

**Statement by Medicus Mundi International and the  
Democratising Global Health Coalition on agenda item 5.  
WHO Reform**



Thank you, Chair, for the opportunity of speaking on behalf of Medicus Mundi International and the Democratising Global Health Coalition.

We commend the WHO for the work carried out in drafting new policies on engagement with nongovernmental organizations and the private sector. A daunting task, indeed a much needed exercise. We encourage the Secretariat to advance in the consultations as planned, not to lose the momentum.

We have two questions, nonetheless:

1. References to policies aimed at dealing with the “private not-for-profit sector” are no longer present in the documents dealing with the WHO reform: why? The need for comprehensive policy frameworks to guide interaction with philanthropic organizations was made explicit in the WHO document EB 130/5 add.4 and included into the Chairperson’s summary report of the 130EB. The mounting influence of the philanthropic foundations in the funding - hence in the priority setting - of WHO is just an undeniable trend as it is a primary source of concern for the present and future global health governance. The WHO, as “*the directing and coordinating authority on international health*”, must address this issue and regulate venture philanthropy in public health, starting from domestic house-clearance, through an effective policy. This had to happen during the Sixty-fifth WHA. The whole subject matter has vanished now, and WHO’s engagement with it;

2. Seemingly, the same fading syndrome has hit the proposal of drafting a conflict of interest policy. Why? The documents produced for the EBSS mentions that “*the development of norms, standards, policies and strategies, [...] must continue to be protected from influence by **any form of vested interest***”. Elsewhere in the EBSS documents, the importance of managing conflicts of interest is clearly stated, while document EB 130/5 Add.4 uses the word “avoiding conflict of interest”. We are all too aware about how conflicts of interest can be intrusive in shaping policies, at all levels. Health is no exception to this unpalatable trend.

DGH asks member states to re-integrate these two topics in the reform discourse with a sense of urgency.

Thank you.