used to silence the critical voices of public interest NGOs and citizen networks.
- Point out that the Director-General often seems to practice ‘selective listening’ to Member States. She refers principally to those Member States who support her proposals and/or who have the

\* For example, Dr. German Velasquez, in the foreword to the very instructive *L’OMS en peril* written by long-term WHO staff member Yves Beigbeder, which retraces WHO’s history and warns about its current direction.

† See Wikipedia for the booklet’s translations into other languages: <http://en.wikipedia.org/wiki/Indignez-vous> !

‡ Sometimes also referred to as ‘counter-veiling power.’

financial clout concerning WHO funding, such as the US and UK.

- Point to the ideology behind the current proposals. The DG's reform plans follow the neoliberal agenda that has fundamentally changed the global governance architecture. Those promoting neoliberal policies have weakened and defunded nation states and UN agencies for more than 30 years; the neoliberal champions have increased the influence of for-profit actors and those who have accepted their funding and uncritically participated in the initiatives which are symptomatic of this restructuring. At the same time, they have silenced and sidelined the more critical voices within UN agencies, NGOs and civil society organizations. Global neoliberal restructuring – often in the form of 'multi-stakeholder' and public-private 'partnership' initiatives – has undermined efforts to establish binding international regulatory frameworks for harmful practices of transnational corporations, redirected and fragmented global and national health, social and economic policy efforts, and eroded public trust in the UN and other organizations who have allowed unethical corporations and rich individuals to use such initiatives to influence public decision-making processes and to "bluewash"\* their names.<sup>†</sup>
- Request a de-linking of the discussions of the funding crisis of WHO and the 'reform' of WHO.
- Prioritize and fast-track the work of ensuring independent and sustainable funding of WHO on the agenda of WHO's governing bodies and Secretariat.
- If financial cuts have to be made, prevent the displacement of public-spirited WHO staff by those who work for the neoliberal agenda, and by costly PR staff who work for reputation management.<sup>‡</sup>

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\* Term referring to whitewashing tarnished images by association with the UN's blue logo. See Bruno and Karliner 2000.

<sup>†</sup> See March 2011 press release from the UN's Joint Inspection Unit alerting "If not improved, the Global Compact may damage UN reputation." For broader discussions, see Utting and Zammit; Ollila 2003; and Richter 2003 *Building on quicksand*, which includes a letter from public interest organizations arguing for the dissolution of the Global Compact.

<sup>‡</sup> By the time this think piece is published, the warning may be too late. Throughout 2011, major staff cuts have occurred with insufficient public debate about and

- Ask for a halt to the moves toward greater funding of WHO by private foundations and the commercial sector, and further expansion of 'multi-stakeholder' dialogues and initiatives. There should be a thorough assessment of both moves from broad democracy, human rights-centered and political economy perspectives.<sup>§</sup>
- Draw attention to the fundamental arguments against both moves: they can potentially undermine *WHO's independence and integrity in decision making, as well as public trust* that WHO works for Health for All and not for corporate interest.

### **Asymmetrical relationships: The wolf and the lamb feed together?**

To ensure democratic and evidence-based decision making, it is crucial to argue against discourses that transform profit-making entities and rich sponsors into equal and legitimate 'partners' and 'stakeholders' in public affairs. One analysis of this ongoing shift within international relations concludes:

*It is problematic to use the term "partnership" [and 'stakeholders'] to characterize the relationship between state and nonstate actors, because what the term suggests is an ... equal status for the actors involved. This relativizes both the special political status of governmental institutions under international law and their (democratic) legitimacy. The use of terms like "partnership" [and 'stakeholders'] is for this reason not just a question of stylistics, it has eminently political significance. It implicitly downgrades the role of governments and intergovernmental organizations and upgrades the (political) status of private actors, in particular of the transnational corporations involved in these cooperation models.<sup>21\*\*</sup>*

I continue to be concerned about the way in which the use of the terms 'stakeholders' and 'part-

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knowledge of the criteria used by the WHO Secretariat for its decisions.

<sup>§</sup> Political economy approach suggested by Utting and Zammit 2006, p. iv, among others.

<sup>\*\*</sup> These terms blur the distinction between public interest NGOs and business interest NGOs – a distinction requested by citizen NGOs in UN forums since the early 1990s (see Richter 2001, p. 34). Nor do they reflect the calls by public interest NGOs to classify private-sector actors outside of WHO's NGO category (see WHO/CSI/2002/WP6, p. 9).

ners' contributes to the blurring of important distinctions between actors in international public health affairs, and the way in which the term 'widening engagement' is being used to justify opening up important public health decision-making, regulatory and norm-setting processes to business, public-private partnerships with corporations on their decision-making boards, and foundations that are not at arms-length from their corporate founders.

Seeing industry as equal partners in public policy-making is the expression of a form of neo-corporatism, which advocates the idea of tripartite decision-making processes in all kinds of policy-related forums.<sup>22\*</sup>

The UN Global Compact is the best-known example of this trend. Over ten years ago, a book co-authored by the Executive Head of the Global Compact already described this multi-stakeholder initiative as a framework that would ultimately assume "the creation of a UN culture favorable to business values and methods," and as "a forerider of tripartite governance mechanisms suited to globalization, which should eventually lead to providing non-state actors with an official representative status in inter-governmental organizations."<sup>23</sup>

The description of stakeholder interactions in WHO's Director-General reports shows a lack of conceptual clarity by likening stakeholder consultations to parliamentary hearings and by referring to the recent and very controversial multi-stakeholder forum in the obesity/NCD arena as a positive example.<sup>10</sup> Proposals for safeguards concerning engagement with other 'stakeholders' made in the more recent documents by WHO's Secretariat do take many of the concerns of Member States and public interest NGOs into account.<sup>24</sup> However, despite the note of caution that "increasing engagement" with 'stakeholders' is not an end in itself,<sup>10</sup> the overall tenor remains that there is a need to do just that.

Insufficient attention is being paid to the fundamental issue: How to effectively prevent the proposed reform of "WHO's role in global health governance" from further weakening WHO's constitutional role and functions by turning it from a coordinator of international public health policies and programs into a convener of multi-stakeholder discussions and taking its attention away from issues it should urgently address in its unique capacity as the specialized UN agency for global health? And how

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\* See also Richter 2004 *Public-private partnerships*, pp. 77-78.

to reverse the ongoing trend of multiplying PPPs and multi-stakeholder forums and initiatives which undermine coherent policies and sideline UN agencies, their governing bodies and interagency coordinating committees?<sup>7</sup>

### **Protection of WHO's constitutional mandate and functions**

It is best not to get stuck in the details of the Secretariat's reform agenda. It is important to insist that the evaluation of major proposals are based on whether they enhance or undermine WHO's constitutional mandate and core functions.

Key questions are whether the proposals enhance or undermine:

- WHO's objective to work for the "attainment by all peoples of the highest possible level of health" (Article 1) where health is understood as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."
- WHO's function to "act as the directing and coordinating authority on international health work." (Article 2a)
- WHO's role as regulatory and standard setting body in international health matters. (Articles 2k and 2u)
- WHO's duty to "assist in developing an informed public opinion among all peoples on matters of health." (Article 2r)<sup>25</sup>

### **Advocate the establishment of comprehensive and effective conflict of interest measures NOW**

The reform process should be used to advocate long overdue changes, which are in line with WHO's constitution and Health for All mandate. These would include some of the public interest safeguards, promised long ago by Dr. Brundtland, that have not had effective follow-up. The paper on WHO managerial reforms suggests strengthening "policies on conflicts of interest and information

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† For example, the Scaling Up Nutrition (SUN) initiative, which is being promoted as a "people's public-private partnership" or "movement," undermines major tenets of the Global Strategy of Young Child and Infant Feeding and may ultimately supplant the UN Standing Committee on Nutrition and turn into its servicing body. A headline in a 2012 SUN press release asserts, "As leaders seek innovative models for change, improving nutrition through a multi-partnership approach proves to be a smart investment."

disclosure.”<sup>26</sup> It is important to ensure that this suggestion is acted upon.

First, however, Member States and the public need to know what policies, guidelines and measures are actually in place. The overview provided at the Special Executive Board in November 2011 is not satisfactory. Member States must ask the Secretariat to provide, urgently, a *full overview of WHO’s current state of safeguards for public interests*.

The following questions need to be answered:

- What are WHO’s definitions of individual and institutional conflicts of interest?
- What is the current set of policies to address conflicts of interest, particularly at the institutional level?
- Where can Member States and citizens access policies and documents that are relevant to the safeguarding of WHO’s integrity and independence in interactions with the private sector?
- Where can Member States and the public consult the promised list of all the PPPs in which WHO is currently involved?
- Which body or department oversees relevant information and policies?
- Where can Member States, civil servants and citizens file their concerns and complaints?
- What are WHO’s policies to protect whistleblowers?
- What are the post-employment conflict of interest provisions? For example, is there any provision for a mandatory cooling-off period for high WHO officials before they are allowed to take employment or posts with corporations or other private-sector entities?<sup>27,28</sup> If so, what is its duration?
- What are WHO’s plans to speedily and effectively enhance the input of public interest NGOs and movements into its decision-making processes?

Strengthening policies to deal with WHO’s relevant institutional and individual conflicts of interest will require clear conceptual thinking and a high level of political commitment.

Marc Rodwin, Professor of Law at Suffolk University Law School, an expert on conflicts of interest in the medical arena, emphasizes that *conflict of interest policies are only effective* if they do to the following:

- Set high standards of ethical conduct;
- Clearly delineate the unacceptable from the permissible;

- Develop institutions to monitor behavior;
- Impose meaningful sanctions to ensure compliance;
- Define remedies for harms caused;
- Provide possibilities for public scrutiny.<sup>29\*</sup>

WHO and its Member States must reflect on details of conflict of interest policies, but this alone is not sufficient. Genuine conflict of interest policies should promote what Marc Rodwin calls “*institutionalized conflict-of-interest impact assessments*,” such as assessments of any proposed new policies, programs and fundraising activities involving relations with private-sector actors. The aim would be to ensure that they do not create new unacceptable or unjustifiable conflicts of interest or exacerbate present ones.<sup>29†</sup>

It is imperative that Member States, UN civil servants, public interest NGOs, concerned professionals and citizens fiercely protect WHO’s capacity to coordinate and promulgate policies, norms, and international regulations aimed at hedging in powerful industries such as the tobacco, pharmaceutical, food and beverages, alcohol, nuclear energy<sup>‡</sup> and mobile phone industries, and its capacity to ensure peoples’ access to health care.

### **Clarity about WHO’s mandate – the most important safeguard**

Let me end my contribution with a quote by Finnish health researcher Eeva Ollila:

*The most important safeguard for each UN agency is that its Secretariat has a clear understanding of the organisation’s mandate and the public interests it is meant to pursue and defend. No guideline or code of conduct will solve the problem of conflict of interest if the organisation is not clear on this issue.*<sup>30</sup>

It was Dr. Brundtland who made WHO swerve off this path. It is high time to correct the course. As the People’s Health Movement and the Democratising Global Health Coalition point out:

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\* For additional suggestions by other experts on conflict of interest, see Richter 2005.

† For Rodwin’s most recent theoretical work on conflicts of interest, see *Conflicts of interest and the future of medicine: The United States, France and Japan*.

‡ The reform process also should include the undoing of the 1959 agreement between WHO and the International Atomic Energy Agency (see Katz 2008).



*The global health crisis is one face of a wider crisis... The roots of this wider crisis are deeply embedded in the contemporary regime of economic globalisation including the ascendancy of neoliberal ideology and the unregulated self-interest of transnational corporations. Health is a right and not a commodity; WHO must confront the challenges to health arising in this environment.*<sup>9</sup>

The documents prepared by the Secretariat for the January 2012 Executive Board indicate that critical comments by Member States supportive of WHO's constitutional mandate and civil society organizations were not made in vain. However, the 'reform' process continues. History has taught us that it is difficult to influence a process when the interests of powerful actors are at stake. A constant and vigilant follow-up will be needed to ensure that the reform of WHO and its governing bodies is indeed re-focusing on a healthier and more democratic future for all.

All those who believe in Health For All need to join forces and appeal to WHO's Secretariat as well as to its governing bodies, which are representatives of our governments and ministries of health, to work for the interest of citizens and to refrain from increasing undue profit sector influences in international public health affairs.

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