

Background document for the Briefing on the Reform of the World Health Organisation

13 October 2011

The Democratising Global Health Coalition on WHO Reform¹ represents a wide range of public interest groups and individuals that are committed to the realization of the right to health worldwide and highly value the constitutional mandate of WHO as the “directing and coordinating authority” for the realization of this right. The Coalition aims to provide critical analysis of the WHO reform process and share it with interested parties through a united voice of public interest groups. The coalition is a wider platform of public interest organizations working on enhancing the enforceability of the right to health and on democratizing global governance for health.

The background document aims to present the analysis developed so far by the Democratising Global Health (DGH) Coalition on the reform of the World Health Organisation (WHO). It starts by setting out the main concerns and follows by providing comments on the specific WHO Secretariat concept and overview papers. Finally, the Coalition proposes alternative proposals.

¹ The Coalition is made up of public-interest civil society, community based organizations and networks, and academics. www.democratisingglobalhealth.org

Main concerns related to the process and potential impacts of the proposed reform.

The rationale of the WHO reform has yet to be established, based on a solid, in-depth situation analysis. The reform was introduced through considerations on financial difficulties and prospects for future financing of the agency. Alarmingly enough, as of today, not one single document has been made available by the Secretariat on WHO's financing, i.e. the root causes of the current situation, present constraints, limitations of the system, opportunities for potential savings and ideas for future sustainable funding.

Far beyond a managerial reform, this process is a major political and strategic move. This reform must be placed in the context of a globalised economy, the current financial crisis and the need for reasserting WHO as *the* leading intergovernmental agency for health.

The risk of the proposals currently put forward by the WHO Secretariat is that they undermine, rather than reinforce WHO's constitutional mandate. They further dilute the right to health perspective by opening the door to private and corporate for-profit entities to take part into policy setting on global health. Giving more influence to private for-profit actors in international public health decision-making processes runs counter to basic democratic principles.

The unprecedented speed of the reform process, coupled with its opacity and the lack of participation by the public health community, makes it practically impossible even for Member States to follow its route with any real ownership and capacity to contribute. Yet, it is precisely the Member States - the legitimate constituency of WHO – which should drive the entire process.

In addition to impairing proper governmental guidance and contributions, **the current WHO reform further suffers from the exclusion of public-interest members of the civil society,** the ones who seem to have taken this initiative with the serious attention it deserves. A much greater degree of public mobilization is needed for WHO to generate the will and the consensus necessary to move forward with full legitimacy. A political dialogue on the reasons and core values steering the reform, and a broader debate involving public interest groups of the civil society and the public opinion are still to be seen.

Comments on the WHO Reform concept papers and DGH Coalition's recommendations

1. Comment on the Concept Paper on "the World Health Forum" (WHF)

The justification presented in the WHO's concept paper for the creation of a WHF is weak. The current global health landscape is marked with an increasing and unregulated number of actors, most of which are not subject to adequate governance and accountability systems with regard to their impact on public health. The emergence of these actors has, among other consequences, led to notable fragmentation of health systems in countries. While there is obviously a shared need for increased coordination between WHO and the numerous actors working on health, it is unlikely that a three day bi-annual event will ever deliver coherence in

public health. More importantly, the true priority at this point is improving accountability of the many global health actors and enhancing the leadership role of the WHO. The added value of WHF is therefore questionable, particularly at a time when the WHO is attempting to rationalize its governance structures under financial pressures.

The suggested Forum appears to be the making of an "exclusive club" rather than an inclusive setting, as it is only open to a selected entities. It is quite apparent (para 2 of the concept paper) that the proposed WHF will be dominated by influential entities and powerful initiatives set up in recent years, particularly by donors and the private (philanthropic) sector. Since funding will not be made available, the WHF is bound to exclude many grassroots and public interest NGOs, particularly from developing countries, from attending.

The concept paper naively assumes that the WHF will capture the different and diverging views of all stakeholders in an appropriate way. Empirical evidence shows that in such settings the voice of a powerful few, such as donors and private foundations, runs a good chance of being captured in the conclusions of the Forum, while giving the misleading impression that it represents the view of all stakeholders. The draft concept paper makes reference to the Global Forum in Moscow, which is in fact a good example of how a forum should NOT be organized. Only those that could afford to participate were enabled to speak and the structure of the working groups allowed the for-profit private sector, directly represented also by companies, to not only present their case, but to exercise a prevailing influence at the forum. A similar pattern was reflected on the list of civil society representatives invited to participate in the United Nations High-level Meeting on the Prevention and Control of Non-communicable Diseases in New York (19-20 September). Several of the invited organizations, having a significant influence on the outcome of the political declaration represented commercial interests. **The WHF is premised on the problematic assumption that all stakeholders are interested in advancing public health, and fails to distinguish between public interest NGOs and the commercial sector actors.**

The WHF introduces the clear risk of institutionalizing conflicts of interests in the WHO in the absence of robust and transparent policies on how to deal with conflicts of interest, both individual and institutional ones. This absence of policies creates an environment within which it is unpredictable how WHO will ensure that highly influential commercial sectors, such as the pharmaceutical, food and beverage industries will not influence policy-making and norm-setting. On a similar note, despite WHO's claim that the WHF will not *"change the decision-making prerogative of WHO's governing bodies"*, it is unlikely that the potentially biased recommendations emerging from the forum will not have an impact on the policy decisions taken by Member States. The proposed WHF will more likely provide strategic opportunities to a diverse range of powerful for profit interests to interact and shape the WHO agenda. WHO cannot limit itself to being a "convenor" or "coordinator". WHO is the mandated authority in global health. **Therefore, there are grounds for serious concerns that the WHF will undermine the democratic governance of WHO by institutionalizing the power of money, instead of the voice and the needs of people .**

Democratising Global Health Coalition's (DGH) proposals

1. DGH opposes the establishment of the World Health Forum as it is currently conceived. Alternatively, **DGH encourages WHO to undertake and properly resource public hearings** that must be inclusive, participatory, democratic, accountable and transparent, including through electronic means, in order to inform the development of relevant public health policies,

rather than creating new permanent peer structures that do not appear to tackle the heart of the global governance intricacies.

Public hearings have a number of comparative advantages insofar as:

- They are common practice in democratic content-focussed consultations;
- They are aimed at decision shaping, and can be adapted to better ensure provision of information, to tackle the challenges of representation, while favouring plurality of voices;
- They do not create a new layer of bureaucracy, and a new structure which risks diverting energy, attention and money from the specific challenges of global governance for health today;
- They can promote periodic content submissions, thereby creating a link between the national debates and the impact these may make globally;
- They are flexible formats and promote a process of political education and participation.

2. To draw a neat and visible separation among the different constituencies interacting with Member States and the WHO Secretariat. WHO distinguish between business-interest organizations (BINGOs), and public interest non-governmental organizations (PINGOs). Conflating these groups under the banner of “Civil Society” is misleading and thus unacceptable as both these groups represent significantly different, and divergent interests. This recommendation is not new. WHO’s own Civil Society Initiative in its 2002 report arrived at the same recommendation.

II. Comment on the Concept Paper on “Independent Formative Evaluation of the World Health Organization”

This concept paper contains a proposal for the conduct of an evaluation of the WHO programme on health systems strengthening (HSS) by an independent consortium to be selected through a bidding process. According to the paper, the aim is to develop an approach to independent evaluation of WHO’s performance, enhance HSS work and to inform the reform process.

The selection of a consortium through an open bidding process raises concern about the potential involvement of management consultancy firms such as McKinsey and Deloitte. The growing use of such firms needs much greater public debate over their value for money in terms of competence in dealing with intergovernmental organizations, ability to manage the conflict of interest, and relevance for public health values and goals.

The proposal contained in the concept paper incorporates some unwieldy elements. The limited scope of the evaluation raises questions as to whether the objectives set out can be achieved on the basis of evaluation in the sole area of HSS which is only one out of the eight programme cluster areas in WHO². In addition, while the call for an independent evaluation is timely to ensure that WHO's reform agenda is evidence-based, the time lines of the reform and the evaluation are at odds as the preliminary findings of the evaluation will be available only by May

² Hence, other critical programme areas such as Family and Community health; HIV/AIDS, TB, Malaria and neglected diseases; Non-communicable diseases; Innovation, Information and Evidence and Research; and Health Action in Crisis, that are of critical importance to developing countries will be left out of the scope.

2012, by which time it is anticipated that specific details of the WHO reform will have been finalized.

As WHO is embarking on a comprehensive reform process, it is important that this is evidence based. In other words, the scope of the independent evaluation must also be comprehensive to adequately inform Member States of the areas that require reform.

DGH's proposals

3. To broaden the scope of the evaluation in order to better guide Member States. The exercise should entail a thorough situation analysis of the root causes of WHO's crisis today, present constraints and limitations of the system. A solid situation analysis must precede and orient any engagement related to the reform process by the DG and the Secretariat, in consultation with Member States.

The scope of the evaluation should be broadened to include an evaluation of: 1) the extent to which WHO has fulfilled its core functions as defined in the WHO constitution as well as the strategic objectives developed under its Medium term strategic Plan 2008-2013 (MTSP); 2) the quality of WHO's staff and their commitment to public health; 3) the role that public-private partnerships, foundations and donors play in determining the health agenda and budget of WHO; 4) WHO's role at the country, regional and international level in achieving the right to health; 5) accountability, monitoring and evaluation mechanisms of WHO.

4. To encourage WHO to mandate an independent, multi-disciplinary Commission to undertake a systematic and transparent process of study and enquiry that would have to culminate in a **set of recommendations and options for the reform**. This should include public consultations and the commissioning of surveys or specific pieces of research. Such a Commission should consist of a mix of academic, public health professionals, public advocates, former UN staff, and ex-government ministers and officials, who would participate in their personal capacity. They need to be selected on their individual merits and be free from any conflict of interest.

III. Comment on the Concept Paper on "Governance of WHO"

The reform of the WHO governance should be guided by the WHO constitution, and more specifically by the need for preserving the multilateral identity of the agency, its authority and leading role in public health. Instead, the concept paper on the "Governance of WHO" is undefined and fails to provide any insight into the specifics of the reform with regard to the governance of WHO. For example, in paragraph 3, the paper speaks of aligning the governing bodies with "corporate priorities" without any explanation of what this linkage entails. It is important for Member States to have an in-depth understanding of the reasons for the reform. Only then they will be able to provide the necessary contributions, and to demand from the Secretariat the possible implementation of identified solutions. The key role of Regional Meetings in this process cannot be underestimated.

Important aspects related to the "Governance of WHO" have not been addressed. A key issue underlying many of the concerns regarding the governance of WHO is the poor health of WHO finances. Not only is the WHO now receiving a small proportion of unconditional funding (27% of its entire budget) from Member States, the actual size of its budget is in decline. The

dominance of conditional earmarked donations undermines the agency's ability to perform on the decisions taken by WHA and undermines its authority in public policies by distorting priorities, fragmenting organisational coherence, eroding collaboration and cooperation between different departments and units. It also burdens WHO with high transaction costs. This results in inappropriate and undue influence on WHO priorities and activities. It is simply not acceptable to have conditional funding represent nearly 75% of the WHO budget.

A critical aspect of reforming the governance of WHO is therefore the reform of the "financing of WHO". While the WHO's financial difficulty is a fact, we are of the opinion that it should not be the main driver for the organisation's reform.

The deficit of USD \$300 million is a contingency that a multilateral organization should and indeed can sort out, with vision and credibility, by redefining the pact between the Secretariat and the organization's main stakeholders, the Member States.

The reform should indeed promote greater coherence between the formal planning structures of WHO and the resolutions of the governing bodies. To some degree, this is achievable by WHA resolutions having more specific reference to the objectives and targets outlined in the Global Program of Work, the Medium Term Strategic Plan and the Biennial Program Budget.

The reform should also enhance democracy, improve transparency and promote the right of public sector actors to participate, in particular by improving WHO's relationship with public interest NGOs. The relationship of WHO with public interest NGOs has progressively deteriorated over the last decade. The result is that NGOs have been side-lined in several WHO processes.

DGH's proposals"

5. **To undertake a revision of WHO's current policies on interaction with external actors**, as part of the reform process. It is time to **develop an ethical framework** for the interaction with external actors, **and guidelines for identifying and adequately managing conflicts of interests**. The recommendations contained in the 2002 report by the Civil Society Initiative could provide a good basis to build on³
6. To address the funding crisis head on **Member States should increase their assessed and/or fully flexible voluntary contributions to the WHO, in such a way that the proportion of tied funding is reduced to 50% by 2015**. Adequate funding should be secured, so that the WHO can fulfil its normative role and other core functions. To address the financial problem, it is important for the WHO and its Member States to seek : (i) promoting *an increase* in assessed contributions by WHO Member States and untied voluntary contributions by WHO's stakeholders to become at least 45% of the total budget; (ii) discouraging WHO from resolving its financial difficulties through partnerships with the for profit private sector or entities linked to or funded by commercial sector; and (iii) undertaking organisational restructuring that would reduce the autonomy of programme clusters and competition among clusters for funds; (iv) address the need for reconsidering and revisiting some of the privileges currently secured (under the UN

³ WHO's Interaction with Civil Society and Nongovernmental organizations, Review Report , WHO 2002, WHO/CSI/2002/WP6

umbrella). A return to a more centralised administrative structure and a more sober administrative approach in the headquarters would ensure that funds received by Member States are more functional to the WHO programmes and priorities.

7. **To improve the relations with public interest NGOs**, as part of the reform, by: (i) re-launching the Civil Society Initiative and initiating regular dialogues with NGOs; (ii) defining strict but simple criteria and processes for organisations entering into official relations with the WHO (i.e. the accreditation and collaboration process); (iii) allowing NGOs the freedom to make interventions without scrutiny and even censorship by the Secretariat; (iv) providing sufficient space for NGOs to hold issue –relevant technical briefings and other side events before and during the World Health Assembly; (V) distinguishing clearly between public-interest NGOs and business-interest NGOs, including through badges of different colour for the meetings of WHO governing bodies and other relevant meetings.

IV. Comment on “WHO Reform for a Healthy Future: An Overview”

Issued after a Geneva based consultation organised by the WHO DG on 1st July 2011, this paper does little to address the undetermined contents and the deficiencies mentioned above. It summarizes the elements of reform contained in the previous three concept papers. In addition, the overview paper raises further concerns especially in relation to financing reforms.

The concept paper speaks of “*strengthened financing*”. However the solutions presented are generally donor-driven, limited and unlikely to resolve the problems.

Recent empirical research and innovative practices on taxation mechanisms and financing for development should be taken into consideration so as to inform the debate about sustainable funding for WHO. As of today, how WHO will achieve “*objective and transparent allocation of resources*” – as mentioned in para 15/c of the Overview paper. – is anything but well defined.

Rationale No 5 states that WHO is one of the players in health. There might be many agencies working at international level however these organisations cannot be equated with WHO. WHO is truly *the* only international organisation with the legitimacy to act as the directing and co-coordinating authority on international health work. No other actors have this mandate. Hence the reform process should be used to reassert this function. There is no agreement or decision from the Member States to narrow the scope of work to the so called “*five core areas of business*”. Moreover, the basis on which the Secretariat narrowed WHO’s work on five core areas has been and remains vague. The narrowed scope compromises the functions of WHO as enshrined in the Article 2 of the WHO Constitution.

DGH’s proposals

8. **Member States, as the primary accountable stakeholders of the WHO, must take the WHO reform process in their hands**, including on the definition of the core work areas and activities of the agency. This implies closely monitoring the progressive expansion of the reform agenda and demanding that conditions for greater clarity and longer time for the reform process to be secured.

9. **Member States should commit to more predictable and sustainable financing of the WHO and discourage the organization's DG and Secretariat from considering solving WHO's financial difficulties through private sector financing**

V. Comment on the Preview Paper on the WHO Managerial Reform

This document lacks details and is unjustifiably ambiguous. This feature is visible in several parts of the document. For instance, in para 3 the paper states *"There will be a redistribution of human and financial resources from HQ and Regional Offices to Country Offices"*. This is an important issue. But then no information is made available on what the present situation is with regard to distribution of resources between HQ, Regional and Country offices. It is also unclear what this redistribution will entail. Does it mean there will be lesser resources for regional and country offices or will there be more resources?

In para 5, the paper states that the *"Organization needs to perform its normative work more effectively by examining what is done at different levels of the Organization to eliminate duplications"*. *"Rules of engagement will be established"* *"Steps include standardizing and harmonizing processes for the generation of norms, standards, policies, procedures and databased on evidence"*. Once again, it is not clear what this means, and for example which normative work will be affected. Would this imply that regional offices will not be able to modify/adopt norms for the region specifically?

The paper overall fails to offer any clarity on the reform process. It provides a very sketchy description about reform plans in five areas, namely; 1) organisational effectiveness; 2) improved human resources policies; 3) enhanced results-based planning, 4) management and accountability, 5) strengthened financing of the organization (with a corporate approach to resource mobilisation and strategic communications framework). The document does not give any analyses or reasons for the identified issues or proposed actions. It is a tall order to expect Member States to contribute to the reform process or to endorse the proposed actions with a comprehensive understanding of the problem and the solution proposed. Their task is made even more difficult by the nature of the documents provided by the Secretariat up to now. This needs to be rectified.

Financing is presented as a fundamental reason for the call of reform and yet it is being dealt with as a "managerial reform". The document fails to give any facts and figures as to the state of WHO's financing, the root causes of the financial troubles and the challenges faced in financing of WHO. The paper also fails to provide pathways for credible action on sustainable financing. It speaks of increasing WHO's predictable budget up to 70% adding that this can be achieved through an absolute increase in assessed contributions or through the institution of a replenishment model which would facilitate a collective commitment to financing part of the programme budget before the budget period begins. The replenishment model is basically a donor-driven model and thus is unlikely to be "predictable". This model may open the door to undue influence by private donors especially on the normative role of the WHO. It is also unlikely that this model would deliver untied and flexible funding, which is what WHO needs to finance the priorities set by Member States.

Finally, the document speaks about increasing flexible funding from the baseline of 35% to 40% by increasing voluntary funding. The 40% target is too conservative. This and the focus on

voluntary funding hardly gets WHO moving towards sustainable financing, the original aim of the reform of WHO.

DGH's proposal

10. DGH believes that the numerous problems facing WHO are closely linked with the issue of finance and urges Member States to bring this up once again as a fundamental key issue that deserves more scrutiny and discussion.

WHO needs to provide a paper focused on the issue of sustainable financing of WHO. This paper should be supported with the proper facts and figures, as mentioned above, with bold solutions for achieving sustainable financing. This paper should also deal in a detailed manner with the principles that will govern WHO's resource mobilization strategy.

(Please refer to our previous proposals 6,8 and 9)

VI. Comment on the process of reform

The WHO needs to be strengthened, its functioning improved and its governance democratized. However, the issues are complex and contentious. They involve not just the Secretariat, but also WHO's Member States, and their respective societies.

It is inconceivable that the serious structural and constitutional problems of the WHO can be addressed in the short timeframes proposed. More importantly, if the reforms are to be fit for the challenges of a globalized world and free from capture by vested interests and big donors, public-interest NGOs and advocates need to be involved, and their contributions duly integrated in the reform process

Finally, governance for health starts at home. Democratic debates on public health issues, including the global governance for health and the realization of the right to health, should be promoted nationally, and regionally. This is key to strengthening governance for health, and to making country delegations more equipped, aware, and legitimized, when dealing with global health negotiations in Geneva and in other multilateral fora.

DGH's proposal

(Please refer to our proposal No. 4)