Remco van de Pas, based on notes by Thomas Schwarz
Amsterdam, 15 March 2011

Ad hoc advisory meeting, Geneva, 11 March 2011
The WHO and Global Health Governance
Summary Report and Analysis for PHM and MMI

Summary Report

This report provides relevant and intact inputs from the discussion. An analysis is provided at the end of the report.

This ad-hoc advisory meeting was initiated on request of the WHO Executive Board January 2011 to create a program of reform that will ensure that WHO becomes fit for its purpose. Three key themes were identified then as crucial for future global health governance and the role of WHO:

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.
c. WHO cannot sustain the diversity of its current activities, and must be more selective in setting priorities.

This advisory meeting was organized around the following points:

1. Open discussion to confirm relevance of fundamental questions
2. Global health and development: a framework for engagement
3. Health and development at country level
4. The global health forum: purpose and format
5. Strengthening the governance of WHO

The relevance of fundamental questions

Opening remarks of Dr. Chan (WHO DG: In this crowded landscape of complex global health architecture the basic questions are: who makes the rules for responsive behaviour – and who enforces them? Does money drive the agenda? Or is it WHO, guided by the expressed needs of member states and guided by experts?

Statements:

Participants stated the need for a more coherent governance structure that should move from the current 'aid' paradigm to one acknowledging long-term global solidarity for health, health as a global public good and shared responsibility.

It was suggested to replace the definition 'global health governance' to 'global governance for health' as to bridge to other sectors influencing health. Coherence of health with other public policies and sector is lacking and WHO has a role to play there. Representatives of some member states (China, Japan, South Africa, Canada, Suisse) stressed that coherence with other policies starts at domestic level, before it can be taken to the global level.

WHO can be a facilitator and help 'shape discussions', but regulation should come from countries itself first and consecutively at global level via the World Health Assembly and the mandate that WHO has via its constitution. One MS representative made it clear that the WHO is governed by the member states, not by the secretariat. He asked not to create a new partnership or global health initiative but to focus on WHO, 'the only legitimate agency in global health'.

Civil society representatives brought issues forward on representation, participation, power issues regarding a global health forum. Will such a forum remain an 'exclusive' club or will there be a formal way for people 'whose health is most at risk' to participate in priority setting and decision making. This has to come from CS involvement at national and regional level to provide cases and examples for global level. The WHO constitution preamble mentions: "Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people."

Participants (including DG) acknowledged that civil society should have a larger role to play in defining GHG and priorities. Someone pointed out that there is no clear consensus on what global health governance means; it can range from "health as a human right" to "securing national interests". The participant promoted a "Geneva consensus for health" (in analogy to the Washington consensus).

The momentum for global health is created by a feeling of shared vulnerability (SARS) and that WHO must catalyze now commitments for health as a global public good and for health equity. WHO should have a role facilitating countries in priority making that goes beyond the technical role. It's important that global standards are translated into national action to make sense. We should stop thinking in donor countries and development countries, and hence divide the world. Two main focuses came forward for today's meeting (introduced by current chair of WHO EB:

- Do we need a type of framework instrument for engagement ("who sets the rules?")
- What is the purpose and format of a global forum for health

Summary by the moderator (assistant DG):

1. Agree on the need for improving global governance for health
2. Paradigms have changed (not "development", "them and us", not "charity" any more, but "global public goods", "global health equity")
3. Global health is a complex issue with multiple players, not only governments.
4. Forum must be decision shaping, not making
5. What is responsible behavior? There are universal principles of governance
6. Talking about global governance for health: How to get the powerful and the poor at the table?!
7. Priorities in the future – who will define them, after 2015?
8. Sense of urgency, but need to be ambitious
9. How to manage complexity: Coherence, effectiveness and efficiency
10. Coherence must start at home, in the member states
11. There is no "architect", but WHO has a critical role to play, but also has some baggage. WHO needs to be changing and moving.
12. How to make WHO taking informed decisions?
13. If we want to change behavior: what incentives?

Common vision: where do we want to go?

Statements:

(1) The vision can be found in the WHO constitution. Everything we are talking about global health can be done with this constitution. WHO opened already the door for non-governmental actors in the constitution. (2) Talking about strategic intent: despite the fact that WHO was founded in governments, the thinking was much larger than nation by nation: health as a common collective goal beyond governments. So find an institutional form to deal with health as a global common collective goal. 3) Good governance: see 8 UNDP principles. Rule of law is absolutely essential. Let us address rule of law on a global level. Are not

solidarity and universal access principles for good governance for health? We need a global support system which helps governments to establish health governance systems at a national level.

There is a strange situation: we develop a human rights and global goods rhetoric which is not the same one the one of the decision-makers (global health for national security). We have to discuss about justice and security.

We should not create a new vision, but refer to the who constitution and put it into a new framework. Priority setting is an issue, but also coordination with other players in other sectors or multi-sectorial. Those players need to be convinced how health contributes to economic and financial goals.

We need coordinated responses to global challenges and opportunities: (a) coping response: create health systems (b) corrective response: why systems do not function (c) creative response: crating conditions which enable health, involving wider range of players. In each of these responses, players are different.

One participant referred to a clear global charter for health. Sectors outside health as trade, agriculture have profound effects on health. How can we as WHO have an input into that? On a national level we have the "all of government" approach – can it be internationalized leading to a true engagement and advocacy for health in these sectors?

Conclusions by moderator:

This is a good start, but we will have to move
- *from* Principles, paradigms, players and policies
- *to* practices and pathways,

considering that
- Governance needs to have impact on people.
- Governance is not always efficient, but needs to be effective
- How can we have incentives: Are there soft ways to move forward?
- Avoid paradigm on averages such as in MDGs (metaphor of the foot in fire, hand in ice)

Global health and development: a framework for engagement

Not discussed as such.

Creating a Global Forum for Health: purpose and format

Statements:

If we start a forum including the other sectors from the beginning, we might want to too much at once. First bring health actors together – and then start to think about outreach. (1) Should it really be a free for all forum, or not rather as a council, more organized? a WHA Committee C was promoted and this could still be a medium task. (2) If more organized: how should its constituency be defined? We might learn from GFATM. And we have to define how closed/far to WHO this council should be. Could we link it to the EB WHO? Meeting of group of member states with other constituencies? (3) How is the agenda set? How will reporting to constituencies and WHO organized? As soon as this mechanism starts to work over a couple of year, it will itself start to contribute to develop roles and rules and develop (social construction approach). So just throw it out there, and it will work.

Other players need to be convinced that WHO should coordinate a global forum. Forum should be decision shaping, not decision making (this remains done at the WHA). Some participants preferred a 'share decision making mode as WHO constitution envisions that decision making is not restricted to member states. They refer to models being used by GFATM and GAVI, and refer to World Bank development

marketplace. A participant promotes a council including the 32EB members, plus a similar number from other constituencies including CSO, industry etc. The name of this council to be the 'world health council'. A form with a selected council and an open bi-annual health forum is suggested. Council could be used to promote and advocate for health as public good and WHO/WHA as legitimate health authority. Council should be closely linked to WHO EB and WHA. It was suggested to talk about member societies and not of member states anymore. WHA delegations should come as multi-stakeholder delegations. There is another chance for fragmentation. We need a really check if a new structures makes sense, including costs and benefits, before heading into something new.

(1) Objective of council: modest and narrow, so how could it look like? Not fix all the principle problems we saw this morning, rather contribute to discussion about how WHO could be reformed to be more inclusive. This is very important, as engagement is a right: Let us push WHO out of its comfort zone, making it more effective. (2) Membership: narrow council, with broad consultations. (3) Decision shaping, not making. (4) Reporting to whom: inform the decisions of WHO, so report to EB. (5) Governance: this body must behave as an example of good governance itself (transparent, inclusive).

The DG remarks that we interpret the constitution in a very narrow manner. We include civil society only when it is an NGO in official relation This is frustrating for both sides. WHO has been too much on an exclusive club, only open to countries. The DG mentions the elephant in the room, members states do not behave as shareholders of WHO, but as visitors. They do not even prepare before coming to WHA. They bring their domestic agenda into global health agenda. Members discuss for days for a resolution, and once it is there, it becomes a piece of paper. Self-regulation sometime is very elusive. Even legally binding conventions are ignored. So countries should re-consider their duties towards the organization.

There is much talk about coherence and coordination, and never walk. WHO is not even a voting member of Global Fund. Civil Society and countries are there for making decisions that benefit them. Today we are here. But where are the people? Do we believe that countries and civil society representatives at the meeting today represent people?

The DG promotes a world health governance council, starting small, focused, addressing limitations of organizations, setting rules of engagement. A big forum is not manageable. WHO decision making definitely is the right of the member countries. This year's WHA should promote green or red light for a forum. When approved, let us start working, eventually on two levels: develop a framework, and work on one specific topics and see how far we can go.

Conclusions by moderator:

Think big, but start small, Learn from experiences of other forums, Respect the WHO constitution.

How to strengthen WHO governance

There is need for predictable and sustainable funding of WHO. Structural problem of core and extra-budgetary budget. WHO's role as coordinating agency relies on greater control of its own budget. It was mentioned that at the GFATM, where NGOs are included , they can hold governments to account. If you want to make sure that countries behave like real stakeholders at WHO, civil society needs to have a real influence on the way WHO is working.

Funding is crucial for WHO governance. Increasing flexibility of WHO should be on top of the priority list. Revise burden sharing between WHA and EB and think about implementation of agreements and resolutions. Prioritization is to establish a kind of policy committee? Accept the value of civil society,

bring it into WHO with more trust and more respect. Add parliamentary delegations to governmental representations.

(1) According the WHO constitution, each country should report annually regarding implementation of WHA resolutions. This is not properly implemented Let us hold countries more accountable. (2) Define mechanisms of priority setting in rules of procedures. Reduce number of resolutions to "omnibus" resolutions on major topics. 21th Century governance means consulting over the year. (3) Global health begins at home: internal coherence – and responsibility towards the organizations. Countries have to do their home work. (4) WHO home work: change skill mix within the organizations, strengthen e.g. diplomatic know-how. Capacity building needed.

Budgetting with 20% of not-earmarked funds is just impossible to manage. Donors must fit their contributions into the agreed priorities and programs of the WHO. Proliferation of resolutions is part of sickness of UN systems. Regional integration has to be considered, as many regional communities today address health issues.

Global diplomacy is management of global affairs, putting processes in the center. We need more continuity in people in Geneva who are skilled in health diplomacy (health attachés). (2) Civil society is mainly successful related to issues (AIDS, TB, SRHR, etc) – there is a challenge to make civil society an ally for forwarding health as a global public good. (3) Board members of international companies are well briefed before they start their mandates, but almost no country nor WHO invest in briefing WHO Board members. We need to make clearer what it means to act as a shareholder of WHO. WHO leadership is too serious to be left to amateurs. (4) Coherence between WHO regions (health ministries as main actors on regional level) and global level (mostly development people involved) must be increased.

Conclusions:

- Governance is more than rules and procedures, it's also about skills, mindsets, behaviours
- Look at funding of WHO

Where shall we go from here?

An unusual, but extraordinary good meeting, as problem orientated and frank. Soon a report of the meeting will be provided.. Some broader choices have been narrowed already.

We will prepare a note for the Assembly, seeking "green light" for further process, benefitting of today's discussion, but also from experiences from other organizations.

Discussion will feed into other on-going processes. Reform agenda has a number of aspects. So we also work on WHO unique role and priority setting, results based planning, human resources, structural relationship between different parts of organizations.

Concluding remarks by Margaret Chan

- Just to get the definitions and language clear is already a challenge.
- Grateful for benefiting of experience of all present.
- We have sufficient input to go to next steps.

Short analysis and conclusion for GHG groups of MMI and PHM

It has been truly relevant to participate in and embark on this train towards a reform of global health governance under auspices of WHO. It has been an open and frank debate in which the role of civil society is acknowledged and respected. There has been valuable inputs shared by most participants for WHO to be the legal authority to promote and protect health as a global public good, acknowledging the values and principles of the WHO constitution and decision making by member states via the World Health Assembly. Although this roundtable group looked for 'win-win' solutions and consensus toward a global health framework/ forum/council/policy advisory board some key issues have *not* or only *limited being* addressed during this meeting:

- A nuanced discussion of what the definition 'development' for health actually implies, in relation with economic and social development paradigms. Does it refer to growth, security, human rights or equity? Probably there is a big overlap but use different by all stakeholders. Despite the reference to a multi-sectoral approach most participants preferred first to work with a group representing the health sector, before involving other constituencies and sectors.
- The social determinants of health analysis is hence only limited referred to. For sure the health in all policies and policy coherence (see Adelaide statement) approach was referred to, but mainly at the national level. ("coherence for global health starts at national level"). This approach is somehow *avoided* at global level; and hence the question of regulation of trans national corporations behaviour damaging people's health. Who keeps them accountable? Will this be left solely to the members states or should a GHG forum/council and WHO have a role in this? It is in this field that PHM has a clear opinion and input to bring.
- The role and authority of WHO (safeguarding right to health) vis-à-vis other intergovernmental organisations as WTA, IMF, WB, G8 and also in relation to global health initiatives has not (really) been mentioned or explored in this meeting.
- We must be careful about our role as civil society representatives in the development towards a GHG. On one hand, we should stay clear from being the 'CSO excuse' that is allowed a seat on the table. We do recognise that our role was clearly valued during this meeting. Now the GHG debate is 'open', we must see if it remains and becomes (more) open beyond the exclusive club it is now. Towards our own constituency; the debate on global health governance and CSO representation must be broadened and participative with input, platforms and process facilitation for input from individuals, country circles and regional consultation.
- Accountability and follow-up (reports) of member states commitment to resolutions, Eg via a WHO Watch! is certainly relevant. This includes budgetary and extrabudgetary support to WHO programs and priorities. The universal periodic review of the United nations human rights council was mentioned as a model during the meeting. There could then possibly be a link (and task division) with the special rapporteur on the right to health on member states behaviour not only *domestically* but also *globally* regarding international commitments made that influences health outside nations borders.
- The often fundamental conflict of interests, and power differences, between players in a global health forum/council is not addressed. If such a forum/council will develop, a stakeholder and power mapping, making these explicit and facilitating marginalised/excluded voices to remain included in the forum is of great importance.

Based on this report and the meetings report provided by the strategic department of WHO, MMI and PHM could consider following steps towards the World Health Assembly:

1. Develop a position paper to be sent to the WHO DG, present it at civil society event WHA and excerpts of it to be read during the WHA session on GHG forum and resolution.
2. To define representation and process how to remain involved in the WHO GHG debate, and how this link with other GHG platforms, Eg the JALI.
3. To discuss how we want to take forward the WHO Watch! process. What, how and to whom will we address our findings and analysis? What are the topics and resolutions that we will focus on
4. How do we maintain connections within the movement between the global debate and national issues and circles. What will be the process to provide the input and feedback between global and national levels? How can we create within PHM an open forum that facilitates this discussion?

Amsterdam, 15th of March 2011

Remco

Annexes, all related to the ad hoc advisory meeting, WHO 11th of March 2011:

(1) Agenda

(2) Participants

(3) WHO background paper on global health governance

Annex 1: Provisional Agenda

Ad hoc advisory meeting:
The World Health Organization (WHO) and Global Health Governance
Geneva, 11 March 2011, Executive Board Room

09.00 - 09.15	***Welcome and Opening Remarks*** Dr Margaret Chan, Director-General, WHO
9:15 - 10:00	***Open discussion:*** This session will offer an opportunity for open discussion to confirm the relevance of the fundamental questions being raised and to provide an opportunity to raise additional issues. Points for discussion in subsequent sessions are set out in more detail in Part D of the background paper for the meeting.
10.00 - 11.00	***Global health and development: a framework for engagement:*** The session will look at the potential for ideas discussed at the WHO Executive Board for a framework for engagement in global health.
11:00 - 11:30	***Coffee Break***
11:30 - 12:30	**Health and development at country level** Taking as starting point the primacy of country priorities, discussions will focus on strengthening coordination at country level.
12.30 - 14.00	***Lunch***
14.00 - 15.00	**The Global Health Forum: purpose and format:** This session will discuss different approaches to establishing a regular multi-stakeholder forum for global health, and how such a forum should relate to WHO's own governing bodies.
15.00 - 16.30	**Strengthening the governance of WHO** How WHO's own governance can better facilitate the rationalization in global health governance.
16.30 - 17:00	**Conclusions and next steps**

Annex 2: Participants

WHO
- Margaret Chan, DG
- Andrew Cassels, Director Strategies (invited for meeting)
- Anne-Marie Worning, Executive Director
- **Moderator:** Anarfi Asamoa-Baah, Deputy Director-General

WHO Member States
- UK: Simon Bland, DFID
- Brazil: Elio Cardoso, Permanent Mission
- USA: Nils Daulaire, Office of Global Affairs, US Health Dept
- Canada: Joanne Hamilton, Permanent Mission
- Hungary: Mihály Kökény, Health Committee of Parliament (WHO EB chair)
- France: Christian Masset, Ministry of Foreign Affairs
- South Africa: Ambassador Jerry Matjila and Luvoyo Ndimeni, Permanent Mission
- Japan: Masato Mugitani, Ministry of Health
- China: Liu Peilong, Dept. of International Cooperation
- Switzerland: Gaudenz Silberschmidt, Federal Dept. of Home Affairs
- (invited representative of Kenya not participating)

International Organizations and GHI
- Alamma Armitage, UNFPA
- Paul DeLay, UNAIDS
- Dagfinn Høybråten and Daniel Thornton, GAVI Alliance
- Brenda Killen, OECE/DCD
- Michel Kazatchkine and Karmen Bennett, GFATM

NGOs and Civil Society
- Remco van de Pas and Thomas Schwarz,
  Medicus Mundi International Network / People's Health Movement
- Stefan Germann and Regina Keith, World Vision International
- Srinath Reddy, Public Health Foundation, India
- Jeff Sturchio, Global Health Council, USA

Academics
- Gorik Ooms, ITM Antwerp
- Larry Gostin, Georgetown Law University
- Ilona Kickbusch, Graduate Institute Geneva

Privat sector
- Olivier Raynaud, World Economic Forum
- Eduardo Pisani, IFPMA

Annex 3: WHO Background Paper

World Health Organization
and Global Health Governance
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 increasing 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

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.

[1] WHO EB128/21

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

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

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 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 documented[3].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

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

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 diplomacy[4]. 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 Assembly[5].

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 FCTC[6].

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 unrealistic, on the basis that powerful actors are unlikely to accept such limitations on their room to manoeuvre[7].

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

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

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:

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