



**Letter by Medicus Mundi International
on behalf of the Democratizing Global Health Coalition
to the Sixty- first Session of the WHO – Regional Committee for Europe
on agenda item 8: *WHO Reform for a healthy future***

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Amsterdam, 26th August 2011

Dear Chair, dear Secretary, dear Member States delegates of the WHO- Regional Committee for Europe,

We congratulate you on the discussions that took place during the last World Health Assembly, in particular on your taking a strong position, and decision, in favour of a more inclusive and Member State-driven reform process for the WHO. We do encourage all of you to continue playing an active role and overseeing the reform process. We are convinced that the WHO Regional Committee Meetings will provide an essential step in this direction.

The signatories of this letter represent a wide range of public interest groups that are committed to the realization of the right to health worldwide, and highly value the constitutional mandate of WHO as the “*directing and coordinating authority*” for the realization of this right. Most of these organisations contributed in May 2011 to the Delhi Statement¹ and have now gathered in a coalition called **Democratizing Global Health (DGH, www.democratisingglobalhealth.org)**, whose aim is to support the WHO reform process through a united voice serving the public interest, whenever possible.

We consider the reform process a historic opportunity for WHO to rediscover its multilateral identity in a globalized world. Yet, the intent of our letter today is to express our concerns over the reform by proposed the Director General (DG) as formulated in 4 concept papers (on the World Health Forum; on Governance of WHO; on the Independent Formative Evaluation of the World Health Organization as well as on the Overview on WHO Reform for a Health Future). We wish to provide Member States with alternative proposals and action points. The evaluations and recommendations contained in this document stem from the shared aspiration of a stronger organization than today. WHO’s reform, if approached correctly, can determine a more effective and democratic governance for public health.

Regrettably, we find that the concept papers circulated by the WHO Secretariat lack an in-depth situational analysis of the world’s health challenges in relation to WHO’s constitutional role and objectives. The solutions formulated by the Secretariat fail to provide a solution to the main problems of the organization, and may even aggravate some of them. A number of the anticipated

¹Delhi statement: *Time to Untie the knots; the Who Reform and the need for democratizing global health*. Available via [/www.medico.de/en/themes/health/documents/time-to-untie-the-knots-the-who-reform-and-the-need-for-democratizing-global-health/1177](http://www.medico.de/en/themes/health/documents/time-to-untie-the-knots-the-who-reform-and-the-need-for-democratizing-global-health/1177), May 2011.

elements of the reform are either over-ambitious (the proposed timeframe for example is inaptly short) or vague and unclear. A much greater degree of public mobilization is needed for WHO to generate the will and the consensus necessary to move forward with full legitimacy. A political dialogue on the core values steering the reform process is still to be seen, as well as a broader public debate involving public interest groups of the civil society and the public at large. In view of the above, we urge you to give due consideration to the comments and specific proposals made below.

A summary of DGH's proposals to Member States:

- The grounds for creating a World Health Forum are weak, especially as it is currently conceived. There is no need for another expensive conference or meeting on global health and about the WHO until there is a neater sense of its relevance, structure, and mandate. Instead of creating new permanent peer structures to inform the development of public health policies, such as the WHF, we believe that a more useful way forward would be to **establish an independent, multi-disciplinary commission**. This commission would be charged with proposing a set of reforms to address the multiple problems and challenges facing the WHO and global health. In doing so, the Commission would be mandated to consult a wider range of actors through transparent and properly resourced **public hearings**, to gather evidence. The Commission should be free of conflicts of interest.
- We propose to **broaden the scope of the evaluation** in order to be able to inform the reform process. This exercise should entail a thorough situation analysis of the root causes of WHO crisis today, in view of the reform process undertaken by the DG. We suggest to Member States that the **Joint Inspection Unit (JIU) of the UN System** should be invited to lead the evaluation process as a guarantee of a standard, public interest-based, evaluation. The JIU can be completed by a group of experts to guarantee the multi-disciplinary expertise required.
- We call for a revision of the WHO's current policies on interaction with external actors, as part of the reform process. We encourage **WHO to develop an ethical framework for the interaction with external actors**, and guidelines for identifying and managing conflicts of interests. The Civil Society Initiative that was launched in 2001 provides one building block. At the same time, there is an urgent requirement to regulate the WHO's interaction with business and corporate interests, as well as with current and potential private funders.
- We urge improving the relations with public interest NGOs, as part of the reform of WHO, by (i) **re-launching the Civil Society Initiative** and resuming regular dialogues with NGOs; (ii) defining strict criteria and simplified processes for public interest organisations entering into official relations with WHO in their accreditation process, and beyond; (iii) allowing NGOs the space to make interventions without previous scrutiny and – even worse - censorship by the Secretariat; (iv) providing sufficient space to NGOs to organize issue –specific side events before and during the World Health Assembly.
- We suggest addressing the funding crisis head on; all countries should **improve their assessed contributions to WHO**, in such a way that the **proportion of tied funding is reduced to 50 %** by 2015.
- We strongly **discourage WHO from solving its financial difficulties through greater private financing**.

i. Comment on the Concept Paper on “the World Health Forum” (WHF)

The justification presented in the WHO’s concept paper for the creation of a WHF is weak. The current global health landscape is marked with an increasing number of actors, most of which are not subject to adequate governance and accountability systems with regard to their impact on public health. The emergence of these actors has also led to fragmentation of health systems in countries. Now, while there is obviously a shared need for more interaction between WHO and the numerous actors working on health, it is unlikely that a 3 day bi-annual event will ever deliver coherence in public health. In fact, it is more probable that the proposed WHF will end up limiting WHO’s role in global health governance. Moreover, the real priority at this stage is to improve accountability by global health actors and to enhance the leadership role of the WHO, rather than to create greater coherence.

The specific objectives of the WHF are to *“(a) identify the major obstacles and constraints to more collaborative work across all the partners engaged in global health; (b) to define principles and approaches that will promote policy coherence and more effective working relationships at global and country level; and (c) to outline the steps needed to translate principles into practice”* (see para 6 of the Concept paper). If so, it makes little sense to hold a biannual forum to achieve the specific objective. The suggested Forum appears to be the making of an "exclusive club" rather than an "inclusive" setting, as it is only open to a select group of entities. It is quite apparent (para 2 of the concept paper) that the proposed WHF will be dominated by influential entities and powerful initiatives that have been set up in recent years particularly by donors and the private (philanthropic) sector. Moreover, since funding will not be made available, the WHF is bound to exclude many grassroots and public interest NGOs, particularly from developing countries.

The concept paper naively assumes that the WHF will capture the different and diverging views of all stakeholders in an appropriate way. Empirical evidence shows that in such settings the voices of a powerful few, such as donors and private foundations, run a good chance of being captured in the conclusions of the Forum, while giving the misleading impression that it represents the view of all stakeholders. The draft concept paper makes reference to the Global Forum in Moscow, which is in fact a good example of how a forum should NOT be organized. Only those that could afford to participate were enabled to speak and the structure of the working groups allowed the for profit private sector to not only present their case, but to dominate the Forum. A similar pattern is to be seen when looking at the list of civil society representatives invited to participate in the United Nations High-level Meeting on the Prevention and Control of Non-communicable Diseases in New York (19-20 September). Several of the invited organizations represent commercial interests that will influence the outcome of the political declaration. The WHF is premised on the assumption that all stakeholders are interested in advancing public health, with a failure to distinguish between public interest NGOs and the commercial sector. This is a very problematic presupposition.

While the WHO does not have clear and transparent policies on how to deal with conflicts of interest, both individual and institutional ones, the WHF presents the clear risk of institutionalizing conflicts of interests in WHO. For instance, it is unclear how WHO will ensure that influential industries such as

the pharmaceutical, food and beverage industries will not influence policy-making and norm-setting in the context of WHO, through the Forum.

On a similar note: despite WHO's claim that the WHF will not *"change the decision-making prerogative of WHO's governing bodies"*, it is simply unlikely that the potentially biased recommendations emerging from the forum will not have an impact on the decisions taken by Member States. The proposed WHF will more likely provide strategic opportunities to a diverse range of powerful interests to interact and shape the WHO agenda. WHO cannot limit itself to being a "convenor" or "coordinator" of such dynamics. WHO is the mandated authority in global health. We are seriously concerned that the WHF will undermine the democratic governance of WHO by institutionalizing the power of money, instead of the voice and the needs of people

The added value of a venue such as the WHF is therefore questionable, particularly so at a time when the WHO is attempting to rationalize its governance structures under financial pressures.

DGH's proposals

1. To oppose the establishment of the World Health Forum as it is currently conceived. Instead of creating new permanent peer structures to inform the development of relevant public health policies, **we encourage WHO to mandate an independent, multi-disciplinary commission**. This independent commission can consult a wider range of actors via properly resourced public hearings on issue-specific matters, which may include issues related to the global governance for health. Public hearings have a number of comparative advantages insofar as:

- They are common practice in democratic content-focussed consultations; they are aimed at decision shaping, and can be adapted to better ensure provision of information, to tackle the challenges of representation, while favouring plurality of voices.
- They do not create a new layer of bureaucracy, and a new structure which risks diverting energy, attention and money from the specific challenges of global governance for health today;
- They can promote periodic content submissions, thereby creating a link between the national debates and the impact these make globally; they are flexible formats and promote a process of political education and participation.

2. **To draw a clear and visible separation among the different stakeholders interacting with Member States and the WHO Secretariat.** WHO reform process needs to recognise the distinction between business-interest organizations (BINGOs), and public interest non-governmental organizations (PINGOs). Conflating these groups under the banner of "Civil Society" is misleading and thus unacceptable as both these groups represent significantly divergent interests.

ii. Comment on Concept Paper on "Independent Formative Evaluation of the World Health Organization"

This concept paper contains a proposal for the conduct of evaluation of WHO's programme on health systems strengthening (HSS) by an independent consortium to be selected through a bidding process. According to the paper, the aim is to develop an approach to independent evaluation of WHO's work, enhance HSS work and to inform the reform process.

The proposal contained in the concept paper incorporates some unwieldy elements. The limited scope of the evaluation raises questions as to whether the objectives set out can be achieved on the basis of evaluation in the sole area of HSS which is only 1 out of 8 programme cluster areas in WHO².

In addition, while the call for an independent evaluation is timely to ensure that WHO's reform agenda is evidence-based, the time lines of the reform and the evaluation are at odds as the preliminary findings of the evaluation will be available only by May 2012, by which time it is anticipated that specific details of the WHO reform will have been finalized.

The selection of a consortium through an open bidding process raises concern about the involvement of management consultancy firms such as McKinsey and Deloitte. The growing use of such firms needs much greater public debate over their value for money in terms of competence in dealing with intergovernmental organizations, ability to manage the conflict of interest, and relevance for public health values, and goals.

As WHO is embarking on a comprehensive reform process, it is important that this is evidence based. In other words, the scope of the independent evaluation must adequately inform Member States of the areas that require reform. We are of the view the scope should be broadened to include an evaluation of: 1) the extent to which WHO has fulfilled its core functions as defined in the WHO constitution as well as the strategic objectives as developed under its Medium term strategic Plan 2008-2013 (MTSP); 2) the quality of WHO's staff and their commitment to public health; 3) the role that partnerships, foundations and donors play in determining the health agenda and budget of WHO; 4) WHO's role at the country, regional and international in achieving the right to health; 5) accountability, monitoring and evaluation mechanisms of WHO.

DGH's proposals

1. **To broaden the scope of the evaluation** in order to better inform the reform process. The exercise should entail a thorough situation analysis of the root causes of WHO crisis today, in view of the reform process undertaken by the DG.

2. We appreciate the criteria and transparency for the selection of an evaluation consortium contained in paragraph 9-11 of the concept paper. However **we propose that the Joint Inspection Unit (JIU) of the UN System be invited to competently lead the evaluation process** as a guarantee of a standard and public interest-based evaluation. The JIU may be complemented by a group of experts to ensure the multi-disciplinary expertise required. These experts may be selected by Member States.

iii. Comment on the Concept Paper on "Governance of WHO"

The reform of WHO governance should be guided by the WHO constitution, and more specifically by the need for preserving the multilateral identity of the agency, its independence and its leading role

² Hence, other critical programme areas such as Family and Community health; HIV/AIDS, TB, Malaria and neglected diseases; Non-communicable diseases; Innovation, Information and Evidence and Research; and Health Action in Crisis, that are of critical importance to developing countries will be left out of the scope.

in public health. Instead, the concept paper on the "Governance of WHO" is undefined, lacks details and fails to provide any insight into the specifics of the reform, with regard to the governance of WHO. The blurred nature of the proposals is quite alarming. For example, in paragraph 3 the paper speaks of aligning the governing bodies with "corporate priorities" without any explanation of what this linkage entails. It is important for Member States to have an in-depth understanding of the reasons for the reform, so as to demand from the Secretariat and actively deliver the necessary possible solutions. The key role of Regional Meetings to this end cannot be underestimated.

Important aspects related to the "Governance of WHO" have not been addressed. A key issue underlying many of the concerns regarding the governance of WHO is the poor health of WHO finances. At present Member States' assessed contributions only constitute 18% of WHO's entire budget, while voluntary contributions, most of which earmarked for specific projects, make up the rest. The dominance of conditional earmarked donations undermines WHO independence and legitimacy by distorting priorities, fragmenting organisational coherence, and also burdening WHO with high transaction costs.

A critical aspect of reform of the governance of WHO is therefore the reform of the "financing of WHO". While the WHO's financial difficulty is a fact, we are of the opinion that it should not be the main driver for the organisation's reform. The deficit of USD \$300 million is a contingency that a multilateral organization should and can sort out with vision and credibility; in the specific case of WHO, by redefining the pact between the Secretariat and its main stakeholders, the Member States. WHO Regional Offices have a strategic role to play in this regard. The upcoming round of Regional Meetings will provide the proper venue to start this debate and hammer out specific suggestions.

To address the financial problem, it is important for the reform to seek : (i) promoting an increase in assessed contributions by WHO Member States of *at least* 50% and untied voluntary contributions by WHO's stakeholders; (ii) discouraging WHO from resolving its financial difficulties through partnerships with the for profit private sector or entities linked to or funded by sector; and (iii) undertaking organisational restructuring that would reduce the autonomy of programme clusters and competition among clusters for funds. A return to a more centralised administrative structure in the headquarters would ensure that WHO programmes receive the funds allocated by the programme and budget.

The reform should indeed promote greater coherence between the formal planning structures of WHO and the resolutions of the governing bodies. To some degree, this is achievable by WHA resolutions having more specific reference to the objectives and targets outlined in the Global Program of Work, the Medium Term Strategic Plan and the Biennial Program Budget.

The reform should also enhance democracy, improve transparency and promote the right to participate, in particular by improving WHO's relationship with public interest NGOs. The relationship of WHO with public interest NGOs has deteriorated over the last decade, with the result of such NGOs being progressively sidelined in several WHO processes.

Our proposals

1. **To undertake a revision of WHO's current policies on interaction with external actors**, as part of the reform process. Towards this end, we believe that it is timely to develop in WHO an ethical framework for the interaction with external actors, and guidelines for identifying and managing conflicts of interests. The Civil Society Initiative that was launched in 2001 as to foster relations between WHO, NGOs and civil society initiatives provides a good basis to build on³.
2. **To improve the relations with public interest NGOs**, as part of the reform of WHO, by: (i) re-launching the Civil Society Initiative and initiate regular dialogues with NGOs; (ii) Define strict but simple criteria and processes for organisations entering into official relations with WHO (i.e. the accreditation process); (iii) allowing NGOs the freedom to make interventions without scrutiny and censorship by the Secretariat; (iv) providing sufficient space to NGOs to hold issue –relevant side events before and during the World Health Assembly.

iv. Comment on “WHO Reform for a Healthy Future: An Overview”

Issued after a Geneva based consultation organised by the WHO DG on 1st July 2011, this paper does little to address the undetermined contents and the deficiencies mentioned above. It summarizes the elements of reform contained in the previous three concept papers. In addition, the overview paper raises further concerns especially in relation to financing reforms.

It is true that WHO funding situation is in a state of predicament. Not only is the WHO now receiving a small proportion of unconditional funding, the actual size of its budget is in decline. Conditional and tied donations to WHO undermines effective and coherent planning; distorts organizational priorities; fragments cooperation and collaboration between different departments and units within the organization; carries high transactional costs; and results in inappropriate and undue influence on WHO priorities and activities. It is simply not acceptable to have conditional funding represent nearly 80% of the WHO budget.

The concept paper speaks of “strengthened financing”. However the solutions presented to achieve “an increased proportion of predictable, sustainable and flexible funding” are generally “donor driven”. Such an approach appears very limited and unlikely to resolve the problems. A donor-driven approach is voluntary and thus cannot be the basis of predictable, sustainable and flexible funding. Recent research and innovative practices on taxation mechanisms and financing for development should inform the debate about sustainable funding for WHO.

It is also unclear how WHO will achieve “objective and transparent allocation of resources mentioned in para 15/c of the Overview paper.

³In 2002 to 2004 a proposed new policy for WHO relations with NGOs was extensively debated and amended at the request of WHO Member States. During debate of the latest version at the 57th WHA, it was decided to “*postpone consideration of the new policy in order to provide the Director-General time to consult all interested parties with a view to reaching consensus on the terms of the resolution to be submitted to a subsequent Health Assembly through the Executive Board.*”

Our proposal:

1. To address the funding crisis head on. **All Member States should increase their assessed contributions to the WHO, in such a way that the proportion of tied funding is reduced to 50% by 2015.** Adequate funding should be secured to the WHO, so that it can fulfil its normative role and other core functions. Member States have a key role to play in this regard.
2. Member States should **discourage WHO from solving its financial difficulties through greater private financing.**

v. Comment on the process of reform

The WHO needs to be reformed, strengthened and modernized. Its governance arrangements; its organizational form; and its internal management practices all need change and improvement. However, the issues are complex and contentious; and they involve not just the Secretariat; but also its Member States; its primary donors; and a whole host of new and influential actors. There are political and philosophical issues at stake; conflicts of interest abound. While we agree with the need for reform, we cannot agree that the DG has adopted the right process or strategy in going forward.

It is inconceivable that the serious structural and constitutional problems of the WHO can be addressed in the short timeframes proposed. A much greater degree of public mobilization and political engagement is needed to generate the will and consensus to move forward. More importantly, if the reforms are to be fit for the challenges of a globalized world and free from capture by vested interests and big donors, public-interest NGOs and advocates will need to be involved, and their contributions duly integrated in the reform process. Time and opportunities will have to be ensured, for NGOs and for Member States with limited capacity, to engage in the complex processes the reform entails.

Finally governance for health starts at home. Democratic debates on public health issues, including the global governance for health and the realization of the right to health, should be promoted nationally, and regionally. This is key to strengthening governance for health, and to making country delegations more equipped, and aware, when dealing with global negotiations.

We urge you, Member States, to ensure that the people directly affected actively participate in decision-making processes on health. Health democracy is a pre-condition for countries to make an impact on decisions and processes within the WHO, and in other multilateral fora.

SIGNATORIES



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