

# IS TIME UP FOR WHO? REFORM, RESILIENCE, AND GLOBAL HEALTH GOVERNANCE

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**The World Health Organization (WHO) provides a litmus test for reforming the UN development system (UNDS). While often praised as among the most competent and essential, it occupies an increasingly crowded institutional terrain. It must emphasize its comparative advantages.**

The May 2014 Sixty-Seventh World Health Assembly comes at a critical point in the history of WHO, which is mid-way through a reform agenda initiated by Director-General Margaret Chan in 2011 to review its programs, governance, and management. The WHO in many respects provides a test-case for how members of the UN system can adapt or wither in the contemporary era of partnerships, new sources of financing, and the crowded terrain. Few institutions have been subject to such consistent calls for reform in the midst of a seeming redundancy of organizations devoted to health. As the plethora of new institutions are less responsive than commonly thought, this briefing reviews possible reforms WHO and the different arguments about what WHO would look like. A different WHO has an essential role in global politics—in fact, three successive FUNDS global surveys by the FUNDS project have consistently ranked WHO as the most effective member of the UNDS in supporting the Millennium Development Goals (MDGs) by some ten thousand respondents in high and low-income countries.<sup>1</sup> For WHO to remain relevant and play such an essential role, it needs to stress its strengths and relevance at a time when some of its new institutional competitors are floundering.

## THE CASE FOR REFORM

Calls for WHO reform have been a defining feature of global health governance. Institutional tensions abound: between its technical advisory role and its normative advocacy role on a range of global public health issues; between institutional commitments to “health for all” and the interests and influences of private health delivery

and progressive rather than absolute universalism; and between its regional bases for operations and the need to have a common global agenda. These three tensions have waxed and waned in response to changes in the international system and WHO’s development within it. Tensions in large international organizations will always exist; the issue is how such tensions are managed. With regard to WHO, these tensions are used not as evidence of a thriving institution that is reflective and responsive to the context in which it works but as one that is in need of transformation.

WHO’s bureaucracy has not helped diffuse the notion that it is an institution in need of reform. It is seen by many as cumbersome and without suitably diverse personnel to deliver its key objectives.<sup>2</sup> WHO has been subject to institutional squabbles between key individuals. Different directors-general have either been much-lauded (e.g., Gro Harlem Brundtland) or afforded the brunt of every institutional problem WHO faces (e.g., Hiroshi Nakajima). Its technical expertise has come into question on a range of health matters; and parts of the organization have been overly reliant on external consultants and interns. What is common among administrations is the crying need to reform the WHO to mitigate the tensions outlined above. However, in many respects WHO has been complacent about its role in global governance and thus slow to compete in the crowded terrain of global health.

Institutional criticisms and tensions have partly led to one of the main drivers for change, the proliferation of rival international

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**FUNDS** supports and helps accelerate change in the UN development system to increase effective responses to global development challenges—especially after 2015, the target date for the Millennium Development Goals. Recognizing the many frustrations that have accompanied UN reform efforts, FUNDS envisages a multi-year process designed to help build consensus around necessary changes. Financial support currently comes from the governments of Denmark, Norway, Sweden, and Switzerland.

organizations operating in the field of global health since 2000. Global health is crowded with new financing mechanisms such as UNITAID, an international drug purchasing facility based on airline taxes; new research initiatives such as the GAVI Alliance that seeks to reinvigorate immunization through the use of new and old vaccines; and new public-private partnerships such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) that was established with much public ceremony to address the three health scourges associated with Goal 6 of the MDGs.<sup>3</sup> The creation of new institutions and financing mechanisms come with their own bureaucracies and in-country systems and agencies that replicate, replace, or confuse existing health systems. Across the street from the WHO headquarters in Geneva is the glossy building of the separate UN health institution, the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The origins of two glossy institutions—UNAIDS and the Global Fund—reveals the lack of confidence in WHO to address the world's most pressing health concerns. In both cases, there was discussion as to whether such initiatives and operations should or could be housed in WHO; in both cases it was thought imperative for such initiatives to be created outside of WHO to have any chance of success or impact. Thus, the formation of new global health institutions not only crowds the space in which WHO operates and the financing from which it draws; such institutions were established principally to fulfil a need in which the WHO was perceived to be unable to provide.

Reforming the WHO remains essential because these organizations are beginning to lose their luster. All of the relatively new institutions were built on the wave of HIV/AIDS capital, both in terms of financing and the global political will to combat the disease. However, financing towards HIV/AIDS has been in decline over the last three years and now questions abound as to whether HIV/AIDS should occupy such an exceptional role in global health. Wider questions, both inside and outside the institutions, now arise about the purposes and intent of both the Global Fund and UNAIDS,<sup>4</sup> and whether their remit should be extended to finance other global health issues or involve themselves in the badly needed strengthening of health systems. The capacity to extend its financial reach has come into question because of corruption claims (that the Global Fund itself flagged and addressed) that led to the suspension of funds from such key donors as Germany, Sweden, and Ireland.<sup>5</sup> In 2011 the Global Fund suspended future funding rounds until 2014<sup>6</sup> and the Executive Director Michel Kazatchkine announced that he was stepping down in January 2012. While not beset by corruption claims, UNAIDS is losing its strategic direction: it is mindful of the need to adapt to a world that no longer views HIV/AIDS as a crisis but a manageable disease; yet it has little to offer other than sharing how transnational advocates place AIDS at the centre of the development agenda. Hence, new organizations that were said to rival WHO are now facing similar problems of strategic intent, funding cuts, scandals, and a lack of direction. They lack the one thing that WHO does have: longevity.

The case for reforming the WHO is not just coming from the multiple and competing institutions based in Geneva but also

from Seattle, the home of the Bill and Melinda Gates Foundation that is now the lead agency in global health with regard to both financial capacity and influence on the agendas of institutions supported by the foundation such as the Global Fund, numerous universities, and WHO itself. While the Gates Foundation has publicly articulated its support for ongoing reform efforts, funding from the Gates Foundation is a perfect example of the institutional constraints facing WHO. In 1999 52 percent of contributions went to WHO's core (assessed) budget and 48 percent were voluntary contributions to specific health concerns.<sup>7</sup> In 2014 the ratio will be only 23 percent in core contributions and 77 percent in voluntary ones.<sup>8</sup> The reliance on voluntary contributions restricts WHO's ability to fully plan its operations or present a core strategy that can be implemented flexibly. Even more crucially, the WHO is ever more reliant on the priorities of such large donors as the Gates Foundation and key governments. In short, the WHO is increasingly an amalgamation of different global health projects and strategies directed by external actors and decreasingly an independent organization.

In light of tensions and competition, the case for reform case for reform will not come as a surprise to those working in or analysing WHO, and in many respects is behind Chan's governance, programmatic and management reform agenda.

## REFORM DEBATES

Three competing positions dominate debate among short-sighted critics, idealist global public health advocates, and practical reformists.

*Short-sighted critics* use the tensions inherent in WHO and the crowded terrain of global health governance as evidence of the need either to eliminate the institution or split it in two. As an established member of the UNDS with a long history, mature bureaucracy, supporters in governments worldwide, and a defined mandate, getting rid of the WHO is unlikely and probably impossible. Without WHO the world would still need to create an institution to deliver the same functions: overseeing pandemics, clustering research, and convening member states. Consequently, some prefer either stripping WHO's mandate down to these core surveillance and brokerage functions (which has arguably been happening over the last 15 years) or splitting the institution into two secretariats – one political and one technical.<sup>9</sup> For short-sighted critics, such reforms would help the WHO re-establish its technical expertise without being hamstrung by some of the political vagaries and tensions that have undermined its operations.

Such arguments are flawed. Politics cannot be separated from the key functions of any organization, particularly WHO, in which much of the political wrangling between member states has clustered around the institution's technical operations such as surveillance of pandemic influenza.<sup>10</sup> WHO's political arm allows its technical arm to function, and the latter provides capital for political leverage and leadership. Such critics are short-sighted because of the institutional flux of global governance at a time when new organizations are floundering and misguided as to knowledge

and technical expertise, the basis of political capital for international organizations in the contemporary era.

The second group, *idealist global public health advocates*, see a stronger WHO being developed through the normative frameworks of international law. A key argument for sustaining and investing in WHO is its institutional base in two sources of international law – the International Health Regulations (IHRs) and the Framework Convention on Tobacco Control (FCTC) – both of which have generated noted changes in the behaviour of states, private sector regulation and institutional collaboration. While adherence and interpretation of these laws may not be perfect, they do reflect a normative commitment to global health by member states and have generated normative change, particularly with regard to tobacco control, in a relatively short period of time.

Global public health advocates suggest what is needed to stimulate further commitment and normative change is a global commitment to universal health coverage led by WHO and enshrined in a Framework Convention on Global Health (FCGH). The idea is that such a framework would commit states to standards on universal health coverage and provide finance in support of this aim.<sup>11</sup> The idealistic approach to WHO reform seeks to strengthen the normative advocacy aspects of its work to establish WHO as the lead agency that provides a vision for global public health. In many respects this approach would build on WHO's position as the only

institution in global health governance with the ability to establish and enact international health treaties in pursuing health for all as a clear component of its mandate. However, the advocates for FCGH overlook the tensions within WHO between member states and institutions that support universal health coverage and those that favor a focus on technical advice. Other than a specific group of scholars and analysts, currently there is little consensus.

*Practical reformists* constitute the third group. They seek common ground between the short-sighted critics and idealist global public health advocates, which is Director-General Chan's approach since 2011. The reform "circle" below depicts the three main priorities for practical reform.

The aspect of reform that has received the most attention, and is perhaps perceived as the most challenging given the magnitude of voluntary contributions, is finance and resource allocation. Financial reform is recognized as fundamental to any of the wider reforms. 2013 witnessed a breakthrough of sorts: to make financing more predictable for WHO autonomously to plan operations around its programmatic priorities. Predictability is one step towards clearer functionality within WHO, but it does not resolve the problems of external funders' dictating WHO's programmatic priorities. Sections of the organization still have to sell various causes to those who will fund them; WHO competes in the health market place.

Figure 1: WHO Reform Circle<sup>12</sup>



The second component of reform, programs, continues to be circumscribed by the whims of external sources of funding. Financing for the WHO will always be problematic; the key is how the institution manages and finesses the problem. Hence more important than resource allocation is what the reform outline depicts as the “enhanced strategic decision-making by governing bodies”<sup>13</sup> within WHO and the leadership required to not just engage in a conversation about reform but to provide strategic guidance that emphasizes WHO’s comparative advantage in development. Chan’s practical reformist is broad and down-to-earth, but it does not overcome internal tensions. Rather it seeks to manage them through predictability. Effective leadership and management rather than reconciliation of institutional tensions are vital to WHO’s resilience. The alternative is decline.

## CONCLUSION

WHO’s ability to sustain debate on what an international health organization should look like in the twenty-first century is evidence of its continued relevance. The reform debate demonstrates that whether one is a WHO-supporter or WHO-scrapper, the institution remains central to global health governance and is a key to accelerated development. Idealist global public health advocates overlook the problem of political will in enacting universal health coverage and WHO’s weak negotiating position within global health governance. Short-sighted critics of WHO advocating for its split or elimination ignore its emerging decline as well as problems facing some of the newer global health institutions and the technical basis of political capital in global health. Practical reformists run the risk of not being bold enough in their vision. The outcome of WHO’s current round of reform will not be visionary but reform-

lite: a slimmed-down institution that has more central managerial oversight of its core operations. Reform will not fix the problems of voluntary contributions or the tensions over the pursuit of health for all and its provision. However, it is an opportunity to put WHO back on the global health agenda at a time when some of the new institutions of global health are wavering.

The future of WHO is not necessarily one of managed decline but of opportunity. The last decade has seen a crowded terrain of global health actors, but the era of institutional proliferation is ending. As the deadline for a post-2015 development agenda approaches, the fundamentals of development assistance for health are being rethought. A shift towards regional actors and regional thinking and the value of technical knowledge over normative agenda-setting gives WHO a critical opportunity to assert its relevance as one of the few universal-membership organizations with regional expertise and offices. For reform to generate institutional resilience rather than managed decline, WHO should emphasize its technical capacities and research credentials as a basis for greater political leverage.

To do so it requires bolder leadership that combines the idealism of global health advocates to establish a clear mandate for the WHO while simultaneously recognizing resource constraints. The WHO has a compelling case within a number of overlapping institutions. Harnessing the support of global health advocates that are committed to a global institution that promotes public health worldwide could help WHO overcome institutional complacency and reform-fatigue to re-establish itself as the leader in global health.

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## NOTES

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