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**Re: Comments on the draft 2026-2027 strategy for the Partnership for Maternal, Newborn & Child Health (PMNCH)**

Dear Mr. Khosla:

Please consider the following comments on the draft strategy to help convert many abstract aspirations to more concrete, relatable objectives and plans.

1. **Include institutional conflict-of-interest safeguards.** The strategy mentions the involvement of the private sector six times without noting the WHO obligation to follow the [Framework of Engagement with Non-State actors \(FENSA\)](#) or other [calls for and expectations of conflict-of-interest safeguards in the UN system](#). I urge you to address the risk of conflicts of interest and to include assurances of safeguards in the final version of the strategy.
2. **Stress the importance of democratic guardrails to facilitate the passage of child- and maternal-protections.** Many, but not all, governments guarantee constituents the right to obtaining official documents, lobbyist registries, conflict of interest safeguards, controls on corporate financial contributions to elected officials, and the [United Nations and WHO lack many transparency and equity safeguards](#).
3. **Better particularize the objectives of emphasizing the protective potential of law reform.** Even if there were no crisis in funding for national healthcare or Official Development Assistance, there is much to gain from public health law reform, such as:
  - a. fully implementing WHO's *International Code of Marketing of Breast-milk Substitutes*, which has yet to be fully implemented anywhere, but is widely recognized as an important bulwark against an estimated 600,000<sup>1</sup> to 823,000 acute illness deaths of infants<sup>2</sup> worldwide and 100,000 chronic illness deaths of mothers,<sup>3</sup>
  - b. mandating maternity leave measures to ensure livable incomes during the six-month period of exclusively breastfeeding for mothers in the informal and formal economies,
  - c. extending child-protection measures to, at least, the internationally recognized age of childhood (18 years) and mandating workplace supports for breastfeeding workers,
  - d. incentivizing nutrition-sensitive agriculture, mandating nutritious school food programs,
  - e. restricting marketing to children,
  - f. guaranteeing access to immunization of children against serious infections and encouraging optimum uptake to minimize risks of outbreaks, and
  - g. indexing to inflation and government financial benefits for mothers and children.

4. **Develop and mandate child rights impact assessments and health impact assessments.** While still only voluntary and styled as a course for public servants (though open to anyone), the Canadian Department of Justice developed a [Child Rights Impact Assessment](#) (CRIA) tool that has [long been advocated by UNICEF](#). CRIAs are analogous to environmental impact assessments that are mandated by many parliaments and [Gender-Sensitive Budgeting Plus](#) that is mandatory in some. The WHO also promotes [health impact assessments](#) and provides guidance on methodology which offer a meaningful way to direct the attention and actions of law- and policy-makers to assuring the well-being of children and mothers.
5. **Characterise the profound implications of the double-standard for health and social protection spending in relation to policing, nationally versus internationally.** The paucity of Official Development Assistance spending pales in comparison to military spending. Furthermore, the relative importance assigned to government spending on social protection to law enforcement is vastly different between domestic and international efforts. For instance, on average, OECD countries spend 21% of GDP on health and social services,<sup>4</sup> far more than the 1% on policing in high-income countries like the US and Europe,<sup>5</sup> a 21-fold ratio of the fiscal emphasis on the helping hand compared to the fist for local populations. By stark contrast, total Official Development Assistance spent by OECD countries is approximately 0.37% of OECD GDP (far short of the 0.7% commitment recommended by the 1969 [United Nations Commission](#) and current [target #17.2 of the Sustainable Development Goals](#)) which is puny in comparison to six-fold *higher* NATO commitments to spend 2% to 5% of GDP on military spending.<sup>6</sup> By these metrics, the relative financial emphasis on health and social protection to the use of armed force is 126-fold higher in rich countries at home compared to abroad, which seems more indicative of xenophobia than global solidarity. In other words, there is a much greater emphasis on the fist abroad and more on the helping hand at home, which does not seem like a formula for an abiding global peace and the physical wellbeing of children and mothers in the Global South.
6. **Ensure that scorecards and time-delimited targets are relatable and linked to metrics of public health impact.** Sometimes, scorecards may seem like arbitrary judgements of report writers or lionize law reforms that are fraught with loopholes and spending decisions that promote non-scalable pilot projects.
7. **Urge secure, stable funding for child and maternal health advocacy organizations.** Many governments restrict public interest advocacy of health and child protection charities by law or by conditions on their ability to raise funds. Few governments provide stable, secure funding, forcing many organizations to compete for project-based work that limits their capacity to confidently inform and advocate reforms to protect mothers and children.
8. **Seed successors to the Sustainable Development Goals.** PMNCH's draft 2026-2027 strategy mentions the Sustainable Development Goals (SDGs) as, obviously still relevant, benchmarks for progress, though progress to date has been terribly disappointing, according to the [Secretary-General's 2025 Report](#). However, the Goals, Targets and Indicators need to better reflect law reform opportunities and needs as stepping stones for achieving health and child protection outcomes and governance safeguards. PMNCH could help light the way for SDG renewal now.

Respectfully submitted,

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## Endnotes

<sup>1</sup> Walters DD, Phan LTH, Mathisen R. The cost of not breastfeeding: global results from a new tool. Health Policy Plan. 2019 Jul 1;34(6):407-417. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC6735804/pdf/czz050.pdf>

<sup>2</sup> Cesar GV, Rajiv B, et al. for The Lancet Breastfeeding Series Group. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effects. The Lancet. Vol 387 January 30, 2016 Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)01024-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)01024-7/fulltext)

<sup>3</sup> Walters DD, Phan LTH, Mathisen R. The cost of not breastfeeding: global results from a new tool. Health Policy Plan. 2019 Jul 1;34(6):407-417. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC6735804/pdf/czz050.pdf>

<sup>4</sup> OECD. Public social spending: Public social expenditure as a percentage of GDP, estimates for 2024 or latest year. OECD, 2025. Available at: <https://www.oecd.org/en/topics/sub-issues/social-spending.html>

<sup>5</sup> Total spending in policing at all levels of US government was \$233 billion in 2023. US Federal Reserve at St Louis (FRED). Government current expenditures: Public order and safety: Available at: <https://fred.stlouisfed.org/series/G160091A027NBEA> According to FRED, The Real US Gross Domestic Product in 2023 was approximately USD24 trillion. Available at: <https://fred.stlouisfed.org/series/GDPC1> Likewise, spending on policing is generally less than 1% of GDP in Europe (not include spending on courts, fire protection, etc. Eurostat. Government expenditure on public order and safety. 2025. Available at: [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Government\\_expenditure\\_on\\_public\\_order\\_and\\_safety](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Government_expenditure_on_public_order_and_safety)

<sup>6</sup> The 1969 Commission's goal would have been almost within reach for OECD countries if it had been pursued a decade earlier when Official Development Assistance was nearly 0.6% of Gross National Income in OECD countries. Instead, it fell by nearly half and remains so low 55 years later, even lower than the notoriously austere Reagan/Thatcher administrations in the United States and United Kingdom and even during the COVID-19 pandemic.

