

# The future of financing for WHO

Report of an informal consultation  
convened by the Director-General

Geneva, Switzerland, 12–13 January 2010



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WHO/DGO/2010.1

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## EXECUTIVE SUMMARY

From 12-13 January 2010, the Director-General of WHO, Dr Margaret Chan convened an informal consultation on the future of financing for WHO.

The original impetus for this meeting came from budget discussions at the Executive Board and the World Health Assembly in 2009. Two key issues underpinned the debate: how to better align the priorities agreed by WHO's Governing Bodies with the monies available to finance them; and, secondly, how to ensure greater predictability and stability of financing to promote more realistic planning and effective management?

While WHO's financing was the starting point for the consultation, it prompted a series of more fundamental questions about what should constitute WHO's core business. How, for instance, should the mandate to "act as the directing and co-ordinating authority on international health work" be understood in the radically changed landscape in which WHO now operates, sixty years after the constitution was drafted?

The consultation brought together senior officials and ministers from ministries of health, development cooperation, finance and foreign affairs speaking in their personal capacity. A list of participants is found in the Annex.

In her introduction, the Director-General stressed that this was not a meeting for making decisions or even, necessarily, for reaching a consensus. Rather, it was to be conducted as a strategic conversation: identifying key issues in relation to WHO's work at global and country level; acknowledging differences of opinion where they exist; and charting a way forward that will ultimately bring the debate into the more formal ambit of WHO's Governing Bodies.

Over the course of two days, participants reviewed the changing landscape for global health, acknowledging the growing number of actors involved, the consequent risks of fragmentation and duplication of effort, and the growing number of competing demands on WHO's resources.

In some areas of work - particularly in relation to global norms and standard setting, surveillance and the response to epidemics and other public health emergencies - it was agreed that WHO performed effectively and there was little disagreement that these areas should remain key elements of the Organization's core business. In the field of humanitarian action, WHO's role in coordinating the health cluster was widely accepted. However, while there was debate as to the applicability of the health cluster concept more broadly in the sphere of development, WHO's humanitarian work per se was not discussed in detail.

In several other areas of work, particularly in the field of development, differences of opinion were more evident - both in regard to WHO's present level of performance and capacity, and in regard to the role that the Organization should play in future.

Several themes emerged from initial discussions: a) to what extent, and how, should WHO address the broader social and economic determinants of health; b) what constitutes good partnership behaviour at global and country level - and what are the implications for WHO; c) what constitutes effective country support in countries at very different levels of development and capacity - and recognizing that WHO needs to be of value to all Member States - how can it match the support it provides more closely and flexibly to country needs; and d) how can WHO be more consistent and effective in the field of technical collaboration.

Each of these themes has implications for how WHO is governed and how it should be financed. Two sets of governance challenges emerged for future debate. How to deal with system-wide governance issues - acknowledging that the challenges facing WHO are far from unique - when each of the agencies involved in global health (in the UN and more widely) have their own individual governance structure? Secondly, recognizing the growing role of non-state actors, how to achieve more inclusive governance of global health? Through better adherence to the principles of the Paris Declaration and the Accra Agenda for Action, these issues may be more easily addressed at country level, at least in those countries with many development partners,.

Several participants acknowledged that convincing their public and parliaments of the need to increase financing, particularly unearmarked financing, was a "hard sell". WHO can do much more to make its achievements better known in ways that appeal to a public audience.

At the same time, there was recognition that the current situation in which 80% of WHO's income relies on voluntary donor contributions, which are predominantly earmarked for specified purposes, is not sustainable. In the absence of change, greater alignment with agreed priorities will be unattainable. Participants agreed that improving performance is intimately linked to the way WHO is financed.

The discussion highlighted elements of a reform agenda for WHO's financing, and thus the key parameters of future debate: tighter definition and alignment of core funding with priorities and core business; a more disciplined and coordinated approach to resource mobilisation; exploration of new processes for raising funds, identifying new donors and sources of finance; and better communication of WHO brand, impact and success.

The meeting conveyed a sense of urgency. Management reforms to improve performance within the remit of the secretariat should therefore proceed apace. At the same time, there is a need to seek the views of all Member States on the wider issues raised at this meeting. Questions raised in this report will be used as the basis for a web-based consultation, to which all countries will be invited to contribute their views. A synthesis of this discussion will be prepared in the form of a paper to the WHO Executive Board in January 2011 and thereafter to the World Health Assembly.

# MEETING REPORT

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## 1. INTRODUCTION

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The impetus for this meeting came from budget discussions at the Executive Board and the World Health Assembly. In essence, two key issues underpinned the debate: how to better align the priorities agreed by WHO's Governing Bodies with the monies available to finance them; and, secondly, how to ensure greater predictability and stability of financing to promote more realistic planning and effective management?

While the form of WHO's financing was in the forefront of the earlier discussions, it prompted a series of fundamental and prior questions about what Member States believe should be WHO's core business. How, for instance, should the mandate to "act as the directing and co-ordinating authority on international health work" be understood in the radically changed landscape in which WHO now operates, sixty years after the constitution was drafted?

The purpose of the meeting was to provide an opportunity to review the new landscape in which WHO works and to link this with a discussion about how WHO can define its core business more precisely, and what needs to be done to put the Organization on a more secure and sustainable financial footing in the future.

The meeting did not aim to reach definitive conclusions or consensus. Rather, it was conducted as a strategic conversation: identifying key issues in relation to WHO's work at global and country level; acknowledging differences of opinion where they exist; and charting a way forward that will initially widen the circle of Member States involved in the discussion, and ultimately bring the debate into the more formal ambit of WHO's Governing Bodies.

The report, following this introduction, is in two parts. The first provides an overview of the issues discussed. To give readers not present at the meeting a feel for how these were presented, it takes the form of the Director-General's address at the opening of the meeting. The next section summarizes key themes from the discussion - seeking to capture some of the tone, substance and language from the meeting - but without attribution to individual participants.

## 2. DIRECTOR-GENERAL'S OVERVIEW

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**Dr Margaret Chan, WHO Director-General**

“Thank you for agreeing to participate in what I hope will be a frank, instructive, and mutually beneficial discussion. I would like this to be a strategic conversation. I am seeking your guidance. I want to hear your views, concerns, suggestions, and critical assessments, and I will do my best to answer your questions.

We will be looking at the future of financing for WHO. Resources rightly come with an expectation of results. A conversation about how best to finance WHO must also discuss the role of WHO. When we discuss the role of WHO, now and into the future, we need to do so in a broader context of complex health challenges, increasing needs, competing priorities, and rising expectations.

### **Global health challenges**

The Millennium Development Goals have been good for public health. They have demonstrated the value of focusing international action on a limited number of time-bound objectives. Of course, the Goals are selective and do not cover all health problems of concern to WHO and its Member States. But in the drive to reach the Goals, weaknesses are being uncovered and solutions are being found that benefit public health across the board.

In some areas, achievements have been stunning. These successes, and the continuing drive to do more for more people, are all the more impressive given the obstacles that have come our way.

Since the start of this century, public health has been battered by global crises on multiple fronts. What makes events, such as the financial crisis, so broadly damaging is the fact that they come at a time of radically increased interdependence among nations.

These days, the consequences of a crisis in one part of the world are highly contagious, quickly sweeping around the globe.

But these highly contagious consequences are not evenly felt. Developing countries have the greatest vulnerability and the least resilience. They are hit the hardest and take the longest to recover.

Already, right now, the differences, within and between countries, in income levels, in opportunities, in health status, life-expectancy, and access to care are greater than at any time in recent history. Equity, which has long been a principal concern of public health, is under threat as never before.

Since the start of this century, we have also seen how health, everywhere, is being shaped by the same powerful forces, ageing populations, rapid urbanization, and the globalization of unhealthy lifestyles.

More and more, the causes of ill health arise in other sectors, or from policies in the international systems that govern finance, trade, commerce, and foreign affairs. More and more, the upstream causes of ill health lie beyond the direct control of the health sector. The task of prevention, another traditional concern of public health, has become vastly more complex.

In addition, the health sector is increasingly forced to play a reactive role. Public health had no say in the policies that ignited the economic crisis or made climate change inevitable, but health pays the price.

Public health had no say in the policies that led to the industrialization of food production and the globalization of its marketing. But health pays the price from a dramatic rise in obesity, especially child obesity, heart disease, diabetes, some cancers, and many other diet-related conditions. Long considered the companions of affluent societies, chronic diseases now impose their greatest burden on the developing world, that is, on countries least able to cope with the demands and costs of chronic care.

These trends are new. They make the job of public health infinitely more complex, especially for preventive action and the pursuit of greater equity and fairness in access to care. Policy spheres are no longer distinct. Lines of responsibility are blurred. The health agenda keeps getting bigger. For example, it is not just health protection anymore. It is also social protection, especially against the catastrophic costs of care. The fairly clear-cut, and frankly very attractive, strategy of delivering interventions, like bed nets, pills, vaccines and condoms, no longer works for many of the major challenges we face today.

As I said, delivering interventions is attractive. This is one reason why the public health landscape has become so crowded with implementing agencies. This is one reason why more fundamental activities, like strengthening health systems and other basic capacities, have been neglected for so long.

In my view, good aid for health development aims to eliminate the very need for aid. It does so by building the foundation, the capacity, and the infrastructure needed to move towards self-reliance. If aid does not explicitly aim for self-reliance, the need for aid will never end.

This, then, is my view of some of the trends and realities we need to consider when thinking about how we finance WHO to do its job. And I mean the right job. That is, to know the tasks WHO is uniquely well-positioned to perform, to perform these tasks well, and, frankly, to leave other tasks to others.

## **WHO's role in the 21<sup>st</sup> century**

As many of you know, the need for a meeting of this nature became apparent during last year's discussions of the budget at the Executive Board and the World Health Assembly. Two key questions underpinned much of these discussions.

First, how can we create a better match between the priorities agreed by our governing bodies and the monies available to finance them? Second, how can we ensure greater predictability and stability in the way this Organization is financed?

I have long been concerned about the need to make WHO fit for purpose given the unique health challenges of the 21st century. I personally see no indication whatsoever that the trends I have mentioned are likely to abate.

The WHO Constitution, which came into effect more than 60 years ago, mandated the Organization to act as the “directing and coordinating authority on international health work”. In today's crowded landscape of public health, leadership is not mandated. It must be earned. And it must be earned through strategic and selective engagement. WHO can no longer aim to direct and coordinate all of the activities and policies in multiple sectors that influence public health today.

Thinking along these lines must go hand-in-hand with thinking about financing. The question of what countries want for their money must be considered together with the question of what WHO is best positioned to deliver. The amount of money allocated to a programme or a problem should not be a symbol of the importance of the programme or the size of the problem. Instead, the amount should be governed by WHO's capacity to deliver results.

We cannot make a dent in every single health-related problem. Not anymore. Again, we must be strategic and selective.

To put it bluntly: WHO needs money to perform well and deliver results in areas where the Organization has a comparative advantage. This raises additional questions. What can WHO do better than any other agency, group, initiative or partnership? And also: what tasks can be performed only by WHO?

## **Governance of global health**

The financial crisis underscored, in a dramatic way, the need for better governance of international systems. But governance mechanisms for international health work were being discussed long before the financial crisis. The argument is straightforward. The assets the world has at its disposal to improve health could be deployed much more effectively if they were better governed.

I personally believe WHO contributes to global health governance, sometimes in major ways. This contribution is most recently apparent in the two legal instruments that

came into force in the middle of the previous decade: the Framework Convention on Tobacco Control and the revised International Health Regulations. Both acknowledge the increasingly trans-national nature of health threats, and both aim for prevention. Through these instruments, countries gain collective defense against shared threats.

In a similar way, WHO contributes to governance when it issues global strategies, whether for the control of chronic diseases or the promotion of innovation for new or more affordable medical products.

We can be proud of these achievements. These days, getting international agreement on potentially divisive issues is an indication of how very much governments, rich and poor, want to see public health strengthened.

WHO further contributes to global health governance through its long-established normative and standard-setting functions. Norms and standards provide universal safeguards and the very foundation for public health services. They also contribute to equity. People everywhere deserve the same assurance that the air they breathe, the water they drink, the food they eat, and the medicines they take are safe. As a governance mechanism, international norms and standards allow citizens to hold their governments accountable for failures to protect public health.

WHO's coordinating role is another traditional function, and it is a value-added one. Over the years, WHO has built up networks of collaborating experts and centers that can work together to solve a problem or reach state-of-the-art consensus on technical issues.

In addition, collaboration with networks of laboratories and professional associations lets all countries benefit from specialized skills and facilities. Examples range from monitoring drug-resistant TB and malaria, to diagnosing hazardous pathogens during outbreaks, to simple ways to avoid surgical errors. This type of coordination serves the international community in a streamlined and cost-effective way.

I also find it helpful to think of the coordinating part of global health governance in different domains. The divisions are a little artificial, but they help us focus on areas where problems arise.

We can begin with health security. I know that this term has different interpretations, but let's accept it for the moment as shorthand for the kind of role we play during outbreaks and epidemics and in helping countries implement the International Health Regulations. In terms of global governance, the rules of engagement are clearly set out in a legally binding instrument, the IHR. Most people would agree that this is core business for WHO.

What about humanitarian action? Again, in governance terms, the rules are defined by agreement, among the key actors, on roles, procedures, and practice.

The role of WHO in leading the health cluster during crises and emergencies is well established. That said, and while I believe that we are increasingly effective in this area, a truly frank conversation should raise some daring questions. Should we continue with our emergency work, or would we do better to leave it to others?

The domain where things get more difficult is development. This is the domain where the field is most crowded. This is what most people have in mind when they talk about the need for better health governance.

Development is the domain where the notion of architecture gets very fuzzy. This is also the domain where WHO's coordinating role, as defined in the Constitution, is least clear.

### **Health and development**

Why is the development domain so difficult compared to the others? The long list of global health challenges gives us a clue. The number of urgent priorities is large, as are the ways for tackling them.

The list of actors is also long. It includes different parts of central and local government, civil society and faith-based organizations, and private sector providers, from the village drugstore to the corporate giants. It includes a multitude of donors, development banks and purpose-specific global funds, the UN family of agencies, charitable foundations, trade unions, patients groups, and the list goes on.

Is this a problem? Not inevitably, if they work well together. But I sense that the landscape is more complex than it needs to be.

Needless complexity is costly, inefficient, and fights against good governance. Developing countries will be quick to tell you about the high transaction costs, the duplication of efforts, and the fragmentation of care.

It also has costs for the international community. Has anyone ever calculated the growing time and expense needed to run governing bodies, preparatory meetings, partnership boards, working groups, and international task forces? Again, a frank conversation asks if this area could be streamlined and rationalized.

So what needs to be done and what should WHO's role be? There is no shortage of ideas. Let me summarize a few that I have heard.

If an instrument like the IHR can bring rule-based order to the security domain, would something similar be possible in the field of development? This idea has several supporters.

I am keen that WHO is seen to walk the talk when it comes to the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action. These instruments codify best

practice in development, and can be readily applied to the health sector. Rapid progress has been seen in some countries, but by no means in all. Some observers argue that Paris and Accra would have greater traction if they were part of a more formal legal framework.

Linked to the aid effectiveness agenda is an approach where we have a lot of real-life experience. Its premise is simple. If there are too many actors, create a coordinating body that brings them all together.

Again, the list of examples is long. You know them. I do not want to single out particular partnerships or initiatives. But we do need to ask: how many of the coordinating structures put in place in recent years have really helped to clean up the mess? How many have taken on a life of their own and just added to the crowded confusion and competition for funds?

Another view focuses on the fact many states are no longer the main providers of health services. Other parties, like civil society and the private sector, also need to be included in efforts to improve governance. In the context of the World Health Assembly, we have heard calls for setting up a Committee C to extend participation beyond WHO Member States.

Finally, it is important to recognize some other ways of giving international health work greater cohesion and coherence.

As I mentioned, the Millennium Development Goals have served us well in keeping health and development focused and in the political forefront during troubled times.

And, of course, common values, such as equity, solidarity and social justice, bring cohesion. Primary health care is the red thread that links systems and service delivery with a set of core values and the understanding that health is a product of efforts across the whole of society. In addition, primary health care merges very well with growing recognition of the need for a whole-of-government approach to health, with health concerns reflected in all government policies.

### **WHO at country level**

Central to all our concerns around this table is the role of WHO at country level. I have to say up front: this is where I hear conflicting messages from our partners and, to be fair, from within the Organization as well.

There are things we are definitely not. We are not a donor. In most circumstances, we are not an implementing agency. Others do this job far better than we can.

Some Member States want us to have a much stronger presence at country level. They use their financing to get their views across. They justify their support to WHO in terms of how we help them achieve their own development objectives. There is nothing wrong

with using health as an instrument of foreign policy. But WHO must constantly guard its integrity as a neutral and objective agency.

We hear from some that we should be more active in technical collaboration. But others advise us to be a neutral broker, rather than a direct provider of technical support. Still others see our role as facilitating exchanges between countries, encouraging more South-South cooperation. Further expectations arise from reforms aiming for one UN system.

With equal persuasion, others urge us to stick to our standard-setting and other international roles. They argue that no other organization can undertake our normative functions, while the development field is increasingly crowded.

I want to put these issues squarely on the table.

I also sense an emerging way forward here. This way uses our technical know-how and evidence to help countries define their own priorities and strategies, and then asks partners to align with country-owned objectives and capacities. This gives WHO the role of creating an enabling environment in which other actors can play to their strengths. Doing so requires technical authority and convening power, and these are traditional WHO strengths.

As I said at the start, this is my own view of effective aid for health development. Frankly, this is how I would like to see our country offices operating in the future. But I want to hear your views.

### **Reform of financing**

As I conclude this introduction, let me say some things about money.

Setting clear and convincing priorities is always important, but never more so than in today's financial climate. I know we have to tighten our belts.

There is much we can do with few changes to how we are financed. We can exercise budgetary discipline. We can make savings. We can be more efficient. There is much under way in this regard.

But there comes a point when looking for savings is not enough. Nor can we resort to the old approach of cutting across the board, using the excuse that budgetary pain should be equally shared. That will make us less efficient.

At the moment, we have to rely on a financing system which favours some parts of the budget, leaving many areas and functions dangerously under-funded.

I would therefore propose that we pursue two key lines of conversation. First, I would like to get away from talking about different types of funding. It is not the case that flexible funds are good and specified contributions are always bad. Instead, I hope we might agree on a set of attributes that should underpin the overall approach to financing this

Organization. These might include predictability, alignment, flexibility, harmonization of practice among donors, and a strong link to results. I realize that these attributes reflect the pillars of the Paris Declaration. This makes sense, as the problems being addressed are similar.

Second, we need to explore what we, the Secretariat, can do to boost the confidence that our donors need in order to adopt these attributes when making their funding decisions.

This has been a long introduction, but I wanted to try to map out the ground that I hope we can cover in these two days together.

Let me make one point clear. I am not expecting to reach firm conclusions today or tomorrow. This is a long-term agenda. It may not even be fully realized with the next Medium-Term Strategic Plan.

As I have said before, my aim is to leave my successors with an organization that is in better shape than when I took office. A WHO that is fit for purpose: relevant, focused, and credible.

There are many others who will want to join in our strategic conversation. I welcome this. Over the next two days, I hope we can lay the groundwork for an exciting journey.”

### 3. SUMMARY OF DISCUSSIONS

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#### a) Initial reflections

1. There was general agreement that the Director-General's introduction raises fundamental issues about the role of WHO in a rapidly changing environment. Rather than seeing this as a symptom of an identity crisis however, WHO was applauded by several participants for clearly articulating problems that face many other specialised agencies.
2. It was also agreed that questions about the way WHO is financed cannot be tackled without prior discussion of priorities and the changing nature of WHO's core business and value-added. WHO's capacity to anticipate and respond to new trends in global health is good, but is not matched by its capacity to set priorities. The current Medium-term strategic plan (2008-2013), for example, is very broad in what it includes.
3. Health remains politically prominent as a global issue and a national concern. WHO has high brand value and social capital. Trust in the organization is one of its biggest assets. That said, other participants stressed the difficulty of persuading sceptical parliaments, and their constituents, of the value of WHO and the UN more generally - both in terms of their achievements and value for money. WHO needs to do much better in communicating how it adds value to development budgets of donor countries and the impact it achieves globally and on the ground.
4. There is no dispute that health is central to human development, but there are many different perspectives on how priorities in global health should be defined, and thus where the boundaries of WHO's work should be drawn. Questions were raised about the extent and nature of WHO's engagement in addressing the social determinants of health - of particular importance in relation to the growing burden of non-communicable disease. Similar issues arise with regard to WHO's engagement in public service reform and other expressions of the changing role of the state which will influence the organization and effectiveness of health systems; as well as in relation to the links between health and other areas of global and national policy such as trade, intellectual property, environment, economics, human rights and foreign affairs.
5. In whatever way these boundaries are defined, there are certain functions that only WHO can perform. The need to reach agreement on the nature and extent of WHO's functions which are deemed to be indispensable (as opposed to being complementary) was a recurrent theme throughout the meeting.
6. Given different perspectives on priorities, precision in the use of language becomes critically important. Concepts that are used to delineate different aspects of WHO's work such as health security, equity, vulnerability and development need to be more clearly defined.

7. WHO's functions and its performance need to be considered within the context of a decentralized organization: where should key functions be located in order to achieve the best results?
8. As a membership organization WHO must be relevant to all Member States. In countries with a WHO office, the aim should be to achieve a better match between the level of human and financial resource allocation and level of development and need in the country concerned. WHO should also re-evaluate how best to support countries that do not have, or no longer need, a physical presence.
9. Many stakeholders in global health take their lead from WHO (particularly in relation to major UN summits). Given the upcoming events in 2010, resolution of the issues raised at the meeting is thus a question of some urgency. At the same time, the process by which decisions with far reaching implications are determined must be inclusive. The purpose of this meeting needs to be seen as an opportunity to elicit views and frame issues, taking advantage of the wide range of experience around the table. Taking the process forward will involve all Member States and ultimately be taken up by WHO's Governing Bodies.

#### **b) Core business – towards some elements of consensus**

10. The meeting reflected a consensus around some elements of what should be regarded as core business. This should include work on setting norms and standards, across the whole range of public health issues. It is this role that establishes WHO as the world's technical health authority.
11. Similarly, WHO's normative and coordinating role in relation to surveillance and response to health threats should be considered as indispensable. This view has been reinforced by the Organization's performance in the response to SARS, avian and A/H1N1 influenza.
12. WHO has a key role in facilitating negotiations between Member States on issues of public health importance. The Framework Convention on Tobacco Control, the International Health Regulations and the Global Strategy on Public Health, Innovation and Intellectual Property are key examples. As health interacts with other policy areas, the demand for codes of conduct and other forms of negotiated agreement may well increase. It is equally evident that reaching common ground on highly politicised issues becomes increasingly challenging. So while it is clear that acting as convenor for, and provider of technical input to negotiations, is core business for WHO, questions remain about the range of topics that can be handled in this way, and the level of resources from the Secretariat that can be devoted to this purpose.
13. Participants spoke of WHO's role as the world's health conscience - drawing the attention of political leaders and their populations to the major drivers of health and disease. This means addressing difficult and sometimes sensitive issues - such as the impact of conflict, or the influence of industrial, trade or economic policy on health.

This does not mean being active in all these areas. Good information and analysis can be provided to others that are better placed to take action. It does though require that WHO review and revisit its role in health advocacy.

14. In the face of more, and more unpredictable, crises that impact on health WHO should maintain its role in humanitarian action. The role of the Organization in coordinating the health cluster in declared emergencies has been established and the priority is to carry this out effectively - sharing responsibilities with others as appropriate. Some participants noted the need for a closer relationship between humanitarian action and longer-term development work. Others urged that the concept of the health cluster, which has been effective in emergencies, might also find application in the domain of development.

### **c) A crowded environment for health and development**

15. In many low income countries governments seek to improve health outcomes with limited resources. They are faced with a proliferation of partners that all too frequently compete for resources, provide conflicting advice and influence priority setting in different directions. It is among these multiple players at country level where WHO's performance is most variable and its role least clear. This part of the report summarizes points made in the discussion about the changing environment. Subsequent sections then tease out some more specific points in relation to partnerships, country support and technical collaboration.
16. International resources for health have increased significantly, but at the price of greater fragmentation. Understanding the incentives that determine the structure and functioning of the international system is essential. At present they favour high profile, politically-sponsored, issue-specific, initiatives. Coordinating bodies too often take on a life of their own, or compete for funds with those they wish to coordinate. Small secretariats tend to grow inexorably, and mandates expand in proportion. Neither donor governments nor the countries they support speak with one voice. Changing this situation will be tough, particularly at a global level, given the limited evidence of political appetite for fundamental structural reform. Objectives therefore need to be realistic.
17. More challenging is the fact that the problems are system-wide and the solutions require action across several diverse global health organizations (within and beyond the UN) - but the structures of governance are organization-specific. The challenge therefore is to seek opportunities for consolidating governance in this domain of global health (see also discussion on governance in paragraph 45).
18. While global action is undoubtedly needed to rationalize the current system, taking a country perspective may offer greater prospects for improvements in the short-term. The Paris Declaration and the Accra Agenda for Action provide instruments that are readily applicable in the health sector. There is also already momentum to seek greater alignment around national plans - an area in which WHO is increasingly active.

#### **d) Partnerships**

19. Partnership with others is key in all aspects of WHO's work. The term covers the relationships with all the donors to WHO, with other UN agencies and with a wide range of partners in civil society and the private and voluntary sectors. While some partnerships are founded on contractual arrangements, all require trust. To focus the debate, participants sought to define different types of partnership and their implications for the business of WHO.

#### *Global level*

20. The broadest form of partnership is the development partnership envisaged by the Millennium Development Goals that promotes solidarity between nations and, thereby, a more equitable world. It requires that WHO recognize the inter-linkages between all the MDGs and the need for an integrated approach to their achievement.
21. At a global level, the meeting distinguished between partnerships that had been established primarily to raise and channel funds for specific purposes. Here the issue is one of clarity of role: ensuring that standards and protocols developed by WHO are used in the development and implementation of proposals, and that financing organizations resist the temptation to establish their own normative and/or technical support capacity. Better codifying the division of labour and responsibility - beyond just questions around technical collaboration - between WHO and the major funding partnerships was suggested.
22. More controversial is the role of global partnerships that see their role primarily in terms of advocacy and/or policy coordination. One view holds that such partnerships risk duplicating the convening and coordinating role of WHO. Problems arise particularly when the interests (and need for human and financial resources) clash with or undermine the capacity of the Organization in which they are housed.
23. The alternative view - equally strongly expressed - is that certain issues require a response that is both rapid, focused and that engages stakeholders - as equal partners - that are not automatically part of WHO's normal constituency. Proponents on both sides of the argument, however, acknowledged that there was a case to be made for all purpose-specific partnerships to have a finite lifespan (although there is currently no track record for any one of them to be closed down).
24. A common theme across the whole discussion of partnership returns to the notion of defining the core business and essential role of WHO. Thus, in any partnership, what is that WHO brings to the relationship that cannot be provided by others? Conversely, before starting a new partnership, is it equally applicable to ask what functions will it perform that could not be carried out by existing institutions?

### *Country level*

25. Partnership at country level is equally complex. It is useful to first separate out points which focus on the relationship between WHO, other technical and financing organisations and different parts of government. These are dealt with in the paragraphs which follow. WHO's broader role in coordination or facilitation of all partners at country level is addressed in the next section on country support.
26. Many participants spoke to the desirability of a more joined-up approach across UN agencies. There is evidence that in the right circumstances, with the right mix of personalities and support from host governments that the approach of "delivering as one" can have positive results. WHO was strongly urged to continue with its efforts in this direction, accepting the authority of others when it was appropriate to do so - proactively seeking a lead role where this can add value.
27. At the same time, there were some dissenting voices. Some see UN reform as an experiment whose results are far from guaranteed (and who prefer to revert to a situation where specialised agencies stick to dealing with their own natural counterparts at country level). Others feel that delivering as one would be taken much more seriously if the World Bank was more systematically engaged with other parts of the UN. And, lastly, some point out that WHO's normative work, which also requires activities at country level, does not always fit comfortably within the constraints of purely responsive UN-wide planning instruments.
28. Certain partnerships, however, are critical. It is clearly a priority that WHO improves collaboration with the World Bank and UNICEF. Too often conflicting messages are heard from these organizations.
29. WHO's natural partner at country level is the Ministry of Health. While that will always remain the case, WHO was urged to embrace other ministries (particularly finance and foreign affairs) and also to be more effective in forming a wider network of relationships with those that influence and inform national health policy - be they in central or local government, in parliaments or in civil society or the private sector.

### **e) Country support**

30. The conversation started by talking about country presence and coordination. As it moved on so the focus shifted. First, it was recognized that the issue is how WHO provides support to countries. In some it is through a physical presence, but in others it is not. It was suggested that WHO review the means by which it supports countries where it has no physical presence - particularly to make the idea of "graduation" away from the need for a country office more attractive to the countries concerned.

31. Secondly, in countries where WHO is physically present along with many other development partners the primary role is not one of coordination, but facilitation. In line with the Paris Declaration and Accra Action Agenda, articulating priorities, developing strategies, and preparing plans is a national responsibility. The role of WHO is to assist national authorities as they seek to coordinate development partners and ensure alignment with national priorities.
32. Robust national plans and strategies, developed and owned by national authorities, are the bedrock around which harmonization and alignment can take place. That said, participants recognized the challenges entailed in making coordination a reality. However, even if health, as was suggested, is the most difficult sector when it comes to coherence, the role of WHO is to improve the quality of national strategies and not act as the referee in determining their content. This remains the prerogative of government and its democratically-elected representatives.
33. Despite codes of practice and memoranda of understanding to guide behaviour, indiscipline among partners remains rife. Incentives for staff within organizations, including WHO, need to be aligned with the principles of the Paris Declaration to make a real difference.
34. Critically, circumstances in different countries are not the same. In some countries humanitarian aid is an immediate priority. In others there is no clear distinction between the need for humanitarian assistance and support for longer term development. The response of WHO, and other partners must be geared to individual country needs. Where capacity to coordinate on the part of government is limited, participants raised the question as to whether the approach of forming a health cluster - led by WHO - might be useful.
35. If WHO's facilitation role at country level is to be made more effective, financing for these activities must be secure. As noted earlier, a coordinated approach among UN or other agencies is unlikely to be effective if they are competing for the same money. If it is part of core business, it must be adequately resourced with core funds.
36. If facilitation at country level is to be a key component of WHO's core business, then specific outcomes and deliverables need to be defined in ways that make it possible to demonstrate WHO's effectiveness.

#### **f) Technical Collaboration**

37. What you call it makes a difference. This was said in distinguishing between technical assistance, implying a one-way provision of expertise, and technical collaboration where there is an explicit exchange and both parties stand to gain from the interaction. WHO was urged to play a greater role in facilitating this kind of exchange through south-south cooperation and triangular interaction between Member States.

38. Technical collaboration and support to countries has been and remains one of WHO's core functions - from the Constitution to the Medium-term strategic plan (2008-2013). It therefore should be of concern to WHO when it was made explicit that this is the area in which WHO's performance most needs to be improved.
39. The meeting heard plenty of practical advice: don't tell us what do, but provide us with advice on how to do what we think is a priority; don't parachute in and out, take the time to build local capacity - self-reliance is the key objective; bring in people with hands-on experience of the job to be done; the best advice comes from those that are closest to hand.
40. At another level, it was suggested that WHO should focus its technical support at a more strategic, or upstream level. This may in turn require different staff profiles in country offices - fewer people with greater breadth of experience. It will also pose a challenge in terms of how to measure the outcome of such support.
41. The demand for technical support has been greatly increased by the need for countries to prepare proposals for submission to global health initiatives. This has prompted suggestions that completely new approaches to technical cooperation are needed. Rather than seeing itself primarily as a provider of technical support, and thereby as active participant in proposal development and implementation, WHO should consider acting as a "broker" - helping national authorities access the best people and institutions; ensuring the quality of services provided; and building the requisite capacity in governments to manage the process themselves.
42. Lastly, the meeting was reminded that technical support is required not just at national level, but also to deal with cross-border threats.

### **g) Implications for governance**

43. Despite the complexity of the challenges, there was a broad consensus that they need to be addressed pro-actively and with real intent to bring about change, albeit without recourse to changing the WHO's Constitution.
44. The implications for WHO's role in governance that emerge from the discussion are at two levels. The first challenge recognizes that the proliferation of stakeholders and the complexity of the environment at a global level requires system-wide action. WHO - it was argued - should be a voice for "systemic rationality". In other words, when things are going wrong in the way global health organizations are working, WHO should ring the bell - drawing attention to problems and proposing solutions.
45. Beyond voicing concerns about irrationality, however, opinions were divided: between those proposing that WHO take on a stronger directing role in global governance, and, in contrast, those who see the need for WHO to more clearly "situate" itself as one actor among others - based on a better understanding of its comparative advantage.

46. The second main issue in relation to governance focuses on WHO itself. If it is acknowledged that in the modern world nation states are no longer the only or even the most influential actors in shaping global health policy, should governance of WHO not reflect this changing reality and become more inclusive of civil society and the private sector?
47. Options for how this might come about were briefly discussed. They include either a completely new forum - which would include all major stakeholders in global health (and which would be likely to focus primarily on development issues) or an add-on to the World Health Assembly in the form of a separate committee for non-state actors (the so-called Committee C proposal).

#### **h) Implications for financing: not more but better**

48. The way WHO is financed is the key determinant of how the Organization performs. Most participants recognized the difficulties inherent in the current situation where less than 20% of income comes from Assessed Contributions, and that the majority of Voluntary Contributions are highly earmarked for specific purposes. It was also acknowledged that with this division of income it would be extremely difficult to improve the alignment between resources and agreed priorities, but equally there was little prospect that Assessed Contributions would increase to past levels. New approaches are therefore needed.
49. To redress the current situation changes are needed both on the part of donors and on the part of the Secretariat. From the donor side predictability is key. WHO could not be expected to bring about complex management changes without the “space” provided by more predictable, long-term funding. In addition, it was important to avoid situations where, because of an insistence by voluntary donors on artificially low rates of project supports costs, assessed contributions end up being used to subsidise the shortfall.
50. Equally clear messages came from donors to the Secretariat, on the amount of funds carried over at the end of biennia and on rates of implementation, as well as the need for greater effort to speak with one voice when it comes to resource mobilization. More fundamentally, however, increasing donor support for more, and more flexible, funding will only result from greater clarity of purpose, tighter priorities, greater efficiency, excellence in delivery, and the capacity to communicate effectively to a wide audience about how and where results are being achieved. Good public communications, especially in donor countries, combined with effective country level performance - are key to influencing decision makers in donor countries.
51. The meeting heard some disquiet about the growing proportion of voluntary funding, and the extent to which WHO is thereby required to work more in the interests of a few states rather than its wider membership. Some saw the solution to this problem in widening the circle of voluntary donors - even if their absolute level of contribution

is relatively modest. WHO should continue to develop the dialogue it has begun with new and emerging donors.

52. Several participants spoke to the issue of new sources of financing. Why should WHO not seek funds through relationship with sporting entities in the same way as UNICEF? While retaining its independence and integrity, should WHO not look towards other sources of private sector funding? Some donors spoke of the growing trend towards pooled funding across agencies - particularly at country level. This will mean receiving monies from other agencies, rather from donors directly - or, indeed, handling funds which are then distributed to others. WHO already has started to access funds from the country-level MDG fund.
53. In addition to new sources, WHO was urged to consider new processes for raising funds that could increase predictability and flexibility. The meeting heard arguments in favour using a replenishment process based on clear priorities and an income plan and linked to governing body processes. IFAD was cited as an example of an UN body that has used this approach successfully.

#### **i) Going forward: a road map**

54. It was agreed that the strategic conversation at this meeting represents the start of a wider process. Hence the report identifies issues and raises questions for further debate. It does not make recommendations.
55. In summarizing the way forward the Director-General agreed that the next step was to inform Member States about this meeting, initially through her speech to the Executive Board. In the speech she proposed that a formal report would come to the Board in time for its meeting in January 2011 for transmission to the World Health Assembly in May of that year.
56. En route to this milestone, the views of all Member States would be solicited. This report will be transmitted with a note verbale to all missions inviting them to take part in a web-based consultation on the issues highlighted during the discussion and summarized above.
57. Regional offices may also consider hosting discussions during Regional Committees later in the year, where appropriate using participants from this meeting to provide some continuity on the main themes of the debate.
58. A consolidation of comments from all sources will be prepared in October 2010 and will form the basis for an Executive Board paper in January 2011.

## LIST OF PARTICIPANTS

- **Mr Bennani Abdellatif**, Director of Budget, Ministère de l'Economie et des Finances, Morocco
- **Mr Shaikh Altaf Ali**, Secretary, Ministry of Health and Family Welfare, Bangladesh
- **H. E. Mr F. Lopez Alvarez**, Ambassador, Ministerio de Asuntos Exteriores y de Cooperacion, Spain
- **Ms Reina Buijs**, Head of Health Section, Ministry of Foreign Affairs, the Netherlands
- **Dr Merceline Dahl-Regis**, Member of the Executive Board of the World Health Organization, Chief Medical Officer, Ministry of Health, the Bahamas
- **Ms Maria Luisa Escorel**, Minister-Counsellor, Permanent Mission of Brazil in Geneva, Brazil
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- **Mr Manfred Konukiewitz**, Head of the Global and Sectoral Policies Directorate Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung, (BMZ) Germany
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- **Mr Philip Yeo**, Special Advisor for Economic Development, Prime Ministers Office, Singapore
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*Invited but unable to attend*

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