



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
109th Session
Provisional agenda item 3.2

EB109/4
5 December 2001

Public-private interactions for health: WHO's involvement

Note by the Director-General

1. In the United Nations Millennium Declaration,¹ adopted in September 2000, the Heads of State and Government resolved “to develop strong partnerships with the private sector and with civil society organizations in pursuit of development and poverty eradication”. In the health field, governments and international organizations have recognized the potential of such interactions to improve health outcomes.
2. The Executive Board considered aspects of WHO's interactions with the private sector at its 105th session in 2000 and its 107th session in 2001. On the latter occasion, consideration of guidelines for Secretariat use in dealing with such interactions broadened into discussion on policy issues, such as ways in which WHO can help support effective public-private interactions for health within Member States. The Executive Board agreed to return to the subject at its 109th session in January 2002 and to have an informal exchange among members prior to that date. It was originally intended that this would be by electronic means, but instead the opportunity of the Executive Board retreat was used (Florence, Italy, 11 to 13 November 2001).
3. At the retreat, the Director-General reviewed WHO's experience to date with interactions with the private sector (see Annex), and indicated ways in which such interactions might evolve. She also indicated the range of measures WHO has introduced to manage these interactions.
4. In the discussion at the retreat, some Board members referred to their own Member States' experience of interactions with the private sector, in particular in activities relating to health systems. Possibilities were seen for lessons to be shared among Member States and for WHO to build up its capacity to advise countries on public-private interactions for health. The provision of health services, health insurance and medical supplies were mentioned as areas of particular interest.
5. Based on experience to date and the suggestions put forward at the Executive Board retreat, the Director-General intends to focus WHO's future work on public-private interactions for health on the following areas:
 - **support to Member States on public-private interactions.** This will require expertise within the Secretariat to be strengthened;

¹ A/RES/55/2.

- **commodity donation programmes.** WHO will build on the success stories referred to in the Annex;
- **lower prices for commodities.** WHO will pay particular attention to life-saving medicines for the poorest countries;
- **product research and development.** This will include incentives for private-sector collaboration in combating diseases of poverty;
- **advocacy and behaviour change.** This will include, for example, work in the field of noncommunicable diseases in order to improve company practices that have a negative impact on health and working with companies to develop more appropriate messages to the public;
- **corporate workplace health programmes.** WHO will collaborate in advising governments and industry on development of healthy working conditions.

6. The experience of WHO in rejecting inappropriate suggestions for interaction was also seen as valuable. It was noted that there can be risks of, for example, focusing on the production of inappropriate medicines, equipment or commodities. There is a need to ensure that health systems are not distorted by donations; that costs remain under control; and that advice is independent. There is potential for real or perceived conflicts of interest. Staff need to be trained to avoid these and a system of checks and balances needs to be in place.

7. There was interest at the Executive Board retreat in the measures taken by the Director-General to manage public-private interactions and to avoid conflicts of interest. To the extent possible, there was an expectation that these could be drawn on in helping countries with their own interactions.

8. After further review in the light of the Executive Board's discussions, the following measures are in place or envisaged:

- proposals for any interaction between WHO and the private sector will need to be accompanied by a clear statement of purpose;
- guidelines to staff¹ on handling interactions will be updated regularly to reflect experience and will include text on recognizing and avoiding conflict of interest. Although the guidelines are primarily for Secretariat use, they will continue to be available on the WHO headquarters web site for the information of Member States and the public;
- staff training modules on issues relating to private-sector interaction and conflict of interest are being developed;
- declaration of interest forms are in use for all senior staff and WHO experts participating in meetings. These forms require declaration of any interest which may relate to the topic of the meeting or to the work of staff;

¹ Document EB107/20, Annex.

- a civil society initiative is in place to ensure input and engagement from nongovernmental organizations. This will also facilitate the input of the organizations' views on issues pertaining to public-private interactions;
- work is progressing on a tool to help assess the good standing and practices of any companies with whom interaction is envisaged;
- private sector interactions will be documented and reported to the Executive Board and Health Assembly, and will be available to the public.

ACTION BY THE EXECUTIVE BOARD

9. The Executive Board is invited to comment on the future focus for WHO's work in public-private interactions for health and the measures taken to manage such interactions.

ANNEX

WHO'S INTERACTIONS WITH THE PRIVATE SECTOR: SOME EXPERIENCES

1. Effective action to address – and in some cases overcome – major health conditions that affect poor people has been supported through well-managed interactions with the private sector that have included the donation of specific medicines. They have made possible an effective response to onchocerciasis, leishmaniasis, leprosy and African trypanosomiasis. In specific cases assistance has been provided in the form of distribution and use of drugs, as well as case detection, training and data collection.
2. Programmes also exist for vaccine and medicine development and for immunization. In these, WHO has sometimes played a catalytic role as in the Medicines for Malaria Venture,¹ and on other occasions joined with governments, international organizations and private sector or civil society partners, as in the Global Alliance for Vaccines and Immunization,² and the Global Tuberculosis Drug Facility.
3. Another current interaction has the aim of reducing drug prices for governments, nongovernmental organizations, and other bodies that provide health care within the poorest countries. Although systematic discussion has been under way for only 18 months, lower prices of antiretroviral and antifungal medicines for treating people with HIV/AIDS, together with antimalarial and antituberculous medicines, have been announced by the companies concerned. There is also the potential for significant reductions in the price of human insulin. Discussions have resulted in companies agreeing to similar kinds of reductions in the prices of some essential diagnostic and consumable products.
4. Work is also under way with companies outside the immediate health sector, such as the recent agreement by six publishers to allow almost 1000 of the world's leading medical and scientific journals to become available through the Internet to medical schools and research institutions in developing countries for free or at heavily-reduced rates. WHO is also helping to construct a "Health InterNetwork" providing public health professionals, policy makers and researchers in developing countries with relevant health information via the Internet.
5. At the level of advocacy and inspiration, WHO has been working with companies from many sectors of the economy to encourage them to take an interest in health development, for example, through the World Economic Forum.
6. As with governments in a national setting, WHO has also interacted with the private sector in its role of steward and regulator of global health. The knowledge base of the private sector has been tapped into. None the less, the science-based setting of norms and standards remains independent, with decision-making at a remove from the private sector.
7. The case of proposed cash donations from the private sector to WHO's work is given particularly careful consideration by the Legal Office and the Committee on Private Sector Collaboration³ in order to avoid any risk of conflict of interest. All recommendations from the Committee are subject to approval by the Director-General. All donations are reported in the accounts.

¹ See document EB109/34.

² See resolution WHA53.12.

³ A committee of senior staff which advises the Director-General on issues and cases relating to interaction with the private sector.

= = =