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# THE WORLD HEALTH ASSEMBLY: REFORMING THE WHO AND GLOBAL GOVERNANCE FOR HEALTH

## O'NEILL INSTITUTE

The O'Neill Institute for National and Global Health Law at Georgetown University was established to respond to the need for innovative solutions to the most pressing national and international health concerns. Housed at the Georgetown University Law Center in Washington D.C., the O'Neill Institute reflects the importance of public and private law in health policy analysis. The essential vision for the O'Neill Institute rests upon the proposition that the law has been, and will remain, a fundamental tool for solving critical health problems in our global, national, and local communities. By contributing to a more powerful and deeper understanding of the multiple ways in which law can be used to improve health, the O'Neill Institute hopes to encourage key decision-makers in the public, private, and civil society sectors to employ the law as a positive tool to enable individuals and populations in the United States and throughout the world to lead healthier lives. For additional information, please visit [www.oneillinstitute.org](http://www.oneillinstitute.org).

The World Health Assembly (WHA) is underway this week, with an ambitious agenda of reform of the World Health Organization (WHO) and global governance for health—the norms, institutions, and processes that collectively shape the health of the world's population. This briefing from the O'Neill Institute discusses WHA agenda items of major importance.

## WHO REFORM

The WHO faces at least a \$300 million budget deficit and finds itself in an increasingly complex global health architecture characterized by great passion and innovation, but also fragmentation and lack of global leadership. Recognizing the need for reform to be more relevant to contemporary realities and to assume its proper global health leadership role, the World Health Organization is initiating a major reform process. The WHO Director-General's report on reform is available at: [http://apps.who.int/gb/ebwha/pdf\\_files/WHA64/A64\\_4-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_4-en.pdf).

The WHO reform agenda includes: (1) a proposal for a global stakeholders' forum to help shape the global health agenda; (2) clearer articulation of WHO's unique role and functions; and (3) managerial reforms within WHO to increase its accountability to Member States, improve organizational structure, and revise its human resource strategy.



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One thing to look out for: the risk that as WHO seeks to define and organize itself along particular functions, such key areas as human rights, gender, primary health care, and the social determinants of health, which are officially to be “mainstreamed,” could in practice see their place within WHO downgraded.

Last month in the Journal of the American Medication Association, O’Neill Institute Faculty Director, Lawrence Gostin, and Devi Sridhar from Oxford University offered five key proposals for reform. The JAMA article can be downloaded through: [http://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=1799432](http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1799432).

### **SRIDHAR AND GOSTIN PROPOSE:**

(1) Give Real Voice to Multiple Stakeholders

The WHO would be more effective by giving real voice and representation to key stakeholders, including civil society, philanthropies, businesses, and public/private partnerships.

(2) Improve Transparency, Performance and Accountability

Stakeholders demand clarity on how their resources will achieve improved health outcomes, as they shift towards results-based financing and performance-based measures.

(3) Exercise Closer Oversight of Regions

WHO headquarters should exercise more oversight and control over regional personnel and decision-making.

(4) Exert Legal Authority as a Rule-Making Body

The agency could exert normative power through innovative treaties (e.g., a Framework Convention on Global Health) or through “soft” power (e.g., codes of practice) with strong incentives for compliance.

(5) Ensure Predicable, Sustainable Financing

The WHA should set higher member state contributions, and consider higher overheads for voluntary contributions.

### **THE INDONESIA VIRUS SHARING CONTROVERSY**

In April, Margaret Chan, WHO Director-General, announced a landmark agreement on sharing novel influenza viruses and on equitable benefits for access to vaccines and pharmaceuticals. When Indonesia refused to share Influenza (A) H5N1 (avian influenza) with WHO, it raised a major global health and diplomatic challenge. One of the key questions that emerged was how developing countries would be able to access the vaccines and medicines needed to protect their populations against these viruses. The concern about lack of such access is what had prompted Indonesia to take its stand against sharing the virus with WHO.



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The World Health Assembly is expected to adopt a framework on pandemic influenza preparedness that addresses this issue (as well as sharing influenza viruses), though only in limited ways, making the framework historic yet still a work in progress. It encourages Member States to urge industry to contribute to a WHO stockpile of vaccine doses to be distributed to developing countries and to contain initial outbreaks, to implement tiered pricing schemes for vaccines and antivirals, and to transfer technology to developing countries for developing and producing influenza vaccines. However, the framework does not place binding obligations on states. The framework that the WHA is debating is at: [http://apps.who.int/gb/ebwha/pdf\\_files/WHA64/A64\\_8-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_8-en.pdf).

### **EMERGING GLOBAL HEALTH PRIORITIES**

As part of the WHA's packed agenda, there will be a major discussion emerging a global health priorities, including universal health coverage (draft resolution at: [http://apps.who.int/gb/ebwha/pdf\\_files/EB128/B128\\_R8-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB128/B128_R8-en.pdf)); health workforce (draft resolution at: [http://apps.who.int/gb/ebwha/pdf\\_files/EB128/B128\\_R9-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB128/B128_R9-en.pdf)); and national health plans, urging them to be based on primary health care principles and address social determinants of health (draft resolution at: [http://apps.who.int/gb/ebwha/pdf\\_files/EB128/B128\\_R12-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB128/B128_R12-en.pdf)).

The WHA will also be addressing long under-prioritized issues of injuries (in particular, child injuries, with draft resolution at: [http://apps.who.int/gb/ebwha/pdf\\_files/EB128/B128\\_R15-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB128/B128_R15-en.pdf)); and non-communicable diseases (draft resolution at: [http://apps.who.int/gb/ebwha/pdf\\_files/WHA64/A64\\_21-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_21-en.pdf)). The NCD discussion is preparation of the UN high-level meeting on that topic in September. The WHA will also cover more traditional and vitally important health issues as addressed by the Millennium Development Goals (draft resolution at: [http://apps.who.int/gb/ebwha/pdf\\_files/EB128/B128\\_R1-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB128/B128_R1-en.pdf)).

In the next O'Neill Institute briefing, we will describe a global social movement to restructure global governance for health even more dramatically—more in line with what is needed to resolve the unconscionable inequities that mark today's world: The Joint Action and Learning Initiative on National and Global Responsibilities for Health (JALI). JALI's aim is to establish a Framework Convention on Global Health—a founding vision of the O'Neill Institute●