



IBFAN comment: WHO Draft 14th General Programme of Work March 2024

IBFAN appreciates the opportunity to comment on the draft Programme and expand on our short statement made during the EB154, WHO webinars and our comments on the 13th Programme of Work in 2017

IBFAN's primary concern relates to WHO's duty to protect its independence, integrity and trustworthiness so that it can fulfill its mandate and core functions that are to::

- To act as the directing and coordinating authority in international health work (Art.2a)
- To propose conventions, agreements and regulations.... (Art.2k)
- To assist in developing an informed public opinion among all peoples on matters of health(Art. 2r)

Financing and COI:

- WHO's definition of COI is still confusing and incorrect and – in the past – has relied on FENSA and has 'enabling framework' for funding. IBFAN has followed FENSA from the outset and believes that this is risky. FENSA is an inadequate framework that is silent on health harming industries other than tobacco and arms. Given the increased awareness of the extent of harm caused by corporations, FENSA should be brought up to date and strengthened. This would help safeguard WHO's independence, integrity and trustworthiness and its role in proposing regulations and building the international Rule of Law.
- **There seems to be only** one mention of COI in the GPW despite this being an essential safeguard that WHO and all Member States need to address.
- IBFAN totally supports a move to predictable and sustainable financing, but feel that 50% is inadequate.. We are concerned about the lack of transparency in the WHO Foundation and believe that anonymous donations should be forbidden, especially when ear-marked for specific programmes
- The GPW should ensure that the pressure to be 'operational' does undermine WHO's key norm-setting role.
- WHO's desire to streamline prevent new Resolutions going forward that save children's lives.

- References to public private partnership is thankfully less frequent than in some other WHO texts but still there without comment that such partnerships blur the identities and responsibilities of rights holders and duty bearers. Public Private Partnerships allow corporations and their front organisations assume decision-making positions in public health when they have no democratic accountability. In our view Partnerships with corporations should only be considered when power balances are equal.

Women and children should be identified as a top priority in climate and conflict emergencies, and the need for legal protection of breastfeeding should be highlighted, referring to WHO's extensive package of guidelines and reports (including the digital marketing guidance) that need to be brought into national laws to be effective,

It is good that the draft does suggest a new outcome Indicator - *WHA 69.9 Exclusive breastfeeding under six months*. But there is nothing in the text that outlines why it is so important (just one boast in Para 7).

Joint Outcome 5.2. Preparedness, readiness and resilience for health emergencies enhanced

Prioritized national action plans for health security will be updated Increased attention and resources will be given to enabling and coordinating the 'networks of networks' that require sustained support including those for research and development (including clinical trials), geographically diversified production and scalable manufacturing of medical countermeasures, prepositioning of strategic stockpiles and resilient and efficient health supply chains, and cross-border digital infrastructure to support verifiable health credentials. **Since breastfeeding plays such a critical role in child survival, emergent responses should support all women who want to breastfeeding, and include skilled breastfeeding support, skin-to-skin, re-lactation and wet nursing. The provision of short term Ready to use products must never undermine breastfeeding or indigenous, culturally acceptable local food solutions. The deprivation of food, water and medical supplies should never be imposed as a weapon of war.**

Trade: Page 20 Joint outcome 2.1 is good and does mention trade, but could be expanded to refer to *policy coherence; baby feeding products* (after alcohol) and *strong legislation*. [In 2022 Dr Tedros' made an urgent call to Codex](#) for a transformation of the world's food system. GPW could acknowledge that corporate-influenced Codex standards have sabotaged the adoption of effective laws and green lit so many [harmful, plastic wrapped, ultra processed products](#) that are promoted with greenwashing claims as the solution to the climate crisis. Meanwhile manufacturers undermine local agriculture, breastfeeding and biodiverse food systems.

Joint Outcome 2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and nutrition reduced through intersectoral approachesMultisectoral ~~and multistakeholder~~ approaches will be co-designed and implemented across the life course, including through cost-effective policies that are based on the right to health, legislation and regulatory measures....

Joint Outcome 2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making

Public health programmes will be designed or strengthened, including through the use of behavioural sciences, in order to create an enabling environment that supports and encourages health-promoting decisions **choices**. The promotion of key behaviour changes

3.1 Joint Outcome 3.1. The primary health care approach renewed and strengthened to accelerate universal health coverage

The ongoing reorientation of health systems towards a primary health care approach will be implemented using a tailored approach based on the local context and with the goal of integrating quality services to meet people's diverse health needs across the life course. It will address barriers to gender equality and the right to health. The focus of this outcome is on strengthening core capacities and the approach used to scale primary health care in different contexts.....The scope and capacities of health governance will be strengthened **to ensure transparency**, combat corruption in health systems; enhance social participation; and advance the multisectoral approach that is needed to: tackle the health implications of climate change; address health determinants and risk factors; take forward the antimicrobial resistance agenda and the One Health approach; engage with communities and community-based organizations; and manage and regulate **the contribution of** the private sector

Joint Outcome 3.3. Health information systems strengthened, and digital transformation implemented

Independently monitored and trialed Innovative approaches, **that include adequate transparency and privacy safeguards can** ~~will be emphasized to~~ enhance the collection (at all levels of care), transfer, analysis and communication of data at the national and subnational levels, ~~as the cornerstone for~~ evidence-based decision making to drive high-impact interventions. Special attention will be given to helping countries **strengthen conflict of interest safeguards** ~~capacities~~ and technical standards for **independent** surveillance; , improving civil registration and vital statistics systems; monitoring progress towards universal health coverage (including the safety and quality of services) and the health-related Sustainable Development Goals; tracking and analysing data gaps; integrating information systems and digital service-delivery tools; and using of electronic health records and facility reporting systems. Disaggregated data will be generated to identify and monitor progress in addressing inequities and systemic and structural barriers, including in relation to gender and disabilities. National strategies and costed action plans will be developed to guide the digital transformation of health systems through robust digital public infrastructure and quality-assured digital public goods, while ensuring a person-centred approach. Countries will be supported to establish a robust enabling environment and ecosystem, **supported by strong public-private partnerships**, robust governance and regulation, data-privacy policies, standards, information exchange and open interoperability architecture. The digital transformation will support the modernization and strengthening of data systems to enhance programme effectiveness, real-time surveillance and early warning capacities, and the monitoring of health system performance and decision-making.

(IBFAN comment: The term 'partnership' with for-profit entities is problematic in terms of 'roles' **because it implies shared decision-making** – compromising the freedom of duty breakers to act in the public interest. Decisions to engage should be rooted in careful assessments and analysis of roles, power imbalances and other risks.)

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