



SUPPLEMENTARY COMMENTS BY THE INTERNATIONAL FOOD & BEVERAGE ALLIANCE ON THE WORLD HEALTH ORGANIZATION'S ENGAGEMENT WITH NON-STATE ACTORS

The International Food & Beverage Alliance (IFBA) wishes to thank and congratulate the World Health Organization on its constructive consultation session on 17-18 October 2013 on WHO's engagement with non-State actors. The meeting itself was an example of multistakeholder action and underlined the value and importance of structured engagement. At the invitation of the WHO Secretariat, IFBA members wish to provide additional comments as follows.^{1 2}

General Comments

The Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (the Political Declaration), unanimously adopted by Member States in September 2011, calls for a "whole of society" approach and the development of effective multisectoral actions to address the growing global burden and challenge of noncommunicable diseases (NCDs), as does the recently endorsed WHO *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020*. We welcome this approach.

We believe multisectoral actions and collaborative partnerships represent one of the most cost-effective ways to address public health challenges, and have committed our time, resources and expertise to do our part. We have been working in collaboration with governments and NGOs on a variety of initiatives aimed at helping people the world over to achieve a healthy diet through reducing levels of salt, fats, sugars and calories in our products, as well as increasing levels of whole grain, vegetables and low-fat dairy in our products and in programmes aimed at reducing NCDs. And experience has shown that together we can make a difference. We have learned that by including the private sector you are able to add valuable perspectives; help achieve scale; open the possibility of innovative finance mechanisms where public institutions are able to leverage private capital; provide leadership to encourage others to participate; and bring together different skill sets that can, hopefully, deliver a better and more effective outcome. We offer product innovation, consumer understanding and communication, R&D expertise, supply chain expertise and the potential positive influence on small and medium enterprises.

IFBA members have been working constructively with WHO and Member States since 2002 on global health issues. For example, we have been invited to comment on the development of the 2004 WHO *Global Strategy on Diet, Physical Activity and Health*, the 2010 *Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children*, the WHO global monitoring framework and voluntary global targets and on options for enhancing multisectoral actions; on sodium reduction strategies; on our understanding as to how consumers relate to diet and changes in product ingredients or to explain

¹ IFBA is a group of eleven companies – The Coca-Cola Company, Ferrero, General Mills, Grupo Bimbo, Kellogg's, Mars, McDonald's, Mondelēz International, Nestlé, PepsiCo and Unilever – who share a common goal of helping people around the world achieve balanced diets and healthy, active lifestyles.

² Please note these comments are also supplemental to those provided by IFBA in March 2013 in the web-based consultation, [The International Food & Beverage Alliance's Comments on the World Health Organization's Engagement with Non-State Entities](#).

how WHO policies and guidelines will be implemented by industry. We believe that we have all benefitted from our interactions.

In 2008, our CEOs made five public commitments in support of WHO's 2004 *Global Strategy on Diet, Physical Activity and Health*. Over the past five years, our members have made significant and substantial progress in advancing the goals of that strategy. Each year, we monitor and publicly report on our progress.

We all recognize that collaborative efforts work best with clear rules of engagement. We welcome the development by WHO of a clear policy for the engagement of all non-State actors and the management of these relationships in a way that can harness the knowledge, expertise and resources non-State actors can contribute to advance the goals of public health, while safeguarding WHO and public health from undue influence and reputational risks.

We agree with and support the overarching principles agreed by the WHO Executive Board in May 2013 for guiding all interactions with non-State actors, which should:

- Demonstrate a clear benefit to public health;
- Respect the intergovernmental nature of WHO;
- Support and enhance the scientific and evidence base that underpins WHO's work;
- Be actively managed so as to reduce any form of risk to WHO (including conflicts of interest); safeguard the interests of WHO; and
- Be conducted on the basis of transparency, openness and inclusiveness.

It is our considered view that this principled pragmatic approach will allow WHO not to focus solely on *who* to engage with, but rather *whether* an engagement is in the best interest of global public health policy.

We also agree with and support the boundaries of engagement with non-State actors, articulated in the discussion paper for the consultation. We recognize and respect the sovereignty of Member States and the role, responsibility and independence of WHO. It is not our role to set or define policy. Rather, we believe our role is to help inform the development of policy, as evidenced by our past engagements with WHO and Member States, and to implement such policies, but that policy creation and decision-making is the exclusive prerogative of Member States.

We support the need to safeguard WHO and public health from undue influence, reputational risks and conflicts of interest, and believe a robust transparency and disclosure standard can achieve this.

Due diligence, management of risks of engagement and transparency

We agree with the overarching principle in the Report of the Secretariat on WHO reform that "transparency is the key safeguard that needs to underpin all interactions with non-State actors" and support the overarching principle agreed by the WHO Executive Board that all engagement "be conducted on the basis of transparency, openness and inclusiveness."³

³ Report by the Secretariat, *WHO governance reform*, 17 May 2013, para. 19

On the basis that we believe that the engagement policy should be applied systematically and uniformly to all kinds of non-State actors and at all levels of the Organization, we support a strengthened due diligence system that also applies to NGOs.

We believe reputational risks for WHO and public health can be effectively managed by a robust and transparent disclosure system based on a principle of full disclosure and a clear process to identify, manage and resolve these appropriately in an unbiased and timely manner.

The argument is often made that there is a fundamental conflict of interest between the public health and private sectors. But as Director-General Dr. Chan has stated previously and at last week's consultation "everyone has vested interests." Inevitably, conflicts of interest will arise from time to time. There are even some State actors with commercial interests. Whether real, perceived or potential, each needs to be addressed to ensure the activities and initiatives of all participants are conducted with the best interests of global public health in mind and to protect the reputation and integrity of WHO and its interests. It is important that perceptions do not get in the way of facts, positive results and beneficial outcomes in advancing public health. Accordingly, we believe an overarching principle for engagement must also include a principle of full disclosure of actual or perceived conflicts of interest, and a clear process to identify, manage and resolve such conflicts of interest. We accept that WHO has a unique position given its normative role within the UN family, but believe that policies and procedures exist in both the public and private sectors to identify, manage and resolve these.

All stakeholders, including governments and WHO, need to disclose the nature of their interactions and a comprehensive public database as proposed in the discussion paper for last week's consultation will help ensure that appropriate attention is paid to the principles of transparency and accountability.

Reforms to enhance engagement

We concur with Professor Zeltner's statement that WHO's engagement policy should be inclusive. Rather than an approach of categorization and exclusion of certain stakeholders, the identification of "shared values" and inclusion will better serve the best interest of public health. This progressive type of multistakeholder action should be guided by the overarching goal of finding and implementing the most effective public health solutions. Ideally, it should be applied fairly and uniformly to all non-State actors who engage with WHO, whether NGOs or the private sector.

We appreciate that engagement with non-State actors in the context of governing bodies is somewhat complex. However, the current system of preferred access to some NGOs, as opposed to others, is at times unhelpful and can potentially frustrate the development of sound public health policy.

We acknowledge that certain organizations opposed to the engagement of WHO with certain actors, and specifically the private sector, argue that any stakeholder with a "for-profit" motive should be excluded from engagement with WHO. But this argument fails to acknowledge the reality of a complex global health world and the increasingly significant role of public-private partnerships and the donor community. The private sector, NGOs and academic institutions contribute billions each year to global health initiatives. Numerous NGOs are aligned with, or funded by the private sector (both for-profit and

not-for-profit entities). Attempts to arbitrarily categorize or classify or create a “hierarchy” of non-State actors, each with special roles and differing access to WHO based on a pre-determined view of the value of an organization with the goal of exclusion, will inevitably work to the detriment of the organization which, in our view, must have the flexibility to engage with a diverse and broad range of non-State actors to fulfill its mandate. For example, if a breakthrough innovation or product was developed that could substantially contribute towards a decrease in morbidity and mortality, but had been developed by an “excluded” non-State actor, the WHO would be precluded from taking advantage of it.

As you consider opportunities for enhanced engagement in such areas as research and evidence generation, technical consultation, financing and advocacy and awareness raising, we urge you to ensure that WHO’s engagement policies are balanced, inclusive and conducive to effective cooperation and interaction with both the private sector and NGOs. The policies should not imply or assume that conflict of interest concerns apply only and uniformly to the private sector; nor should they appear to give the private sector a lesser or subordinate role to NGOs. They should recognize the importance and legitimacy of the private sector’s role and contributions, as recognized in the *Political Declaration*, and encourage them regardless of whether those involved are formally accredited to WHO or not.

As mentioned above, we believe that full disclosure of specific information is the basic standard which should govern engagement and that such disclosure will enable WHO to make fair and useful decisions in a timely fashion. We feel certain that WHO can create a bureaucratically lean and efficient internal mechanism which could assist in the evaluation of specific engagements with non-State actors in differing contexts. We also believe that this approach provides the necessary framework and oversight to enable WHO to manage the engagement on a case-by-case basis, guided by the importance and severity of the public health challenge.

Final comments

We are grateful for the constructive engagement we have had with WHO over the last ten years and look forward to many more years of consultation and collaboration as we all work together to address public health challenges.

25 October 2013