

MEDIA STATEMENT

World Health Organization weakens conflict of interest safeguards

SATURDAY MAY 28, 2016 (Geneva, Switzerland): The following statement was issued by Bill Jeffery, LLB, Executive Director of the Canadian Centre for Health Science and Law on the adoption of the Framework of Engagement with Non-State Actors (FENSA):

In the final Saturday afternoon of the World Health Assembly meeting, after a week-long series of negotiations that excluded both non-governmental organizations and the media, the World Health Organization's governing body revamped its rules for interacting with outside organizations.

The final rules expressly permit "business interest groups" to participate in the governance of the world's chief public health agency and replace the stated (albeit, inconsistently applied) policy that WHO should not engage with organizations that are "primarily of a commercial or profit-making nature."

The new rules also welcome the involvement of the private sector in technical collaboration, but eschew them in standard development, a fine distinction that is vulnerable to exposing WHO to commercial influence if applied loosely by WHO staff.

The new rules categorically preclude collaboration with the arms and tobacco industries, but are vague about the involvement of alcohol, food, pharmaceutical drug, and medical technology industries. The International Federation of Pharmaceutical Drug Manufacturers and Associations, the International Diabetes Federation, and the NCD Alliance, all heavily funded by pharmaceutical drug and/or medical technology companies (see: <http://www.idf.org/sites/default/files/IDF-2014-Annual-Report-final.pdf> and https://ncdalliance.org/sites/default/files/resource_files/NCDA_AnnualReport_Web_FV.pdf), applauded the new policy.

By stark contrast, earlier in the week, 60 public interest groups issued a joint statement (attached) raising concerns about the erosion of safeguards and ambiguities in the draft proposal. Spokespeople for those groups reiterated these concerns at the only time allotted to them in the meeting: after the final decision had been made.

A great deal of the potential effectiveness of the World Health Organization's new conflict of interest safeguards depends on discretion granted to the agency by its governing body. If staff are unwilling to vigorously keep private interests at bay in the coming two years, today's decision could mark the beginning of a sharp deterioration in the independence of the World Health Organization from the industries it purports to oversee.

Like the WHO, Health Canada does not directly deliver health care services (a provincial responsibility in Canada). But, unlike WHO, Government of Canada law- and policy-making negotiations are funded by mandatory taxes, not voluntary charitable contributions from governments and private foundations and, potentially, industry associations representing the

food, drug, medical technology companies that should, instead, be answerable to public health authorities.

Though Canadian institutional conflict of interest rules are far from perfect, it is illegal for private companies to financially contribute to political parties, political candidates, or individual bureaucrats and, of course, to join Parliament. The Bill and Melinda Gates Foundation, which will directly or indirectly contribute 13-20 percent of the entire WHO budget (see WHO disclosures (see: <http://extranet.who.int/programmebudget/Biennium2016/Contributor>) through at least 100 earmarked grants (according to publicly accessible 2014 US Internal Revenue Service reports) is heavily invested in disease-relevant industries (according to US Security and Exchange Commission filings) including:

- * Coca-Cola,*
- * Walgreens (a US-based pharmaceutical retailer),*
- * Walmart (the largest food retailer in the US),*
- * McDonald's Restaurants,*
- * more shares in Coca-Cola and 26% share of Kraft through a holding company,*
- * a South American cable television consortium,*
- * and other purveyors of food and screen time that evidence links to the rise of cancers, cardiovascular disease, and diabetes and pharmaceutical drugs, the sale of which rise with every diagnosed illness.*

It is unclear how the new policy will affect Gates contributions, its asset investment strategy, or national governments' efforts to adequately fund WHO work without so much private funding.

The new policy, which does include some promising new transparency measures, is to be fully implemented in the coming two years. A new Director General is to be elected by this time next year. Hopefully, the WHO will demonstrate more transparency and inclusiveness to the perspectives of public interest groups in the coming two years than it did in the past week.

NOTE: I am attending the meeting as a partner with Medicus Mundi International, also a signatory to the attached statement, though my note does not necessarily reflect the views of MMI.

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