

WHO's role in global health governance

Report by the Director-General

1. The Executive Board at its 131st session requested the Director-General “to submit a document at its 132nd session that identifies and assesses specific options on the elements set out in document A65/5, in particular on WHO internal governance, including the alignment of headquarters, regional and country offices on the issue of WHO's role on global health governance, and the methods of work of the governing bodies.”¹

2. WHO's role in global health governance is a practical expression of the Constitutional function to act as “the directing and coordinating authority on international health work”. This report maps the scope of work in this area, updating Board members on the wide range of activities and arenas in which WHO plays an active governance role. The report also seeks to dispel the idea that global health governance refers to activities carried out by headquarters alone. It illustrates the role played in health governance by all three levels of the Organization, showing how the division of responsibilities and alignment of positions across the Organization works in practice. The report also identifies links between health governance and other aspects of WHO reform including those set out in document A65/5.

The scope of global health governance has broadened

3. The fundamental idea underpinning global health governance is that the assets the world has at its disposal to improve peoples' health could be deployed more effectively and more fairly. Health governance implies “the use of formal and informal institutions, rules and processes by states, intergovernmental organizations, and non-state actors to deal with challenges to health that require cross-border collective action to address effectively”.²

4. Health governance has its origins in negotiations between nation states as they sought to protect or promote people's health. Initially this was on an ad hoc basis, mostly to contain the threat of communicable diseases, then more formally through international institutions and agreements, and arguably through the establishment of the World Health Organization itself. Negotiations can result in instruments that help to reduce transnational threats to health (for example, the International Health Regulations (2005), and the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits); through common approaches and strategies to

¹ See decision EB131(10).

² Fidler DP, Calamaras JL. *The challenges of global health governance*. Council on Foreign Relations Press. New York, May 2010.

address shared global, regional or subregional problems (for example, the WHO Global Code of Practice on the International Recruitment of Health Personnel or the global plan for artemisinin resistance containment which has global, regional and particularly subregional elements); and through the solidarity and momentum that comes from shared goals (for example, the health-related Millennium Development Goals, and voluntary goals and targets proposed in relation to prevention and control of noncommunicable diseases).

5. Several factors have been instrumental in broadening the health governance agenda:

(a) *Multiple voices*: health governance is no longer the exclusive preserve of nation states. Civil society networks, individual nongovernmental organizations at international and community level, professional groups, philanthropic foundations, trade associations, the media, national and transnational corporations, and individuals and informal diffuse communities that have found a new voice and influence thanks to information technology and social media – all of these actors have an influence on decision-making that affects health. It has become particularly important in how WHO conducts its health governance role to ensure the primacy of Member States in making policy decisions, and to protect WHO's normative work from any vested interests, while still finding ways of constructively engaging with other stakeholders.

(b) *New actors*: The institutional landscape of global health is increasingly complex; incentives that favour the creation of new organizations, financing channels, and monitoring systems over reform of those that already exist risk making the situation worse. This issue is particularly important in relation to health governance in low- and middle- income countries with many development partners.

(c) *Wider concerns*: The dynamic in many governance discussions is the tension between protecting human health and minimizing disruption to travel, trade and economic development. Although getting this balance right remains a critical concern, there are added dimensions to the debate, most notably a concern for fairness and equity, well-illustrated by the negotiation of the PIP framework and the continuing discussions of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination.

(d) *From health governance to governance for health*:¹ Implicit in the social determinants approach to health, as articulated in the Rio Political Declaration, are two distinct concepts: *governance of health* that addresses many of the issues referred to above – essentially a coordinating, directing and internal coherence function. The second concept, *governance for health* – is an advocacy and public policy function which seeks to influence governance in other sectors in ways that positively impact on human health. This aspect of health governance is well illustrated by WHO's work on noncommunicable diseases (see paragraph 15 below).

Health governance is a strategic priority for WHO

6. The draft twelfth general programme of work identifies health governance as one of eight strategic priorities. Specifically, this priority is defined in terms of greater coherence in global health, with WHO playing a coordinating and directing role that enables a range of different actors to contribute more effectively to the health of all peoples.

¹ *Governance for health in the 21st Century*, World Health Organization, Regional Office for Europe, document EUR/RC61/Inf.Doc./6, provides many examples of how better collaboration between different health actors can address the social determinants of health and improve health outcomes in the context of the European Region.

7. This role has many practical expressions. This report looks at WHO's health governance role from three different angles. First, from the perspective of work to position and promote health in a range of global, regional and national processes. Second, it highlights governance issues implicit in the other strategic priorities in the draft programme of work. Thirdly, it links the analysis of health governance, the governance of WHO by Member States, and the components of reform that will enhance WHO's effectiveness in its health governance role.

Positioning and promoting health

8. *The post-2015 development agenda:* How the next generation of global goals are framed will have a major influence on development priorities and funding for some years to come. Ensuring that health is well-positioned and its role clearly articulated is a major health governance challenge and a priority for WHO. The environment in which negotiations are taking place is fluid, complex and competitive between the many sectoral interests that seek to be represented. The consultative process that is currently under way requires alignment across the levels of the Organization and consistency in messaging as WHO interacts with Member States and other stakeholders in over 100 national consultations, and the series of regional and global thematic consultations that are also planned. WHO's approach to this challenge will be discussed in more detail under agenda item 7.1 of the Executive Board.¹

9. *Health and sustainable development:* A review of the preparations for the Rio+20 Conference in June 2012 illustrates a related aspect of WHO's governance work: the achievement of effective synergy on advancing health interests between the Secretariat, Member States and other stakeholders. The first draft of the Rio+20 outcome document made only passing reference to health. WHO staff from headquarters and regions worked with Member States in Geneva and New York, as well as with groups of nongovernmental organizations, in order to develop a convincing position on the role of health, which was eventually taken up by negotiators in Rio. The final text includes virtually all of WHO's health concerns.² In the follow-up to Rio+20, health provides an important link between the process of developing sustainable development goals and the post-2015 agenda. In addition, work with other sectors, such as sustainable energy, is showing the value of health indicators as a means of measuring progress across the three pillars of sustainable development.

10. *Health and United Nations reform:* WHO is committed to a more coherent approach to the United Nations work at country level, to aligning of support to national priorities, and to promoting the place of health in United Nations Development Assistance Frameworks and One UN plans. The recent independent evaluation of Delivering as One pilot countries³ has indicated that reform of United Nations operations has made some headway at country level, but that further progress will depend on whether Member States are ready to support greater integration at headquarters level. In these circumstances, WHO's priority is to strengthen the role of country offices to work as part of a United Nations country team, to support regional United Nations Development Group teams and regional coordination mechanisms in those regions where they function effectively. At headquarters level, priority is given to high-level representation on the Chief Executives Board (and the High-level

¹ See document EB132/11.

² The outcome document from Rio+20 *The Future We Want* includes nine paragraphs on health and population. It begins "We recognize that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development". This opening sentence is followed by references to the importance of Universal Health Coverage, AIDS, TB, malaria, polio and other communicable diseases, NCDs, access to medicines, strengthening health systems, sexual and reproductive health, protection of human rights in this context, and commitments to reducing maternal and child mortality.

³ For the final main report see: <http://www.un.org/en/ga/deliveringasone/mainreport.shtml>.

Committee on Programmes) and much more selective engagement with the many different working groups of the United Nations Development Group.

11. *Development cooperation post-Busan*: The Busan Partnership for Effective Development Co-operation¹ was formed after the fourth High Level Forum on Aid Effectiveness was held in the Republic of Korea in November 2011. The outcome document signals that a framework based on “aid” has given way to a broader, more inclusive, international consensus that emphasizes partnership approaches to cooperation, particularly South–South and triangular relationships. In the context of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action, health has had a leadership and tracer role, demonstrating through initiatives like the International Health Partnership (IHP+) that despite the many different players, coordination around national health strategies can be improved. The IHP+ results *Annual performance report 2012* is evidence of the progress made.² Such approaches extend beyond the United Nations to include bilateral organizations, development banks and nongovernmental organizations, and can show increases in both efficiency and health outcomes. As the new post-Busan Partnership begins to take shape over the course of 2013, it will be important to revitalize the International Health Partnership and similar initiatives that bring together different funding streams in support of national health priorities.

12. *Health and regional economic integration*: In all parts of the world regional and subregional integration is a growing trend. Although many of these institutions tend to focus on primarily on economic development, they have the potential to be equally influential in health and social policy. WHO’s regional offices have a growing role to play in building networks of relationships with regional development banks, regional and subregional political groupings, and the United Nations Economic Commissions. The development banks and economic commission have a particular advantage in being able to bring together ministers of health and ministers of finance, as shown, for example, by the high-level dialogue between ministers of finance and health on *Value for Money, Sustainability and Accountability in the Health Sector* held at the African Development Bank (Tunis, 4–5 July 2012) and convened by the partners of Harmonization for Health in Africa, of which WHO is a leading member.

Health governance and WHO’s strategic priorities

13. The roles and responsibilities in health governance in this section are consistent with the division of labour between different levels of WHO as set out in document A65/5 on WHO reform.

14. Given the diversity of the challenges in health and the growing number of actors, it is not surprising that the governance landscape is complex. Health governance is better described in terms of “overlapping and sometimes competing [*governance*] regime clusters that involve multiple players addressing different problems through diverse principles and processes”.³ This description is particularly apt in relation to **completing work on the health-related Millennium Development Goals** where overlapping circles of governance through United Nations agencies, partnerships, advocacy groups, and funding instruments compete for control, and, inevitably, for resources. This situation has several implications for how WHO interacts with partnerships and other stakeholders which are discussed below. A critical element of WHO reform is ensuring the Organizational capacity

¹ For the outcome document, see :http://www.aideffectiveness.org/busanhlf4/images/stories/hlf4/OUTCOME_DOCUMENT_-_FINAL_EN.pdf.

² Progress in the international health partnership & related initiatives (IHP+).

³ Fidler DP, Calamaras JL. The challenges of global health governance. Council on Foreign Relations Press. New York, May 2010.

to help those countries that have many external development partners to manage that complexity and decrease their transaction costs.

15. Work on **noncommunicable diseases**, by contrast, illustrates the importance of governance *for* health. Although many health conditions are influenced by governance decisions in other sectors, an analysis of the causes and social determinants of noncommunicable diseases points to a particularly wide and multi-layered range of interrelated **social, economic and environmental determinants**. These range from environmental exposure to harmful toxins, diet, tobacco use, excess salt and alcohol consumption and increasingly sedentary lifestyles. These in turn are linked to income, housing, employment, transport, agricultural and education policies, which themselves are influenced by patterns of international commerce, trade, finance, advertising, culture and communications. While it is possible to identify policy levers in relation to all of these factors individually, orchestrating a coherent response across societies remains one of the most prominent governance challenges in global health.

16. **Universal health coverage** is a new strategic priority for WHO.¹ This combines two fundamental components: access to the services (promotion, prevention, treatment and rehabilitation) needed to achieve good health; with financial protection that prevents ill-health from leading to poverty. Universal health coverage is important from a health governance perspective in two ways. At country level it represents a goal that is relevant to all countries as they seek to strengthen or reform their health systems. Also, in the debate about how to position health in the post-2015 agenda, it offers the potential to be a unifying goal, combining concerns about finishing the work on the current Millennium Development Goals, while at the same time accommodating the need to address noncommunicable diseases and other causes of ill health.

17. Two of the other strategic priorities highlight an additional aspect of WHO's role in health governance, namely that the negotiation of international instruments needs to be linked to capacity building in countries. This is particularly evident in the case of the **International Health Regulations (2005)**. The Regulations provide the key legal instrument needed to achieve collective health security. Their impact, however, depends on all countries meeting the capacity requirements needed to detect, report and act on any new or emerging threat of international concern to public health. Similarly, work on increasing **access to medical products** has been influenced by several international agreements including the Doha Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights and Public Health, and the subsequent global strategy and plan of action on public health, innovation and intellectual property. Other governance processes are still ongoing on substandard/spurious/falsely-labelled/falsified/counterfeit medical products, and on follow up to the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination. As in the case of the Regulations, however, the full impact of governance decisions will depend on building or strengthening the institutions at country and regional level that are needed in order to put agreements into practice.

Health governance and WHO reform

18. The draft of the twelfth general programme of work defines two measures of success in relation to the strategic priority on governance.

- (a) A streamlined and effective system of governance in WHO that enhances synergy across the Organization, that provides strategic oversight, and is inclusive in respect to the breadth of issues with which WHO is concerned.

¹ See document EB132/22.

(a) A more coordinated approach to a well-defined multisectoral global health agenda, reflected in better alignment of financial and technical support to country health policies and strategies.

19. The first measure focuses on the internal governance of WHO by Member States at global and regional level. The second refers to WHO's coordinating and directing role. There are several elements in place that have the aim of ensuring that WHO has the necessary capacities to achieve these objectives.

20. The internal governance agenda will focus initially on the work of the governing bodies: the World Health Assembly, the Executive Board and the regional committees. For the Board, this will include strengthening its executive and oversight roles; increasing its strategic role; and streamlining its methods of work. For the Health Assembly, a more strategic focus will help to ensure that resolutions enable better priority setting. The work of the regional committees will be more closely linked to global governance of WHO, particularly to the work of the Executive Board, and best practice will be standardized across different regions. To complement these changes, the Secretariat will improve the support it provides to governance functions, through briefing of new members as well as even better and more timely documents.

21. One major consequence of the growing political interest in health and the recognition of the connection between health and many other areas of social and economic policy is a growing demand for intergovernmental, rather than purely technical processes, in order to reach durable and inclusive agreements. WHO's convening role is therefore likely to increase and will require that the capacities to support, manage and facilitate governance processes are adequate for the purpose.

22. An additional challenge that emerges in the governance for health agenda is that many of the areas in which change can have a positive impact on health are those in which existing rules and regimes are managed by different international institutions. As a consequence WHO needs to be an advocate for health in the governance of other bodies at global, regional and country level. It will be necessary to make strategic and selective use of scarce resources in order to maximize impact, given the wide range of institutions involved.

23. The analysis of global health governance challenges gives renewed emphasis to the need for WHO to engage with a range of other stakeholders. At the Board's special session on reform, in decision EBSS2(2), the Board agreed on the principle that governance needs to be a fully inclusive process, respecting the principle of multilateralism; and further, that engagement with other stakeholders should be guided by the following:

- the intergovernmental nature of WHO's decision-making remains paramount;
- the development of norms, standards, policies and strategies, which lies at the heart of WHO's work, must continue to be based on the systematic use of evidence and protected from influence by any form of vested interest;
- any new initiative must have clear benefits and add value in terms of enriching policy or increasing national capacity from a public health perspective;
- building on existing mechanisms should take precedence over creating new forums, meetings or structures, with a clear analysis provided of how any additional costs can lead to better health outcomes.

24. The challenge now is to move from principle to policy and put in place mechanisms that allow constructive engagement while preserving WHO's integrity. An overall policy for WHO's engagement with other stakeholders will have several common elements. However, at present, work in relation to the various groups of stakeholders is at different stages of maturity.

25. In relation to the growing number of health partnerships WHO has a dual governance role: as an active member of the partnership in its own right, and as a board member with responsibilities for the governance of the partnership itself. However, the immediate focus of reform in this area is WHO's relationship with partnerships that are hosted by the Organization. The Board will discuss proposals in this regard under provisional agenda item 5.¹ The Board will also consider an initial document on relationships with nongovernmental organizations.² An initial document on relationships with private commercial entities will be considered by the Board in May 2013.

26. Common to all aspects of the health governance agenda is the need to build capacity across WHO in order to manage this agenda more effectively and to ensure that staff have the incentives to work across the range of organizations that have an interest in health. Specifically, this will mean more effective internal coordination, across all levels of the Organization, so that WHO can present consistent and cogent positions in support of health in the various arenas described above. It will also require the deployment of a range of different tools to strengthen staff skills and systems in relation to the health governance agenda. Mandatory training in health diplomacy is already in place for WHO Representatives, and will be progressively extended across other parts of the Organization.

ACTION BY THE EXECUTIVE BOARD

27. The Executive Board is invited to note the report.

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¹ See documents EB132/5 Add.1 and EB132/INF./2.

² Document EB132/5 Add.2.