

PHM Comment on Director General's paper WHO Reform for a Health Future (October 15, 2011)

Chapter 1. Programmatic Priorities

PHM appreciates the summary of 'challenges and opportunities' (CI 10-18) provided by the Director General, including the reference to the widening inequalities and problems regarding the 'cost of technologies'.

Missing from this summary, however, was any reference to the rise and rise of transnational corporations which straddle countries and have a great deal of autonomy because of this. TNCs are a major feature of the global health environment and the challenge of regulating TNCs for public policy purposes, including health, is one that WHO must confront.

We note with concern the proposition that "WHO should focus on what it does best" (CI 23). This is dangerous. The unstated corollary is that as new organisations arise who do some of the things WHO does, WHO should withdraw. WHO must maintain capacity across the breadth of its constitutional mandate. The proliferation of specialised, vertically-oriented global public private partnerships has significant hidden costs associated with health system fragmentation and donor incoordination; these can offset any benefits arising from their technical specialisation.

We urge member states to be cautious about accepting the proposal for a formal priority setting process within each of the proposed five core areas (CI 45-47). The paper is completely silent on what kinds of priorities might be developed and what kind of process might be involved. To simply endorse such a proposal would be signing a blank cheque.

We are concerned that the setting of priorities within the five core areas would impact negatively on WHO's work at the country level. Countries face different problems in different circumstances and WHO needs to have a full capacity to address the different needs of countries in relation to all aspects of health development, health security and health systems.

We recognise that there are imbalances with respect to staffing and expenditure across the different clusters at Headquarters, for example, there has been severe neglect in recent years of the rational use of medicines and of national drug policies. However, we are not convinced that this should be interpreted in terms of 'prioritisation' rather than one of management decision making, allocating resources to the places where they will do most good. In large degree such failures in management are structural in nature, linked to the ways in which tied funds distort resource allocation and promote the autonomy of clusters. We urge that this proposed 'prioritisation' exercise be deferred while the structural issues are addressed.

Chapter 2. Governance

PHM agrees that the Governance of WHO and WHO's role in global health governance are critical issues for attention in this present WHO Reform initiative.

Considering first the role of the Executive Board, we are apprehensive regarding the proposal for the EB to take the role of gatekeeper to the Assembly. We recognise that not all draft resolutions are strategically oriented, well structured and include consideration of financial implications. The solution does not lie in gate-keeping; rather the EB needs to work to improve the quality of the resolutions.

We agree that there is a need to strengthen the executive role of the EB and to ensure that it more effectively oversees the work of the Secretariat. The proposals advanced to this end need further elaboration and discussion.

We are concerned about the proposals: to impose tighter time limits on speakers at both the Board and the Assembly; to limit the number of resolutions coming before the Assembly (CI 68); and to filter resolutions coming before the Assembly for their perceived priority (CI 72). The capacity of member states to submit resolutions is part of the democratic spirit of the Constitution and should not be compromised lightly.

The problem is not simply that people speak for too long; too often their contributions are irrelevant, meandering and self-serving. If people are addressing substantive and complex issues time keeping should be flexible. There is a need for more interventionist chairing with respect to relevance and substance as well as time, and for closer mentoring of new representatives, particularly when it is evident that they are not familiar with the issues upon which they are speaking.

We are concerned by the proposal to limit the number of progress reports to six instances. If there is no need to continue reporting on a particular resolution such a decision can be taken by the Board and reported to the member states for appeal.

We strongly support the proposal that regional committees and regional directors report formally to the Board and the Assembly (CI 78). However, we have reservations about the proposal to 'standardise' the work of regional committees but some process of benchmarking to find and share best practice models with respect to regional practice would make sense.

Turning now to WHO's role in global health governance we point to a serious flaw in the conceptualisation of global health governance (CI 85). To limit the scope of global health governance to 'policy and priority setting for health' excludes trade, finance and the regulation of TNCs. These are powerful determinants of population health. To ignore WHO's responsibilities in relation to these determinants is a major weakness of this paper.

We do not agree that accountability with respect to WHO partnerships should be given to the Standing Committee on NGOs (CI 96). WHO's role in relation to such partnerships needs to be reviewed in the Board and in the Assembly in relation to the strategic directions of the Organisation, not reduced to bureaucratic protocol.

Finally the paper fails to deal with WHO's relations with public interest NGOs. This issue has been raised for decades by civil society but has thus far been ignored.

We urge that WHO re-launch the 2001 Civil Society Initiative with a view to deepening dialogue and cooperation with public interest NGOs at all levels of WHO's work. The criteria and processes for organisations entering into official relations with the WHO need to be reviewed including a clear distinction between public-interest NGOs and business-interest NGOs.

Chapter 3: Management Reform

PHM supports the proposals for improving organisational effectiveness, especially the strengthening of country offices.

Many of the recommendations in this chapter are basic principles of good management (for example, more effective knowledge management, streamlined recruitment and selection and enhanced staff development). We need to ask why these have not been core features of WHO management for years.

The recommendations to increase the predictability and flexibility of funding, including longer term commitments and increases in untied donations will require a stronger commitment to WHO than many member states have hitherto shown. We urge member state representatives to communicate clearly to their governments that WHO is in a financial crisis and that for a relatively small increase in their contributions an institution which is critical for achieving the MDGs can be restored to good health.

We commend the objective of organisation-wide resource mobilisation (CI 142) but we are not confident that the five strategies offered are sufficiently focused and have sufficient leverage. The anarchic funding practices of recent years are in part due to the structural autonomy of the clusters. Structural reform is a critical pre-requisite for more coherent fund raising.

The proposal to revise the existing workforce model (CI 150-151) appears appropriate in overview but the devil is in the detail. It is not clear how the new workforce model will impact on regions and countries in contrast to Headquarters. The balance of short and long term functions may be different at the different levels of the Secretariat. This should be considered.

We note the proposed mobility and rotation framework (CI 155). This may be a good idea but there is no rationale provided of why mobility is to be encouraged and what kinds of principles might govern such a system.

The need to reform the current system of 'results based management' is clear. Whether the new results chain, the revised planning framework and the proposed new timelines will address the underlying problems is less clear. It would make sense to trial these propositions in one of the core areas, such as health systems strengthening.

The proposals (CI 168-170) for a longer program budget period, for dropping the

medium term strategic plan and for moving the general program of work to three budget cycles may all be a good ideas but the rationale is not provided. The paper simply says that it would make it easier for donors and ‘would improve planning’. It would be important to ensure that the longer planning time frames do not reduce WHO’s ‘agility’.

We welcome the commitments to increased accountability and transparency (CI 176 et seq) but most of the proposals are very general and hard to assess for this reason. However, we particularly welcome the proposed tightening of policy on institutional conflicts of interest.

The discussion of ‘independent evaluation’ (CI 190 et seq) is not clear. Perhaps priority might be given to developing an Evaluation Policy (CI 196) which might set forth more clearly the logic and processes for progressing the other ideas presented here.

The proposal on Strategic Communications (CI 199 et seq) appear to be more about public relations than effective two way communication with the various constituencies with whom WHO deals, including the public interest NGOs.

Concluding

The People’s Health Movement is committed to a strong WHO, adequately funded, fully utilising the powers of the Constitution, properly accountable to member states and playing the leading role in global health governance.

We congratulate the Director General, the staff of the Secretariat and the Member States for progressing the Reform Initiative to this stage. PHM is committed to Health for All, Now! and sees the restoration of WHO to its rightful place in global health governance as fundamental to achieving this vision.