

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

Introduction

The World Health Organisation (WHO) has been part of the United Nations (UN) system since its constitution came into force in 1948. Within the system, it is defined as the 'directing and coordinating authority for health' (p. 1) (1). Once the dominant financial force in global health, the last few decades have brought change to the field; the number of players and main sources of finance have changed dramatically (2). THE WHO is currently undergoing reform (3), and discussion regarding its role within the global health architecture is essential. The three objectives of the WHO's reform (3) will be discussed in order to clarify the role of the WHO within the global health architecture that exists now.

Global Health Architecture

Global health architecture is not a well-defined concept. Architecture has multiple definitions, and can refer to design, style or structure. Fidler (4) notes that using the architecture term in relevance to global health may be appealing, as it incorporates the integration of both concepts and values, with limitations such as costs. In terms of defining global health architecture, I will consider it as both the structure and system of global health, where individual parts come together to form a whole. In terms of the individual parts, the global health system has been defined as including both actors and rules (5). Szlezák et. al. (5) also notes that these actors can include 'governmental, intergovernmental, private for-profit, and/or not-for-profit entities' (Box 1, p. 2). One change that has happened is the emergence of public-private partnerships, involving both public and private actors. By 2006, there were more than 100 public-private partnerships for global health, when 10 years previously there had been none (6).

These individual actors corporately make up the global health architecture, or network. However, in 2006, Cohen (6) quoted Barry Bloom, Dean of the School of Public Health at Harvard University as saying "There's no architecture of global health." (p. 1). Bloom recognised that there were many people and ideas (6), but that any structure of these were missing.

In 2010, during her first term as the WHO Director General, Dr. Margaret Chan (7) noted that "The global health architecture is very crowded, and the biggest challenge is to find the most effective

way to coordinate all these actors” (p. 1). Effective co-ordination is essential for global health to be efficient and successful, and the WHO has a role to play in this.

The World Health Organization

The WHO came into existence after the UN recognised the need for a new international health organisation (8). Their constitution (9) states that the organization’s main objective is ‘the attainment by all peoples of the highest possible level of health’ (p. 2). In order to achieve this objective, the WHO identifies its 22 functions, the first of which is ‘to act as the directing and co-ordinating authority on international health work’ (p. 2). The WHO was the largest actor and funder of global health for many years. However, this has changed over the last few decades.

Figure 1 (2) shows that the amount of development assistance for health provided by the WHO, over the 17 years preceding 2007, only increased marginally. This is similar to the other UN agencies shown.

However, over the same period, the amounts contributed by other groups such as non-governmental organizations and public-private partnerships increased dramatically.

The number of actors within global health increased dramatically, and this change has resulted in the WHO supplying a far smaller proportion of the total development assistance for health (2). With the WHO no longer being one of the largest funders, the role of the WHO must be evaluated.

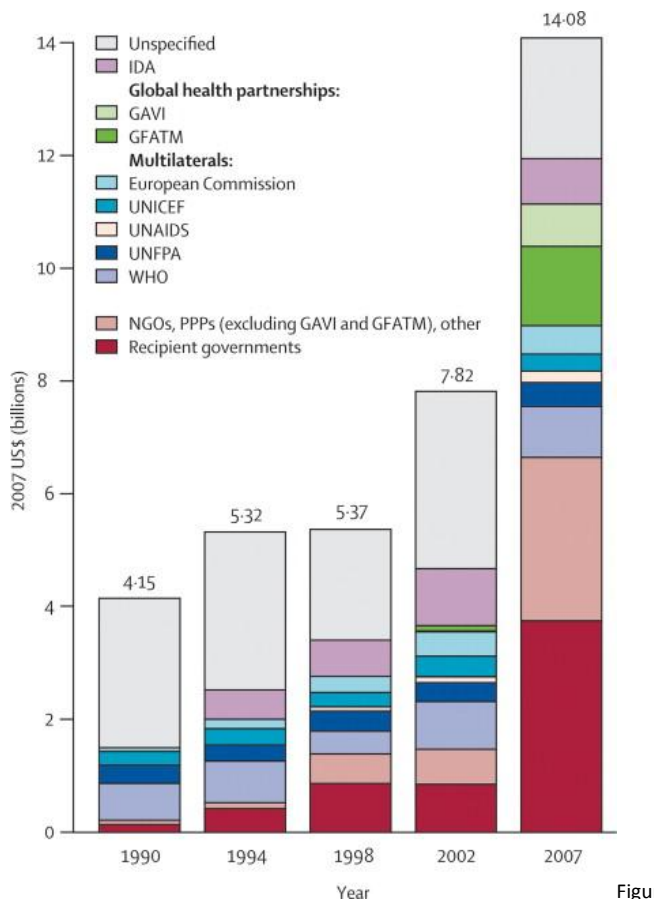


Figure 1. Ravishankar et. al. (2009). 'Publicly-financed development assistance for health (DAH) in 1990, 1994, 1998, 2002, and 2007 separated by channel. Non-governmental organisations (NGOs), public-private partnerships (PPPs) excluding the Global Alliance for Vaccines and Immunization (GAVI) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and other miscellaneous channels are shown together. Disbursements from the creditor reporting system when the channel of delivery code was not specified are shown here as unspecified. IDA=International Development Association. UNICEF=UN Children's Fund. UNFPA=UN Population Fund. UNAIDS=Joint UN Programme on HIV/AIDS.'

What is the role of the World Health Organization?

Ten years ago, Yamey (10) questioned the need for the WHO. In answering his own question, he identified three roles of the WHO as being needed (10). These roles included the support of individual countries, expertise in technical areas, and the defining of global standards. He concluded that with the increased number of players, the need for a comprehensive health agency was greater than before, but, in order for the WHO to be such an agency, it would need both reform and resources (10).

By 2010, the WHO had begun this process of reform, in order that they may be better able to address health challenges worldwide (3). This is still an ongoing process, and the WHO (11) is aiming that the outcomes of this reform will be: refocused core business; financial & management reform to address current health challenges; and the transformation of governance in order to strengthen public health. This will result in a narrower scope of work, increased effectiveness and a greater role for the WHO in global health governance, with resulting coherence between the many actors (11). The 130th session of the WHO Executive Board has taken place within the last month (12). The Executive Board nominated Dr. Margaret Chan for a second term as Director General of the WHO, and this nomination is likely to be approved at the 65th World Health Assembly in May 2012 (13). Currently, reform proceedings are continuing, with consultation of member states and non-governmental organisations taking place.

The three objectives for the reform will now be discussed. It is only through achieving these that the WHO will be able to define, and therefore fulfil, its role.

Programmes and priority setting (refocusing core business)

Firstly is the reform of programmes and priority setting (11). For the WHO to focus its core business, this is essential. The WHO recognises the need to work in the areas where it can achieve its goals (11). This will enable it to address the priorities of its member states, with adequate financing (11). The WHO has five core areas of work, which distinguishes it from other organizations that either mainly provide finance, or gain knowledge, without necessarily directly applying this (14). These five areas are health development, health security, the strengthening of health systems, evidence relating to health determinants and trends, and then convening for health (14).

In regards to the strengthening of health systems, supporting those that are based upon primary health care is key, with the aim of achieving universal coverage (11). The most recent World Health Report (15) focused on financing health systems in order to achieve universal coverage, which highlights the WHO's interest in this area. There are multiple factors that influence the performance of a health system, including leadership, the institutions, the system design, and technologies (16).

The WHO believes that health security is a vital part of its work - dealing with emergency situations, both in the short and long-term (14). However, former WHO assistant director-general, Dr. Jack Chow (17) says that while outbreaks of disease are frequently quick, and need a fast response, this is 'just about everything the WHO is not' (p.1). Reform is essential for the WHO to be able to respond better in these circumstances, or other organizations and agencies will take a leading role in this area.

The WHO is well known for its role in health and development. In the process of reform, the WHO should fill global stewardship role by 'identifying needs to be met and taking a leadership role in setting global norms' (p. 3) (18). As well as producing norms, the WHO also produces guidance, standards and technical co-operation, focused on a few areas including the Millennium Development Goals (11).

The WHO also plays a role gaining evidence in health-related trends. It is involved in producing estimates of global health, from information gained from its member states. As a UN agency, the WHO may have the benefit of access to non-publically available data for the production (19). Estimates produced by UN agencies are often shared with countries, for their consultation, prior to publication (19). It must be noted however that WHO and other UN agencies are no longer the sole producers of global health estimates, as increasingly academic groups are producing these, often on a large scale (19). These, often differing, estimates can lead to disagreement as to which data sets are more accurate. In order to improve the evidence it has, WHO is particularly concerned with the formation of vital registration systems, with the aim to increase both the quantity and quality of data produced (11).

Managerial reform

In 2010, Dr. Chow (17) said that the WHO was 'outmoded, underfunded, and overly politicized' (p. 1).

Last year, the Department for International Development (DFID) (20) carried out a review of multilateral aid agencies, and noted that the WHO does assess its own effectiveness, and this is based upon value for money. The WHO will increase its effectiveness as part of its reforms, and also aims to improve its accountability (11). DFID has rated the WHO's organisational strengths as weak. They noted that it particularly needed to improve its transparency, its financial management, and its reporting of results (20). The WHO should make it easier for its stakeholders to gain information regarding the organizations work, and must show that its activities can result in improved health outcomes (21).

In 2006-2007, only 28% of the WHO's resources were assessed contributions of the member states, while the remaining 72% came from voluntary contributions (22). These voluntary contributions are often given for specific programmes, diseases or countries, which can affect the WHO's abilities to meet it's goals (21). In order to be able to fulfil its role, the WHO needs to reassess its funding mechanisms to maintain its control of its priorities.

All of these managerial reforms are designed to help the WHO to address current health challenges (11). Reforming this area is key for the WHO to be able to play a leading role in the global health architecture.

Governance

The reform of governance consists of two different aspects: the governance within the WHO, and the WHO's role in global health governance.

Dr. Chow (17) previously said that the governance within the WHO was 'archaic' (p.1). Reforms will hope to address this, and one area that will undergo reform is a mechanism for priority setting (11). This changed mechanism will enable the better co-ordination of decisions relating to the organization's capacity and financing of programmes, and the programmes themselves (11).

The WHO notes that it needs to improve its mechanisms of oversight within the organization (11). The WHO's regional offices make all decisions regarding their staff at both a regional and country level (21). Regional committees are involved in monitoring, budget reviews and policy formation, and, although the World Health Assembly does approve decisions, it does not control these parameters tightly (21). More oversight is needed to monitor effects, and regions should also be compared.

The WHO's role in global health governance should include frequent consultation with multiple partners in global health (11). It is essential that different stakeholders be given a voice within the

WHO (21). The WHO is made up of member states, but with the increasing number of other actors within the global health architecture, it is important that the WHO gives these non-governmental stakeholders representation (21). Moon et. al. (18) recognised that the WHO should play a 'special role in governance' (p. 4) as they have a unique ability for health related decision-making due to their global, intergovernmental position. Klockbusch et. al. (23) believes that there is 'every reason for WHO to fill a governance void and to attempt governance innovation' (p. 552), and that the World Health Assembly should be at the heart of the global health governance. They (23) propose the World Health Assembly as opposed to the WHO secretariat due to the representation of all countries. The formation of a committee within the World Health Assembly would be able to implement 'decision-making procedures, as well as transparency and accountability' (p. 551).

The reform also proposed a World Health Forum (11), but after member state consultation, and discussion at regional level, this was not supported, so was not carried any further (24). WHO does however aim to create a framework of global health governance (11).

Moon et. al. (18) suggests that the World Health Assembly gives the WHO the authority it needs to do roles, particularly within governance, due to representation of all member states.

Conclusion

In conclusion, the global health architecture is recognised a changing, complicated, multi-faceted entity (7), despite not being a mutually agreed upon term (6). The WHO must respond to this, and is doing so, through the process of reform (3). In order to retain its position as the 'directing and coordinating authority for health' (p. 1) (1), it must look at itself, both internally and in terms of its outputs. Programme and priority setting is key to defining its role, and will allow the WHO to on the areas it can achieve well in (11). Managerial reform, and reform of the WHO's governance is key for efficiency, effectiveness, and authority (11). Finally, the WHO must define its role in global health governance (11). This may be key to the future success the global architecture, as the WHO has a unique role, and may be the sole organization able to fulfil this essential void (23).

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