



WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

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EXECUTIVE BOARD

Seventy-seventh Session



INTERNATIONAL ORGANIZATION OF CONSUMERS UNIONS

An application from the International Organization of Consumers Unions for admission into official relations with WHO was considered by the Executive Board at its fifty-seventh session in January 1976. On that occasion official relations were not established on the recommendation of the Board's Standing Committee on Nongovernmental Organizations, which considered that WHO and the nongovernmental organization "should identify and develop cooperation in specific areas of joint concern" and that the existing working relations "should be continued and intensified".¹

Working relations have been strengthened in the intervening years and a further application from the International Organization is now attached for consideration of the Executive Board at its seventy-seventh session in January 1986.

¹ Handbook of Resolutions and Decisions, Vol. II, sixth edition (1973-1984), p. 385, resolution EB57.R60.

APPLICATION FROM AN INTERNATIONAL NONGOVERNMENTAL ORGANIZATION
REQUESTING OFFICIAL RELATIONS WITH WHO¹

1. Name of the international nongovernmental organization
(hereinafter referred to as "the organization")

International Organization of Consumers Unions
Organisation Mondiale des Unions des Consommateurs

Abbreviation: IOCU

2. Address of headquarters and name of person to whom correspondence should be addressed

Mr Lars Broch
Director
IOCU
Emmastraat 9
2595 EG The Hague
Netherlands

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3. General objectives

IOCU links the activities of consumer organizations in some 50 countries. IOCU is a non-profit foundation which seeks to support its member organizations, promote the expansion of the consumer movement worldwide and to function as the international consumer advocate.

4. Main activities

- To represent the consumer interest at the United Nations and other international fora, in order to present the unique position of the users of goods and services inter alia when questions of health, safety and the terms of international trade are discussed.

- To bring together and support the national consumer organizations which are its members with information and with training. Encouraging the growth and well-being of IOCU's members makes for more effective consumer groups and consumer representation nationally and establishes international friendship. IOCU plays an important part in disseminating information about issues with international implications to its members around the world.

- To expand the consumer movement, nurturing new groups - particularly in Latin America and Africa, where consumer associations are few in number.

IOCU has consultative (I) status with the UN Economic and Social Council (ECOSOC), a privilege shared by only 30 or so of the 413 nongovernmental organizations represented there. There are permanent IOCU representatives at UNICEF, UNESCO, UNIDO and FAO. IOCU has official NGO status with UNCTAD and a number of other UN organizations. IOCU represents consumers at other international bodies - notably the Council of Europe and OECD.

5. How do the objectives and activities of the organization relate to the General Programme of Work of WHO?

IOCU upholds seven consumer rights, which it seeks to defend. All of these have a direct or indirect bearing on consumer health, and as such are relevant to the World Health Organization's Programme of Work. The Consumer Rights are:

¹ Submitted by the applicant on 8 May 1985.

The designations employed in this document are those which have been used by the nongovernmental organization itself in its application and do not imply the expression of any opinion whatsoever on the part of the Secretariat concerning the legal status of any country, territory, city or area or of its authorities or concerning the delimitation of its frontiers or boundaries.

- The Right to Safety

This means the right to be protected against products, production processes and services which are hazardous to health or life.

- The Right to be Informed

This means the right to be given the facts needed to make an informed choice or decision. The right to be informed goes beyond avoiding deception and the protection against misleading advertising, labelling or other practices. Consumers should be provided with adequate information, enabling them to act wisely and responsibly.

- The Right to Choose

This means the right to basic goods and services including medicines and health care. In the case of monopolies, this involves an assurance of satisfactory quality and service at a fair price.

- The Right to be Heard

This means the right to be represented so that consumers' interests receive full and sympathetic consideration in the formulation and execution of economic and other policies which directly affect consumers.

- The Right to Redress

This means the right to a fair settlement of just claims.

- The Right to Consumer Education

This means the right to acquire the knowledge and skills to be an informed consumer throughout life.

- The Right to a Healthy Environment

This means the right to a physical environment that will enhance the quality of life. This involves protection against environmental problems over which the individual consumer has no control. It acknowledges the need to protect and improve the environment for present and future generations.

Through its General Programme of Work, the World Health Organization seeks to achieve Health for All by the Year 2000. This policy goal, and the WHO primary health care strategy outlined in the Alma-Ata Declaration explicitly require WHO to solicit and support 'grass-roots' involvement of the users of health care systems. The achievement of Health for All depends on people taking responsibility for their own health. This means they must be directly involved in the decisions that are made when health care systems - or any aspect of the delivery of health care - are established or developed. Consumer involvement in health should be reflected at every level of WHO's organization, which is why IOCU is requesting recognition as a nongovernmental organization in official relations with the World Health Organization.

6. Specific interest with reference to the work of the World Health Organization

(a) Activities which IOCU has carried out jointly with WHO during the preceding period of working relations

- WHO/FAO Joint Food Standards Programme (Codex Alimentarius Commission)

IOCU has represented consumers on the WHO/FAO Joint Food Standards Programme since 1968. During the 1960s IOCU pressed for the principle that all ingredients should be declared on all food products. During the 1970s IOCU helped to gain acceptance for the open date marking of foods.

- Action Programme on Essential Drugs and Vaccines

IOCU is working directly with this programme to spread information about the Action Programme, its benefits, and how to implement it. IOCU has distributed

WHO's information materials about the programme to its member organizations around the world, and to some 100 or more nongovernmental organizations on five continents. IOCU is presently helping WHO to disseminate information about the Programme to key nongovernmental organizations and individuals in developing countries.

- Smoking and Health Programme

The best means of collaborating with WHO on this programme is being established presently, through exchanges between the Organization and IOCU.

- Mental Health Programme: WHO response to international drug control treaties application

IOCU has worked closely with the WHO Division of Mental Health on questions concerning the consumer perspective on psychotropic substances since 1983. Since that time, IOCU has represented consumers at two special sessions of the UN Commission on Narcotic Drugs, and has also played an active part in advising WHO's two Programme Planning Working Groups on new procedures for the review of dependence-producing psychoactive substances.

- Maternal and Child Health Programme

IOCU participated in the 1979 WHO/UNICEF meeting on Infant and Young Child Feeding, and actively contributed to the drafting of the International Code of Marketing of Breast-milk Substitutes which was adopted by the World Health Assembly in 1981. IOCU also contributed to a follow-up consultation on the implementation of the International Code, and continues to participate in monitoring its application worldwide.

Throughout the 1980s, IOCU - in conjunction with other IBFAN (International Baby Food Action Network) affiliates - has been actively engaged in promoting and establishing breastfeeding projects, and in developing and disseminating information materials about appropriate infant and young child-feeding practices. In particular, IOCU has sponsored or co-sponsored conferences, seminars and workshops in Africa, Latin America, Asia and the Pacific to train health and community workers and to discuss with government officials - and other key policy makers - positive approaches to breastfeeding and the implementation of national breastfeeding programmes. WHO has participated in or sent observers to certain of these meetings, notably the 1984 First African Regional Conference on the Promotion of Breastfeeding, which was held in Swaziland.

In addition, IOCU has been in constant contact with WHO and UNICEF at both regional and international levels in its efforts to further appropriate infant and young child feeding.

(b) Programmes and activities of WHO with which IOCU wishes to be associated, and planned collaborative activities with WHO

- WHO/FAO Joint Food Standards Programme (Codex Alimentarius Commission)

IOCU will continue to represent the consumer interest on important aspects of food composition, quality and labelling, as it has done since 1968.

- Action Programme on Essential Drugs and Vaccines

IOCU will continue to support and disseminate information about WHO's Drug Action Programme, which it considers to be one of the most important potential health innovations of the twentieth century. Systematic application of the essential drugs concept could benefit consumers in both developed and developing countries. IOCU will continue to inform its members and other nongovernmental organizations about the aims of the programme, and the means available for achieving them. IOCU and its members will continue to press for the full adoption of essential drugs programmes nationally, regionally, and internationally. IOCU

will continue to work to ensure that more and better information about essential drugs is made available to consumers and prescribers, and will continue to be involved in work to improve the quality and quantity of drug information generally. Individual members of IOCU, invited as experts in their personal capacity, will participate in the WHO Conference of Experts on the rational use of drugs, to be held in Nairobi in November 1985.

- Smoking and Health Programme

At IOCU's 11th World Congress, which was held in Bangkok in December 1984, a unanimous resolution of the Congress's General Assembly determined that a worldwide campaign opposing tobacco advertising and promotion should become a major focus of the consumer movement. The resolution called for an elimination of the marketing and promotional practices of those engaged in the manufacture and sale of tobacco products and for other measures to significantly reduce the incidence of smoking worldwide. Through its worldwide campaign against tobacco, IOCU is joining with WHO and a whole range of nongovernmental organizations who are united through their programmes to control and reduce smoking worldwide.

In its work against tobacco - the largest single factor in ill-health and premature death in the developed world and a future source of both deadly and costly diseases in developing countries if the smoking habit is not stopped now - IOCU will put the full force of the international consumer movement behind national and international measures to eliminate promotion of tobacco products and to reduce smoking worldwide.

IOCU's work programme on tobacco will run for two years initially, and will cover:

- monitoring of promotional and marketing practices of the tobacco industry;
- production of a detailed critique of tobacco industry claims on the alleged irrelevance of tobacco advertising to increases in smoking prevalence;
- stimulating and supporting consumer groups' actions to control and reduce smoking prevalence nationally, regionally and internationally;
- international consumer advocacy.'

IOCU has had contacts with WHO's Programme on Smoking and Health and is discussing a plan of collaboration.

- Maternal and Child Health Programme

IOCU intends to continue its close collaboration with WHO on all aspects of the promotion of appropriate infant and young child feeding and the development and dissemination of information on breastfeeding. IOCU intends to expand its work on appropriate infant foods, and to continue to work with WHO on model legislation on maternity rights, and the application of the International Code of Marketing of Breast-milk Substitutes nationally and regionally.

- Mental Health Programme: WHO response to international drug control treaties applications

IOCU will continue to represent the consumer interest to WHO's Programme Planning Working Group on new procedures for review of dependence-producing psychoactive substances. IOCU will also continue its active representation of consumer views at the United Nations Commission on Narcotic Drugs, and its work in informing the medical and scientific community of the consumer interest in and perspective on psychotropic substances.

7. (a) Does the organization advocate any special health measures or procedures?

IOCU has no special health measures or procedures which it advocates to consumers.

(b) Has the organization any special reservations as to treatment or health procedures?

IOCU has no special reservations as to desirable or undesirable treatments or health procedures. IOCU's overriding concern is to promote social justice and fairness in all aspects of the ways that goods and services - including health care and products essential to health care - are supplied to consumers in the market place, and to strengthen the capability of consumers to understand and manage their own health problems.

8. History of the organization

In 1960 five consumer organizations - from the United States of America, Australia, United Kingdom of Great Britain and Northern Ireland, Belgium and the Netherlands - founded the International Organization of Consumers Unions. The new international organization was based in The Hague, where it has remained. Initially, IOCU pooled the product-testing experience of its member organizations, and acted as a centre for consumer information. By 1966 IOCU had begun its important work of fostering and supporting small, new consumer organizations, and in 1968 IOCU was already representing consumers' interests within the UN system, and in other international bodies. In 1974 IOCU set the seal on its commitment to work for a strong consumer movement in developing countries by establishing its Regional Office for Asia and the Pacific. The regional office was originally located in Singapore, but it soon moved to Penang, Malaysia, where it is firmly established today. Throughout the 1970s IOCU continued to expand its international consumer advocacy work, and its membership today in 1985 numbers 128 consumer organizations from 51 countries all over the world.

Health has been a major interest of the International Organization of Consumers Unions throughout its 25-year history. Seminars and workshops on a very wide variety of issues affecting health and the consumer have been held during IOCU's triennial Congresses, and in April 1983 IOCU held a major international seminar on health safety and the consumer at Ranzan, Japan. IOCU's long-standing interest in pharmaceuticals, and the information that consumers receive about their use, began with an international comparison of product labelling for the drug chloramphenicol, which IOCU published in 1973. Other publications have followed, including in 1983, Prescription for Change (English only), a guide to rational health projects, which includes a description of the WHO Drug Action Programme. IOCU is also a founder-member of the Health Action International (HAI), which was established in 1981. The HAI network links nongovernmental organizations with an interest in the rational use of drugs from some 30 countries on five continents. The HAI network works to further the safe, rational and economic use of pharmaceuticals worldwide; to promote the full implementation of the WHO Action Programme on Essential Drugs and Vaccines and to look for non-drug solutions to the problems created by impure water and poor sanitation and nutrition. IOCU is also a founder-member of the International Baby Food Action Network (IBFAN), coalition of nongovernmental organizations which aims to promote breastfeeding, and appropriate child nutrition.

9. Membership

IOCU's membership includes consumer organizations from 51 countries/territories in both the developed and the developing world:

Australia	Jamaica
Austria	Japan
Bangladesh	Luxembourg
Belgium	Malaysia
Canada	Mexico
Denmark	Netherlands
Finland	New Zealand
France	Norway
Germany, Federal Republic of	Philippines
Hong Kong	Republic of Korea
Iceland	Spain
India	Switzerland
Indonesia	United Kingdom of Great Britain and
Ireland	Northern Ireland
Israel	United States of America

IOCU's Associate (voting) members must conform to four broad policy guidelines, as follows:

- be active exclusively on behalf of the interest of consumers;
- be totally unconcerned with the advancement of commercial or party political causes;
- be non-profit making;
- not permit their advice and information to be used commercially.

Figures on membership of all our organizations are not available, and even the sense of "membership" varies from group to group. The size and type ranges from some three-and-a-half million subscribers to Consumers Reports of Consumers Unions in the United States of America to small voluntary groups such as the Consumers' Association of Bangladesh. In total, the member organizations of IOCU have some 25 million members.

All categories of IOCU member organizations pay contributions to the organization. Full (Associate) members pay three-quarters of one percent of their annual turnover; corresponding and supporting members pay an annual contribution, for which they are assessed.

IOCU has three categories of membership. Associate (Full) members can vote; supporting and corresponding members cannot vote.

10. Affiliation to any other international nongovernmental organization, or to an organization of the UN system

IOCU has category I consultative status with the United Nations ECOSOC, and has permanent representatives at UNICEF, UNESCO, UNIDO and FAO.

11. Addresses of all Branch or Regional Offices

IOCU Regional Office for Asia and the Pacific
PO Box 1045
Penang
Malaysia

12. Structure

(a) Associate members send voting delegates to the organization's 'parliament' or governing body - the General Assembly of the IOCU Congress, which meets every three years. This Assembly elects the President, members of IOCU's Council and determines IOCU's priorities for international action by passing resolutions. Six Council members serve on IOCU's Executive, which determines the budget and the main policies of the organization.

(b) Frequency of meetings (date of last meeting):

General Assembly	- every three years (December 1984)
Council	- approximately every year (December 1984)
Executive	- two to three times per year (April 1985)

13. Officers

Lars Broch, Director (The Hague)

Anwar Fazal, Regional Director Asia and the Pacific (Penang)

Ruth Vermeer, Development Officer (The Hague)

Foo Gaik Sim, Head Information and Research Officer (Penang)

Total paid staff: 15, plus project staff

14. Can officially designated representatives speak authoritatively for the membership on matters concerned with the stated purposes of the organization?

Yes.

15. Finances

Income and Expenditure statement has been provided.¹

16. Publications and other documentation

IOCU Newsletter (English only)	10 times per year	Digest of IOCU and IOCU member news from around the world.
Consumer Currents (English only)	10 times per year	Digest of condensed consumer news from international media.
Consumer Interpol Focus (English only)	4 times per year	Detailed information on different categories of product hazards.
Voz del Consumidor	4 times per year	Newsletter giving consumer news of interest to Latin American consumer groups (part supported by IOCU and produced by a Mexican IOCU member).
Consumercraft Handbooks	Occasional	Reports detailing events or issues of interest to the international consumer movement.
HAI News	6 times per year	Newsletter for the Health Action International network.

Copy of the Constitution, the last three annual reports (1981, 1982, 1983) and the triennial report 1981-1984 have been provided.¹

¹ Held by the WHO Secretariat.