

Permanent Missions  
to the United Nations Office

Geneva, 30<sup>th</sup> June 2011

**Re: Concept papers on the WHO reform process.**

Dear Member States of the WHO,

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 strongly encourage Member States to continue playing an active role and overseeing the reform process.

The signatories of this letter represent a wide range of public interest groups that are committed to the realization of the right health worldwide, and highly value the constitutional mandate of WHO as the “directing and coordinating authority” for the realization of this right. Some of these organisations contributed in May 2011 to the Delhi statement<sup>1</sup> and have now gathered in a coalition called Democratizing Global Health (DGH), whose aim is to support the WHO reform process through a united voice of public interest groups, whenever possible.

We consider the reform process an extraordinary opportunity for WHO to rediscover its fundamental multilateral identity in a globalized world, and it should be made clear from the start that evaluations and recommendations expressed in this letter only stem from the shared aspiration of a stronger organization than today. The WHO reform can produce a considerable impact in designing and defining a more accountable and effective governance for health. We are therefore very concerned about the sense of direction that this reform process could take, noting for example the lack of any in-depth situational analysis of the world’s health challenges in relation to WHO’s constitutional role and objectives. Moreover, while there is a lot of focus on the bureaucratic dimension of the reform, a mature vision of the core values steering the process is sorely absent. Absent is also a political discussion, and a vision, about the WHO of the future.

In particular, here we would like to tackle the specific issues developed in the 3 concept papers that the WHO Secretariat has prepared, and that the Director-General will introduce to you on Friday 1<sup>st</sup> July 2011 in Geneva. The following represents a list of preliminary questions we would like to submit to your consideration:

**The World Health Forum (WHF)**

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<sup>1</sup>Delhi 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.

1. In what way would the WHF tackle the knots of the global health governance challenges today?

The rationale behind the creation of a WHF appears very weak if confronted with today's global health landscape. With the persistence of enormous global health disparities an intense debate on the governance of global health has emerged, a result of the convergence of several factors. These include the increasing number and ungoverned prominence of new actors in the field of public health, whose role has produced a shift in the institutional culture and determined a new sphere of influence in the health policies, not without controversial implications at country level. The mounting pressure on budgets due to the global economic downturn has also enhanced the recognition that the current fragmentation and dispersion of responsibilities may not be sustainable. Global health faces challenges of weak leadership, poor coordination, underfunded priorities, and lack of transparency and accountability.

2. Why is the WHF the best option to achieve the goal of coherence? Coherence on what?

It is not clear how the proposed WHF would reach its goal of achieving greater policy coherence. Moreover, in today's fragmented and somewhat overcrowded global health scenario, it would seem more appropriate for WHO to demand and promote accountability in response to people's needs, and impact from a public health perspective, rather than a generic coherence. Policy coherence is an ambit that pertains primarily to WHO Member States, and a complex political challenge that needs to be addressed through the lens of the right to health.

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": these are quite technical. It makes little sense to hold a biannual forum to achieve them. It would be more effective to establish a working group or commission at these issues, which can invite broad views from various stakeholders on the issues identified and make recommendations for consideration of Member States.

3. Who should be invited to the WHF? Do Member States feel comfortable with the approach of a "selectively inclusive" stakeholder dialogue?

The need for inclusiveness (para 2) appears to merely translate into the inclusion of quite a number of different actors, most of which are closely associated with a donor-driven agenda. The communities, the people, the marginalised groups and those that personify health needs are a bare minority at best, in the list provided in the draft concept paper (para 2). Private sector organizations, philanthropic foundations, the large private foundations and partnerships are all invited around the table under the empirically unsupported assumption that all of them will collaborate to advance the public interest.

The WHF may become yet another exclusive forum in which the rich and powerful may exercise their control over public policies. 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 able to attend and the structure of the working groups allowed the for-profit private sector to not only present their case, but to dominate.

#### 4. Are private interest organizations to be considered the same as public interest

ones?

It is imperative for the WHO reform process to be featured by a clear definition of ground rules and definitions of the different nature of actors and their roles. As an example, WHO should recognize and distinguish between business-interest organizations (BINGOs), and public interest non-governmental organizations (PINGOs). Both these profoundly different entities are currently under the 'Civil Society' umbrella, without distinction: a rather misleading representation of reality for many new delegates.

#### 5. Who decides the participation in the Forum and based on which criteria?

WHO should set up solid accountability criteria to select entities to be invited. A clear analysis on the contribution of the different types of actors in the realization of the right to health for all, their importance on global health, or the interests that are sealed behind them is today still lacking. In fact, this evaluation should have been part of a situation analysis exercise that WHO should have embarked on before starting the reform process. In fact, such situation analysis should have informed the WHO reform agenda.

6. Where are the ground rules to manage conflict of interest situations, to track the different nature of organizations and set potentially necessary exit clauses?

Conflict of interest situations are most likely to emerge in the WHF. This forum poses the clear risk of institutionalizing conflicts of interests within WHO. The agency today is largely unprepared to deal with conflicts of interest, both individual and institutional ones. It lacks a clear approach and policy to ensure that those that represent commercial interests – like the pharmaceutical industries, and food- and beverage companies – are not part of policy and norm setting and influence decision making. We strongly suggest that WHO should develop an ethical policy which includes guidelines on identifying and managing conflicts of interests associated with both individual and institutional relationships.

7. After all: Will the WHF enhance democracy, or will it rather promote plutocracy?

Even though the concept paper on WHF states that it will not “change the decision-making prerogatives of the WHO’s own governing bodies”, we strongly doubt that recommendations coming from private institutions and backed by a financial contribution will not influence decision making of WHO. The proposed WHF seems more likely to provide a platform for a diverse range of interests to interact and shape the WHO agenda, than for WHO to play global leadership. We express the serious concern 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.

### Our proposal

Instead of creating new permanent peer structures such as the proposed World Health Forum, that do not appear to tackle the heart of the global governance intricacies, **we encourage WHO to undertake and properly resource public hearings, i.e. mechanisms of open consultations on specific subject matters.** Public hearings that are inclusive, participatory, democratic, accountable and transparent would allow to inform the development of relevant public health policies. Public hearings have a number of comparative advantages insofar as:

- They represent a common practice in democratic content-focussed consultations, they are aimed at decision shaping, and they can be adapted to better ensure provision of information, to tackle the challenges of representation, while favouring plurality of voices.
- Public hearings 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;
- Public hearings can promote periodic content submissions, thereby creating a link between the national debates and the impact these make globally;
- Public hearings are very flexible formats. They can be framed time-wise, objective wise, and they can be forged according to different purposes and

content demands, without losing focus and transparency. In this sense, they would force WHO shape the proper questions;

- Public hearings promote processes of political education.

## Independent Formative Evaluation of the World Health Organization

1. Will a focus on health systems strengthening (HSS) and its impact at country level be the right angle to evaluate the core functioning of the organisation, and in what way?

The World health Organisation should rather make a critical evaluation of its core functions (defined in the WHO constitution) and strategic objectives as developed under its Medium term strategic Plan 2008–2013 (MTSP). Most of the indicators developed in the MTSP (strategic objectives 1–13) are hard to account, open to gaming and only marginally relevant to the results they are supposed to measure. We urge the Secretariat to develop and adopt a more country–focused approach to evaluation and monitoring and a more realistic framework for assessing the achievement of key result areas. HSS could be an entry point to see how accountable, leading and learning WHO can be at country level, without looking merely at results based management and effectiveness.

We see an urgent need to review the Organisation’s approach to the monitoring and evaluation of its work. Such a review should include in its scope a review of the distortions created by earmarked funding and by the McKinsey recommendations of a decade ago which have proved so damaging to WHO. Such a review should start from the premise that what matters is what happens at country level.

2. How would this evaluation, which is programme based and technical in nature, fit with the WHO reform process?

For the purpose of the WHO reform, areas of evaluation for an independent exercise should cover such issues as the appropriate implementation of the WHO constitution, the issue of passing resolutions imposing burdens on the civil service and the budget, quality of staff and their commitment, how civil service is held accountable within the organization, analysis of reasons and areas of the decline of the sources of funding from Member States; the role of the private sector and private funding in the priority setting of WHO.

In particular, the evaluation should look at the role that WHO plays at country, regional and international level with respect to the right to health: how well does it provide a leadership role, to what extent does it incorporate human rights into its norms and indicators, what technical support does it provide on the right to health, etc.

## **Our proposal:**

We appreciate the criteria and transparency for the selection of an evaluation consortium (par 9–11 of the concept paper), but instead of an external evaluation consortium , we propose that the Joint Inspection Unit (JIU) of the UN System is invited to lead the evaluation process as a guarantee of independence and of a public–interest based evaluation.

## **Governance of WHO**

### **1. What are the core principles of the governance of WHO?**

The reform of WHO governance should be guided by WHO constitution, and more specifically by the need for preserving the multilateral identity of the agency, its independence and its leading role in public health. That is why this reform should stress and promote the importance of increased assessed contributions and untied voluntary contributions by Member States, WHO's key stakeholders, through greater courage and authority in public policies. Member States, on the other hand, should discourage the DG from seeking to solve the financial difficulties through partnerships with the private sector, which may expose the very integrity of the organisation. The dominance of highly conditional earmarked donations to WHO risks to seriously damage WHO's legitimacy and by distorting priorities, fragmenting organisational coherence and carrying high transaction costs.

2. We urge Member States to work towards greater coherence between the formal planning structures of WHO and the resolutions of the governing bodies. This could be achieved in some degree if member states proposing resolutions were to formulate them with more specific reference to the relevant commitments of the Global Program of Work, the Medium Term Strategic Plan and the Biennial Program Budget. We affirm strongly that there should be no restriction on the right of member states to bring forward resolutions for debate and adoption.

### **3. How to enhance democratic governance within WHO?**

One cost effective way to enhance democratic governance, improve transparency and promote the right to participate, consists in improving the relationship of WHO with public interest civil society organisations. This issue is particularly relevant for the purpose of the WHO reform agenda. WHO should re–launch the dialogue with civil society organizations, which has remained blocked for quite some time. In fact, this relationship has even

deteriorated in the last years, and access of civil society organizations, including NGOs in official relations with WHO, to the World Health Assembly's side events or statements is more and more restricted. One step in this direction could be the adoption of a new policy for WHO relations with NGOs<sup>2</sup>, which should include a change in the "official relations" process, so as converge to ECOSOC's: this exercise would also guide WHO to distinguish private interest from public interest NGOs.

#### 4. What priority areas for the reform of the governance at WHO ?

As a matter of priority, the governance reform should be characterized by a revision of the current policies of WHO for interaction with external actors. WHO and Member States should develop a Charter of integrity which will include guidelines for identifying and managing conflicts associated with both individual and institutional relationships.

The WHO governance reform should also aim at an organisational restructuring that would reduce the autonomy of clusters and would reduce the competition among clusters for funds. A return to a more centralised administrative structure in headquarters secretariat should also strengthen the capacity of the DG to provide real leadership and implement change.

As the directing and coordinating authority for the realization of the right to health and universal health coverage, WHO must be a leader in global health justice rather than merely a convenor of multi-stakeholder fora, or a technical agency to grant global health security.

Since governance for health starts at home, we recommend that democratic debates on public health issues be promoted nationally, as it already occurs in some countries. 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.

Hoping that these few pages will provide useful and constructive arguments for the upcoming consultation process in Geneva, and beyond, we look forward to further exchanges and collaboration in the future, and wish to thank you for your kind attention.

#### **SIGNATORIES:**

Chestrad, Nigeria

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<sup>2</sup>In 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."

Community Working Group on Health, Zimbabwe  
Déclaration de Berne – Berne Declaration, Switzerland  
International Baby Food Action Network (IBFAN), global  
Health Action International (HAI), global  
Medico International, Germany  
Medicus Mundi, global  
People Health Movement, global  
Prayas, India  
Wemos, Holland  
World Social Forum on Health and Social Security, Brazil

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