

Making WHO Work Better

An Advocacy Agenda for Civil Society

A discussion document

Produced by the Global Health Watch



The Global Health Watch is an initiative aimed at presenting a southern-based critique of international and global responses to the current state of global health. This critique is encapsulated through the production of an alternative world health report, the first of which was published last year. More than 140 individuals and 70 organisations from across the world contributed to the production of the report. The initiative is coordinated and managed by the Peoples Health Movement, Medact (UK) and the Global Equity Gauge Alliance. www.ghwatch.org.

Introduction

Every year at the World Health Assembly, civil society and non-government organisations gather to promote various health agendas by lobbying governments, WHO officials and other stakeholders. These agendas cover a range of topics and issues: particular diseases or illnesses; access to treatment; pharmaceutical research and development; the health of children and other neglected population groups; and many others.

The benefits and importance of civil society and NGOs participating in the advancement of health through global health governance structures is well-recognised, and includes providing a counter-weight to: the indifference of many governments towards the social justice and health rights of the poor; corporate greed and self-interest; and the institutions that preside over the preservation of a world economic order that is unjust and harmful to health.

Progress made in the areas of tobacco control, the promotion of breastfeeding and access to treatment would not have been as great without the involvement of NGOs and civil society action.

However, one topic that does not receive the dedicated attention of civil society and NGOs is the World Health Organisation itself. While WHO is often the target audience of advocacy messages, it is not itself the subject matter of advocacy efforts.

This document is intended to promote a discussion amongst civil society and the NGO community on the need for a strategy to strengthen the role, authority, capacity and accountability of WHO to improve global health and health equity.

Why WHO is important

WHO is important for several reasons, particularly for the poorest regions of the world. One is that global and supra-national determinants of health have become increasingly important, making the performance of global public health institutions of greater significance. While there are many global health institutions, there is only one multilateral institution with the legitimacy and dedicated mandate to specifically promote and protect health - WHO. As the UN's specialist health agency governed by an assembly of all nations, WHO is also important within the broader landscape of emerging structures and systems for global governance. Its role at the global level is analogous to that of Ministries of Health within countries.

A second reason is the historical legacy of WHO and its contribution to the Alma Ata Declaration - a progressive conceptualisation of health that



remains vital to the needs of billions of people. WHO continues to embody a conception of health embedded in a developmental, human rights and social justice framework that is not always shared by other global health institutions. In addition to this historical legacy, WHO has a proven track record in providing technical leadership on a range of issues that is unsurpassed.

A third reason relates to the present chaotic nature of the global health architecture, caused in part by the proliferation of global health initiatives and global public-private "partnerships", which is undermining a coherent global response to poor health as well as the development of national health systems in many countries. The situation calls out for WHO to bring order to the chaos.

However

..... while WHO may be seen by many as the lead global health organisation, several factors contribute to it being ineffective. The reasons for this have been more extensively documented in the Global Health Watch and include the following:

➤ The deepening and entrenchment of poverty through the unfair structure of the global political economy point to the fact that other actors such as the governments of the G8, transnational corporations and global economic institutions (particularly the World Bank, International Monetary Fund and World Trade Organisation) have an influence on population health that outweighs WHO's. On top of this, groups with an interest in preserving the current world economic order want to weaken WHO's public health ability to tackle the structural determinants of global ill health and poverty, and to challenge the hazard merchants (commercial enterprises profiting from activities and products that damage health). Recent public discussions have shown how some member country delegations put pressure on WHO to steer clear of "macroeconomics" and "trade issues" and avoid reference to terminology such as "the right to health". Often, WHO has been forced to take a weakened position on important economic issues: for example,

its guide to the health implications of multilateral trade agreements was watered down following pressure from some governments and the World Trade Organization. The ineffectiveness of WHO in addressing the structural determinants of health is mirrored at the country level, where under-resourced WHO offices are attached to low-prestige ministries of health.

➤ WHO has also been weakened by the influence of the World Bank, which operates in direct competition with WHO as the leading influence in developing country health sector policy. The controversial nature of the Bank's policy advice in the 1980s and 1990s to developing countries was inadequately challenged in public by WHO, causing it to lose credibility and authority. There have recently been signs of a reaffirmation of the Alma Ata principles and a more assertive WHO, but WHO remains inadequately equipped to question and challenge the public policy prescriptions and advice of the Bank (and IMF) which impact on the health sector. Only recently, the World Bank has again flexed its muscles by suggesting that the primary responsibility for supporting health systems strengthening in poor countries should lie with them, and not WHO. In their view, the WHO should focus its work on the challenges of communicable disease control and the development of biomedical norms and standards.

➤ More recently, new actors have entered the health field, challenging further the leadership role of WHO and leading it to waste energy on 'turf wars'. At the country level, WHO offices are weak and inadequately resourced compared to the country-based offices of other international organisations and government development agencies. And yet many developing country member states would like WHO to play a stronger stewardship role in coordinating international and bilateral agencies and international NGOs to develop a unified, purposeful health strategy.

➤ As with many other UN organisations, WHO's core funding has remained static. Its budget amounts to a tiny fraction of the health spending of high-income member states. In addition, a large proportion of WHO's expenditure

(more than two thirds) comes in the form of conditional, extra-budgetary funds that are earmarked for specific projects by contributing countries. Thus governments and other donors sustain



a financing system that undermines coherent planning and which forces WHO departments and divisions to compete with each other (and other organisations) for scarce funds. The consequence of this is that health priorities are distorted and even neglected to conform with the desires of donors and the requirement to demonstrate quick results to them.

- As government contributions to WHO have stagnated, WHO has been forced to be increasingly reliant upon private sources of financing and 'public-private partnerships'. This however has resulted in a subtle erosion of public accountability and public health principles to accommodate the commercial and business interests of its new partners, whilst adding to the problems of fragmentation by adding even more institutional partners to the international health aid mix.
- In addition to external factors, there are factors internal to WHO which have rendered the organisation less effective. There are documented examples of internal management and administrative weaknesses. Other criticisms include the over-abundance of doctors within WHO (relative to other professionals such as nurses, social scientists, economists, lawyers and political scientists) which is said to sustain a bias towards biomedical approaches to health improvement. Deficiencies in human resource management and unfair labour practices have also resulted in a considerable demoralisation amongst staff.



the budgeting and planning process will help WHO work towards a more focused action agenda based on its strengths and unique comparative advantage, with fewer exceptions made because of special pleading or donor demands.

- Taking measures to position WHO as an organisation of the people as well as of governments. This involves encouraging representation of broader groups of interests including civil society, and supporting processes to ensure that a wider range of voices is heard and heeded. Greater openness would bring many benefits, including closer scrutiny of policy development and creating a counterweight to the ability of member states and corporate interests to bully WHO. Southern civil society organisations need particular support to have a more direct voice. However, public-interest organisations must be differentiated from those representing commercial interests, including front organisations funded by transnational corporations.
- The benefits, risks and costs of global public-private partnerships should be openly debated and compared to alternatives. WHO should develop stronger guidelines and more transparency to safeguard against conflicts of interest that may emerge from public-corporate partnerships.

Remedies?

Many of the remedies to resolve the problems with WHO described above are obvious, and include:

- Donors increasing their overall donations towards an agreed target, and shifting a greater proportion of their funding into the regular budget. Extra-budgetary donations should follow agreed overall priorities - donors should avoid tying them too tightly to specific programmes and outputs. Explicit resource allocation formulae should be developed to encourage better balances between core/extra-budgetary and staff/programme costs.
- WHO working on fewer priorities and asking donors to match their resources to them, to shift the balance between staff costs and activities and avoid "project-chasing". These priorities should be followed through in collaborative agreements with member states. Improving

Action

Many articles have been written about the strengths and weaknesses of WHO. Remedies and solutions are easy to produce. What is more difficult is to design a realistic and feasible strategy to achieve change.

However, change is possible. But for this to happen, there would need to be a shared, coordinated and planned advocacy and action agenda amongst CSOs committed to improving global health. These CSOs include: prominent international NGOs such as Save the Children, Médecins Sans Frontières, Oxfam, Health Action International and Third World Network; health-related social movements such as the Treatment Action Campaign and Peoples Health Movement; professional associations such as the World Medical Association and International Council of Nurses; and the increasing number of 'global health' departments in universities across the world, particular in the North.

There is therefore a need for some discussion amongst NGOs and civil society about the value and importance of developing a shared strategy to strengthen the capacity of WHO to achieve 'health for all'.

Should there be support for taking this agenda forward, some actions that could be taken forward as part of an advocacy strategy could include:

- *More coordinated lobbying during the World Health Assembly.* Civil society presence at the World Health Assembly is inadequately coordinated. There are a wide range of organisations competing with each other to disseminate their materials and having their voices heard. A process to coordinate civil society participation could be much more effective and efficient. One CSO could be tasked to monitor the programme of the World Health Assembly, identify key issues and help plan more coordinated civil society participation six months in advance of the World Health Assembly.
- *A naming and shaming campaign* targeted at countries not fulfilling their commitments to the funding of WHO.
- *Engaging with the election of the new director general.* The politicised nature of the elections of the director-general (and regional directors needs) to be tempered. In the wake of the sad and sudden death of Dr Lee, it is vital that civil society ensure a successor who will live up to the stated commitment of Dr Lee towards improved and more equitable global health. In the run up to the forthcoming election, civil society should demand that candidates publish a manifesto and that WHO should facilitate widespread debate about them.
- *A strategic assessment of where WHO should be influential in the interests of health in relation to other multilateral bodies,* and in particular the existing liaison mechanisms between WHO and the international trade and financial institutions. This should be accompanied by an assertive and explicit campaign to promote the mandate of WHO to engage (more vigorously) with the structural and social determinants of health, as well as with the development of public policy that guides the financing and organisation of health care systems.
- *Monitoring and watching.* Civil society should consider getting together to collaborate on the development of a 'monitoring and watching' programme to strengthen public accountability and to enhance the lobbying efforts of civil society. Such a programme could consist of research, information gathering and reporting activities organised around discrete subject areas such as:
 - Executive Board meetings and the discussions, debates and decisions taken.
 - WHO-corporate partnerships, as a means of monitoring the growing corporate influence within WHO.
 - The strengthening of key regional WHO offices such as WHO-AFRO.
 - Changes to the skills mix of WHO staff.

What next?

This is a discussion document that calls for a more coordinated civil society effort to make the World Health Organization, a complex inter-governmental organisation that is subject to the same political and economic disparities that underlie the current global health crisis, work more effectively for the poor.

This is a challenging and indeed, lofty aspiration. However, until civil society has developed a more coordinated, strategic and effective response to the challenge of strengthening WHO, we cannot say that the aspiration is unrealistic or over-ambitious.

We propose that the next steps should include:

- Debate and discussion amongst civil society about the strategic importance of WHO
- Informing developing country Ministries of health about the possibility of a civil society coalition to strengthen WHO as a global public health institution capable of promoting and protecting the health of the poorest
- Organise an e-list and meeting of interested parties to discuss and debate these issues further.

Contact us

An electronic copy of this document is available from:

www.ghwatch.org/advocacy.php

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