

**EUROCARE COMMENTS TO
THE DISCUSSION PAPER FOR THE INFORMAL CONSULTATION
WITH MEMBER STATES
AND NON-STATE ACTORS**



October 2013

The European Alcohol Policy Alliance (EUROCARE)

EUROCARE (The European Alcohol Policy Alliance) is an alliance of non-governmental and public health organisations with around 55 member organisations across 24 European countries advocating the prevention and reduction of alcohol related harm in Europe.

EUROCARE strongly supports World Health Organisation's (WHO) efforts to reform its engagement with 'non-state actors'. Eurocare hopes that the WHO will continuously strive to ensure that the leading, coordinating, and norm-setting role of the WHO, as stipulated in its Constitutions, is not compromised.

In response to the *Informal consultation on WHO's engagement with non-State actors*

Eurocare would like to highlight the following points:

- ■ WHO should develop a comprehensive framework to adequately address conflicts of interest; this would include development and adoption of clear criteria for identification of conflicts of interest and how to address them
- ■ WHO should distinguish between economic operators and other entities in their engagement processes
- ■ Economic operators should be treated similarly to the tobacco industry, and excluded from engagement with the WHO.

Eurocare is delighted to observe that the Executive Board in May 2013 agreed the five overarching principles for engagement with non- State actors, namely:

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

Eurocare would like however to highlight the following points of concern

1. The overall approach

The overall objective of the changes as stated in the discussion papers is *'to make better use of resources'*. As much as we understand the financial constraints under which WHO finds itself; we fear the consequences of allowing the WHO to receive money from economic operators.

Furthermore, we find problematic the proposed approach to categorise all external actors with whom WHO interacts (apart from Member States) under the generic umbrella of 'non-state actors'. This would hide the fundamental difference between economic operators and public health entities. **WHO should aim at maximising interactions with those public interest actors whose primary interest, aims and objectives are in line with WHO's mandate.**

2. The distinction of actors and their roles

Eurocare is of the opinion that WHO must continue to ensure the clear distinctions between different types of actors:

- Economic operators
- Philanthropic organisations
- Non Governmental Organisations
- Academic sector

as highlighted in the Member States' recommendations back in 2011¹ and confirmed in decision 65 (9) of the 65th WHA requesting Director General:

- (a) *to present a draft policy paper on WHO's engagement with nongovernmental organizations to the Executive Board at its 132nd session in January 2013;*
- (b) *to present a draft policy paper on the relationships with private commercial entities to the Executive Board at its 133rd session in May 2013;*

While overarching principles should govern all interactions with external actors, separate policies are needed to ensure clarity and transparency regarding the fundamental difference between **NGOs** and **entities that represent or are linked to commercial entities.**

¹ Executive Board of November 2011

3. WHO's regulatory mandate at risk

It is Eurocare's concern that unless great care is taken, the changes proposed to the framework of WHO interactions with external actors will result in weakening WHO's position as a prime actor in public health and in opening the door to increased influence by private commercial interest.

One of the major pillars of the 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.

The discussion paper lists, as one of the overall objective for changing the rule of engagement with external actors, the objective of engaging *'in dialogue with non-State actors on how they can improve their activities so as to better protect and promote health'*. If applied to the private commercial sector, this may take WHO down the corporate social responsibility path, be misleading and drive attention of Member States and the WHO away from the regulatory mandate of the agency.

4. More strict treatment of alcohol

Eurocare is particularly concerned about the role the alcohol industry could take on in its interactions with the WHO, if the proposed changes are accepted.

Eurocare firmly believes that as one of the main risk factors alcohol should be treated in the same category as tobacco.

Alcohol industry similarly as the tobacco industry should be excluded from WHO engagement with non- State actors. Eurocare would like to urge WHO to include alcohol next to tobacco and arms in its discussion paper²

We welcomed Dr Chan statement earlier this year:

² Page 1: *WHO does not engage with industries that make products that directly harm human health, such as tobacco or arms* [ADD ALCOHOL]

In the view of WHO, the alcohol industry has no role in the formulation of alcohol policies, which must be protected from distortion by commercial or vested interests (...) Conflicts of interest are an inherent risk in any relationship between a public health agency, like WHO, and industry; conflict of interest safeguards are in place at WHO and have recently been strengthened. WHO intends to use these safeguards stringently in its interactions with the alcohol industry³.

In the view of this statement and the past experiences of the misleading and delaying tactics of the alcohol industry we would kindly ask the WHO to treat alcohol industry similarly to tobacco and arms- meaning exclusions from engagement with the WHO. Alcohol industry engagement, has proven in the past to be counterproductive to obtaining public health goals in many arenas (for instance recent court case on minimum unit price for alcohol in Scotland)

However, it would like to invite the WHO to consider permanent exception for alcohol industry. Alcohol industry has a proven track record of opposing the most efficient and cost effective policies in relation to alcohol policy, namely the WHO 'best buys' for instance fiscal policies such as alcohol taxes⁴.

5. Establishment of transparency register

The current requirement for the NGOs to be in official relation with WHO to be able to actively engage in the WHO governing body sessions, puts an extra constraint on NGOs of smaller size and resources.

Eurocare warmly welcomes the suggestion to establish an accreditation system for the attendance of the WHO governing body sessions. Making the WHO decision making process more open through easier access to the meetings would undeniably contribute to a better and more transparent engagement processes for all interested stakeholders.

Furthermore, Eurocare would welcome a transparency register for WHO, similar to the one established for the European Institutions.

³ <http://www.bmj.com/content/346/bmj.f1889?tab=responses>

⁴ For the latest example read the Spirits Europe editorial:
http://spirits.eu/article.php?id=196&newsletter_id=13&preview=0

This register would allow for better management of the conflict of interest at both individual (i.e. external experts, staff in kind contributions) and organisations' level.

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