

What is the role of the World Health Organisation in the new global health architecture?

This is a question which the organisation itself has been asking.

The World Health Organisation is an agency of the United Nations and it is the UN's directing and coordinating authority on health.⁽¹⁾ It was formed in 1948 and its objective is "the attainment by all peoples of the highest possible level of health."⁽²⁾ It is made up of 193 countries and 2 associate members which convene yearly at the World Health Assembly in Geneva to set its policies, approve its budget and appoint the Director General (every five years).⁽³⁾ WHO mentions that its "experts produce health guidelines and standards, and help countries to address public health issues. WHO also supports and promotes health research. Through WHO, governments can jointly tackle global health problems and improve people's well-being."⁽³⁾ It collaborates with other UN agencies, Member State governmental bodies, Non-Governmental Organisations (NGOs) and the private sector. Its work force includes public health experts, doctors, epidemiologists, scientists, managers, administrators and many other professionals from around the world.

WHO UNDER PRESSURE: ISSUES RAISED WITH CURRENT SYSTEM

WHO has the constitutional mandate 'to act as the directing and coordinating authority on international health'.⁽⁴⁾ However, the global health landscape is changing. WHO used to be the major actor in global health but in recent years there has been a surge in other global health initiatives which are threatening its *raison d'être*. These new initiatives are often better funded and tend to have issue-focused roles (for example the Global Fund to Fight AIDS, Tuberculosis and Malaria) and private foundations such as the Bill & Melinda Gates Foundation. Funding has increased for WHO over past two decades but it has been usurped from its position as the most dominant in terms of funding for global health by these new initiatives (see Figure 1).

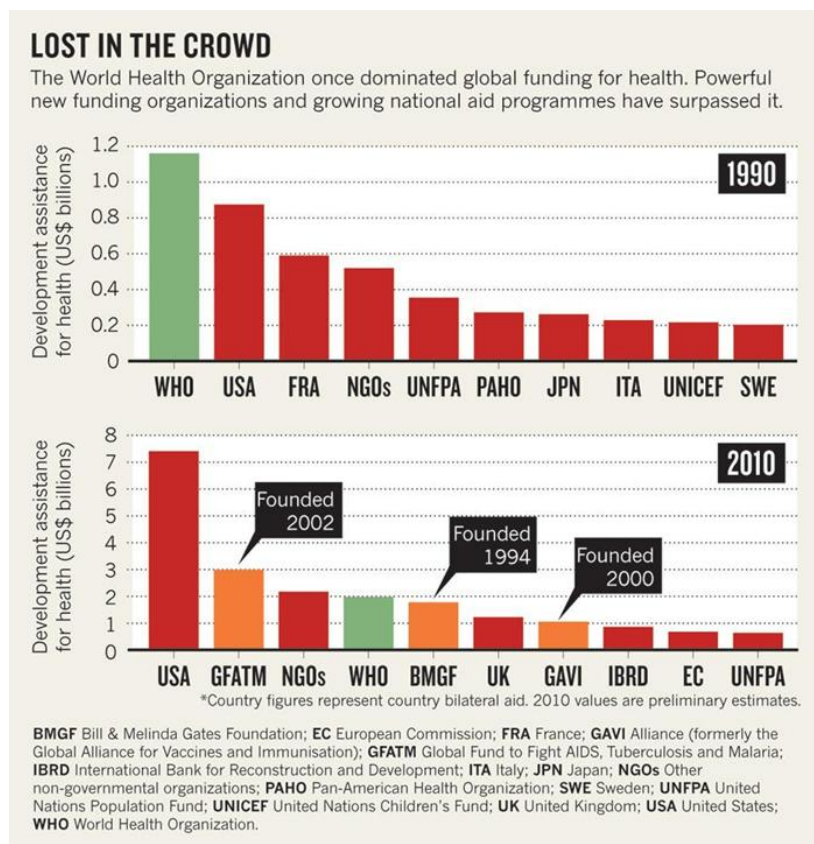


Figure 1: Funding for WHO compared with funding for other global health initiatives.⁽⁵⁾

Financial difficulties continue to mire WHO's role. WHO is funded via two sources: membership fees from its Member States and voluntary donations. The membership fees account for 25% of its budget and WHO has full control over this. However, the remaining 75% is from voluntary contributions, extra-budgetary funds (EBFs), which come from donor countries and private entities and are earmarked for specific projects.⁽⁶⁾ This creates two problems. Firstly WHO loses its ability to set its own priorities and secondly it skews WHO's global focus on health and intervention. Furthermore, 60% of WHO's budget is spent on infectious diseases whereas only 3.9% is spent on non-communicable diseases (NCD's)⁽⁶⁾ and the global burden of disease is steadily shifting towards NCD's.⁽⁷⁾

Another problem on the financial front is due to the nature of the currency in which the largest amounts of donations are made in: the US dollar. WHO is based in Switzerland and the value of the US dollar has weakened against the Swiss Franc.⁽⁸⁾

The managerial structure of WHO is another issue that has attracted criticism. Critics say that the current structure is very much decentralised with six regional offices that have vast amount of control to elect their own heads, control the funds and set their own policies.⁽⁹⁾ Critics such as Kelley Lee, from the London School of Hygiene and Tropical Medicine argue that this "adds to the lack of co-hesion and expansive agenda that spreads WHO's limited resources ever more thinly."⁽⁹⁾

These challenges have led to concerns over the role of WHO in the new global health architecture and it has driven WHO to consider reforms which, according to the Director-General Margaret Chan, will bring some of the biggest changes to the organisation in 63 years of its existence.

So what does WHO need to do in the new global health architecture to achieve its raison d'être?

REFORMS PROPOSED: SO WHAT IS THE ROLE OF THE WORLD HEALTH ORGANISATION IN THE NEW GLOBAL HEALTH ARCHITECTURE? WHAT DOES IT NEED TO DO?

"WHO has been trying to do too much; we need greater focus," says Andrew Cassels, director of Chan's office. ⁽⁶⁾ This seems to be the sentiment across the board as the World Health Assembly (WHA) in 2009 prompted the Member States to push for defining the role of WHO in the new global health architecture, to have a more focused agenda with selective priorities and functions, better communicate its results and capitalise on its leading position in the global health landscape.

Three objectives of reform were defined at the Sixty-fourth World Health Assembly. These are:

1. "Improved health outcomes, with WHO meeting the expectations of its Member States and partners in addressing agreed global health priorities, focused on the actions and areas where the Organization has a unique function or comparative advantage, and financed in a way that facilitates this focus.
2. Greater coherence in global health, with WHO playing a leading role in enabling the many different actors to play an active and effective role in contributing to the health of all peoples.
3. An Organization that pursues excellence; one that is effective, efficient, responsive, objective, transparent and accountable." ⁽¹⁰⁾

From these three objectives stem three fields of focus:

1. WHO's programmes and priorities
2. The governance of WHO and WHO's role in global health governance
3. Management reforms.

1. WHO's programmes and priorities

WHO has been under sustained criticism to examine its roles and priorities. Member States want WHO to have a specific, defined focus and its priorities and programmes to be based on this.

WHO mentions that its broad focus “distinguishes WHO from organizations with a more narrow focus”⁽¹¹⁾ but having a narrow focus, whilst cutting down on some programs, should not cause adverse effects as there are already other organisations addressing other areas of health (for example the GAVI Alliance whose mission is to increase access to immunisation in developing countries).

Despite the above comment, WHO is taking steps to have a more defined role. In November 2011 the Executive Board of WHO convened with Member States to agree on core areas of work WHO should concentrate upon.⁽¹²⁾

Five core areas of work were identified and agreed upon:

1. Health development
2. Health security
3. Strengthening health systems and institutions
4. Generating evidence on health trends and determinants
5. Convening for better health.

1. Health development

WHO is currently involved addressing and preventing diseases. It also addresses health risks and determinants on ill health along with a strong focus to ensure sustainable development. WHO needs to provide its Member States with the necessary tools, education and equipment, to monitor each country’s risk factors and determinants of ill health.

The Organisation needs to balance its focus and address the growing disease burden of non-communicable diseases. This needs to be tackled via a holistic approach – through education of risk factors, promotion of healthy lifestyles, easier access to medicine, early detection, health policy and advocacy and innovative research in order to control and prevent NCD’s at individual, national and global levels. This is where WHO’s leadership position on global health must be capitalised to bring together various actors and institutions to combat NCD’s.

It must also ensure that there remains a strong focus empowering women and children, communicable diseases and elimination of infectious diseases such as poliomyelitis – all of which are key to achieving the Millennium Development Goals.

2. Health security: public health and humanitarian emergencies

WHO takes a leading role in disaster response work, be it in the form of natural disaster like tsunamis and earthquakes or in case of outbreaks and pandemics. In the new global health architecture WHO needs to ensure a leading role in terms of long term relief work, particularly in relation to conflict but also on the effects brought on by climate change.

WHO needs to educate, train and empower Member States on sustainable development and also develop health systems, strengthen surveillance and monitoring and more robust response mechanisms.

3. Strengthening health systems and institutions

WHO has been focusing on developing health systems which includes the delivery of healthcare, training and guidelines for the workforce, health information systems, financing, ideal leadership and effective governance. In the new global health architecture these need to be evaluated and integrated at community, district and national levels. The organisation needs to work closely with policy-makers and health authorities to develop policies, governance and methods of delivery to ensure that health systems and institutions are fulfilling their roles and that WHO is fulfilling its *raison d’être*.

A special focus should be on advocacy for increasing access to high quality medication at affordable prices and ensuring such delivery as this will ease health budgets, especially in the poorest countries. This is vital given the fact that NCD’s are increasing and these will require lifelong treatment.

4. *Generating evidence on health trends and determinants*

This is vital to health systems and their function. Through high quality data, resources can be allocated without waste. It also ensures evaluation of the current resource allocation. It allows planning for the future and ensures that Member States can be prepared for forthcoming health needs.

5. *Convening for better health.*

WHO needs to capitalise on its leadership role in global health by aiding the convention of the various different global health actors and institutions in order to ensure that global health governance, policy and delivery are based on collaboration, best practice, clear guidelines and best allocation of resources.

WHO mentions that priority setting will be based on the above five areas but it needs to clarify on a framework on how this will be done. It has, however, mentioned that a possible approach is to divide priority settings into two levels: flagship priorities and priorities within the five areas mentioned above.

Flagship priorities include global concerns (for example NCD's and achievement of Millennium Development Goals). There has been no further clarification on the priorities within the five areas mentioned above, rather WHO mentions that it should be taken as a framework on what WHO should and should not do.

2. The governance of WHO and WHO's role in global health governance

The governance of WHO needs to adapt to the change in the global health architecture, both the way it governs itself and its role in the global health landscape.

Internal governance needs to focus on priority setting as mentioned earlier, increased efficiency, focused leadership and inclusiveness of other global health actors in strategic decision making and resource allocation.

WHO reforms have proposed to strengthen "its executive and oversight roles; increase its strategic role; and improve its methods of work."⁽¹³⁾ Proposals of reform for the Health Assembly include the increase in "strategic focus and decreasing the number of resolutions to enable better priority setting."⁽¹³⁾ The Regional Committees aim to "strengthen global-regional linkages"⁽¹³⁾ and the Secretariat aims to "improve the support it provides to governance functions."⁽¹³⁾

It needs to agree on a clear framework on how these can be translated into measurable actions.

Critics have called for greater transparency and WHO especially needs to address this in the light of allegations that it has accepted funds from independent organisations where there would be a conflict of interest.⁽¹⁴⁾

The increase in global health actors and institutions and their subsequent influence over policy and priority setting means that WHO needs broader engagement as an inclusive organisation to ensure coherence in global health governance.

WHO needs to ensure that decisions are Member State driven and it must be based on evidence. It needs to engage and promote coherence and ensure policy is not driven by vested interests.

WHO Director-General Margaret Chan proposed a *World Health Forum* (WHF) which would be a multi-stake holder forum consisting of Member States, the private sector, academia, NGO's, civil society and various other organisations in the global health arena. However, this has received strong opposition and widespread criticism. The Member States and NGO's are very much against this idea due to a lack of detail of how such a forum will function and that it would interfere with remit of the World Health Assembly as the main governing body for WHO on deciding global health

priorities and policy. There are particular fears that such a forum will increase the influence of the private sector in determining WHO global health agenda, restrict its decision making and skew its programs and priorities. There has been no clear definition of who will participate in such a forum and how disputes and conflicts of interest will be addressed and resolved. A resolution, however, has been passed which supports the forming of the WHF, with promises from Margaret Chan that the Member States will be a defining factor in the forum.

3. Management reforms.

WHO's managerial system has been under heavy and sustained criticism. It has been described by some critics, rather viciously, as a "bureaucracy for bureaucracy's sake, mired in useless statement-making and conference-giving".⁽¹⁵⁾ Criticism include that WHO has lost its focus on health and is now mired in politics and concerned mostly with issues relating to the developed world. It has also been criticised of being overstaffed and overcommitted.⁽¹⁶⁾ Even the Director-General Margaret Chan has mentioned that the structure of the organisation is too rigid to adapt to changes and has said "At the end of the decade, WHO finds itself overcommitted, overextended, and in need of specific reforms."⁽¹⁰⁾

The organisation needs to address its structure, especially ensuring that there is greater collaboration and coherence between the six regional offices and it needs to better define the roles and responsibilities at every level of its management and improve its knowledge management.

It currently has a decentralised structure which has its advantages of each regional office better understanding the area it serves and therefore having a tailored and more focused approach without interference or budgetary restrictions from other regions. However, there has to be greater collaboration and coherence between the regions especially due to restrictions to WHO finances and resource mobilisation.

There has to be greater efficiency, transparency, accountability and strategic communications at every level of management.

CONCLUSION

This is a critical time for WHO to clarify and establish its role in the new global health architecture. The increase of issue-focused and better funded health initiatives have led to the questioning of its role. However this does not undermine the role of WHO rather it strengthens it, given its unique position in the global health architecture, and the new proposed reforms are a step in the right direction. It needs to address its financial difficulties and a possible alternative is to charge higher membership fees or ensure it has more control over its Extra-Budgetary Funds. It must clarify its vision and priorities, set clear objectives, focus its efforts and improve in its transparency and managerial efficiency. It is also vital WHO capitalises on its leadership role and becomes a more inclusive organisation which brings together all the different global health actors and institutions to better plan and allocate resources and capitalise on the unique strengths of every individual global health initiative to achieve its *raison d'être*: "the attainment by all peoples of the highest possible level of health."

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