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DECENTRALISATION AND WHO
REFORM: A BROADER PERSPECTIVE

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In light of the ongoing World Health Organization (WHO) reform process, the Permanent Mission of the Federal Republic of Germany to the United Nations Office and other international organizations in Geneva organized an event to discuss "Decentralisation in WHO: Advantages and Challenges" on 21 January 2013. Three perspectives were presented on that occasion: A broader perspective by Prof Ilona Kickbusch, a regional perspective by Zsuzsanna Jakab, and a perspective of the WHO Joint Inspection Unit by Istvan Posta. These presentations are available on the WHO EURO website through the following link: http://bit.ly/UqsKjE

This working paper is a slightly revised version of the presentation given by Professsor Ilona Kickbusch. It offers an alternative approach to decentralisation. The paper argues that the greatest challenges of the WHO reform are governance challenges. In principle, WHO with its three tiers of governance is actually better placed to act in a multi-level and multi-actor world than many other international organizations. Its challenge is to set itself up to do so much better than at present through adopting principles of network governance. This is a challenge not only to the Secretariat but also to the Member States and how they govern the organization.

The WHO must not only set priorities – it must apply foresight and become strategic in a new way. In order to ensure that health – in the broad sense of the WHO Constitution – is high on the global agenda WHO needs to adapt its own governance and capacities to a strategic and networked approach of work and make visible (and learn from) those experiences within the organization where this is already applied successfully.

Key Words

WHO reform, decentralisation, health governance, network governance, diversity management

LIST OF ABBREVIATIONS

BRICS   Brazil, Russia, India, China, South Africa
EU   European Union
FCTC   Framework Convention on Tobacco Control
HiAP   Health in All Policies
IHR   International Health Regulations
JIU   Joint Inspection Unit
PIP   Pandemic Influenza Preparedness
SDOH   Social determinants of health
UHC   Universal Health Coverage
WHA   World Health Assembly
WHO   World Health Organization

ILONA KICKBUSCH[1]
DECENTRALISATION AND WHO REFORM: A BROADER PERSPECTIVE[2]

INTRODUCTION

There are two types of decentralisation debate: one is related to the issue of administrative decentralisation etc., which I will not touch on as the other speakers will dwell on them extensively; the other starts from a more federalist type of thinking, based on the premise that **"the power to govern is shared"**. Constitutionally, this is the case for the World Health Organization (WHO) with its three tiers of governance, yet this has not yet been sufficiently addressed as a **strategic opportunity** in the changed global governance environment of the 21st century.

I will argue that, as we consider WHO's role in global health governance, we need to shift the debate from decentralisation to the broader perspective of network governance.

There is much analysis in political science that can help guide some of this thinking, such as the wide literature on governance in general, global governance, multi-level governance and, in particular, the diffusion of governance and network governance. At the Global Health Programme we have conducted some studies on governance for the WHO European region. [3,4] Based on this work, **I would argue that WHO, with its three tiers of governance, is actually better placed to act (in principle) in a multi-level and multi-actor world than many**

other international organisations. Its challenge is to set itself up to do so much more efficiently than at present by adopting the principles of network governance. This is a challenge not only to the secretariat, but also to the member states and how they govern the organisation. "In network governance compliance is ensured through trust and political obligation which, over time, becomes sustained by self-constituted rules and norms." [5]

CONTEXT

Clearly, the greatest challenges of the WHO reform are governance challenges. These can only be tackled on the basis of a clear analysis of the environment in which WHO now functions. As a result any discussion about the relationship between the different levels of WHO must be **related to this context**. One cannot make WHO work better if one does not have a shared view about what kind of environment it must act in and respond to in order to fulfil its functions. From this follows a strategic debate about what WHO considers to be its main role at this point in time. How does it want to **shape** this environment? In what ways does it need to **respond** to this environment – for example, how does the challenge of universal health coverage relate to the "new geography of poverty" [6], or in what way does globalisation **require WHO to increase its efforts to ensure collective action and global public goods for health?**

As new organisations arise – for example, regional organisations such as the EU, clubs such as BRICS and large foundations – and as more and more organisations have health as part of their brief and responsibility (and indeed, WHO, in terms of a Health in All Policies (HiAP) and social determinants of health (SDOH) approach, encourages them to do so), WHO must relate to these organisations **in new and flexible ways while maintaining a core identity related to what only it is able to do**. Health is a complex social issue and requires a strategic approach in order to deal with complex overlapping networks

5 This refers to an internal WHO debate related to the different levels of the organisation.
6 Sumner, A. and Mallett, R. The Future of Foreign Aid: Development Cooperation and the New Geography of Global Poverty. Palgrave Pivot, 2012.

and constituencies as **they cannot be 'coordinated' in the strict sense of the word**[7]. They require platforms that enable them to work towards policy coherence and facilitate collective action. Many of the issue-based global health networks are an expression of this, but there is still a long way to go in terms of the action required on the SDOH. WHO must organise itself so as to be capable of network governance within the organisation as well as within a networked environment.

BECOME STRATEGIC

The Joint Inspection Unit (JIU) report[8] also states that – and I would like to reiterate this – **WHO must not only set priorities, it must also apply foresight and become strategic in a new way**. In order to ensure that health – in the broadest sense of the WHO constitution – is high on the global agenda, **WHO needs to adapt its own governance and capacities to a strategic and networked approach of work, and to make visible (and learn from) those experiences within the organisation where this has already been successfully applied**. Accountability cannot be single, double or triple[9]; all must be judged on their contribution to the strategic goals of the organisation. Increasingly, these goals are linked not only to the many actors on global health governance – about which much has been written – but also to the actors from the many different sectors that impact on health and on the SDOH.

FOCUS ON COLLECTIVE ACTION SOLUTIONS

In the globalised world of the 21st century, it must be accepted that WHO is a hybrid of sorts: it is primarily a technical organisation, but with increasingly political overtones and a potentially significant impact on the commercial determinants of health. As health becomes

7 Hein, W. and Kickbusch, I. 'Global Health, Aid Effectiveness and the Changing Role of the WHO' in GIGA Focus, Number 3, International Edition, 2010. Available at http://graduateinstitute.ch/webdav/site/globalhealth/shared/1894/giga%20focus.pdf. (Accessed on 20 February 2013.)
8 Joint Inspection Unit (JIU). Review of management, administration and decentralization in the World Health Organization. Report. EB132/5 Add.6, 2013. Available at http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_5Add6-en.pdf. (Accessed on 20 February 2013.)
9 This refers to an internal WHO debate related to the different levels of the organisation.

increasingly important in the global environment, for foreign policy goals, for the global economy and for national progress, the interests that emerge will enter the organisation – and indeed they must **because the collective action solutions reside within the organisation, in particular through its normative and regulatory work**. WHO must become much more competent and transparent in navigating these waters and must adapt its internal structures and staffing profiles, as well as the way the secretariat and member states work together and how they engage with others. For example, in the Pandemic Influenza Preparedness (PIP) negotiations, it was the diplomats (chairs from the member states) that spoke to the private sector – not the secretariat. Clear modalities engender trust. **We have used the term 'health diplomacy' to refer to this kind of navigation and negotiation**. [10][7]

INVEST IN NETWORK GOVERNANCE

Manuel Castells [11] and Anne-Marie Slaughter [12] have both drawn attention to the network as a defining feature of 21st century **society and governance. Network governance requires a significant investment** in shaping such a mind-set and establishing mechanisms for working together. When **the power to govern is shared**, collaboration becomes the new imperative [13], but the WHO budget does not reflect this. For example, in my view, WHO must prioritise the implementation of its treaties and take an issue like the Framework Convention on Tobacco Control (FCTC) or the International Health Regulations (IHR) through all levels of the organisation (including at the level of the member states) with a clear strategic plan, lead regions and country offices who show 'what works'.

10 Kickbusch, I. et al (eds.). Global Health Diplomacy: Concepts, Issues, Actors, Instruments, Fora and Cases. New York: Springer, 2013.
11 Castells, M. The Rise of the Network Society – The Information Age: Economy, Society, and Culture. Volume I, 2009. Available at http://www.lavoisier.fr/livre/notice.asp?depuis=e.lavoisier.fr&id=9781405196864. (Accessed on 20 February 2013.)
12 Slaughter, A.-M. A New World Order. 2005. Available at http://press.princeton.edu/titles/7712.html. (Accessed on 20 February 2013.)
13 Paquet, G. 'The New Governance, Subsidiarity, and the Strategic State' in Governance in the 21st Century. Organisation for Economic Co-operation and Development (OECD), Future Studies series, 2001. Available at http://www.oecd.org/futures/17394484.pdf. (Accessed on 20 February 2013.)

This means investing time and travel, and resources. As the JIU states: "Coordination meetings require capacity, expertise and financing". Meetings of WHO representatives, of focal points, between regions, between regions and headquarters, and meetings with others etc. are highly relevant, whether virtual or face to face, and the resources – in terms of time and money – allocated to this are rarely sufficient. **Transparency and the flow of information are absolutely central to network governance** – between the various layers of WHO and, consequently, for the use of member states. **WHO needs a clearer understanding of how network governance within and outside of the organisation can be implemented**. It must focus on the interfaces and what it takes to manage them well, for example, through issue networks.

BUILD COMPLEMENTARY RELATIONSHIPS

Diversity is another characteristic of 21st century governance [14]. I believe, in this context, that it would be counterproductive to try to rein in the diversity of the regions; the question is not how can region X or region Y become more like the others, but how this **diversity works best for health and for WHO**. Indeed, the strategic issue is how to best make use of this diversity for innovation, for negotiation and for implementation. "Where there are system structures there are hierarchies of levels. Where there are system processes there are complementary relationships." [15] Therefore, the issue is to move from seeing WHO as a machine with wheels that seem to be operating independently of each other, to understanding it as a **complex adaptive system** that must work as one whole towards a common goal. In my view, this goal is to ensure global public goods for health.

14 Albrow, M. 'Society as Social Diversity: The Challenge for Governance in the Global Age' in Governance in the 21st Century. Organisation for Economic Co-operation and Development (OECD), Future Studies series, 2001. Available at http://www.oecd.org/futures/17394484.pdf. (Accessed on 20 February 2013.)
15 Lipnack, J. and Stamps, J. The Age of the Network: Organizing Principles for the 21st Century. 1994.

EXPLORE EFFICIENCY THROUGH NETWORK GOVERNANCE

However, this means – and this also applies to the member states – accepting a certain level of ambiguity that comes with complexity. [16] Systems theory clearly makes the point that overlaps can be productive and that it is good for the security of a system to have areas of inefficiency, because if one part of the system is weak, then other parts can fill a void. [17] This has happened on several occasions in WHO's history. **The innovation that is possible through a diversity approach** – examples are mentioned in the JIU report – **is a resource for the whole organisation, and should be used much more productively**. Some authors argue that network governance can actually enhance efficiency through distributed knowledge acquisition and decentralised problem-solving; effectiveness can be improved through the emergence of collective solutions to global problems. [18]

Ideally, there would need to be new types of global project teams within WHO that include expertise from the whole organisation (and sometimes beyond), which share budgets and accountability. As a result, strategies would not be reinvented but, instead, deepened at regional and country level, and supported by member states which speak with one voice throughout the organisation's governing bodies. However, there is still a long way to go!

EMBRACE DIVERSITY

In my view, the arbitrary delineation of regions is also not as negative as many make it out to be; small regions with large countries should invest in supporting populous countries, as they would

16 Pich, M. et al. 'On Uncertainty, Ambiguity, and Complexity in Project Management' in Management Science, vol. 48, no. 8, 1008–1023, 2002. Available at http://mansci.journal.informs. org/content/48/8/1008.abstract. (Accessed on 20 February 2013.)
17 Glouberman, S. and Zimmerman, B. Complicated and Complex Systems: What Would Successful Reform of Medicare Look Like? Commission on the Future of Health Care in Canada. Discussion Paper No. 8, 2002. Available at http://c.ymcdn.com/sites/www.plexusinstitute.org/resource/collection/6528ED29-9907-4BC7-8D00-8DC907679FED/ComplicatedAndComplexSystems-ZimmermanReport_Medicare_reform.pdf. (Accessed on 20 February 2013.)
18 Dedeurwaerdere, T. 'The contribution of network governance to sustainability impact assessment' in Thoyer, S. and Martimort-Asso, B. (eds.) Participation for sustainability in trade. Surrey, UK: Ashgate, 2007, pp. 209–228.

probably have much larger country offices, for example, and would require less support from headquarters or regional offices. Regional offices should ensure that countries have the necessary support to implement WHO resolutions and treaties; the FCTC and IHR would be examples of such issue networks throughout the organisation, to name but two central areas of work with significant global health impact.

The way forward, therefore, is not to make the regions more alike; the issue is to make them act as one towards the common strategic goals set by the member states. It requires more accountability on the part of staff at all levels towards organisational goals rather than towards programme interests. Steps have been taken in this direction, but they are not sufficient.

IT IS THE MEMBER STATES THAT ENSURE GOOD GOVERNANCE

Countries must get better at governing WHO and giving it the strategic direction that is critical for network governance. They should help ensure that only the best are selected to serve on the organisation's governing bodies so as to ensure collective decision-making by the Executive Board and its committees, and by the World Health Assembly (WHA). The regions can also help through briefing sessions for representatives, an approach that some regions have now embarked on. **The member states must invest in resources for governance** (take the meetings of the governing bodies seriously, exercise oversight, coordinate at home, speak with one voice at regional committees and at the WHA) and in country representations through health attachés in hubs of global health governance.

If the organisation is to act as one, **then regions should not act as blocks or compete with one another**, but, instead, interact based on their overlaps, be they common borders or joint problems. It must be ensured, at regional level, that the totality of regional members cannot be 'held to ransom' by the interests of a single block.

HUBS OF NETWORK GOVERNANCE

Clearly, the role of WHO country offices also changes significantly; they are hubs of network governance and they must play a central role in the overall strategic 'game' of the organisation. But they are still undervalued in most regions. But just imagine if WHO were able to fully support China and India in their efforts to establish universal health coverage (UHC), HiAP and SDOH, then how much would have been achieved for global health? Or imagine if WHO becomes a new type of broker for South–South cooperation for health. The heads of country offices should be regarded as critical health diplomats – and, again, only the best are good enough. We have fascinating information on their work through our online course in global health diplomacy.

But more focus must be placed on WHO representations in other centres of network governance: Brussels, Addis Ababa, Dakar, New York, Seattle etc. This will also be critical if emerging strategic focuses such as UHC, HiAP and SDOH are to be moved forward by WHO. In the spirit of network governance, WHO (the secretariat and the member states) should consider secondments to other major regional and global organisations – and vice versa. Perhaps some of the most important WHO staff will no longer work at WHO but, rather, for WHO in other places and organisations. Strength is gained through such relationships and by working at interfaces around critical issues.

IN SUMMARY

The WHO secretariat must ensure that policies are sound, that technical work is of the highest quality, and that the administration is efficient, accountable and transparent. The mantra is probably: **"Do less but ensure deep relationships through common goals, shared information, shared resources, shared work, aligned activities, shared responsibility and shared accountability."**

Network governance requires a flow of information around key strategic goals and it must be coordinated between the horizontal hubs. This will require a new type of organisational structure within WHO for strategic direction and cooperation and, to some extent, 'foreign policy'. It also requires a new type of strategic report, which would show progress on **how health has been strengthened though a global public goods approach throughout the global governance system** and at the level of the member states – and what WHO's contribution has been. **Let us shift the debate from decentralisation to network governance and make WHO fit for a multi-level and multi-actor world.**