**Briefer, Key Messages and Talking Points for**

**February 2020 World Health Organization Executive Board Meetings**

*as of 28 January 2020*

**KEY POINTS**

* Global businesses across industries could be impacted by next month’s World Health Organization’s Executive Board meeting, with policy implications from discussions on health-related topics such as health innovation, obesity, air pollution and digital health.
* These debates will include detailed discussion of policies such as tax and regulatory restrictions on key industries, limitations on key incentives for product innovation, and public-private partnership versus “industry interference” in policymaking.
* Nor will they stay in Geneva: the discussion will likely include specific calls and pressure on national governments to adopt WHO-recommended policies and regulations to promote public health – meaning that these discussions may shape the policy landscape at home and in export markets.
* This document provides briefing materials and advocacy tools that can be used by international business and sector-specific associations to engage with their governments and their members to highlight priority agenda items and concerns ahead of the WHO EB meeting. Specific tools include key messages, talking points, template letters and supporting resources.

**BACKGROUND**

The World Health Organization is a Geneva-based, United Nations organization focused on promoting global health. In recent years, the WHO’s agenda has expanded from traditional areas such as responding to disease outbreaks to more complex health issues such as obesity well as issues less directly related to health such as climate change, population migration, nuclear power, and transportation. These efforts have overstretched the organization’s resources and scattered its focus while also expanding its potential impact on business.

* A concerning number of WHO initiatives (and resulting policy recommendations) do not consider the economic or trade impact, reflecting narrow approaches that are not based on good regulatory practices or are unproven in achieving their purported goals.
* Finally, many WHO initiatives are being drafted in ways that do not reflect good regulatory practice, including transparency and stakeholder engagement. In many cases, WHO staff ignore or undervalue the contributions of critical stakeholders such as private sector actors with expertise and resources to support health initiatives.
* The policies and recommendations included in these reports and initiatives do not stay in Geneva, but actively influence policy at the national level in ways that could impact businesses and exports. Supporters of these policy approaches regularly use WHO reports and resolutions to pressure national governments to adopt similar policies, and the WHO itself plans to push national governments to follow its lead through policy guidance and direct lobbying of member states to adopt its solutions.

Examples of problematic WHO activity include initiatives that negatively impact global innovation in health products, that raise business costs through tax or fiscal measures, that limit normal business activity such as marketing of products, and frameworks designed to discourage governments from engaging with business in setting and implementing health initiatives.

The WHO’s Executive Board (EB, its highest-level governing body) will meet from February 3-8, 2020 in order to set the agenda and direction for its larger annual meeting, the May World Health Assembly. The EB [agenda](http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_1-en.pdf) will include an ambitious range of [reports, resolutions, and discussions](http://apps.who.int/gb/e/e_eb144.html) covering issues ranging from specific diseases (such as tuberculosis) to broad health goals (such as reducing obesity) to areas that impact health (such as air pollution). Many of these agenda items will discuss (and advocate for) policies, regulations, and programs national governments should adopt to address these health issues.

The EB currently includes 34 countries with a formal vote:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Americas** | **Europe** | **Asia-Pacific** | **Africa** | **Middle East/ North Africa** |
| Argentina | Austria | Australia | Benin | Djibouti |
| Brazil | Finland | Bangladesh | Burkina Faso | Iraq |
| Chile | Georgia | China | Eswatini | Israel |
| Grenada | Germany | Indonesia | Gabon | Sudan |
| Guyana | Italy | Japan | Kenya | Tunisia |
| United States | Romania | Singapore | Tanzania | UAE |
|  |  | Sri Lanka | Zambia |  |
|   |  | Tajikistan |  |  |
|   |   | Tonga |  |  |

Many other countries and stakeholders also send representatives to the EB that can speak on the floor and engage with EB members – thus still playing a role.

**TOP ISSUES/TALKING POINTS AT 2020 WHO/EB**

**Innovation and Health**

*Agenda items: 14. Global strategy and plan of action on public health, innovation and intellectual property (*[*EB146/15*](http://apps.who.int/gb/ebwha/pdf_files/EB146/B146_15-en.pdf)*) and*

Despite the need for a constructive, comprehensive approach to tackle the range of barriers to access to medicine (and reasonable language on innovation/IP and access to medicines in the [October 2018 United Nations General Assembly resolution on tuberculosis](https://undocs.org/A/73/L.4)), the WHO continues to cast IP and innovation-driven pricing as inherent barriers to access, undervaluing the critical role of market incentives to drive health innovation.

This year’s meetings, for example, will discuss implementation of a key WHO plan (Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property), with proposed activities and policy recommendations that reflect an unbalanced approach to IP and that exceed the WHO’s member-state approved mandate. Such activities, if carried out, would undermine health innovation without meaningfully improving access to medicines in the developing world in line with the plan’s original mandate (to promote R&D in into diseases disproportionately affecting the developing world).

**Non-Communicable Diseases (NCDs) and Nutrition Issues**

*Agenda items: 7.2 Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (*[*EB146/7*](http://apps.who.int/gb/ebwha/pdf_files/EB146/B146_7-en.pdf)*), 7.2 Add. 1 Findings of the consultative process on implementation of the global strategy to reduce the harmful use of alcohol and the way forward (*[*EB146/7 Add.1*](http://apps.who.int/gb/ebwha/pdf_files/EB146/B146_7Add1-en.pdf)*), 18. Maternal, infant and young child nutrition (Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report (*[*EB146/24*](http://apps.who.int/gb/ebwha/pdf_files/EB146/B146_24-en.pdf)*)), and 19. Accelerating efforts on food safety (*[*EB146/25*](http://apps.who.int/gb/ebwha/pdf_files/EB146/B146_25-en.pdf)*)*

Experience continues to show that the most effective way to tackle non-communicable diseases (NCDs, such as cancer and diabetes) combines private sector, U.N. agency and government efforts and approaches based on scientific evidence, risk assessment, and robust analyses that consider all direct and indirect costs. Though these approaches were reflected in the [October 2018 United Nations General Assembly resolution on NCDs](http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/2), the WHO continues to lobby national governments to adopt approaches to non-communicable diseases that do not align with these approaches – including a specific set of problematic policy recommendations. Known colloquially as the WHO’s “best buys,” these recommendations include excise taxes and marketing restrictions for food, beverage, and alcohol products.

This year’s agenda includes multiple reports (including the Director-General’s latest report on NCDs and report on the process to update the Global Strategy to Reduce the Harmful Use of Alcohol) that pressure member states to adopt these approaches, including calls for expanded taxes and regulatory restrictions on sectors such as alcohol as well as a push to expand “best buy”-style taxes to new sectors, such as energy.

We have also heard rumor of some member states seeking to establish a potential tobacco-style framework convention for the global alcohol industry – a call that mirrors past calls for this type of approach with other sectors (such as food and beverages)

The agenda also includes active consideration of problematic WHO activity that negatively impacts various industries, such as explicit references to other problematic workstreams at the FAO and Committee on Food Security on “healthy diets,” “processed foods,” and “sustainable food systems.”

**Food Safety**

*Agenda items: 19. Accelerating efforts on food safety (*[*EB146/25*](http://apps.who.int/gb/ebwha/pdf_files/EB146/B146_25-en.pdf)*)*

Food safety remains a critically important area for businesses, farmers, societies and governments, as communicable, foodborne illness remain a major global public health challenge. The WHO is uniquely positioned to be a leader on this issue. In the recent past, however, the WHO’s food safety work has received less attention than its work on other areas, such as nutrition and NCDs. The WHO can work constructively to address the direct health risk of unsafe food through work to promote regulatory capacity-building in countries around the world to foster improved on-the-ground food safety efforts and providing technical and scientific support through its expert committees. This would complement work by others, including the Food and Agriculture Organization (as the lead on agriculture policy) and Codex Alimentarius (the lead organization on science-based food safety standards).

The agenda includes an important report from the Director-General on accelerating efforts on food safety, and member states are reported to be working on a constructive resolution calling for stronger WHO work in this area that deserves member state support.

**Private Sector and “Conflicts of Interest”**

*Agenda items: 22.1 WHO reform: Involvement of non-State actors in WHO’s governing bodies (*[*EB146/33*](http://apps.who.int/gb/ebwha/pdf_files/EB146/B146_33-en.pdf)*) and 22.2 Engagement with non-State actors: Report on the implementation of the Framework of Engagement with Non-State Actors (*[*EB146/34*](http://apps.who.int/gb/ebwha/pdf_files/EB146/B146_34-en.pdf)*) and Non-State actors in official relations with WHO (*[*EB146/35*](http://apps.who.int/gb/ebwha/pdf_files/EB146/B146_35-en.pdf)*)*

In 2016, the WHO passed a new policy – known as the Framework on Engagement with Non-State Actors, or FENSA – to govern the agency’s interaction with non-governmental stakeholders, including the private sector. The framework, however, has had implementation issues, and in practice has fostered the false perception that industry engagement is inherently problematic, a fact that has somewhat chilled public-private partnerships and prevented industry from providing expertise and resources to inform the WHO’s global health work. Even this year’s WHO/EB reports include continued negative language casting the private sector as having “conflicts of interest” and negatively “interfering” with health policy.

This year’s agenda includes a series of reports related to the implementation of WHO’s FENSA framework, including a Secretariat-drafted report on FENSA’s implementation and a proposed 2020-2021 workplan for improving that implementation. While these reports rightly highlight “risk aversion” at the technical level, they still provide limited tools to improve limitations. There is a clear need for member states to speak up and highlight examples and best practices for engaging early and often with the private sector, and to improve FENSA implementation.

**WAYS TO ENGAGE**

Impacted business groups can take a variety of steps to address these issues, with the most important step being to engage your national government, asking questions about national positions and raising concerns about the negative impact of WHO policy and approaches.

At a minimum, it is critical to engage your national government, in any or all of the following ways:

* **Reach out to contacts in your economics, trade, and/or agriculture ministries in your national capital:** In practice, these ministries may or may not be aware of, or engaged with, WHO activities even though those activities have a direct material. Even if they are aware, they may not be engaging the health ministry (usually the lead representative to the WHO) to ensure that their views are reflected in national positions.
* **Reach out to your health ministry (if possible/comfortable)**: These ministries are much less likely to hear from business interests but are most engaged on health issues and can help to guide WHO engagement out of the mission in Geneva.
* **Reach out to your country’s mission in Geneva, particularly the senior representative to the WHO/Office of the United Nations**

You can also:

* **Engage/coordinate with other business groups in your country** that may be grappling with similar issues. (The NAM may be able to help with those efforts.)
* **Engage/coordinate with counterpart business groups in other countries** to encourage them to get similarly engaged

If you want to discuss in greater detail other advocacy or communications steps to take, we at the NAM would be happy to discuss in greater detail based on our experience here in the United States.

**Template Talking Points**

*(For an economic and trade ministry)*

* Our company and industry members are increasingly following activities and initiatives at the World Health Organization, including key agenda items at the upcoming January 24-February 1 meetings of the WHO Executive Board meeting.
* Our members strongly support the WHO’s core mission and role in promoting smart, mission-focused global health policies that are based on inclusive, transparent processes. Private sector actors can and must be critical partners in the success of health programs.
	+ [ADD EXAMPLES, IF DESIRED, OF WAYS IN WHICH YOUR COMPANIES/SECTORS ARE PROMOTING HEALTH GOALS.]
* Yet a growing number of WHO initiatives are having a negative impact on the competitiveness and exports of [COUNTRY’s] industries such as [INDUSTRY/IES].
	+ These initiatives do not stay in Geneva, but actively influence national debate here in [COUNTRY] as well as in critical export markets. In recent years, the WHO has increasingly lobbied national governments to adopt its policy recommendations, making it more important than ever to fix these issues at the WHO first.
* Many of these initiatives include recommended policies that are drafted narrowly, without any discussion of their impact on trade and the economy and without proper transparency, alignment with good regulatory practices, or evidence-based decision-making.
* Moreover, a disturbing number of these initiatives dismiss contributions from critical stakeholders, including private-sector actors and even, at times, member states.
	+ The WHO’s 2016 Framework on Engagement with Non-State Actors (FENSA) has effectively chilled key areas of public-private engagement, hampering the ability of businesses to engage with policymaking while also depriving the WHO of key areas of expertise and resources to promote public health. It has also boosted those critics who inappropriately claim that the private sector has an inherent “conflict of interest” and to undermine those who raise valid economic and trade questions as captured by “commercial determinants of health.”
* [ADD EXAMPLES RELEVANT TO COUNTRY/SECTOR] (can use language from the broader briefer, with possible examples:
	+ Innovation and access to medicines
	+ WHO’s “best buy” recommendations for tax policies (food, beverages, alcohol)
	+ WHO “best buy” recommendations for expanded marketing restrictions (dairy)
	+ WHO’s ongoing work to update Global Strategy on Reducing Harmful Use of Alcohol (beer/wine/spirits)
	+ Transparency/engagement with the private sector and the FENSA framework
* We urge you to engage robustly with your counterparts in the health ministry [foreign ministry, etc.], both in [CAPITAL] and in Geneva, to raise the negative trade and economic impact caused by these initiatives. We encourage you to work with counterparts in other agencies to develop clear negotiating positions that push back on these problematic approaches.
* We also encourage [COUNTRY’s] government to work with other like-minded countries to advance common health goals while promoting transparency, accountability and mission focus at the WHO.

*(For a health ministry)*

* Our company and industry members are increasingly paying attention to activities and initiatives at the World Health Organization, including key agenda items at the upcoming January 24-February 1 meetings of the WHO Executive Board meeting.
* Our members strongly support the WHO’s core mission and role in promoting sustainable, effective global health policies that are based on inclusive, transparent processes and engagement with all stakeholders. Private sector actors can and must be critical partners in the success of health programs, nationally and internationally.
	+ [ADD EXAMPLES, IF POSSIBLE, OF WAYS IN WHICH YOUR COMPANIES/SECTORS ARE PROMOTING HEALTH GOALS.]
* Yet we are concerned about the WHO’s expanding pool of WHO initiatives and policy recommendations. We appreciate the WHO’s efforts to respond to growing global health challenges, and want it to be effective in that role.
* Yet it is increasingly challenging to understand how the WHO prioritizes these many workstreams, and its simultaneous work on a growing mix of activities (from climate change to nuclear energy) has stretched the organization’s focus and resources, thus limiting its effectiveness on any one issue.
* Additionally, some WHO programs, resolutions and policy recommendations are) are being drafted without sufficient transparency, alignment with good regulatory practices, or sufficient proof that they will be effective in achieving their purported health goals. As with other areas of regulation, such policy recommendations must undergo robust vetting process, based on open scientific evidence; a review of the impact on public health, the economy and the environment; and a robust cost-benefit analysis. Many of the proposed initiatives we see would have a clear negative impact on [COUNTRY’s] trade and competitiveness that must be considered.
* Finally, some of these initiatives do not reflect the type of inclusive approach [that we take in COUNTRY], including engagement with all stakeholders – private sector, civil society, academic experts, and others to draft policies based on all views. Instead, we see a growing number of initiatives that do not appear to reflect the expertise of critical stakeholders, including private-sector actors and in some cases even member states.
	+ The WHO’s 2016 Framework on Engagement with Non-State Actors (FENSA) has chilled key areas of public-private engagement, hampering the ability of businesses to engage with policymaking while also depriving the WHO of key areas of expertise and resources to promote public health.
* [ADD EXAMPLES RELEVANT TO COUNTRY/SECTOR] (can use language from the broader briefer, with possible examples:
	+ Innovation and access to medicines
	+ WHO’s “best buy” recommendations for tax policies (food, beverages)
	+ WHO “best buy” recommendations for expanded marketing restrictions (dairy)
	+ Conflicts of interest in nutrition programs
	+ WHO designation of video game addition as a mental illness
* We urge you to work closely with your counterparts in other ministries, both in [CAPITAL] and in Geneva, to develop clear, strategic negotiating positions that reflect [COUNTRY’s] comprehensive interests and the full range of benefits and costs of WHO-proposed policies. We encourage you to promote constructive initiative and approaches, while also pushing back on problematic language and initiatives [like CHOSEN EXAMPLE].
* We also support [COUNTRY’s] government efforts to work with other like-minded countries to advance common health goals while promoting transparency, accountability and mission focus at the WHO.
* We stand ready to work with you as an important partner in promoting health, both in [COUNTRY] and globally.