

GLOBAL HEALTH GOVERNANCE AND WHO
Ad hoc Advisory Meeting
11 March 2011

SUMMARY REPORT

At the January 2011 meeting of the WHO Executive Board, Member States discussed the need for a programme of reform that will ensure that WHO becomes more fit for purpose. Three themes were identified: a) WHO should capitalize more effectively on its leadership position in global health; b) WHO must retain the flexibility to adapt to a changing environment and have the capacity to address new challenges; and c) WHO cannot sustain the diversity of its current activities, and must be more selective in setting priorities.

The purpose of this informal advisory meeting, convened by the Director-General, was to focus on Global Health Governance: specifically, to review the potential of different approaches for securing greater coherence in global health, and to explore the role that WHO can play in line with its primary function as "the directing and coordinating authority on international health work".

A background paper for the meeting is at Annex 1 and a List of Participants at Annex 2.

1. SETTING THE SCENE: A CHANGING PARADIGM

Progress on global health governance requires that we have a clear understanding of the way that the environment has changed.

- Increased investment and programmatic scale-up have resulted in significant improvements in health outcomes, but have been accompanied by major changes in the global health landscape.
- Global health governance is important because the stakes are high. The landscape is fragmented and health has to compete for attention with other priorities such as food security and climate change. Demonstrating impact is critical.
- The model of development characterized by donors and recipients of aid is dead. In its place we need to think about collective responsibility, shared vulnerabilities, shared values, sustained solidarity and health as a global public good.
- A world where an increasing number of stakeholders have a role in shaping and making policy is a given. Governance does not equal governments alone. The task is

not to create new structures or architecture, but to be more adept at managing complexity: seeking creative solutions that promote convergence and coherence around common goals.

- Governance is concerned with both health as an outcome of global policies in other areas such as trade, human rights and the environment (global governance for health) and with addressing common health problems (global health governance).
- In all these areas, coherence is needed *within* organizations and governments, as much as it is needed between them. WHO can be key to the success of others, but must have the capacity to fulfil its role, and also recognize that convening does not always mean being in control.

2. PRINCIPLES AND POLITICS: WHAT WILL SUCCESS LOOK LIKE?

In a rapidly changing environment it is important to be clear about the principles on which any new approach to global health governance will be based, before looking in more detail at individual pathways and mechanisms.

- Any mechanism proposed needs to be based on and tested against principles of good governance. These might include transparency; participation and engagement; with accountability for success and failure; focused on coordination and coherence; with clear priority setting; justice and the rule of law.
- Any new venture needs to respond to the new environment described above - particularly with regard to being inclusive of all key stakeholders. There is a need to look at what has happened in key areas such as climate, food security, the environment and in other settings which previously involved only governments. A particular challenge is to ensure that voices of those affected by health problems, and not just those that make policy are heard. Not just an all-of-government, but an all-of-society approach.
- Even if starting small there needs to be a long-term vision of what is intended and participating stakeholders should contribute to the development of that vision. Managing expectations will be important: those that are involved must bring something to the table.
- The preamble to the WHO Constitution, in addition to acknowledging health as a right, as a public good, and as fundamental to the attainment of peace and security, specifically acknowledges that States should *cooperate with others* to promote and protect the health of all peoples. This broader principle is separate from setting the

policies of the Organization which is the prerogative of Member States. It is therefore useful to distinguish *decision-shaping* from *decision-making*.

- Defining the way forward must be linked to priority setting in WHO. The Organization needs the capacities and skills, and not just the will to succeed. A successful governance process would not just define priorities, it would make it clear - through participation - how they were set, the nature of different contributions and the progress towards agreed goals.

3. NEW PATHWAYS: TOWARDS A GLOBAL HEALTH FORUM

Discussion focussed on WHO's role as the convenor of a multi-stakeholder forum for global health. While there was a consensus on the need for such a forum there were some different perspectives on its scale and level of ambition.

- A multi-stakeholder forum should be decision shaping, influencing but not setting agendas. It should not be part of the decision making process of WHO. It is not the same as the previously proposed Committee C which was not discussed at the meeting.
- The background paper suggested a spectrum of approaches from the tightly structured to the free-for-all. Most interventions favoured a disciplined and more structured approach, with clearly delineated (but self-organizing) representatives of different constituencies and manageable numbers. But there remain some voices in favour of a less structured approach ("more carnival than council").
- In addition to its substantive role in influencing policy, priority and practice, the purpose of the Forum will be to increase engagement (particularly of those whose voices are less heard in current settings) and to increase trust. It can also help promote the work of WHO to a wider audience. It should be problem-solving in orientation and seek to amplify important issues on which others, and not just WHO, may act. The forum should be managed in a way that is an example of good governance, and should seek to influence practice in other parts of the UN.
- In line with the principle of thinking long-term but starting more modestly, there was general agreement that the Forum should begin in a realistic way. This may mean focusing on coherence in global health and not taking on health as an outcome of global policy in the first instance. Once established the Forum can evolve, utilizing the energy and ideas of its participants. The creative use of modern technology and social media can ensure wider outreach and participation.

- There was general agreement that the Forum should have a link to the Executive Board of WHO rather than the World Health Assembly. While the Forum has an advisory and not a decision making role, it is important that its views are taken seriously and, to the extent possible, acted upon. The link with the EB also can help in deciding on Member State representation. The sense of the meeting was that agenda setting for the forum needs to be a participatory process.
- There is a great deal of experience - from a range of different organizations in health and other sectors - on which to draw before establishing the Forum. Some rapid work on mapping of stakeholders and documenting experience should inform the design process.
- The idea of a framework for engagement in global health (referred to in the Background paper for the Advisory meeting) would be a topic to be addressed by the Forum once established.

4. BETTER PRACTICE: STRENGTHENING THE GOVERNANCE OF WHO

- The vision embodied in WHO's Constitution, in particular its preamble, is as relevant today as it was at the birth of the Organization and should give a sense of direction to WHO's governance.
- Member States share a commitment and a sense of accountability to the Organization in ensuring that its governance enables it to respond to the challenges facing public health, in particular by exercising responsibility and self-discipline in priority-setting, in making resolutions more strategic, relevant and time-sensitive.
- Member States should also be accountable to WHO for the implementation of the resolutions they adopt. The periodic reports on national health progress foreseen in the Constitution offers a possible template in this direction.
- National foreign services and ministries of health should fully appreciate that being involved in global health issues has assumed a higher level of complexity. This requires a constant engagement and properly trained national officials with a relevant skill mix.
- The structure and level of financing for WHO should enable the Organization to fully perform its fundamental functions as the directing and coordinating authority in global health issues.

- The effectiveness and relevance of WHO's governance would benefit from a closer and more strategic alignment and coordination between the regional and the global levels, in particular by enabling regional committee to play a stronger role in global priority-setting.

29 March 2011

Annex 1: Background Paper

GLOBAL HEALTH GOVERNANCE AND WHO Geneva, 11 March 2011

A: Background

At the January 2011 Executive Board, Member States discussed the need for a programme of reform that will ensure that WHO becomes more fit for purpose. Three themes were identified: a) WHO should capitalize more effectively on its leadership position in global health; b) WHO must retain the flexibility to adapt to a changing environment and have the capacity to address new challenges; and c) WHO cannot sustain the diversity of its current activities, and must be more selective in setting priorities.

In recent years, the global health architecture has become increasingly complex, in part due to the growing diversity of health challenges the world faces, and in part due to the growing number of actors and stakeholders concerned with global health. In parallel, we have seen an evolution in what Member States and other partners expect from WHO, and an increase in the range of demands made on the Organization. These two trends, reinforced by the need for a strategic response to a new and demanding financial reality, underpin a series of discussions held over the course of the last year on the *'Future of Financing for WHO'*¹.

The purpose of this informal advisory meeting is to focus on Global Health Governance: specifically, to review the potential of different approaches for securing greater coherence in global health, and to explore the role that WHO can play in line with its primary function as "the directing and coordinating authority on international health work". In addition to outlining longer-term plans for discussion at the World Health Assembly, the meeting will consider the specific role that a regular multi-stakeholder Global Health Forum might play in bringing together Member States, global health funds, development banks, partnerships, NGOs, civil society and the private sector.

A plan for strengthening WHO's central role in global health governance

A proposed process for addressing aspects of global health governance, possibly including a framework for engagement in global health, and a proposal for a regular multi stakeholder forum to bring together Member States, global health funds, development banks, partnerships, nongovernmental organizations, civil society organizations, and the private sector to address issues critical to global health. The first to be held in May 2012, subject to the guidance of the World Health Assembly. Source: EB128/INF.DOC./3

¹WHO EB128/21

This background note is organized in three sections. The first looks at the scope of the problem, mapping issues and identifying key trends in health governance. The second then looks broadly at ways that have been suggested for strengthening governance. The third section focuses on the way forward, specifically in relation to WHO. It proposes four complementary approaches to strengthening global health governance and, for each, raises a series of questions to be discussed at the meeting.

B: Scope

Global health governance: basic concerns

The fundamental idea underpinning *global health governance* is that the assets the world has at its disposal to improve peoples' health could be deployed more effectively and more fairly. The institutional landscape of global health is increasingly complex, and a system of incentives which favours the creation of new and sometimes duplicative structures, over reform of those that already exist, risks making the situation worse. The net result is a mismatch: between needs and resources, and resources and results.

It is also useful to recognize two complementary perspectives. Firstly, governance which is directly concerned with the promotion and protection of health: by reducing transnational threats (e.g. pandemic preparedness); through common approaches to shared problems (e.g. tobacco control, health worker migration); and through the solidarity that comes from shared goals (e.g. the health MDGs). The second perspective concerns how globalization and the growing inter-dependence between countries is governed. The key concern here being to ensure that policies, rules and institutions dealing with international trade, security, agriculture, human rights, the environment and foreign affairs have a positive influence on peoples health and, conversely, that they are also influenced by public health concerns.

The last piece of the picture recognizes that nation states and inter-governmental organizations are no longer the only players: a wider range of actors now have a role. These include civil society organizations, philanthropic foundations, patient groups, private companies, the media, trade associations and many others - including individuals and informal diffuse communities that have found a new voice and influence thanks largely to information technology and social media..

Mapping the territory

Given the diversity of the challenges in health and the number of actors, it is hardly surprising that the governance landscape is complex. Rather than an architecture we are

faced with "overlapping and sometimes competing [*governance*] regime clusters that involve multiple players addressing different health problems through diverse principles and processes"². Even for specific health concerns, such as HIV and AIDS, there are multiple and overlapping bodies with an interest in different aspects of governance.

At the risk of over simplification, it is helpful to define a number of high-level areas or domains of global health governance. First, in the field of **humanitarian assistance**, there is a reasonably well-articulated governance mechanism at global level and, when emergencies occur, at country level as well. The system is far from perfect, but crucially, when problems arise there is a governance structure, which is inclusive and involves all the major players, in which they can be addressed.

Secondly, in the field of **health security** for example with pandemic preparedness there is an agreed, recognized and inclusive institutional structure in which members of the various networks can interact to address problems and improve performance. It is also the case that WHO's place in both the humanitarian and health security is clear.

A third area concerns work on **norms and standards for global health**. This is core business for WHO and underpins work in other areas. Again the governance issue is not the lack of an institutional structure. Rather it is more concerned with focus, priority setting and ensuring inclusivity and responsiveness to needs on one hand, and independence, integrity of decision making on the other.

Increasingly, however, the global health agenda takes on more difficult, and politically sensitive issues, reinforcing the fact that public health has become inextricably linked with other areas of international policy and law. Health in effect is part of a nexus of **global public policies** that connects food security, climate change, financial stability, trade among many others. Two consequences of this trend are particularly important. First, it results in a growing demand for inter-governmental, rather than the purely technical processes with which WHO is traditionally more familiar. Second, the nature of the issues concerned are those where there are existing international rules and regimes managed by different institutions (e.g. Intellectual Property, Human Rights, and Trade). The challenge is therefore to avoid further fragmentation and foster synergy along with seeking to ensure a focus on better health as a key outcome.

The last area is equally challenging and is concerned with **health as an aspect of development**. From WHO's perspective this is a domain relevant to all countries that request support for the implementation of technical norms and standards. However, in low income countries with a range of development partners, it is this aspect of global health governance that often gets the most attention. This is due to the fact that the major increases in development assistance for health over the last decade have been

² Fidler, D. The Challenges of Global Health Governance, Council on Foreign Relations, May 2010

accompanied by an equally major increase in the number of organizations providing technical and financial support. The problems of fragmentation, duplication of effort and inequitable allocation of resources are now well documented³. While the institutional environment is indeed complex, and the problems arising are manifold, the central and most critical issue is that there is no agreed institutional structure at a global level where they can be addressed by the stakeholders involved.

C: Approaches to strengthening health governance

The analysis in the previous section suggests two broad areas in which strengthening of health governance is a priority: in the field of development and in relation to the negotiation of global public policies.

In relation to the latter, the question is how should WHO position itself in this debate to avoid health taking a back seat to commercial and security interests? WHO and public health constituencies did not participate in the construction of key governance regimes (in areas such as trade, IP, and the environment) and there is a risk that health can be disadvantaged as a result. The fact that Member States have chosen WHO as a forum to discuss some of these issues and their implication for health is positive sign and ensures that public health maintains a strong profile in the negotiations. However, it also a major challenge for the WHO Secretariat to adequately support the growing number of inter-governmental and similar processes.

Beyond WHO, work is in hand to build capacity through training courses in global health diplomacy⁴. In addition, governance of global health is likely to become the substantive focus of work by the group of Member States that have promoted the importance of Foreign Policy and Global Health in the context of the UN General Assembly⁵.

With regard to development, a brief review of proposed approaches suggests a wide spectrum of opinion as to the way ahead. At one end, are those who seek to define a series of clear responsibilities between countries which can be codified and embedded in a formal agreement. This view has its origins in human rights law, and sees important precedents coming from earlier health-related treaties such as FCTC⁶.

At the other end of the scale are those who accept the inevitability of diversity and take the continuing multiplicity of overlapping structures as a given (and not wholly a bad thing). They would suggest that a single over-arching unified structure or agreement is

³ Severino, J-M, Ray O: The end of ODA (II) Centre for Global Development, June 2010

⁴ Graduate Institute Geneva: Global Health Diplomacy: the core curriculum, March 2009

⁵ See UNGA FPGH Resolution 2010

⁶ Gostin et al: The Joint Action and Learning Initiative on National and Global Responsibilities for Health. WHR. Background Paper 53

unrealistic, on the basis that powerful actors are unlikely to accept such limitations on their room to manoeuvre⁷.

Between these positions lie a range of pragmatic positions which recognize the inevitability of diversity but seek to solve the problems that have the greatest cost, using means that have sufficient bite to make a difference, and sufficient leeway to be broadly acceptable - without the need for a formal legal instrument. The Paris Declaration and the Accra Agenda for Action are held up by some as a model for how global agreements can be reached. Others, however, would contend that their influence is limited to certain donors and takes insufficient account of the changing development landscape

Lastly, it is important to recognize the possibility of very different governance regimes at a global level and country level. At a global level, the need is for institutional mechanisms that influence behaviours and to a greater or lesser extent suggest rules of engagement. At country level the situation is fundamentally different - at least in countries that are not in crisis - in that the starting point in any initiative to increase coherence is to align around national development policies and plans.

D. The way forward for WHO

Given the landscape outlined in previous sections, how can WHO work with others to strengthen global health governance and, in particular, respond to the need expressed by many of its Member States to bring greater coherence to health and development at global and country level? This section outlines four related proposals for discussion at the Advisory Meeting.

a) *Global health and development: a framework for engagement*

There is little doubt that greater convergence between all of the actors involved in global health is desirable. It is justified, not just as an end in itself, but as a means of increasing efficiency and improving health outcomes. The starting point for the discussion is the idea coming from the WHO Executive Board for a framework for engagement in global health. WHO's role in the first instance will be to play a catalytic and convening role. In addition, however, WHO through its universal membership and the fact that it is not a donor, is well placed to help shift the debate from one which has focused on donor and recipient countries to one based on collective responsibility for health. The form that such a framework should take and the process through which it is negotiated will need further work following discussions at the World Health Assembly.

Questions to be considered by the meeting include:

⁷ Fidler D, The Challenge of Global Health Governance, .

What lessons can be learnt from the development and implementation of the Paris Declaration/Accra Agenda for Action?

Recognizing the diversity of stakeholders from low income countries, from civil society and the private sector, from foundations and from powerful emerging economies, what is the best way of ensuring both an inclusive process and one which is relevant to all?

Given our current understanding of the problems in this area, what substantive difference could a new framework make, and how should its impact be measured?

b) *Health and development at country level*

As noted above the starting point for increasing coordination and coherence at country level is to acknowledge the primacy of country priorities. This is the basis of several initiatives which seek to increase alignment around national policies, promote the use of national systems and which build confidence among all partners through joint assessment of health strategies and plans. Questions that the meeting will consider include:

What will it take for an approach based on support for nationally-defined priorities and the use of national systems to become the accepted way of doing business in the health sector?

In countries that are not in crisis, but where national policies and plans are poorly articulated, can the health cluster approach be used to promote better coordination?

What capacities does WHO need to develop to play a more effective role in facilitating a more coherent approach at country level?

c) *The Global Health Forum: purpose and format*

The Director-General has committed to convening a regular multi-stakeholder forum which will bring together Member States, global health funds, development banks, partnerships, NGOs, civil society organizations and the private sector. This initiative recognizes the need for a more inclusive debate on *all* aspects of global health (i.e. beyond the health and development focus of the proposed framework for engagement). Discussions at the Forum may identify new priorities, highlight neglected issues or

suggest actions that might be taken by different stakeholders. Its role will be in helping to shape the future global health agenda in a way that is relevant to all, with WHO as its convener. It is therefore a mechanism for improving global health governance, without being a formal part of the governance of WHO.

A more detailed proposal for the first Global Health Forum will be presented to the WHA in May. The views of the Advisory Meeting will be helpful in deciding on the most suitable format. The basic choice is between a more tightly-structured model, based on the World Health Assembly but with a wider range of constituencies, and a more open process modeled on, say, the World Social Forum or the World Economic Forum. The former would require careful thought about representation, constituencies and would be more likely to focus on a finite number of specific agenda items, possibly leading to specific recommendations. The latter would be more open to all-comers and depend more on the diffusion of new ideas, emergence of key trends - influencing participants through engagement in discussions rather than meeting decisions.

Questions to consider include:

What are the pros and cons of the two basic approaches being suggested? What can be learnt from the experience of other similar fora in health and other sectors - in terms of format, inclusiveness, focus, cost and financing?

How should the outcome of the Global Health Forum be transmitted, and how should it influence the work of WHO's own governing bodies?

d) Strengthening the governance of WHO

WHO's own governance should facilitate the rationalization in global health governance by a) progressively reflecting and incorporating the diversity of health actors, while respecting the intergovernmental nature of the Organization; and 2) fostering a more strategic and disciplined approach to priority setting which takes proper account of available resources and the implementation capacity of the Secretariat.

Points for discussion include:

- The work of the Assembly is currently characterized by multiple resolutions with uncertain funding, not focused on the corporate priorities agreed in the Medium Term Strategic Plan and Programme Budget, with uncoordinated implementation and reporting requirements.

What would be required to put in place a robust and accepted priority-setting mechanism for issues discussed at the Assembly and the Board?

- There is an evident potential for synergy and mutual strengthening between the regional and the global level of WHO's governance. However, neither the Constitution nor other rules establish a clear mechanism to regulate the interaction between the two levels of WHO's governance.

Should there be a standing institutional linkage between regional and global governance, e.g. by including the reports of the regional committees among the items in the agenda of the Board or enabling regional committees to propose agenda items and draft resolutions?

- The Health Assembly and Executive Board play distinct and complementary roles under the Constitution, with the Board performing crucial preparatory as well as executive functions. The Board arguably is not living up to its full potential especially as an executive body, and that trend may have been strengthened by the inclusiveness of the Board's governance with respect to non-EB Members.

Should the division of labour between Assembly and Board be reconsidered, focusing the former on the setting of new policies and the broad directions of WHO, and the latter on a more robust role both as an implementing body of the Assembly's policies as well as a "gatekeeper" to ensure that the agreed division of labour is not diluted?

4 March 2011

ANNEX 2:

Ad hoc advisory meeting: World Health Organization and Global Health Governance List of Participants

- Ms Alanna Armitage, Director of the Geneva office UNFPA
- Mr Simon Bland, DFID Representative and Head, Global Funds Department, Department for International Development, United Kingdom
- Mr Elio Cardoso, Counsellor, Permanent Mission of Brazil to the United Nations Office at Geneva and other International Organizations in Switzerland
- Dr Nils Daulaire, Director, Office of Global Affairs, US Department of Health and Human Services
- Dr Paul DeLay, Deputy Executive Director, UNAIDS
- Mr Stefan Germann, Global Health Advisor / Mrs. Regina Keith, World Vision International
- Dr Lawrence Gostin, Director, WHO Collaborating Center on Public Health Law and Human Rights, Georgetown Law University
- Ms Joanne Hamilton, Counsellor, Permanent Mission of Canada to the United Nations Office at Geneva and other International Organizations in Switzerland
- Mr Dagfinn Høybråten, Board Chair / Mr Daniel Thornton, GAVI Alliance
- Mr Michel Kazatchkine, Executive Director / Ms Karmen Bennett, Global Fund for AIDS TB and Malaria
- Prof Ilona Kickbusch, Director of the Global Health Programme, Graduate Institute of International and Development Studies, Geneva
- Ms Brenda Killen, Head, Aid Effectiveness Division, OECD/DCD
- Dr Mihály Kökény, President, Health Committee of the Hungarian Parliament
- Mr Christian Masset, Directorate-General of Global Affairs, Development and Partnerships, Ministry of Foreign and European Affairs, France
- H.E. Mr Jerry Matjila, Ambassador/ Mr Luvuyo Ndimeni, Permanent Mission of South Africa to the United Nations Office at Geneva and other International Organizations in Switzerland
- H.E. Mr T. Mboya, Ambassador, Permanent Representative of the Republic of Kenya to the United Nations Office at Geneva and other International Organizations in Switzerland
- Dr Masato Mugitani, Assistant Minister for Global Health, Ministry of Health, Labour and Welfare, Japan
- Dr Gorik Ooms, Health Policy and Financing Unit, Department of Public Health, Institute of Tropical Medicine, Belgium
- Dr Liu Peilong, Senior Advisor, Department of International Cooperation, China
- Mr Eduardo Pisani, Director General, International Federation of Pharmaceutical Manufacturers and Associations
- Dr Olivier Raynaud, Senior Director, Global Health and Healthcare Sector, World Economic Forum
- Dr Srinath Reddy, President, Public Health Foundation, India
- Dr Rida Said, The Minister of Health, Ministry of Health, Syrian Arab Republic

- Mr Thomas Schwarz, President, Medicus Mundi International /Dr Remco van de Pas, Wemos Foundation
- Dr Gaudenz Silberschmidt, Vice Director, Head of Division of International Affairs, Federal Department of Home Affairs, Switzerland
- Dr Jeff Sturchio, President and CEO, Global Health Council, USA

Advisors

- Ms Benedikte Alveberg, Senior Advisor, Ministry of Health and Care Services, Norway
- Mr Pierre Blaise, Counsellor, Permanent Mission of Canada to the United Nations Office at Geneva and other International Organizations in Switzerland
- Ms Anne Beatrice Bullinger, Federal Department of Foreign Affairs, Switzerland
- Ms Geneviève Chedeville-Murray, Counsellor, Permanent Mission of France to the United Nations Office at Geneva and other International Organizations in Switzerland
- Mr James Droop, Hub Leader, Health Services Team, Department for International Development, United Kingdom
- Ms. Noémi Kondorosi, Expert, Ministry of National Resources, Hungary
- Mr Thor Erik Lindgren, Counsellor, Permanent Mission of Norway to the United Nations Office at Geneva and other International Organizations in Switzerland
- Mr Colin McIlff, Health Attache, Permanent Mission of the United States of America to the United Nations Office and other International Organizations at Geneva
- Mr. Yuji Otake, First Secretary, Permanent Mission of Japan to the United Nations Office at Geneva and other International Organizations in Switzerland
- Ms. Anne Wittenberg, External Relations Officer UNFPA

WHO Secretariat

- Dr Margaret Chan, Director-General
- Dr Anarfi Asamoah-Baah, Deputy Director-General
- Dr Anne Marie Worning, Executive Director
- Dr Andrew Cassels, Director Strategy
- Mr Gian Luca Burci / Mr Steve Solomon, Legal Counsel