

Policy Brief

Public-private partnerships and Health for All How can WHO safeguard public interests?

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Summary

This policy brief analyses the safeguards which the World Health Organization has put in place since 1998, when its former Director-General started promoting closer interactions with the private sector. It shows that safeguards for public interests continue to lag behind the partnership policy trend. Conflict of interest considerations seem to have been seen as obstacles towards what is portrayed as innovative ways of working with industry. This brief outlines ten tasks for WHO and some suggestions for Finland and like-minded countries which may help ensure the independence, integrity and capability of WHO and its member states to unambiguously work for people's health related human rights.

Introduction

Public-private partnerships (PPPs) are being promoted by the World Bank, UN leaders, and a number of influential governments, as the innovative policy of the New Millennium. International civil servants and UN member states are being encouraged to engage in one way or another in various PPPs.

Undoubtedly both, UN institutions and states, can benefit from interactions and collaboration with the private for-profit sector. But concerns have been raised that an uncritical rush into closer relationships with business may erode member states' decision-making powers and undermine the UN system. It may also give transnational corporations and their trade associations additional channels by which they can exert undue influence in public affairs and gain unfair competitive advantage over smaller or Southern-based companies.

Research commissioned by the Ministry for Foreign Affairs of Finland on *Global Health Related Public-Private Partnerships and the*

United Nations found that these concerns were inadequately addressed, both at the political level and in terms of the existing safeguards to protect public interests. Managing conflicts of interests seemed to pose particular problems. The research thus advocated "an assessment ... of the safeguards in place to ensure UN integrity and [to ensure] that public interests remain at the core of all UN activities".

This briefing paper summarises the findings of a research project that took up that recommendation directly. The research focused on *Public-Private Partnerships and International Health Policy Making: How to Ensure the Centrality of Public Interests?* It had two main aims:

1. To map out the evolution of UN safeguards to protect public interests in the field of health;
2. To explore the theoretical and practical problems in putting effective and adequate conflict of interest procedures into practice.

This is the fifth in a series of policy briefs commissioned by the Ministry for Foreign Affairs of Finland which has been produced by GASPP on aspects of globalisation and social policy. GASPP is a research and public information programme based in four centres in Finland, UK, Canada and India.

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The opinions expressed are those of the author. More substantial argumentation and evidence for the opinions expressed in this policy brief with the full references may be found in Richter, J. (2004), *Public-private partnerships and international health policy-making*.

Earlier topics covered by the briefs were:

- 1 Global Social Governance Reform;
- 2 Global Health-Related Public-Private Partnerships and the United Nations;
- 3 The Impact of WTO Agreements on Health and Development Policies;
- 4 International Non-State Actors and Social Development Policy.

The purpose of the research was to develop recommendations that Finland and like-minded countries may consider making to UN agencies to help improve and strengthen existing guidelines and procedures to safeguard the UN's integrity and independence in intergovernmental policy-making, norm-setting, and public interest advocacy in the field of health.

What are public-private partnerships?

The literature on global public-private partnerships (PPPs) is confusing for at least two reasons. First, even though public-private partnerships have been promoted for several years, there is no one single agreed-upon definition. Second, most discussions do not distinguish between PPPs as a policy model and actual examples of public-private partnerships and interactions that have been undertaken. According to the latest Report by the UN Secretary-General on *Enhanced Cooperation between the United Nations and All Relevant Partners, in Particular the Private Sector*, issued in August 2003:

“Partnerships are commonly defined as voluntary and collaborative relationships between various parties, both State and non-State, in which all participants agree to work together to achieve a common purpose or undertake a specific task and to share risks, responsibilities, resources, competencies and benefits.”

Many of the relationships that are currently called ‘partnerships’ are not in fact new. Researcher Ann Zammit, who reviewed UN-business partnerships extensively for the United Nations Research Institute for Social Development (UNRISD), remarks in her book, *Development at Risk*:

“The term [partnership] covers a multitude of activities and relationships, perhaps best conceptualised as a special case of ‘close’ rather than ‘arms-length’ relationships between government and business.”

Indeed, the main novelty of public-private partnerships is the framework of thought underlying the approach. As Jane Nelson suggests in her book on building UN-business partnerships that was commissioned by the Global Compact, a key feature distinguishing partnerships from other interactions with the private for-profit sector is the “shared process of decision making.”

In addition, three levels of analysis and discussion about PPPs are often blurred because the term ‘public-private partnership’ is used to

describe:

- a policy paradigm (including its underlying framework of thought/ideology);
- various categories of public-private partnerships or interactions (PPPs/PPIs), such as donations of pharmaceuticals or legally independent global health alliances;
- a specific public-private partnership or interaction, such as the Malarone® Donation Programme or the Global Alliance for Vaccines and Immunization (GAVI).

It is critical to make a theoretical distinction between these three uses of the term public-private partnership, so as to avoid the confusion that is so prevalent in debates on the topic.

This briefing uses a less value-laden, more encompassing term – ‘public-private interaction’ (PPI) – to describe all the various relations between the public and the private sectors.

What is the private sector?

When the UN started promoting the public-private partnership paradigm in the late 1990s, it had no clear definition of ‘private sector.’ The Report of the Secretary-General to the General Assembly 2001 on *Cooperation between the United Nations and all Relevant Partners, in Particular the Private Sector* defined the private sector in its Annex 1 as “all individual, for-profit, commercial enterprises or businesses, business associations and coalitions and corporate philanthropic foundations” (UN Doc. A/56/323: 45).

Its more detailed explanations specifically excluded ‘family foundations’, such as those established by media magnate Ted Turner or Microsoft founder Bill Gates, from the category of corporate philanthropic foundations on the grounds that these foundations have clearly stated “not-for-profit, public-purpose values and policies”. It can be argued, however, that both these foundations should be included in the private sector category when discussing public-private interactions, particularly corporate sponsorship. First, because donations from Ted Turner’s United Nations Foundation and the Bill and Melinda Gates Foundation are quoted in all UN documents as a visible symbol of the supposed success of the public-private partnership policy model in mobilising previously untapped resources. Second, because both foundations are based on a Californian style venture philanthropy model that has an underlying business philosophy. Third, in contrast to the Ford or Rockefeller foundations, the founders of both these foundations are still

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active executives of companies operating in highly competitive business areas. UN agencies will therefore have to scrutinize carefully whether donations from these foundations might give their associated corporations undue advantages in terms of profit or reputation enhancement.

The development of safeguards within the World Health Organization (WHO)

This briefing paper concentrates on the development of public interest safeguards within WHO for two reasons. First, because WHO is the highest authority in the field of international public health. Second, WHO has probably done more thinking than many other UN agencies on the safeguards it needs while increasing the volume of its interactions with commercial actors. It was one of the first to issue guidelines on interactions with the commercial sector that took the partnership paradigm into account.

The key event in WHO's embrace of the public-private partnership paradigm was undoubtedly the election in 1998 of the former Norwegian premier, Gro Harlem Brundtland, as WHO Director-General. In her inaugural speech to the World Health Assembly, Dr. Brundtland announced a firm commitment to stronger relationships with business as part of the Secretariat's new outreach policy.

On her first day in office in July 1998, Dr Brundtland announced new *Standards of Conduct and Financial Disclosure* for high-level WHO officials. The aim was to "send a clear message of high standards from the outset" of her administration. But ever since, WHO's public policy discussions and its development of safeguards have lagged behind the partnership trend becoming institutionalised within the Organization.

Apart from the *Staff Regulations of the World Health Organization* (2002) and the *Standards of Conduct for the International Civil Service of the United Nations Civil Service Commission* (2002), WHO's current safeguards comprise three main elements:

- *Guidelines on Interaction with Commercial Enterprises to Achieve Health Outcomes*;
- A corporate assessment procedure;
- Conflict of interest guidance.

Each safeguard is at a different stage of development. A coherent, comprehensive policy framework that is transparent for outsiders has yet to emerge. The main reason that these safeguards

are incomplete – and some of them not easily available – seems to stem from WHO's reluctance at the highest level to see a candid and potentially controversial debate emerge on the adequacy of these measures.

Guidelines on Interaction with Commercial Enterprises

WHO was initially relatively open about its elaboration of safeguards. A preliminary version of the WHO Guidelines on *Interaction with Commercial Enterprises* was made available for comment in 1999.

During the ensuing discussions about these Guidelines and a revised version issued in November 2000, WHO's member states and several public interest NGOs pointed out that the debate should not be limited to comments on WHO's guidelines for interacting with business. They urged WHO to open up the debate to encompass a broader discussion on whether the concept of UN 'partnerships' with commercial enterprises was appropriate in the first place.

But instead, WHO's leadership postponed further discussions to the November 2001 Executive Board Retreat, a meeting from which there are no official minutes. In a note on WHO's involvement in public-private interactions for health presented at the Executive Board meeting in January 2002, however, the Director-General briefly summarised discussions during this retreat. Her note suggests that the member states present expressed interest not only in reviewing WHO's experiences with public-private partnerships in health, but also in the Organization's "experiences of rejecting inappropriate suggestions for interactions." They also requested the Secretariat to share with them the measures that WHO had taken "to manage public-private interactions and avoid conflicts of interests." Their expressed expectation was that they could draw on such experiences in their own interactions with the private sector.

The Director-General's note listed seven measures that were developed or envisaged to manage public-private interactions and to avoid conflicts of interest (see Box). As of mid-2004, several of them are still not in place, and doubts continue to be expressed about the appropriateness of these measures and their implementation.

Corporate assessment procedure

Two other safeguards at WHO are less well known to its member states and the broader public: a corporate assessment procedure, and guidance on conflicts of interest.

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The revised 2000 *Guidelines on Interaction with Commercial Enterprises to Achieve Health Outcomes* advise a “step by step evaluation of the commercial enterprise, including an assessment of the company and consultation with the Office of the Legal Council” as the “best way of identifying potential areas of conflict of interest.” The Guidelines specifically advise WHO departments to avoid relationships with commercial enterprises “whose activities are incompatible with WHO’s work, such as the tobacco or arms industries.”

One way of assessing whether a closer relationship between WHO and a specific company was appropriate or not would have been to reinstitute a UN body such as the defunct UN Centre on Transnational Corporations and to give it the mandate of making corporations more transparent to WHO and its member states. WHO and four other international organizations – the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the Office of the UN Secretary-General (UNOSG) and the World Bank – went for another option instead. In 2002, they contracted the services of an ethical investment company,

Calvert, to assist them in their corporate assessments.

Calvert’s social responsibility research unit establishes company profiles by screening information against a set of common criteria and gives each company a rating based on these criteria. Calvert’s information on companies is considered confidential; its databank is accessible only to individuals in the five contracting agencies.

WHO officials usually complement Calvert’s information by carrying out more detailed research on the specific circumstances of the proposed joint project and assessing whether the enterprise has any potential hidden agendas. WHO then takes a decision on whether or not to engage in a proposed interaction.

Conflict of interest guidance

The *Guidelines on Interactions with Commercial Enterprises to Achieve Health Outcomes* (2000) state that:

“In developing relationships with commercial enterprises, WHO’s reputation and values must be ensured. Scientific validity must not be compromised. Staff should always consider whether a proposed relationship might involve a real or perceived conflict of interest, either for the staff member or for the work of the Organization. The Staff Rules and Staff Regulations (*and the forthcoming ethical framework*) should guide decisions on conflict of interest relating to the personal situation of staff. The present guidelines contain provisions relating to conflict of interest for the Organization.” (WHO Doc. EB107/20, para 8, emphasis added)

Yet nearly four years later, no comprehensive ethical framework to guide WHO’s relationships with the commercial sector has been developed. The evolution of WHO’s conflict of interest guidance indicates that existing conflict of interest documents have been the result not so much of a concerted pro-active strategy to develop a coherent system of safeguards governing WHO interactions with the private sector, but a reaction to concerns expressed about WHO’s failure to protect the integrity of decision making processes.

Declaration of Interests for WHO Experts

The Declaration of Interests for WHO Experts, for instance, issued by the WHO Secretariat in 2000, seems to have been developed primarily in reaction to complaints about the way WHO and its collaborating centres were handling industry participation in their expert committees as well as a side product of WHO’s efforts connected to the proposed Framework Convention on Tobacco Control.

In July 2000, a WHO commissioned report on *Tobacco Company Strategies to Undermine Tobacco Control Activities at the World Health Organization* (also known the *Zeltner report*) revealed throughout its 250 pages the ingenuity of tobacco companies in their attempts to “contain, neutralize and reorient” WHO’s tobacco control activities.

These strategies included: funding academic centres, journalists and consultants to act as ‘independent’ critics of WHO and to spread pro-tobacco, anti-WHO messages; pitting other UN agencies and tobacco-growing developing countries against WHO; planning to use food subsidiaries of tobacco companies to resist tobacco control efforts; and attempting to influence the results of a study carried out by WHO’s

Box 1:

WHO’s existing or envisaged measures to manage public-private interactions and conflicts of interest as of December 2001

- proposals for any interaction between WHO and the private sector will need to be accompanied by a clear statement of purpose;
- guidelines to staff on handling interactions [*the Guidelines for Interactions with Commercial Enterprises*] 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;
- 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.

Source: WHO (2001), Public-private interactions for health: WHO’s involvement. Note by the Director-General. Doc. EB109/4. 5 December.

collaborating International Agency for Research on Cancer (IARC).

The report drew attention to the fact that WHO and other UN agencies had themselves contributed to the vulnerability of this international policy process to industry influence by failing to institutionalise and implement adequate measures to protect the process. To protect the integrity of decision-making processes, the Zeltner report urged WHO to:

“use its leadership position to open a Task Force discussion on the consistency and adequacy of current conflict of interest and ethics policies within other agencies, and to promote consistent implementation and enforcement of effective policies in all UN agencies.”

Training on conflicts of interest

The tobacco issue gave also some impetus to the development of staff training within WHO on conflicts of interest. Interviews indicate that a further impetus came from some members of WHO’s Committee on Private Sector Collaboration (CPSC), who had been troubled to find out that several WHO officials had been trying to enter collaborative or sponsorship relationships with certain corporations in ways that involved a conflict of interest according to the most general understanding of the term.

Thus in early 2001, WHO hired a consultant, Dr. Eloy Anello from Nur University in Santa Cruz, Bolivia, to brief WHO staff on conflicts of interest. In June 2001, he delivered his report entitled *Assessing Conflicts of Interest* to WHO. The report was made available to WHO staff for a short time only. At the time of researching this study, Anello’s consultancy report was no longer available to either WHO staff or the public.

In 2003, momentum revived when two independent legal experts, Dr. Jean-Marc Reymond and Dr. Edgar Philippin, were commissioned by WHO to develop a training module on conflicts of interest. In summer 2003, Reymond and Philippin held two seminars at WHO headquarters in Geneva for WHO Executive and Programme Directors and technical staff whose work includes interacting with the private sector. The training was based on a power point presentation entitled *Collaborating with the Private Sector: The Conflict of Interest Issue*.

One year later, it is uncertain whether further sessions will be held using this material. The slide show, moreover, does not amount to an official training manual. Why was there such a delay between Dr. Brundtland’s promise in January 2002 to develop training materials and the mid-2003 seminars?

Reasons for delay

One explanation provided for the slow process was that Dr. Anello’s advice to WHO on dealing with conflicts of interest was broader than had been requested. Therefore, it was decided at highest management level to withdraw his work from public circulation. What was his advice, then?

Anello suggested that WHO should complement its Guidelines on Interaction with Commercial Enterprises with a two-tiered definition of conflict of interest:

An individual (or personal) conflict of interest “consists of the types of conflict of interest that arise when a WHO staff member, in his/her relations and interactions with a commercial enterprise or other private entity, uses his/her professional position to influence WHO’s decisions and activities in ways that could lead directly or indirectly to financial gain and/or other benefits for the staff member or his/her family to the detriment of WHO and its interests.”

An organizational (or institutional) conflict of interest “consists of the types of conflict of interest that arise when a WHO staff member through his/her actions creates a situation in which WHO enters into a collaborative interaction with a commercial enterprise or other private entity in a manner that puts the interests of the outside organization above WHO’s public health mission and objectives, although the staff member as such would not gain any personal benefit.”

His 29-page report provides detailed suggestions as to how WHO staff might learn to understand the concept of conflict of interest better and to minimise its occurrence. In addition, the report makes ten recommendations of what WHO as an institution could do to protect its public health mandate and core functions more effectively. Finally, the report holds WHO responsible for being so slow in developing safeguards.

Misunderstanding about conflicts of interest

According to Anello, all the WHO senior officials he interviewed perceived conflict of interest as a ‘hot’ issue, particularly in light of the rapid trend towards partnerships with the private sector. At the same time, his interviews with staff who interact directly with the private sector suggested that conflict of interest was a ‘taboo subject’ within the Organisation.

Why had conflict of interest become a ‘taboo subject’ when the increased volume of interactions with the private sector, the new partnership philosophy and the new arrangements made the overhaul of WHO’s institutional safeguards so urgent? Some influential actors, both within and outside WHO, seem to have regarded the very concept of conflict of interest as an obstacle to

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Some influential actors, both within and outside WHO, seem to have regarded the very concept of conflict of interest as an obstacle to closer engagements with industry.

Taking conflicts of interest seriously does not mean that all conflicts of interest can or should be avoided. The challenge is to set up effective policies and measures to “avoid conflicts of interest or manage them appropriately”.

It is unlikely that meaningful and effective safeguards can be fostered unless the frameworks of thought that have favoured the emergence and continued dominance of the public-private partnership paradigm in the international arena are taken into account.

new and closer engagements with industry (see below).

Some of the reticence towards instituting clearer conflict of interest policies, however, seems to be grounded in misunderstandings about conflicts of interest. For example, a Senior Legal Officer in WHO said that the Organization had not been able to agree on a definition of conflict of interest because all the definitions were ‘too constraining’.

This reluctance to adopt an official conflict of interest definition seems to be based on the misunderstanding that simply having a conflict of interest is inherently wrong – and that therefore all conflicts of interests must be avoided.

According to Marc A. Rodwin, Professor of Law at Suffolk University Law School in Boston, there is nothing morally wrong about *having* a conflict of interest. People have a conflict of interest “when their interests or commitments compromise their independent judgement or their loyalty to individuals they have a duty to serve.” He regards a conflict of interest as anything “that can compromise the judgment or loyalty of an actor to the party to which they have a defined legal or ethical obligation to serve.”

What is morally wrong is not to address a conflict of interest properly. Or rather, what you do about a conflict of interest is the crucial issue. From a legal perspective, conflicts of interest are problematic because “they have the capacity to cause harm...”

Taking conflicts of interest seriously does not, therefore, mean that all conflicts of interests can or should be avoided. The challenge for WHO and other UN agencies, funds, programmes and collaborative centres is to set up effective policies and measures to “*avoid conflicts of interest or manage them appropriately*”.

Building safeguards for public-private interactions

The wider context

The major obstacle to clarifying and instituting public interest safeguards, however, seems to be of a political rather a theoretical or technical nature. It is unlikely, therefore, that meaningful and effective safeguards can be fostered unless the frameworks of thought that have favoured the emergence and continued dominance of the public-private partnership policy paradigm in the international health arena are taken into account.

Many observers note that when Dr. Brundtland was Director-General, WHO, like many other UN agencies, underwent neoliberal restructuring. This

has created an ambiguity about its constitutional mandate. The Organization has shifted from an approach informed by human rights and social justice towards one based on an economic framework.

In January 2000, for example, Dr. Brundtland established a Commission on Macroeconomics and Health (CMH) and charged it with assessing the place of health in global economic development. In December 2001, the Commission presented its report *Macroeconomics and Health: Investing in Health for Economic Development*. Dr. Brundtland used this report, which refocused international attention to health as a central input in economic development, as a blueprint for international health strategies.

The report’s recommendations included reorienting WHO’s work to provide support for global PPPs such as the Accelerated Access Initiative (AAI), the Global Alliance for Vaccines and Immunization (GAVI) and the Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM). The Commission described concerns expressed by the WHO Executive Board and the World Health Assembly about the potential for conflicts of interests in these arrangements as ‘constraints’ upon a “more open way of working”. It declared that member states should permit the WHO Secretariat to work in “more flexible partnerships” with other institutions.

Statements like these indicate that raising concerns about conflicts of interest and their potential to cause harm is no longer regarded as an indispensable key ingredient in developing and maintaining a system of checks and balances that must be part of any interaction between public and private sector actors. Unfortunately, the space for critical voices from within and without the UN has shrunk in recent years while the accompanying partnership discourse and practice has allowed business interest actors to gain more influence in public decision making processes.

No alternatives to partnerships with business?

Partnership interactions with business are often presented today as part of well-proven, inherently positive, even unavoidable, policy model. But the partnership paradigm is not a given. It is the result of a particular framework of thought and constellation of relationships of power. Political choices about the future course of the UN agency’s approach to interacting with business interest actors can and have to be made.

One alternative to the PPP model is to look at the issues in a different way. It is based on the premise that the public and the private sector have different mandates and roles.

The following measures can help WHO to ensure due diligence in its interactions with the for-profit sector:

- re-name public-private partnerships as public-private interactions or initiatives (PPIs) or similar, less value-laden terms;
- identify the category and sub-categories of the interaction that best facilitate identification of risks and conflicts of interest; and
- establish clear and effective institutional policies and measures that put the public interest at the centre of all public-private interactions.

One of the prime conditions for developing better institutional policies on public-private interactions consists in creating space for internal and public debates about the pros and cons of closer collaboration with the private sector, the adequacy of existing safeguards, and on the links between neoliberal economic ideology and the worldwide restructuring of public institutions and policies.

WHO today

Is a candid review of WHO's approach to public-private 'partnerships' possible under the Organization's new leadership of Dr. Jongwook Lee? When the *British Medical Journal* interviewed all the candidates for WHO's top job in early 2003, Dr. Lee said he would be a "listening" Director-General.

The *World Health Report 2003* outlined the new administration's views and plans for the future. It emphasised the need to build a global health partnership, but stated emphatically that such a partnership must be based "not only on rigorous science but also on a clear ethical vision". The Report reminds readers of the need to link partnership building to core values underlying an overall ethical vision of public health. Specifically mentioned is the WHO Constitution, which defined back in 1946 "the enjoyment of the highest attainable standard of health" as a fundamental human right.

Since Dr. Lee took office in July 2003, there is some indication that WHO has refocused its work around the principles of Health for All. But as far as updating and strengthening public interest safeguards for public private interactions is concerned, interviews with UN officials indicate that this task has not figured among the new Director-General's priorities during his first year in office.

Establishing a clear institutional policy on public-private interactions and issuing guidance for WHO staff and member states on how to assess and manage these interactions appropriately is a complex and politically sensitive task.

The task ahead

If WHO is to put the public interest at the centre of all its global public-private interactions, it needs to:

1. abandon the partnership terminology;
2. clarify which categorisation of public-private interactions in health best allows for technical and conflict of interest assessment;
3. hold a public review and debate on the benefits, risks and costs of the different global public-private interactions in health when compared to alternatives;
4. encourage an open debate on the risks of the partnership paradigm for coherent, public-interest centred, international health policy-making;
5. formulate an overall institutional policy for public-private interactions based on the review of existing knowledge in all relevant areas;
6. recover and further clarify the human rights and social justice principles underlying WHO's work towards Health for All;
7. build up effective and coherent safeguards that incorporate conflict of interest considerations;
8. formulate a public disclosure policy;
9. work for a clearer distinction between actors that represent or are closely linked to commercial interests and other societal actors;
10. encourage a similar process in other UN agencies.

The primary focus of any public policy and safeguard consideration must be how best to ensure the integrity and independence of WHO so that it can pursue its mandate and core missions, which include fostering democratic and public-interest centred decision-making structures and processes in a globalising world.

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A strategy for Finland and like-minded countries

There are several ways in which Finland and like-minded countries could help ensure that public interests are safeguarded in international health policy-making.

Policies

- *Finland may wish to advocate a public assessment of the 'added value' (the comparative advantage of the benefits against the broad risks and costs) that are claimed for global public-private partnerships when compared to other possible collaborative arrangements.* This should include an assessment of the major legally independent global health alliances and partnerships with the pharmaceutical sector, looking in particular at their impact on decision-making processes in the international health arena.

- The protection of public health interests requires adequate and effective safeguards to be in place. *Finland may wish to join calls for an independent, external review of mechanisms to safeguard WHO's integrity and independence*, including WHO's Guidelines for Interactions with Commercial Enterprises to Achieve Health Outcomes. But care should be taken that such a review is not influenced by political pressures. Finland could organise a conference on the issue to bring together policy-makers, WHO (and other UN) officials, theoreticians in the field of conflicts of interest, political and social scientists and representatives of public health and public interest organisations and networks.

- *To ensure policy coherence, Finland may wish to advocate or initiate an independent review of the public interest safeguards in public-private interactions of other UN agencies* (in particular the guidelines for collaboration and alliances with the business community of UNICEF, the United Nations, the UN Global Compact, UNFPA, UNAIDS, and the WHO/FAO Codex Alimentarius). Such a review should take a similar broad approach to that

suggested for a review of WHO's safeguards; it should clarify the ethical basis of the interactions and safeguards and should bring conflict of interest considerations to the core of the process.

- *Finland and like-minded countries may wish to urge UN agencies to take more practical steps to fulfil their commitment of transparency and public disclosure with respect to public-private interactions.* They could request that the agencies post on their websites under specific headings, such as 'governance', 'policy documents' or 'UN-business interactions', all relevant institutional policies and safeguards, and all relevant global PPIs and financial relationships that include UN agencies either as a participant or a promoter and any other relevant information.

Funding

- Adequate resources for the UN system need to be secured. This task has become more important than ever. The UN's financial security should not be undermined by channelling regular aid money to social experiment, high-level, public-private partnerships, such as the global health alliances that follow the GAVI model and the Global Compact. *To ensure the integrity and capacity of WHO to fulfil its mandate, Finland may wish to reopen the debate on unfreezing member states contributions and investigating how funds can be secured without undue conditionalities being attached to them.*

- *Finland may wish to secure funding for public interest NGOs and academic institutions that monitor global public-private interactions and the corporations involved.*

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