

Draft Concept Note towards WHO's 13th General Programme of Work¹
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The *Draft Concept Note towards WHO's 13th General Programme of Work* (dtGPW) proposes to work for a “transformed WHO”, following up on the new Director-General’s promise to render the World Health Organisation “fit for the 21st century.”² The draft Concept Note proposes to ‘align’ the Global Work Programme “towards the Sustainable Development Goals” (SDGs), asserting that there is a “remarkable alignment of the SDGs with WHO’s constitution.”³

The aim of this paper is to point at some suggestions where ‘aligning’ WHO towards the SDGs risks undermining WHO’s capacity to fulfil its constitutional mandate and prime functions. This may be the case, in particular, with respect to the SDG 17 which, in the words of WHO, is “a cross-cutting goal on means of implementation that is relevant to all the others...”⁴

The dtGPW includes proposals which will affect the governance of the whole global health care arena. The SDG discourse underlies much of the current draft. It is the SDGs overarching ‘partnership goal’ which seems to be behind the suggestion to complement WHO’s current governance system by a “platform for multi-stakeholder governance” and to turn WHO into a humble enabler of an ever increasing number of “partnerships.”

My present comment employs a simple discourse analysis when looking at the draft Concept Note. It is hoped that this can help to debate future drafts of the General Programme of Work without language and assumptions that risk to stand in the way of a clear analysis of the challenges ahead for WHO under the guidance of the new Director-General, Dr. Tedros. It is in support of his vision that the World Health Organization is about “serving people... about fighting to ensure the health of people as a basic human right...”⁵

SDG partnership goal – a simple discourse analysis

A simple discourse analysis, inspired by Noam Chomsky’s work, consists in reading documents by asking three questions: ***What is said? How is it said? And what is left out?*** Significant omissions can be as important as what is written – and this is where collaborative critical work is so important:

¹ WHO (2017). "Keep the World Safe, Improve Health, Serve the Vulnerable." Draft Concept Note towards WHO's 13th General Programme of Work 2019-2023, 25 August
<http://www.who.int/about/gpw-thirteen-consultation/en/> (dGPW)

² Vision statement by WHO Director-General: Together for a healthier world, , accessed 26.10.2017

³ dtGPW13, p. 3, para 2

⁴ WHO Doc. A69/15, 8 April 2016

⁵ Tedros, A. G. (2017). "Director-General Dr Tedros takes the helm of WHO: address to WHO staff, 3 July." Retrieved 10.10.2017, from <http://www.who.int/dg/speeches/2017/taking-helm-who/en/>, accessed 10.10.2017.

Let us start with the Sustainable Development Goal 17 ***“Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development.”*** *It has a number of subsets.* Of particular relevance is SDG 17.16, the goal to:

“enhance the global partnership for sustainable development complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technologies and financial resources to support the achievement of sustainable development goals in all countries, particularly developing countries.”

Till today, I did not receive an answer to my question sent to the UN how exactly “multi-stakeholder partnership” (MSP) are defined. I was told to refer to UN websites. This is where I found that **“partnerships for sustainable development”** are:

“multi-stakeholder initiatives voluntarily undertaken by Governments, intergovernmental organizations, major groups and others stakeholders, which efforts are contributing to the implementation of inter-governmentally agreed development goals and commitments, as included in Agenda 21, the Johannesburg Plan of Implementation, the Millennium Declaration, the outcome document of the United Nations Conference on Sustainable Development (Rio+20) entitled “The Future We Want”,... and the 2030 Agenda for Sustainable Development.”⁶

The **Global Partnership for Sustainable Development**, in essence, is a **policy paradigm – and discourse** - which affirms that:

“A successful sustainable development agenda requires partnerships between governments, the private sector and civil society. These **inclusive partnerships** built upon **principles** and values, a **shared vision, and shared goals** that place people and the planet at the centre, **are needed at the global, regional, national and local level.**

Urgent action is needed to mobilize, redirect and unlock the transformative power of trillions of dollars of private resources to deliver on sustainable development objectives....”⁷

In short, the SDG 17 discourse says that there is no alternative to ‘multi-stakeholder partnership’ approaches if one wants to work successfully towards achieving sustainable development. It asserts that all actors are ‘partners’ and ‘stakeholders’ in this endeavour. Government and intergovernmental agencies, public interest actors, including corporate accountability networks, mega corporations, venture philanthropies are all said to share the same vision and goals. The discourse moreover implies that their interactions are based on

⁶ <https://sustainabledevelopment.un.org/sdinaction>, accessed 11.10.2017

⁷ UN. (2017). "Goal 17: Revitalize the global partnership for sustainable development." *Sustainable Development Goals: 17 Goals to Transform our World* www.un.org/sustainabledevelopment/globalpartnerships/, accessed 11.10.2017

sound ‘principles.’ ‘Trust’ and ‘inclusiveness’ seem to top the list of what today are presented as overarching ‘principles’ of partnership-engagement⁸.

Left out in this dominant SDG discourse is reference to anything – whether policy debates, political actions, civil society protest, or analyses - that might indicate that there is not necessarily a consensus that “multi-stakeholder partnership” approaches are the best way to go towards the fulfilment of peoples’ human rights and sustainable development.

Missing is also reference to the fact that already the *2003 OECD Guidelines on Managing conflict of interest in the public service* classified public-private partnerships and sponsorships as particular “at risk areas” for conflicts of interests.

Political significance of ‘partnership’ & ‘stakeholder’ terminology part I

It may not be well known in the sustainable development community that, six years ago, many WHO Member States actively opposed the setting up of a global multi-stakeholder *World Health Forum*. It is, however, astonishing that this resistance is not reflected in the draft concept towards WHO’s new General Programme of Work.

When the last Director-General, Dr. Chan, tried to resolve WHO’s financial problems, she proposed to open up WHO to corporate funding. At the same time, she announced a ‘reform’ of WHO which included the setting up of a multi-stakeholder *World Health Forum*. A number of WHO Member-States expressed their reservations about this agreement which had been taken without their consent. Terminology, definitions and discourse, were part of the reflection when WHO Member States considered the suggestion to add this parallel multi-stakeholder forum to its existing governance mechanisms.

At a briefing, civil society organisations brought the following argument from an international relations analysis to the attention of Member States:

“It is problematic to use the term “partnership” [and stakeholder-relations] to characterize the relationship between state and nonstate actors, because what the term suggests is an ... equal status for the actors involved. This relativizes both the special political status of governmental institutions under international law and their (democratic) legitimacy. The use of terms like ‘partnership’ is for this reason not just a question of stylistics, it has eminently political significance. It implicitly downgrades the role of governments and intergovernmental organizations and upgrades the (political) status of private actors, in particular of the transnational corporations involved in these cooperation models.”⁹

⁸ See, e.g., the Principles of Engagement of the Scaling Up Nutrition (SUN) multi-stakeholder alliance. You find ‘trust’ when clicking on principle 9, “be mutually respectful”.
<http://scalingupnutrition.org/about-sun/the-vision-and-principles-of-sun/>

⁹ Martens, J. (2003). *The future of multilateralism after Monterrey and Johannesburg*. Berlin, Friedrich Ebert Stiftung, insertions mine, since the terms public-private partnerships and multi-stakeholder initiatives were often used as synonyms at the time this document was written.

In November 2011, at the Special Session of the Executive Board, Dr. Chan announced that she was abandoning the idea of establishing a regular multi-stakeholder forum due to lack of support from Member States.¹⁰

A transformed WHO –an ‘emerging platform for multi-stakeholder health governance’ and ‘enabler’ of, and participant in, ‘partnerships’?

Now the idea of a multi-stakeholder ‘governance’ arrangement is back. It is part of the top priority of “transforming WHO.” The dtGPW lists as strategic priority No 5: “provide the world’s platform for collective decision-making in health.”¹¹

Apart from the use of the word “platform”, there is actually nothing new about this suggestion. As the draft General Programme of Work rightly points out, WHO has been mandated in its constitution to act as the “directing and coordinating authority on international health work”;¹² and the dGWP describes how this is done at global and regional levels, with regular Executive Board and World Health Assemblies, WHO Regional Committee Meetings and a broad range of technical and advisory committees.¹³

What then is new? Two important changes are announced:

According to the dtGPW, “It is recognized that the global governance has evolved from intergovernmental governance alone...”. WHO is thus described as “an **emerging platform for multi-stakeholder... governance.**” Examples of ‘stakeholders’ in this added global health decision-making body are “governments” as well as “nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions.”¹⁴

The dtGPW also proposes that WHO **expand and strengthen “partnerships”** with “partners” such as “United Nations agencies, nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions.” In addition, it promises that **WHO, the world’s highest authority in international health, “will strive to work as a good partner... and with a sense of humility.”**

Whoever wonders whether it is a good idea that WHO further expands the number of partnership initiatives it is involved in, may also be concerned when reading that there is not really a choice since “WHO exists in an ecosystem of partners who can only achieve the SDG targets if they all work together.”

¹⁰ For context and some other arguments at the time, see Richter, J. (2012). “WHO reform and public interest safeguards: An historical perspective. Editorial.” *Social Medicine* 6(3): 141-150. www.medicinasocial.info/index.php/socialmedicine/article/viewArticle/637.

¹¹ See table, p. 4

¹² Constitution of the World Health Organization, 1946, Art. 2 (a)

¹³ For more details, cf. p. 8, emphasis added

¹⁴ Ibid.

To allay any potential concerns about undue influences, the dtGW promises that “WHO will use FENSA”, the 2016 *WHO Framework of Engagement with non-State Actors*,¹⁵ as an “enabler of responsible and productive partnerships.”¹⁶

The draft omits mentioning that this Framework was not meant to be an enabling framework. It was developed as a safeguard against undue influences. It was established in response to Member State concerns over the continued massive restructuring of WHO and its relations with private-sector actors and venture philanthropies under terms such as “widening engagement” with ‘non-State actors’ and ‘stakeholders’.¹⁷

No mention is made in the draft Concept Note that there are concerns that FENSA may actually open WHO further to undue corporate and venture philanthropy influences, among other things due to its problematic redefinition of traditional conceptions of conflict of interest.¹⁸ And thus, no consecutive GWP draft based on the Concept Note may mention the need to urgently examine the matter and rectify.

Political significance of ‘partnership’ & ‘stakeholder’ terminology part II

The arguments brought forward when the Member States resisted the setting up of a global ‘multi-stakeholder’ *World Health Forum* in addition to WHO’s existing governance mechanisms remain valid. As remain their concerns that governments’, UN agencies, and other public interest actors may be turned into just a ‘partner’ among other ‘partners.’

Unfortunately, those who continue to object to “there-is-no-alternative” to public-private partnerships and multi-stakeholder arrangements are often side-lined, e.g. by being portrayed as out-of-sync actors and individuals who have an ‘adversarial’ stance.

The following may help critics to insist on debate. Analyses indicate that the main result of the ‘partnership’ and ‘stakeholder’ discourse and policy paradigm has been to turn big business and mega-sponsors into privileged ‘stakeholders’ in global health affairs¹⁹.

¹⁵ WHO (2016). “Framework of engagement with non-State actors.” [Doc WHA69/2016/REC/1.](http://www.who.int/about/collaborations/non-state-actors/A69_R10-FENSA-en.pdf?ua=1)
http://www.who.int/about/collaborations/non-state-actors/A69_R10-FENSA-en.pdf?ua=1

¹⁶ p. 11, under heading “Strengthening and expanding partnerships”

¹⁷ Richter, J (2012), Op. cit. Richter, J. (2014). “Time to turn the tide: WHO’s engagement with non-State actors & the politics of stakeholder-governance and conflicts of interest.” 12 May, [RR](http://www.bmj.com/content/343/bmj.d5012/rr/697686),
www.bmj.com/content/343/bmj.d5012/rr/697686

¹⁸ Pointed out as problem since 2014; reconfirmed by experts during the work on WHO’s tools for addressing Cols in nutrition at national level since October 2015. Richter, J. (2017). “Comments on Draft Approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level.”
<http://www.babymilkaction.org/consultations>

At the date of writing, the most recent comments of world renowned expert on Col, Professor Marc Rodwin, and institutional corruption expert Jonathan Marks are still withheld from the attention of the public and Member States.

¹⁹ E.g. Reflection Group on the 2030 Agenda for Sustainable Development (2017). [Reclaiming policies for the public - Spotlight on Sustainable Development 2017](http://www.peah.it/2017/05/4019/); Birn, A.-E. & J. Richter (Forthcoming 2018). U.S. Philanthrocapitalism and the Global Health Agenda, advance chapter <http://www.peah.it/2017/05/4019/>; Martens, J. & K. Seitz. (2015). *Philanthropic Power and Development: Who shapes the agenda?* Aachen/Berlin/Bonn/New York, Brot für die Welt/Global Policy Forum/MISEREOR.

Evolution of the partnership & stakeholder discourse in the international arena

The appearance of the stakeholder-partnership discourse is closely linked to the history of UN agencies working for effective international regulation of transnational corporations. Calls for the UN to assist Member States in keeping control over these powerful actors started in the early seventies. In 1976, the UN Commission on Transnational Corporations made the formulation, adoption and implementation of a *UN Code of Conduct on Transnational Corporations* one of its top priorities.

WHO joined the move to try to ensure that transnational corporations do no harm by adopting the *International Code of Marketing of Breastmilk-Substitutes* in 1981. Other specific codes could have followed, since WHO's Constitution gives the World Health Assembly the authority to pass international health Conventions to protect, promote and fulfil peoples' right to health. However, the USA and other influential industrial countries admonished WHO not to turn itself into a 'supranational regulatory authority.'²⁰ Combined with the US withholding funds for the WHO, the pressure led to the end of work on a comprehensive code for the pharmaceutical sector.²¹

The death knell for an overarching code for TNCs came during the **1992 UN Conference on Development and Environment**. Corporations had lobbied heavily that they should be seen as '**partners**' in the solutions rather than as parts of the problem. The sustainable development arena, which does not have governance mechanisms which can be compared to the regular World Health Assemblies, accepted the idea of business participation on equal footing with, e.g. women's groups. At that time, business actors were accepted as one of the 'nine major groups' of 'non-state actors.'

This view of a harmonious world got a further boost when Kofi Annan became the Secretary-General of the United Nations in 1996 and called upon business leaders and 'civil society' to work in a 'spirit of partnership' towards a better world.

This was followed by a total turn-around of the dominant stakeholder discourse in 2002. Until then it was understood that the term stakeholder was originally created to argue that corporations should take into account not only their fiduciary duty to make profits for 'shareholders' but also the effect of their operations on 'stakeholders.' In 2000, UN Secretary General Kofi Annan defined **stakeholders** as:

"those individuals and groups that have an interest, or take an interest, in the behaviour of a company... and who therefore establish what the social responsibility of a company entails."

²⁰ Richter, J. (2001). *Holding corporations accountable: Corporate conduct, international codes, and citizen action*. London and New York, Zed Books.

²¹ Richter, J. (2001), op. cit. box 5.2, The Pharmaceutical Industry and WHO

Two years later, during the run-up to the *Rio + 10 Conference on the Environment and Sustainable Development*, however, a **Novartis-funded publication redefined the term stakeholder**, as:

"those who have an interest in a particular decision, either as individuals or as representatives of a group. This includes people who influence a decision, or can influence it, as well as those affected by it."²²

At first, multi-stakeholder dialogues and initiatives were used primarily to undermine moves towards legally-binding regulation and corporate accountability (done, for example, through civil society monitoring and 'naming-and-shaming'). But soon this went much further. As an environmental activist pointed out, corporations tried to "stakeholderize" a conflict.²³

By now, **'stakeholderization' has turned into a means to insert of powerful economic actors into public fora**. Indeed, the currently dominant definition has made it possible for powerful economic actors to henceforth claim a right to participation in all kind of public decision fora in the name of 'inclusiveness' – another 'principle' which has been turned around, since it came originally from calls for more inclusive, more democratic, participatory processes.

Any actor just has to 'stakeholderize' the arena, i.e. to launch a 'multi-stakeholder' initiative (MSI), or insert the word 'stakeholder' into a document, and transnational corporations can participate in the debate. This happened, for example, when Kofi Annan, together with the International Chamber of Commerce, launched the *Global Compact* at the World Economic Forum in 1999. It also happened when the United States suggested to insert 'stakeholder' terminology into what was to become the *2004 Global strategy on diet, physical activity and health*.²⁴ At that time the mood was to address the commerciogenic roots of the 'obesity epidemic' by working towards a convention on unhealthy food, following the example of the Tobacco Convention. But then the discourse shifted and WHO said they were committed to 'multi-stakeholder dialogues' because food was not tobacco.

Since that time, the term stakeholder had become so common that few seemed concerned when, in 2010, the World Economic Forum proposed to reshape our multilateral system into a system of **'multi-stakeholder governance'** when launching its **Global Redesign Initiative (GRI)**. It turns corporations into legitimate key stakeholders in public affairs; at the same time, it allows for taking key public issues off the agenda of UN agencies and handing them over to 'alliances of the able and the willing'; as well as for the transformation of all kinds of broad issues into multi-stakeholder initiatives and public-private partnerships implemented through market-led approaches. UN agencies and their deliberative fora are not necessarily the center of such a system, as another term suggests, that of **"polycentric governance."**

²² Hemmati, M. (2002). *Multi-stakeholder processes for governance and sustainability: beyond deadlock and conflict*. London, Earthscan. For UN 2000 definition and the context of this shift, see Richter, J. (2002). *Dialogue or engineering of consent? Opportunities and risks of talking to industry*. Geneva, International Baby Food Action Network/Geneva Infant Feeding Association (IBFAN-GIFA), p. 18 ff.

http://www.gifa.org/wp-content/uploads/2016/05/JRichter_2002_Dialogue_or_Engineering_of_Consent.pdf

²³ Environmental campaigner Peter Gerhardt, RobinWood, quoted in Monbiot, G. (2014). "Loved to Death: By embracing their critics and colonising governments, corporations engineer a world of conformity and consumerism." *The Guardian*.

²⁴ Personal observation

Blurring distinctions between profit-interest and public interest actors, between powerful funders and the recipients, is counter to the notion of **democratic, as well as good public, governance**. The GRI has opened up the road towards **plutocratic governance with totalitarian features**.

It is a system where money rules. It is a system where those proposing alternatives to the current dominant system and mode of interaction are either co-opted or silenced and sidelined. It is a system where research, for example on corporate criminal responsibility or on identification and regulation conflicts of interests in public-private 'partnerships' seems desperately low on the research agenda – if present at all.

It is also a system which has already resulted in much loss of public trust. It simply goes counter to the common logic that "one does not invite the fox into the chicken coop."

What is a multi-stakeholder partnership?

What is a "multi-stakeholder partnership"? When UN leaders started the promotion of the partnership paradigm in the 1990ies, the terms 'public-private partnerships' and 'multi-stakeholder initiatives' were often used interchangeably.

Valid still today remains the finding of an 2003 UNRISD study that **the term "partnership"** was primarily used as **buzzword** "evoking notions of trust, common goals and voluntary commitment." The Study quoted a chairman of a major UK company as describing "partnership" as a **"weasel word used in business by people who want to take advantage of you."** And indeed, no representative of a corporation would trust its competitor to have "mutual interest" in mind, when engaging into tough negotiations over a business partnership.

When trying to grasp the concrete nature of UN-promoted public-private partnerships and multi-stakeholder initiatives, this study also found that their primary common feature was the fact that they were **close rather than arms-length relationships**.²⁵

In the global health arena, the term public-private partnership (PPP) at first most often referred to vertical public-private initiatives, the preferred funding mode of the Bill and Melinda Gates Foundation since Bill Gates and UNICEF co-founded GAVI. Most global health PPPs follow the GAVI model which by now has normalised the idea that corporate representatives should be on the board of these public-private hybrids at all levels. But already early analyses showed that all kind of public-private initiatives were lumped under the term, from simple funding arrangements, to complex research collaboration, to outsourcing of public services - the World Bank type of PPPs. It was thus proposed to be more specific what a such public-private initiatives truly entailed, and classify them under the most appropriate term. "Calling a spade a spade", allows a.o. for a better risk and conflict of interest assessments.²⁶

²⁵ Zammit, A. (2003). Development at risk: rethinking UN-business partnerships. Geneva, UNRISD in collaboration with South Centre, p. 54

²⁶ Zammit (2003), op.cit; Richter, J. (2004). "Public-private partnerships and Health for All: How can WHO safeguard public interests?" GASPP Policy Brief. Richter, J. (2005). Global partnerships and Health for All: Towards an institutional strategy. A discussion paper prepared for WHO's Department of Government, Civil Society and Private Sector Relations (GPR). Geneva, WHO: 20 pp.

The term multi-stakeholder initiative (MSI), on the other hand, was originally used for high-level policy interactions such as the Global Compact. Meanwhile such initiatives have developed towards coordinating MS 'platforms' such as the Scaling Up Nutrition 'movement'²⁷ and the NCD alliance.

One could argue that the '**multi-stakeholder partnership**' is simply a combination of the terms 'multi-stakeholder' initiatives and public-private 'partnerships'. All are **public-private hybrids** which continue to carry the connotation that public interest actors should engage with corporate actors and powerful funders in a spirit of trust and include them into public decision making either on boards, or in public policy discussions, or more lately, as key actors in an emerging system of '**global stakeholder governance**'.

In guise of conclusion

This analysis indicates that the draft Concept Note towards WHO's General Programme of Work embraces the currently dominant stakeholder partnership discourse and policy paradigm. A critical analysis of this discourse reveals that one should not start from the assumption that aligning WHO towards the SDG agenda is necessarily in favour of strengthening WHO's constitutional role and prime functions.

On the contrary, discourse analysis indicates that there have been shifts in discourse and terminology which have strengthened policy models suggestions that increase undue influences of corporations and rich funders in the public arena. The meaning of the terms 'partners' and 'stakeholders' have been changed over time. It would therefore be best to avoid their use in current policy documents as much as possible. Some concrete actions could be based on this, and similar, analyses.

The partnership- and multi-stakeholder mode of interaction have displaced earlier modes of interaction which were based on the notion of 'arms-length relations' and a spirit of vigilance between public interest and powerful economic actors. Forgotten in this discourse are power-differences, the idea that 'some have bigger steaks to fry.' Forgotten is also the notion that that there may be a 'price' to pay for corporate and venture philanthropy-type of funding and the idea to 'attract' trillions of private capital into the public health arena.

This price, including the risk of undermining the capacity of WHO and other public interest actors to fulfil their mandate and key functions, should not be left out of considerations of implementing the 'SDG' agenda.

No to making WHO into just one 'partner' in a system of multi-stakeholder governance and a sea of PPPs and MSIs

Based on the fact that multi-stakeholder partnership arrangements tend to bring undue influences into public-health decision making, and based on the fact that the World Economic Forum's Global Redesign Initiative has argued for a system of global multi-stakeholder governance which would weaken UN agencies, the Special Executive Board would be justified in arguing, once again, against setting up of a permanent "multistakeholder" governance platform.

²⁷ SUN is today promoted as a movement. However, this movement did not come up spontaneously. It was launched at a World Economic Forum as "principled, peoples', public-private partnership". See e.g. alternative account in Lhotska, L. A. C. Bellows. V. Scherbaum. (2012). Conflicts of interest and human rights-based policy making: the case of maternal, infant, and young children's health and nutrition, . Right to Food And Nutrition Watch: Who Decides about Global Food and Nutrition – Strategies to regain control. Heidelberg 2012 FIAN: 31-37

WHO should not become an 'enabler' of yet more public-private hybrids, but help bring more transparency and public-scrutiny into the sea of concrete PP arrangements.

Rectifying the discourse - Being specific about terminology

Terms such as 'partners' and 'partnership' have been charged with positive connotation. To allow a more neutral assessment of 'partnership' suggestions, attention to discourse and terminology are essential.

Public-private 'partnerships' can be renamed e.g. as public-private initiatives, -ventures or -alliances. Calling a "spade a spade", refraining from calling a funding relationship a 'partnership' is an indispensable step when working for better risk and conflict of interest assessments.

The term stakeholder should only be used in its original meaning. In that case multi-stakeholder initiatives would actually mean increased participation by those affected by harmful corporate practices and of civil society actors who advocate for corporate accountability.

It is important that the differences among social actors remain clear. As repeatedly pointed out during the WHO reform under Dr. Chan, the terms such as 'partners' and 'stakeholders', as well as 'non-State actors' downgrade the political role of intergovernmental and governmental institutions.

If the term non-State actor is used, distinctions between actors should remain clear. Distinctions Not just that between powerful economic actors, governmental and intergovernmental institutions, but also between them and civil society actors.

Corporations and rich funders are not 'stakeholders' in public affairs."The peoples," human beings, are human rights holders. They need to remain at the center of work in global health policy making.

Re-aligning WHO and its GWP with its constitutional mandate

Cooperation with private sector non-State actors should not be seen as an end.

When the trend towards partnerships with corporation started, the 2001 Report of the Secretary-General to the General Assembly, Cooperation between the United Nations and all relevant partners, in particular the private sector stated:

"The overriding purpose of cooperation between the United Nations and non-state actors should be to enable the Organization to serve Member States and their peoples more effectively, while remaining true to the principles of the Charter. Cooperation should be regularly assessed against those objectives. As such, cooperation should be viewed as a means of achieving United Nations goals and enhancing performance, not as an end in itself."

Such reflections, not problematic discourses, should be the guiding principle in the new General Programme of Work. As the Director-General Dr. Tedros rightly emphasized in his

introductory speech to its staff, the World Health Organization is about “serving people... about fighting to ensure the health of people as a basic human right...”²⁸

It is hoped that his team and WHO’s Member States assist him in formulating a General Programme of Work that renders WHO able to do so effectively. Rather than asking WHO to align with the SDG agenda, they might want to look how ensure that any changes proposed in future General Work Plans will not dis-align WHO with its constitutional mandate.

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²⁸ Tedros, A. G. (2017). "Director-General Dr Tedros takes the helm of WHO: address to WHO staff, 3 July." Retrieved 10.10.2017, from <http://www.who.int/dg/speeches/2017/taking-helm-who/en/>, accessed 10.10.2017.