Thank you, Chair, for the opportunity to address the Assembly on behalf of Medicus Mundi International and the People’s Health Movement.

The new draft policy on WHO’s engagement with non-state actors represents a significant step forward in that business associations are to be recognised as private sector entities.

The new policy acknowledges that the main risks to be managed relate to improper influence and that the deeper the conflicts of interest between WHO’s mandate and the private interests of such non state actors the higher the risk of improper influence.

However, the new policy may not be sufficient in curbing the influence of private interests over the functioning of the WHO. It is dependent on complex bureaucratic procedures while ignoring the structural causes of improper influence.

In fact if one examines recent episodes of real or perceived improper influence, it is not clear that this kind of procedural strategy will have any impact at all.

Recent incidents of real or perceived improper influence include: the IMPACT debate; the case of Professor Herrling and the EWG; the inappropriate virus sharing which launched the PIP crisis; the management of the H1N1 pandemic; and more recently the case of psoriasis at EB133.

In all of these instances the conflicts of interest were self-evident without formalised due diligence or transparency procedures but the immediate contingencies were simply seen as more pressing. Protecting WHO’s integrity and remaining faithful to the vision of the Constitution were simply not seen as the over-riding priorities.

In a situation where managers at every level are competing for visibility and donor attention, it is not surprising that the risks of improper influence are seen as low priority. We urge Member States to accept their responsibilities for this vital organization, increase assessed contributions and curb the dominance of the donors.

Thank you.