



**I·A·A·H**

**International Association  
for Adolescent Health**

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***Policy on endorsement, collaboration and relationships  
with the private sector and philanthropic foundations<sup>1</sup> (“Policy”)***

**June 2018**

***Background and purpose:***

1. IAAH believes there is value in supporting or endorsing activities related to adolescent health, and from time to time may form collaborative relationships with other organizations that have the opportunity to promote our mission of advancing adolescent health. Beyond the specific value of an activity itself, such activities have the potential benefit to bring greater visibility to IAAH. However, branding activities on behalf of IAAH may also be associated with potential risks. The purpose of this policy is to facilitate IAAH Council consideration of decisions about working with other organizations around specific initiatives we are asked to support. Our activities might include, but are not limited to, endorsement by IAAH of advocacy activities of other organizations, sharing use of our logo, promoting activities on IAAH website, dissemination of educational information created by other organizations, and promoting other organizations’ conferences on our website.
2. IAAH’s integrity, ethical standards, credibility, and identify are of paramount importance in accomplishing its mission and will be protected with the utmost vigilance. These values are reflected in the IAAH Charter available at [www.iaah.org](http://www.iaah.org). IAAH’s relationship with the private sector and philanthropic foundations draws guidance from the WHO Framework on engagement with non-State Actors.<sup>2</sup>
3. IAAH accepts financial or in-kind support from the private sector<sup>3</sup> and philanthropic

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<sup>1</sup> This Policy is based on excerpts from the following documents: WHO Framework of engagement with non-State Actors, WHA69.10, Annex, 28 May 2016, accessed at <http://www.who.int/about/collaborations/non-state-actors/en/> (“WHO Framework”); AAP Conflict of Interest Policy, accessed at <https://www.aap.org/en-us/about-the-aap/aap-leadership/Documents/20-IndustryRelations.pdf>; Save the Children, Upholding Our Values, *Accountability and transparency report 2014*, accessed at <http://www.savethechildren.org.uk/resources/online-library/upholding-our-values>; UNEP Partnership Policy and Procedures, Policy Outline No. 1/2011, 21 October 2011, accessed at [www.unep.org/about/funding/portals/50199/.../Partnership-Policy.pdf](http://www.unep.org/about/funding/portals/50199/.../Partnership-Policy.pdf); IFAD, Private Sector Development and Partnership Strategy, accessed at <https://www.ifad.org/documents/10180/17c7d7d2-6cc3-4d6f-bc0c-784940bf4fbc>; and The Partnership for Maternal, Newborn and Child Health, Private Sector Engagement, accessed at <https://business.un.org/en/documents/10722> and [http://www.who.int/pmnch/about/steering\\_committee/b12-12-item9b\\_private\\_sector\\_discussion\\_document.pdf](http://www.who.int/pmnch/about/steering_committee/b12-12-item9b_private_sector_discussion_document.pdf)

<sup>2</sup> WHO Framework of engagement with non-State Actors, WHA69.10, Annex, 28 May 2016, accessed at <http://www.who.int/about/collaborations/non-state-actors/en/> (“WHO Framework”).

<sup>3</sup> “Private sector entities are commercial enterprises, that is to say businesses that are intended to make a profit for their owners. The term also refers to entities that represent, or are governed or controlled by, private sector entities. This group includes (but is not limited to) business associations representing commercial enterprises, entities not “at arm’s length” from their commercial sponsors, and partially or fully State-owned commercial enterprises acting like private sector entities”, WHO Framework, para. 10. An entity is considered “at arm’s length” from another entity if it is independent from the other entity, does not take instructions and is clearly not influenced or clearly not perceived to be influenced in its decisions and work by the other entity. WHO Framework, footnote, 1.

foundations<sup>4</sup> only if such acceptance would not conflict with the mission of the coalition, would not pose a conflict of interest, and that in no way would it impair IAAH's objectivity, influence, priorities, and actions. A conflict of interest arises in circumstances where there is potential for a secondary interest (a vested interest in the outcome of IAAH's work in a given area) to unduly influence, or where it may be reasonably perceived to unduly influence, either the independence or objectivity of professional judgement or actions regarding a primary interest (IAAH's work).<sup>5</sup>

4. The policy outlined in this document serves as a guide for IAAH to address relationships with the private sector and philanthropic foundations. As recommended by the WHO Framework of engagement with non-State Actors, (<http://www.who.int/about/collaborations/non-state-actors/en/>) the goal is to strengthen IAAH's relationship with the private sector and philanthropic organizations by using a robust framework such as this, to enable engagement and identify the risks and expected benefits, while protecting IAAH's integrity, reputation and health mandate. Moreover, it provides clarity and transparency as to the type and nature of relationship the coalition has with the private sector and philanthropic foundations. Such effective engagement requires IAAH to undertake due diligence and transparency measures under this Policy in determining whether to engage in a relationship with a private sector entity or a philanthropic foundation.<sup>6</sup>
5. In general, IAAH will participate in and/or endorse activities in which IAAH leadership have had an opportunity for input during the planning and development of editorial content, and for which adequate opportunities for meaningful review and input have been provided. For example, if asked to endorse a regional scientific meeting or a curriculum, IAAH should expect meaningful participation of one or more IAAH appointees in planning and development of the program or materials. If asked to endorse a policy, IAAH should be included in early draft review and have an opportunity to provide editorial feedback. IAAH recognizes that some multi-organizational sign-on letters do not have lead-time or allow multiple editorial versions, and that in these cases rapid action is needed to pursue IAAH's policy goals.
6. Through its due diligence process, IAAH must manage potential risks in associating with such organizations. IAAH needs to ensure a proper balance, independence, objectivity and scientific rigor in governance and in education, research, health policy and all other activities sponsored by IAAH. Careful compliance will inspire confidence, which will avoid both actual bias and the appearance of bias and will comply with legal and regulatory standards.

### ***Importance of the private sector and philanthropic foundations***

7. IAAH recognizes the important role played by the private sector and the philanthropic foundations in addressing the global challenge of adolescent health and development. They are crucial to ensuring internationally agreed upon Sustainable Development Goals. Moreover, engagement with this sector ensures that they take greater responsibility for their role in health.<sup>7</sup>
8. IAAH's engagement with the private sector and philanthropic foundations recognizes the need for holistic solutions to the complex problem of health and well-being. This Policy recognizes that all participants will gain and contribute something. Engaging with the private sector requires recognition and acceptance of the fact that they are commercial entities aimed at making a profit. The agreements with the private sector and philanthropic foundations therefore recognizes the

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<sup>4</sup> "Philanthropic foundations are non-profit entities whose assets are provided by donors and whose income is spent on socially useful purposes. They shall be clearly independent from any private sector entity in their governance and decision-making", WHO Framework, para. 11.

<sup>5</sup> WHO Framework, para. 22.

<sup>6</sup> WHO Framework, para. 4.

<sup>7</sup> WHO Framework, para. 6.

need for a clear understanding of the objectives, roles and responsibilities of each organization.<sup>8</sup>

9. IAAH acknowledges that opportunities and resources exist and that these are needed to ensure IAAH can fulfill its mission. IAAH will therefore seek partnerships and develop relationships with private sector and philanthropic foundations that can serve to further its mission, provided that these relationships are in agreement with its core values. IAAH will ensure that its decision making processes remains independent from any undue influence from the private sector or a philanthropic foundation.
10. IAAH will develop relationships with organizations that, through their products, activities, and/or their philosophy, enhance the quality of life for youth and their families and are aligned with IAAH's values and mission. Partnerships that provide no clear advantage to adolescent health or the mission of IAAH will not be considered. This includes *inter alia* arms, tobacco and alcohol industry, firearm and weapons production, human trafficking, and gambling.

### ***Principles guiding the involvement of the private sector and philanthropic foundations with IAAH***

11. Approaches to working with the private sector and philanthropic foundations require an understanding and analysis of the specific mandates and underlying policy orientation of each organization. Partnerships need to be forged on a case-by-case basis with attention to due diligence. The IAAH Council, through procedures adopted by it, has overall responsibility for IAAH's relationship with the private sector and philanthropic foundations.
12. Any private sector or philanthropic foundation that wishes to be engaged with IAAH should be committed to supporting IAAH in at least one of the following areas:
  - Adolescent and young adult health;
  - Advocacy and awareness;
  - Public education;
  - Physician/health professional education;
  - Research;
  - Health care delivery, including preventive services; and
  - Collaboration and communication.
13. Any relationship with the private sector and philanthropic foundations are guided by the following overarching principles, based on the WHO Framework<sup>9</sup>:
  - Demonstrate a clear benefit to public health;
  - Uphold IAAH's Mission;
  - Uphold and advance international human rights, including recognizing and respecting the core principles underpinning children's rights;
  - Respect the decision-making processes of IAAH and its Council;
  - Support and enhance, without compromising, the scientific and evidence-based approach that underpins the work of IAAH;
  - Protect IAAH from undue or improper influence, in particular on the process in setting and applying policies, norms and standards;
  - Not compromise IAAH's integrity, independence, credibility and reputation;
  - Be effectively managed, including by, where possible avoiding conflict of interest and other forms of risks to IAAH; and
  - Be conducted on the basis of transparency, openness, inclusiveness, accountability, integrity and mutual respect.

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<sup>8</sup> WHO Draft Framework of engagement with non-State Actors, A/FENSA/OEIGM/5, 7 April 2016, Annex, paras. 6, 8, accessed at <http://www.who.int/about/collaborations/non-state-actors/en/>.

<sup>9</sup> WHO Framework, para. 5.

## ***Nature and scope of the involvement of the private sector and philanthropic foundations***

14. IAAH will engage, and interact, with the private sector and philanthropic foundations, *inter alia*, in the following ways:
  - Participation in meetings and consultations;
  - Brokering knowledge and innovation for action;
  - Advocate for mobilization and alignment of resources;
  - Generate evidence on technical issues and share their expertise, as appropriate;
  - Advocacy;
  - Technical collaboration;
  - Promote accountability for resources and results;
  - Involvement in advising and participating in the management and organization of programs and policies; and
  - Invitations to participate in consultations.
15. The acceptance of contributions from the private sector and philanthropic foundations:<sup>10</sup>
  - Does not constitute an endorsement by IAAH of the private sector or philanthropic organization;
  - Does not confer any specific privilege or advantage.
16. Support of the work of IAAH does not permit the private sector or philanthropic foundation influence over content, nor does it imply IAAH's approval or endorsement of an organization's policies, products, opinions or activities, whether a program is funded by a single source or multiple sources.
17. For reasons of transparency, IAAH will make publicly available all contributions received. Acknowledgements will be made for contributions to specific outcomes or activities.

## ***Due diligence and risk assessment***

18. When considering entering into a relationship with a private sector entity or philanthropic foundation, IAAH will examine whether such engagement is in the interest of the organization and is in line with the principles guiding such a relationship as detailed above.<sup>11</sup>
19. Due diligence refers to the steps that IAAH will take to find and verify relevant information about the private sector entity or philanthropic foundation to develop a clear understanding of its profile.<sup>12</sup> This process combines a review of the information provided by the organization, a search of all information about the entity concerned from other sources (*inter alia* media, government sources, websites), and an analysis of all information obtained.<sup>13</sup>
20. The core functions of due diligence are to:
  - Clarify the nature and purpose of the entity proposed to engage with IAAH;
  - Clarify the objectives of the entity in engaging with IAAH and what it expects in return;
  - Determine the entity's legal status, area of activities, membership, governance, sources

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<sup>10</sup> WHO Draft Framework of engagement with non-State Actors, A/FENSA/OEIGM/5, 7 April 2016, Annex, para. 7bis, accessed at <http://www.who.int/about/collaborations/non-state-actors/en/>.

<sup>11</sup> WHO Framework, para. 27.

<sup>12</sup> WHO Framework, para. 29.

<sup>13</sup> WHO Framework, para. 30.

- of funding, constitution, statutes, and by-laws and affiliation; and
- Define the main elements of the history and activities of the entity in terms of the following: health, human and labour issues; environmental, ethical and business issues; reputation and image; and financial stability.<sup>14</sup>

### ***IAAH procedure for review, decision making and risk assessment***

21. The IAAH Council is responsible for ensuring that IAAH only promotes or endorses information that is ethical, that has a high standard of scientific or educational value, and is consistent with published guidelines. The IAAH President and Council may establish a standing or *ad hoc* committee to manage these processes. The Committee may obtain additional material from the requesting organization (or elsewhere) to assist with its preliminary recommendation. A committee or a member of the IAAH Council may submit a recommendation for endorsement or promotion to the Council, which has responsibility for final approval. Requests for approval should be submitted simultaneously to the President and the Executive Administrator, and will be entered into Council minutes. Any request for sharing of the IAAH logo is considered a more substantive level of endorsement of material, as compared to publicizing something for member or public awareness. Any use of the IAAH logo requires a written request and documentation of approval by the President and Executive Administrator.
22. A risk assessment will be undertaken by IAAH to determine if the organization should engage with the private sector entity or philanthropic foundation. The process for this risk assessment shall include the following procedures and specific questions to be considered before the IAAH Council accepts invitations or makes any endorsement of policies or activities.

#### **Background of the organization / initiative**

- Is the organization / initiative relevant to adolescent health?
- Are the vision, mission, goals and priorities of the organization / initiative consistent with those of IAAH in its efforts to promote adolescent health?
- Does the organization / initiative have a good reputation or recognized status?
- To what extent is the organization / initiative globally, regionally or locally oriented?
- To what extent does the organization / initiative directly or indirectly engage young people and/or youth serving professionals?
- Has the organization / initiative already collaborated with other credible organizations (eg UN agencies, SAHM, etc)?
- Are the organization's and specific initiative's sources of funding transparent and clearly stated on their website or in other materials?
- Does the organization / initiative have any relationships with commercial companies or other organizations that are in conflict of interest with IAAH values and principles or with IAAH policy (see paragraph 10 above).

#### **Theme of specific initiative**

- Is the theme of the initiative IAAH is invited to support relevant to adolescent health?
- Is the initiative current, evidence-based, ethical and culturally appropriate?
- Is the initiative regionally or globally oriented?
- Does any aspect of the initiative relate to commercial products or commercially-oriented activities?
- Does the initiative promote unhealthy or illegal commodities or activities (eg alcohol, tobacco, illicit drugs, weapons or human trafficking)?

#### **Specific initiative details**

- Are the goals of the specific initiative clearly stated?
- Is their information or material sufficiently high quality?
- Are the anticipated outcomes of the initiative clearly stated?

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<sup>14</sup> WHO Framework, para. 31.

- Are anticipated outcomes of the initiative measurable? Is the activity time limited?
- What is the scope and format of the specific activities (eg social media based advocacy campaign, online educational materials, etc.?)
- Were IAAH leaders involved in developing or creating the initiative or materials?
- Was there an opportunity to edit or modify materials and/or policies prior to being asked to sign-on or endorse them?
- Is it clear what IAAH has been asked to do in relation to the other organizations' initiative (eg promote our website, add our logo as a form of endorsement, etc)?
- Are the funding sources for the specific initiative transparent and clearly stated on websites and other materials?
- Did commercial or private sector interests have editorial involvement in creation of materials?
- Will commercial or private sector interests participate in the initiative?

**Resource and reputational implications for IAAH**

- To what extent are there financial implications for IAAH?
- To what extent are there human resource implications for IAAH?
- What are the potential benefits of the activity /collaboration for IAAH?
- What are the potential risks of the activity / collaboration for IAAH (also consider risks to existing collaborative relationships)?

Date Last Modified: June 2018

Proposed date of policy review: 2020