



GLOBAL HEALTH PROGRAMME WORKING PAPER NO. 11 | 2014

# HOW SHOULD THE WHO REFORM?

AN ANALYSIS AND REVIEW OF THE LITERATURE

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# HOW SHOULD THE WHO REFORM? AN ANALYSIS AND REVIEW OF THE LITERATURE

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# CHAPTER 1

## INTRODUCTION

Andrew Cassels, Ilona Kickbusch, Michaela Told, Ioana Ghiga <sup>1</sup>

This bibliography reviews and analyzes published contributions on the subject of WHO reform. The publications included come from a mixture of academic institutions, individual commentators and think tanks. In addition to providing interested readers with a digest of current literature, part of the purpose of the review is to compare and contrast the debate in the “academic community” that is external to WHO, with the actual process of reform in WHO as it continues to be negotiated by Member States and the Secretariat. These issues are discussed in the analysis in Chapter 2.

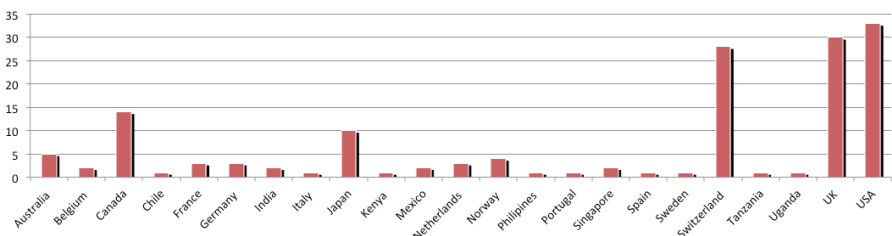
### Selection criteria

A search of PubMed, Embase, Scopus and Web of Science for articles published on the subject of WHO reform yielded 9575 titles. Searches were conducted using index terms, truncation and proximity. A manual research was also performed by hand searching journals; examining reference lists from already selected papers; and researching individual authors.

Eighty-three papers (listed in chapter 4) were considered for analysis. Of these, thirty-five were selected for further more detailed review based on the fact that they suggested concrete proposals for WHO reform or provided evidence on the need for reform. Articles were also included if they addressed WHO’s role in global health governance.

The geographical distribution of named authors is shown in Figure 1. While some authors had more than one affiliation, it is nevertheless obvious that the articles reviewed reflect opinion among academics in a very narrow band of countries.

Figure 1: Geographical distribution of authors



<sup>1</sup> Andrew Cassels was former Director of Strategy at the Director-General’s office at the WHO and is now Senior Fellow at the Global Health Programme. Ilona Kickbusch is the Director of the Global Health Programme at the Graduate Institute and Michaela Told works as well at the Global Health Programme. Ioana Ghiga is a Master of Public Health candidate at the University of Lund, Sweden.

## Structure

**Chapter 2** analyses common themes and divergent views that emerge from the bibliography and questions some of the assumptions that underlie reform in an intergovernmental organization. Despite some overlap, the publications included in the more detailed reviews (**Chapter 3**) fall into distinct categories. Organizing the review in this way provides a link to the analysis in Chapter 2. The literature review is structured as follows:

**Making the case for reform.** Several publications speak broadly of the need for change, identifying triggers and challenges facing the Organization.

**Focus and balance:** Many commentators note the multiple functions that WHO is asked to perform and the changing political and institutional context in which it works. This group of publications responds to this challenge by offering broad prescriptions as to future directions. While we see that a majority of those include argue for a greater focus on global functions in which WHO has a comparative advantage, this view is not unanimous.

**Specific proposals:** A third group of publications offers specific recommendations for change. In this group we see once again arguments for and against specific changes, such as greater openness to non-state actors.

**Insider views:** The least populated group (1 publication) seeks to explain reform from the perspective of the Secretariat. In contrast to many of the other papers in this bibliography that tend to speak of WHO as a unitary institution, the insider view seeks to understand the dynamics of reform in terms of the interplay between Secretariat and different groups of Member States.

**Chapter 4** lists the 83 articles reviewed.

## Caveat

Work on this bibliography took place prior to the major outbreak of Ebola in West Africa. WHO's role in the outbreak has been the subject of extensive comment in the world's media. While many would argue that the events of 2014 in West Africa add further weight to the need for change in WHO, they will be the subject of a future publication by the Graduate Institute, and are not discussed in this document.

## CHAPTER 2

# WHAT CAN WE LEARN FROM THE LITERATURE ON THE WHO REFORM?

The purpose of this working paper was to explore how closely the debate in the academic literature on WHO reform mirrors the debate in WHO's governing bodies. Is there, as some suggest, a complete disconnect, or does the analysis of external commentators match reasonably closely what is being discussed by Member States and the Secretariat? The analysis of the literature reviews in chapter 3 suggests that the answer to that question is mixed. In some areas there is close alignment, in others much less so. We also suggest that there are some obvious blind spots in the academic analysis of WHO reform.

### **A narrow spectrum of opinion**

Before looking at emerging themes and areas of congruence and divergence, it is important to recognize that the bibliography reflects a somewhat narrow band of opinion. As we saw in the introduction, the authors come from a limited range of countries and voices from low-income countries (with a few exceptions) are largely absent. This is reminiscent of the way the reform process in WHO began. The first web consultation in 2010 to which all Member States were invited to contribute attracted only 35 responses, all but one of which came from OECD countries. WHO watching is something of a minority interest. This is further reflected in the fact that several authors - a self-selected band of specialist WHO commentators - crop up at several points in the bibliography. Even more striking is the fact that around one-third of the articles reviewed have former staff members among their authors, many of whom have held senior management positions in WHO.

### **Areas of congruence**

Turning to the articles reviewed, there are clear areas of congruence. Throughout this review we see more or less unequivocal support for idea of a global health body with the mandate and constitution of WHO. The world, we hear, in one article after another, needs a strong WHO to direct and coordinate work in global health. While many argue for greater focus, there are no voices (at least in these articles) suggesting that WHO is just one health actor among many and

should seek a niche commensurate with its modest resources. Indeed, the dominant idea is that WHO should somehow be different and stand out prominently in an increasingly crowded landscape. However, beyond the idea of a strong WHO there is also a consensus - a litany of despair, anxiety, and frustration that - for one reason or another - the Organization's potential to fulfill the role for which it was established is not (or no longer) being realized.

### **Everyone agrees on the problems....**

There is consensus too about the factors that contribute to WHO's under-performance: it is overstretched and tries to do too much; it has no clear priorities; it has yet to come to grips with its place in the more crowded institutional landscape of global health; it is starved of predictable resources for its core work; it is dependent on earmarked financing that undermines priority setting; it is driven by the needs of a few donors rather than its membership as a whole; it fails to make the best use of its human and financial resources; it has an organizational structure which defies coherent management, and so on. Few would dispute this list and it matches closely the rationale for change proposed by the current Director-General when she initiated the process of reform.

Cracks in the consensus begin to appear, however, if we look at some of the fundamental choices suggested in these reviews about the role and purpose of WHO. The view is not unanimous, as the article on the BRICS countries shows, but the weight of opinion in these articles is very much on the side of WHO fulfilling a more global role and relinquishing functions better suited to a development agency. Even within the globalist camp, however, there are differences of opinion between those that see the future in terms of an elite technical organization (see for example, Bloom BR, 2011) and those that would argue for a more political role, defending the interests of health in a variety of different forums (e.g. Kickbusch I, 2013)

### **...they just don't agree on what to do about them**

These differences fade into insignificance, however, when set beside the current debate between Member States. On one hand, proposals for a greater focus on WHO's global normative role is regarded as a threat to be actively resisted by those Member States anxious to maintain a hands-on technical and financial presence in countries. On the other hand, proposals that WHO should focus more on legally-binding treaties and on using WHO's authority to influence policies in other sectors, are strongly resisted as an unnecessary and unproductive diversion by some Member States who see voluntary funding as a means of furthering their own development objectives. These critical, real-world dynamics seem to have been largely overlooked by academic commentators in this volume.



When it comes to priority setting WHO is pulled in fundamentally different directions. At the risk of caricature: WHO the normative and standard setting organization, focusing on the development, negotiation and monitoring of global public goods for health (the preferred option in much of the published literature); WHO the global (and occasionally regional) actor and activist in the cause of health, pursuing the causes and determinants of ill-health wherever they may be found; WHO the trusted technical adviser, friend of the Ministry of Health, and the acceptable face of the health and development community at country level. While it is obvious that to fulfill these expectations requires different structures, different modes of operation, different experience and skill sets – the working assumption in the Secretariat has been that WHO will always have to satisfy inherently conflicting demands. Academic commentators are clear in their own recommendations, but are generally silent as to why securing an agreement among Member States to focus on one role out of many is so elusive.

### **A more open WHO?**

At a level of principle there is widespread agreement that WHO should be more open to interaction with other actors that influence global health. Some authors (e.g. Richter J, 2014) remain fundamentally opposed to any interaction with the corporate sector, but looking across all the articles the idea that WHO should increase its engagement beyond member governments (with due safeguards, rigorously implemented) emerges quite strongly. If there really is this level of agreement, however, why it has taken so long to translate principle into practice?

Sadly, the academic commentators provide few insights and prefer to stick to their own pre- or pro-scriptions. We hear nothing, for example, about how the concern of Member States has shifted over time (from anxiety about the role of opposition groups posing as NGOs as the dominant discourse ten years ago, to one that is now more concerned with avoiding private sector influence on WHO's normative functions). Neither is there any analysis of the role or effectiveness of NGOs in influencing Member State positions, or indeed of how Member State views on engagement with non-state actors vary over time or by Region. While the different positions suggested by academic commentators in the bibliography reflect similar disagreements among Member States, they provide no real insight as to ways of resolving the impasse between those who advocate broader engagement and those, who for a variety different reasons, wish to keep WHO as a purely intergovernmental organization.

### **The role of academic comment: analysis or advocacy?**

The literature review highlights several characteristics of the academic literature on WHO. The most obvious, as we have seen in the discussion of non-state actors, is the preference for

prescription over analysis. The tendency is for authors to focus on what they think WHO should do or not do, rather than to provide fresh insight, based on analysis and evidence, as to why things are as they are, what constitute the major obstacles to change, and how these obstacles might feasibly be overcome. Even in the articles written by former staff members, we find little that helps the reader understand what is actually required to bring about the changes they are advocating.

Good ideas and provocative thinking are badly needed, and there are several articles among those reviewed that fulfill this role. Many people may not believe the idea of splitting WHO in two is particularly feasible or that Directors-General should serve only one seven-year term (see Hoffman SJ and Rottingen J-A 2014, and Clift C, 2014 respectively), but articles such as these can and do provoke discussion. Why would a split not work? Is it actually possible to draw a clear boundary between the technical and political aspects of WHO's work? What effect would a one-term Director-General policy have in practice? What would happen if Regional Offices became financially independent from Headquarters? You do not have to agree with the original proposal to find these questions stimulating.

The same thing could be said of the proposals for the development by WHO of a Framework Convention on Global Health (see Ooms et al, 2014; van de Pas R and van Schaik LG 2014; Sridhar D and Gostin L 2011). When the idea first emerged some years ago, it was provocative and stimulated a great deal of interest. However, it cannot have passed unnoticed by the authors of the recent articles that very few Member States have an appetite for embarking on such treaty negotiations; that there is little support for the idea from senior management in the Secretariat; and that other current treaty negotiations, with far more limited ambition, have made little substantive progress. Continuing to advocate for a framework convention is of course perfectly legitimate, but in the absence of any traction with key actors, it is hard to see this proposal as a potential influence on the reform of WHO or global health governance.

### **What drives change?**

Change of the kind recommended is never easy to bring about. Despite the merit of many proposals made in the articles reviewed, the force of logical reason alone (even when combined with publication in a prestigious journal!) is never going to overcome the resistance or inertia that is common to many large organizations.

External commentators say very little about the incentives that drive change in WHO. This is an important oversight. For example, if we take the broad recommendation from the reviews that WHO should fulfill a more global role and focus its resources on the development of global public goods, we find in practice that key incentives push the organization in a completely different direction.

Incentives take a number of forms. They are influenced by how WHO defines success. The current discourse on results borrows heavily from the field of development and the discipline of project management. The working assumption is that all activities must form part of a results chain and fit a theory of change that shows how outputs link to impact defined primarily in terms of peoples' health at country level.

This assumption is strongly reinforced by donors that provide the majority of voluntary contributions and by the processes of evaluation that they commission. As is recognized by several papers in this volume, OECD donors remain a dominant force in WHO. They too, however, are under increasing pressure from skeptical domestic constituencies and need to show value for taxpayers' money. They will thus increasingly favour those organizations that are seen to deliver a relatively narrow spectrum of development results (particularly related to the MDGs and their successors). Those that can absorb large volumes of cash, and take on a large part of the fiduciary risks entailed in spending it, thus become increasingly attractive. Competition thrives, evaluative instruments like Multilateral Organization Performance Assessment Network (MOPAN)<sup>2</sup> become the arbiters of success, and there is little distinction made between the roles of multilateral membership-based organizations and new hybrid partnerships. In short, if WHO's comparative advantage is indeed its global role, producing public goods that are of use to all its Members, the current system of financial incentives is counterproductive. Instead of supporting reform, one can argue that WHO is financed to carry out those functions that it is least well equipped to perform.

## Where to next?

The many fundamental questions raised in these articles about the role of WHO cannot be ignored. We hope that this annotated bibliography will provide a helpful overview and an incentive to revisit key issues related to the WHO reform. In recent months there has been concern that the reform process is making limited headway and risks becoming becalmed through a focus on managerial detail. This might change again as the Ebola outbreak in 2014 has given new impetus to revisit key questions such as the regional structure of the organization and its ability to mount a rapid response. The Executive Board in January 2015 will give first indications of the concerns that Member States will wish to address.

2 MOPAN is a network of 17 countries with an interest in the performance assessment of all multilateral agencies. See <http://www.mopanonline.org/>

We argue that the work of academic commentators remains critically important for the reform process of the WHO. From this first analysis we would like to suggest several steps forward:

### **Broaden the geographical base**

This overview has shown that the academic contribution to WHO reform is conducted by very few individuals and is concentrated in a few academic centres and countries; this geographical (or should we say geopolitical) distribution is of concern. Some of the think tanks - such as Chatham House in its study of the WHO - included individuals from around the world, this needs to be done to a much larger extent through global research partnerships. Foundations and other research funders will need to step up their support to academic institutes in the LMIC so that they can be fully engaged.

### **Broaden the inter disciplinary base**

The analysis of WHO reform is not sufficiently related to the broader academic global governance debate that is ongoing in many academic centres and think tanks. Academics in international relations and political science are only just beginning to consider global health and its governance - including the political determinants of health - as a subject of study. Some think tanks on governance and institutes of international relations are setting up global health programmes. Their distance from the object of study and their contribution through comparative analysis with other arenas of global governance could well benefit the analysis of WHO reform efforts and could lead to some innovative governance proposals that can inform the debate on the future of the WHO.

### **Conduct in-depth policy research**

Of greatest concern is that there has been little in-depth research of the reform process itself, of the interests and different positions of Member States of the WHO, the alliances established and influence of non-state actors on the debate. For example: why did certain proposals for reorganization - like the World Health Forum or the Committee C - not get accepted? What influence do major donors really have on the work of the organization? How does the technical-political interface of the work of the WHO function? How does the global health agenda oscillate between governance in Geneva and in New York? There have been increasing suggestions to strengthen the contribution of political science in the research of global health - this is surely one key arena in which should attract the interest of think tanks and academics engaged in research on global risks, global governance and global public goods.

**Create opportunities for a wider dialogue**

So far there have not been enough opportunities outside of the formal governance processes of WHO for Member States to hear the views of others that are passionate about the Organization - and for those that comment from the outside to understand better the positions of WHO's governmental members. Such dialogues could be organized by member states, by think tanks, academic institutions and by the WHO itself. To the extent that this bibliography does reveal a disconnect between the commentators and those commented upon, we strongly recommend the opening of a wider dialogue as one important way of bridging the gap.

## CHAPTER 3

# DETAILED LITERATURE REVIEWS

### 1. Making the case for reform

While many of the following articles include some proposals for change, their common theme is that WHO faces a crisis and that reform is essential.

**Chow, J.**

#### **Is the WHO becoming irrelevant?**

2010, Foreign Policy

Available at <http://bit.ly/Chow2010>

The article's starting point is that WHO's response to the Haiti's cholera outbreak was inefficient. The author, a former WHO Assistant Director-General, considers the agency as being "outmoded, underfunded and overly politicized" as well as understaffed. Furthermore, he considers that the organization is struggling to keep up with, rather than setting, the agenda for global health.

Having started with a critique on emergency response capacity, Chow goes on to note that insufficient human and financial resources are devoted to areas like cancer and diabetes. With regard to the organization's governance the regional offices are considered too detached from the headquarters, fostering an unhealthy competition between regions and between the regional level and headquarters.

The suggestions presented in the article for improving WHO are: (1) formulating a strategy that would permit WHO to dedicate more resources to country-level work - making the case that this would focus more attention on local health workers; would facilitate the sharing of information and resources; and lead to the provision of WHO expertise not only to governments but to NGOs (2) inviting independent health groups to take rotating seats on the Executive Board – similar to the UNAIDS model which has five NGO members.

**Graham, E.R.**

**International organizations as collective agents: Fragmentation and the limits of principal control at the World Health Organization**

2014, *European Journal of International Relations*, vol. 20, no.2, pp.366-390.

Available at <http://bit.ly/Graham2014>

Most of the literature addresses international organizations as unitary actors. Graham, however, uses “the principal-agent model” to make the case that the member states of an international organization such as WHO represent the collective principal, while the international organization bureaucracy which acts on their behalf is the agent. International organizations are, in the author’s view, subject to internal fragmentation leading to increased diversity and diminishing coordination among the forces that comprise the organization. A high degree of fragmentation leads to “low agent faithfulness” by diminishing the effectiveness of principals’ control mechanisms. These control mechanisms include: agent screening, oversight and agent sanctioning.

In the case of WHO Graham identified a high degree of fragmentation between the Geneva headquarters and the regional and country offices, especially during the 1980s and 1990s. This translated into limited oversight by headquarters and member states of work done at country level. Agent sanctioning was also limited, a situation that required that evaluation be improved. Graham finds that post-1998, the fragmentation was reduced but there is still evidence of structural fragmentation, which limits the “transformational potential of WHO leadership at headquarters” and is likely to influence negatively the learning processes inside the organization.

The use of the principal-agent model would not appear to add any significant new insight into a set of problems identified by many other authors. Neither does it lead to suggestions of how such problems might be more effectively overcome.

**Lee, K. & Pang, T.**

**WHO: retirement or reinvention?**

2014, *Public health*, vol. 128, no. 2, pp. 119-123.

Available at <http://bit.ly/LeePang2014>

The article reviews several reforms that WHO has undergone. It makes the case that initially reforms addressed mostly technical and internal administrative shortcomings. As globalization increased, however, WHO has had to face new challenges, raising questions on its capacity to

deliver results in line with the new roles that a changing global landscape requires. A growing dependence on earmarked voluntary contributions to WHO and increasing level of funding of other global bodies (such as the Global Fund, GAVI and UNITAID) are indicators, in the authors' view, of donors' doubts in respect to WHO's capabilities to deliver on a new agenda of global health problems. Moreover, fragmentation within WHO, along with the appearance of many other institutional actors leads to greater competition for donor attention, both within and beyond the Organization. Therefore WHO reform should address the way the organization is financed.

In this regard, the authors propose moving away from "donor friendly" activities towards meeting "humanity's collective health needs in a rapidly globalizing world of the twenty first century" with governance reform based on shared responsibility. This would shift the focus from the reform of a single UN organization to solutions for meeting these collective health needs. The authors call attention to the quality of the debates in the World Health Assembly: asking whether states are engaging in a meaningful way and whether all voices are represented. The notion of "cosmopolitan democracy", meaning an inclusive approach, offering voices to new players such as representatives of civil society, is considered appropriate in this context as new global actors would be given a voice leading to a more collective approach.

Lee & Pang also suggest that more binding authority might be needed together with a more "streamlined programme of work". The proposed solution for financing is a levy on global financial transactions that would create health externalities.

The article is part of the 2014 Public Health (Elsevier) series WHO: Past, Present and Future.

**Pang, T. & Garrett, L.**

### **The WHO must reform for its own health**

2012, *Nature medicine*, vol. 18, no. 5, pp. 646-646.

Available at <http://bit.ly/PangGarrett2012>

The WHO was created in the realities of the Cold War and was not designed for a new global order in which coordination of multiple actors is essential. WHO not only fails to fulfil this external role, internally it is struggling with budget problems and staff layoffs.

In this short opinion piece, the authors consider that the organization should pay more attention to its initial aim of being a knowledge broker and convene international negotiations leading to



binding instruments. The implementation of these legal agreements should be monitored by WHO. The credibility of the agency is linked to its normative influence, which should be exerted through all media, including the Internet. In this way it can reach a global audience that needs to be informed about the whole myriad of health issues WHO is dealing with.

The article further addresses the need to clarify the relation between Geneva headquarters and the regional offices, which today appear to act independently as separate organizations. The question of ensuring sustainable and reliable financing is discussed and the article offers the following solutions: practicing of currency hedging (due to the payment of staff salaries in Swiss francs); considering other financing mechanisms such as the creation of an endowment fund, a multilayer financing framework or the introduction of a Robin Hood tax on currency transactions.

Pang and Garrett also mention the need for employing a marketing strategy that would highlight the value of WHO's activities. The vision they have for the organization is that of "an aggressive and scientifically solid health leader".

**Legge, D.**

### **Future of WHO hangs in the balance**

2012, BMJ (Clinical research ed.), vol. 345, pp. e6877.

Available at <http://bit.ly/Legge2012>

Legge considers that the on-going global health crisis calls for a strong and effective WHO as this institution, due to its visionary constitution, benefits from a special position in global health. He stresses that the technical expertise and accountability to national governments that WHO has leads to trust in its recommendations. These together with the treaty making powers contribute to the unique place that WHO holds.

The article finds that the WHO's leadership role is endangered by the current financing mechanism which leads to donor dependence. Also human resource management, decentralization and lack of accountability of member states for their governing of WHO all contribute to the problems the organization is facing. Legge signals that decisions on contributions to WHO are not really up to the representatives of member states present at the WHA, but to the "politicians and bureaucrats in the capital cities of rich nations, where economic and foreign affairs portfolios hold sway". The author states that public health advocates should make rich countries accountable when

these put the interests of corporations above global health. Also low and middle-income countries should increase their assessed contributions in order to give their representatives a stronger voice for advocating for untied funding. Lastly, he mentions that organizations such as the WHO Watch should trigger more WHO and member state accountability by building networks between WHO's governing bodies and grassroots organizations.

**Collier, R.**

### **WHO reforms long overdue, critics say**

2011, CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne, vol. 183, no. 14, pp. 1574-1575.

Available at <http://bit.ly/Collier2011>

In this 2011 article, written following the first debate in the World Health Assembly on WHO Reform, Collier focuses on the scarcity of resources following the financial crisis and the consequent budget and staff cuts. Currency fluctuations between the US dollar and Swiss franc impacted not only projects but also staffing, and the article reports projected cuts of 300 jobs at the Geneva headquarters.

In terms of recommendations for future functions, the article just repeats a Center for Strategic and International Studies' report which advised WHO to leverage its core strengths: (1) public health surveillance, preparedness and disaster response, (2) global standard setting and regulation, (3) creating global partnerships to address emerging health priorities and (4) advocating for policy and behavior change to combat noncommunicable disease. The article mentions that the organization should focus on the problems of all member states and not set its priorities based on the needs of rich countries alone, which are its main donors. Between the two main functions it has today: creating global norms and standards and offering technical and financial assistance to member states and with the current financing structure WHO should focus on the former. The need for a new financing mechanism is signaled and the cited suggestions are: increasing member states contributions or increasing to 20-30 % the rate of overhead charges for voluntary contributions.

**Hawkes, N.**

### **Irrelevant” WHO outpaced by younger rivals**

2011, *BMJ* (Clinical research ed.), vol. 343, pp. d5012.

Available at <http://bit.ly/Hawkes2011>

The article’s starting point is the comment by Jack C Chow (cited above) that WHO is becoming irrelevant, underfunded and overly politicized. It reiterates, like many others the problems of unpredictable and inflexible financing and suggests that the establishment of organizations like the Global Fund, the Bill and Melinda Gates Foundation and GAVI “is a reproach to WHO” and that it looks “passé” in contrast to its deeper-pocketed and fleeter-footed competitors. While these points provide the headline, the more interesting analysis is of the proposal, contained in the original reform paper to the WHA in May 2011, to establish the first World Health Forum (WHF) in Geneva in November 2012.

The forum envisaged bringing together representatives of NGOs, private sector, academia and other organizations to increase coordination and collaboration between global health organizations. While the intent of the proposal was to increase coherence in global health and not to establish a new WHO governance mechanism, it was opposed by several NGOs representatives who were concerned about private interests influencing WHO’s governance and priority setting.

The article acknowledges the need to set priorities and cites for support a former WHO employee testimonial that suggests the organization is trying to do too many things; that there is no real power to make decisions that would lead to cutting of programmes; that internal departments are competing for funds; and there is “little sense of a united front and unwillingness to make sacrifices for the common good”. The points raised in this article highlight several of the issues around priority setting and the role of non-state actors that continue to dominate the reform agenda. These themes will recur in later sections of the bibliography.

## 2. Focus and balance

The articles in this section reiterate many of the issues in Section 1. In addition, however, they have in common the need to address fundamental questions about the overall purpose of WHO: what should be its focus and how it should balance competing priorities.

**Bloom, B.R.**

### **WHO needs change**

2011, *Nature*, vol. 473, no. 7346, pp. 143-145.

Available at <http://bit.ly/Bloom2011>

“WHO is increasingly being marginalized and underfunded”. So begins this article by Barry Bloom from the Harvard School of Public Health in the influential journal *Nature*, which appeared shortly before the first WHO reform proposals were presented to the World Health Assembly. WHO needs to change if it is to become a farsighted leader in global health, fit for today’s challenges. The changes need to stem from improving the transparency of WHO’s governance and financing as well as its responsiveness to countries’ needs.

WHO’s governance is seen as cumbersome and heavily politicized. The fact that the ministers of health -which are the ones who participate in the World Health Assembly (WHA) have a turnover of around two to three years, contributes to the organization’s slow response to various health emergencies. Regional structures with their great autonomy also attract criticism as their separate governance is considered to lead to an uncoordinated response.

While the article makes the case for reform in general terms, it points very much in a particular direction. Bloom suggests that WHO should seek to be the “paramount knowledge organization in global health” collecting and disseminating the best technical information. He envisages WHO as a “forum for stakeholders” to interact and agree on best practices, and proposes the creation of a central online repository to store all this data. WHO should thus be the international organization steering the agenda on priorities for research and innovation, making sure the needs of developing countries are not left behind. In achieving this role WHO should persuade its financiers to allocate more of its budget to the recruitment of the world’s best technical experts. With the aim of building more cohesion in the global health arena, WHO should encourage a greater focus on broader health issues and not just individual diseases. The web portal and reporting mechanisms for countries that solicit assistance should be made easier to navigate.

The article makes three recommendations for WHO: (1) to be more inclusive of civil society and the private sector (“the pharmaceutical industry, for instance, resents WHO’s essential medicines list”); (2) to be more transparent particularly in relation to spending at regional level, but also with regard to the Executive Board’s recommendations and voting and (3) it should introduce an external technical review process.

While the critique of why WHO needs to reform is wide-ranging, the focus on a purely technocratic future makes the recommendations rather narrower than they might appear at first glance.

**Frenk, J. & Moon, S.**

### **Governance challenges in global health**

2013, *The New England journal of medicine*, vol. 368, no. 10, pp. 936-942.

Available at <http://bit.ly/FrenkMoon2013>

This is the most cited article in the present bibliography. It addresses change in WHO from the broader perspective of global governance for health.

The key point that defines the changing role of international organizations like WHO is that the challenges brought by globalization - the unfinished agenda of infectious diseases, under-nutrition and reproductive health problems and the rise of non-communicable diseases - demand new rules of engagement with actors located outside the health care sector. Dealing with all these aspects demands clarification of the concept of governance for health. The lack of a government at the global level or of a hierarchical political authority makes the concept of global governance different from national governance.

The article maps the types of actors in the global health system: national governments (including the bilateral development agencies), United Nations system, multilateral development banks, global health initiatives or hybrids (such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi Alliance and Unitaid), philanthropic organizations (Gates Foundation), global civil society organizations and nongovernmental organizations, private industry, professional associations and academic institutions.

It also provides a conceptual framework for understanding the challenges facing global governance for health: challenges of sovereignty in a context of deepening health inter-dependence; sectoral challenges in ensuring that global health actors are equipped to take into account health

concerns impacted by trade, education, investment, the environment and migration; and challenges of accountability, both in terms of inter-governmental organizations being accountable to Member States rather than the people whose rights they are meant to uphold, and the lack of proper mechanisms for holding non-state actors accountable for their actions.

The authors propose four essential functions of the global health system: production of global public goods (research and development, norms standards and evidence to guide policy); management of externalities across countries (surveillance, coordination for preparedness and response); mobilization of global solidarity (development finance and technical assistance for countries and people in need); and stewardship (defined here as convening for negotiation and consensus building)

With regard to the WHO reform, Frenk and Moon stress that the functions of the institution should concentrate on the role WHO plays in the larger global health system. WHO should in particular be focusing on strengthening the production of global public goods and develop the stewardship competencies needed to better address cross-sectoral challenges.

**Kickbusch, I.**

**A game change in global health: the best is yet to come**

2013, Public Health Reviews, vol. 35, no.1.

Available at <http://bit.ly/Kickbusch2013b>

The article's main focus is on how health could be better positioned in the global public domain. The author highlights three new political spaces: the new development paradigm, the post-2015 debates at the United Nations, and the dynamics that result from addressing trans-border health challenges which result from globalization.

The article highlights WHO as a unique actor due to its treaty making powers, but with the weakness that it does not have the capacity to enforce these rules. The activities undertaken by the WHO are described as "expressions of network governance for global health that expand the global public health domain". WHO has a stewardship function within network governance. Kickbusch considers that central to WHO activities should be the core functions that produce global public goods for health (see Kickbusch 2013 (a) for a definition of global public goods for health). In order to facilitate this, WHO should consider adjusting its staffing composition and include more lawyers, policy analysts and economists. Due to the increasing role of the private

sector in health, the organization will also need to be equipped with staff who understand the transnational health industry and can analyze its strategies, economic and political impact. The article also calls for accountability and transparency for all actors in the global health arena. It notes the need to establish a system of accountability for the impact of actions in the global public health domain in its entirety. A suggested way is for WHO to establish an independent accountability agency or commission which would work on rules and criteria set by both member states and other involved health actors.

This article and that by Frenk and Moon have much in common - both positioning WHO as a political rather than a purely technical actor as envisaged in the paper by Bloom.

**Ruger, J.P. & Yach, D.**

### **The Global Role of the World Health Organization**

2009, "Global health governance : the scholarly journal for the new health security paradigm, vol. 2, no. 2, pp. 1-11.

Available at <http://bit.ly/RugerYach2009>

This article also explores the global role WHO should have in the 21st century global health landscape. Due to its core functions springing from its Constitution the organization is positioned to play an essential role in global health governance.

The authors simplify the core functions of WHO from the six in recent General Programmes of Work to (1) normative functions, (2) directing and coordinating functions for the global health actors and (3) research and technical cooperation functions.

In responding to a global environment characterized by globalization and pluralism, WHO must put a stronger emphasis on its role "in integrating, coordinating and convening the global health agenda" thus enhancing its global health functions.

The article proposes 3 examples of areas of work which WHO should support: (a) addressing aspects arising from trade problems concerning medicines through a legally binding instrument, (b) the coordination role of international legal and non-legal activities of different organizations, taking on a leadership role for a more coordinated decision making and (c) updating of the International Health Regulations.

The article makes reference to an earlier paper by: Jamison, D.T., Frenk, J. & Knaul, F. 1998, "International collective action in health: objectives, functions, and rationale", *Lancet*, vol. 351, no. 9101, pp. 514-517 which gives a sense of continuity in the evolution of thinking on WHO's role. In this 1998 article, which was written just prior to Director-General Gro Harlem Brundtland taking office, the authors distinguish only core and supportive functions. Core functions include the promotion of international public goods (now referred to as global public goods for health), while support functions address the needs of individual countries through technical cooperation and development financing. The article suggests that core functions should be the main focus of the WHO, while support functions should be part of the mandate of the World Bank.

**Kickbusch, I.**

### **WHO reform: a personal perspective**

2013, *Journal of public health policy*, vol. 34, no. 3, pp. 481-485.

Available at <http://bit.ly/Kickbusch2013a>

This article complements the four that precede it by looking at the consequences of uncertainty about WHO's overall role and by providing more insight into the nature of global public goods for health.

WHO's budget is small in comparison to that of other actors in global health and in relation to what is expected from the organization. This is seen as a consequence of member states not having a clear vision on what they would like WHO to be: a normative organization or a development-focused agency. Despite the numerous critiques WHO has been receiving, the organization has registered a series of successes which the article highlights. WHO has also been operating as a global health governance network hub and thus has developed a stewardship function. In the author's opinion, WHO should address the under provision of global public goods for health by developing global public policies, and by creating a culture for member states to practice "smart sovereignty".

Global public goods for health are characterized as those goods that transcend national boundaries and benefit numerous states and possibly future generations. Due to their transnational nature there is the question of who should finance this type of goods. Smart sovereignty would require countries to pool efforts in order to provide global public goods for health. To foster this culture change, WHO should center its reform strategy around governance. The author concludes that the role of civil society would be to advocate, especially at country level, for the practice of smart sovereignty; provision of global public goods; and new financing mechanisms that would finance their production.



**Meier, B.M. & Onzivu, W.**

## **The evolution of human rights in World Health Organization policy and the future of human rights through global health governance**

2014, *Public health*, vol. 128, no. 2, pp. 179-187.

Available at <http://bit.ly/MeierOnzivu2014>

The article explores WHO's role in the development and implementation of human rights for global health and, whilst supporting such a focus, questions whether the organization will advance these rights given its inconsistent track record in this area.

From the start, WHO was equipped through its constitution to advance human rights. But the realities of the Cold War forced the WHO Secretariat to focus on a technical mandate rather than creating a platform for promoting rights. Subsequently, the 'Health for all' strategy brought about a change in the WHO Secretariat's discourse that would become more human rights oriented. However, the lack of an UN treaty framework for primary health care reduced the Alma-Ata declaration to a weak commitment from states.

The HIV/AIDS crisis, initially characterized as it was by many infringements on individual liberties, offered WHO the opportunity to "apply interconnected human rights to address inter-sectoral determinants of HIV". However, the creation of UNAIDS which put human rights at the centre of its work, left WHO, once again, with a largely technical, health-sector-focused agenda.

The 1990s marked a new beginning for framing health as a human right in WHO and of efforts to mainstream human rights into its public health efforts (see for example, WHO's 2000 World Health Report on health systems). In 2003, a Human Rights team at WHO headquarters was created. In 2011, however, WHO human rights staff were shifted within the Secretariat became part of a department dealing with gender, equity and human rights.

The authors consider that it is not clear how this new structure will advance human rights in the growing global health governance landscape. In this regard they state that a human rights framework would benefit WHO. This effort would be anchored in the organization's international legal authority, it would help overcome the challenges brought by global health public-private partnerships, and would be supported by the proposed Framework Convention for Global Health (see following section).

**Chorev, N.**

## **Restructuring neoliberalism at the World Health Organization**

2013, *Review of International Political Economy*, vol. 20, no. 4, pp. 627-666.

Available at <http://bit.ly/Chorev2013>

The article investigates the relationship between international organizations and neoliberal economic policies, defined here in terms of market fundamentalism, anti-statism based on a faith in market-driven competition, with governmental oversight only coming into play in special cases of market failure. The basic idea proposed is that if neoliberal policies are imposed “top-down” by some nation states on others, then the same process is likely to apply to international organizations like WHO, given that many of the nations that espouse neoliberal values are also major donors. The conclusion, however, is that international organizations are capable of absorbing such pressures. It makes the case that they restructure neoliberal doctrine in accordance to their own institutional culture, using adaptive strategies that reduce the risks of compliance or resistance.

The argument is based on a series of crises that confronted WHO in the 1990s: (1) an authority crisis – due to the appearance of World Bank policies on cost-effective interventions based on DALY calculations, which is characterized as a rigid application of neoliberal economic theories that conflict with the more egalitarian Health for All policies being espoused by WHO; 2) a financial crisis – represented by the introduction in 1993 of the UN-wide zero nominal growth policy, which has resulted in a 20% decrease of budget in real terms, and a consequent dependency on voluntary contributions from a limited number of rich country donors; (3) a legitimacy crisis during Director-General Hiroshi Nakajima’s tenure which exposed the organization to criticisms of mismanagement, cronyism and corruption.

Director-General Gro Harlem Brundtland is said to have integrated WHO into the neoliberal environment, but done so in ways that avoided pressures that would conflict with the Constitution. The authors suggest that pursuing goals such as access to medicines by interpreting TRIPS agreement and creating and implementing the Framework Convention on Tobacco Control WHO demonstrated “strategic resistance”. In their view, for example, WHO avoided an explicit critique of market forces or an acknowledgement of the failure of self-regulation by making tobacco an exception from the general rule on health grounds. Even if health was promoted from an economic growth or development perspective, the authors argue that WHO’s actions altered neoliberal logic by attracting increased health sector funding.

From a theoretical perspective, the paper argues that when dependent on external forces, international organizations that choose not to comply work in two ways (1) by adherence to the external demands only after alignment with the organization's goals (in this case the WHO Constitution) or (2) reframing of the dominant logic in order for the organization not to be expected to comply with it anymore.

The article is relevant to this review in that it provides a different perspective on the need for and responses to change, albeit from some 15-20 years ago. It also provides a contrasting view to more recent critiques of reform that argue that reform is, precisely, a response to neoliberal forces and the influence of rich countries etc. (see for example Richter, J. 2012, "WHO reform and public interest safeguards: an historical perspective", *Social Medicine*, vol. 6, no.3. in section 3 below).

**Gautier, L., Harmer, A., Tediosi, F. & Missoni, E.**

### **Reforming the World Health Organization: what influence do the BRICS wield?**

2014, *Contemporary Politics*, vol. 20, no.2, pp.163-181.

Available at <http://bit.ly/Gautier2014>

The paper analyses BRICS engagement and their influence on WHO reform. The BRICS countries (Brasil, Russia, India, China and South Africa) have declared they are committed "to strengthen and legitimize the WHO as the coordinating authority in global health".

The authors conducted a qualitative study consisting of 21 key informant interviews with experts on, or political representatives of, the BRICS countries and/or specialists on the WHO reform process. No Chinese national was interviewed. The research focused on understanding whether BRICS countries work as a group in the WHO reform process, what kind of influence they have, and how and why they seek to influence this process.

Perhaps the most significant finding in the context of this review is that, in the opinion of the respondents, each BRICS country wanted WHO to maintain a full mandate, meaning both country assistance and guidance. This contrasts with the many articles that urge WHO to focus on its global and norm-setting roles.

With regard to the engagement non-state actors, one respondent mentioned that the BRICS countries are against working with private foundations and commercial entities as this would

impact WHO's integrity and would also limit the power of member states. Brazil, supported by a set of other countries, proposed the formation of an ethics committee that would address conflict of interests of WHO's donors.

The predictability and stability of financial resources is a concern as BRICS countries signaled the imbalance between the assessed and voluntary contributions. The study's respondents suggested that in their opinion BRICS will not increase their assessed contributions, as an increase in money to WHO will lead to an increase in the contributions to the entire United Nations system.

The article concludes that BRICS formally coordinated their position on general principles of support for the WHO reform through statements in Communiqués and Declarations, however they did not have a coordinated response on specific elements of the reform. Coordination was seen as opportunistic, with the desire to take advantage of the WHA and bringing certain health concerns forward in view of mutual gain. The authors consider that BRICS had and will continue to have increasing influence on WHO financing mechanism and governance.

### 3. Specific proposals

The articles in this section all make specific proposals with regard to different elements of reform. There is inevitably some overlap with the previous section as several proposals start from a more general perspective (e.g. focusing on WHO's global role) but then go on to make more specific suggestions.

**Clift, C.**

#### **What's the World Health Organization For?**

2014, Final Report from the Centre on Global Health Security Working Group on Health Governance, London: Chatham House.

Available at <http://bit.ly/ChathamHouseWHO2014>

This report is the product of a working group convened by Chatham House as follow-up to a conference marking the 10-year anniversary of the Commission on Macroeconomics and Health. The author provides a composite of views expressed rather than a consensus document.

The report addresses the new global health context WHO is operating in today; recommendations on what the organization should do in relation to its global role; WHO's governance in relation to the regions and countries; and the financing of the organization.

It provides three specific recommendations: (1) the core functions should be more explicit with regard to global health security, (2) the purpose of WHO should be to provide strategic technical assistance to its member states with a greater focus on global public goods and (3) WHO should undertake a human resources review and analyze whether staff competencies match the core functions and priorities of the organization.

On WHO's global role, the report proposes an internal separation between technical departments on one hand and governance and management on the other, with each part having its own Deputy Director-General. It also proposes that the mandate of the Director-General last 7 years without the possibility of re-election. It encourages new avenues for collaboration with non-governmental actors.

WHO's regional offices can be reformed by adopting one of two directions: either a move towards a unitary organization or a decentralized one. The proposal for a unitary model is to make WHO more like other UN organizations with clear lines of authority and accountability between headquarters, regional and country offices. The decentralization proposal would mean applying the Pan American Health Organization's (PAHO) model to the other regional offices. This implies that assessed contributions would flow from donors to the regional offices directly, without going through the headquarters in Geneva. The latter proposal would make regional offices depend on their own resource mobilization efforts without any subsidy coming from HQ, effectively therefore leading to complete autonomy. The recommendation for the optimization of the work being done by the country offices is a comprehensive and independent review examining how the staff there serves the needs of the host state.

According to the report, the problem with WHO's financing is primarily a consequence of the imbalance between the assessed and the voluntary contributions, rather than the overall quantum of resources available. The report suggests a review of the major cost centers concentrating on governance issues and cost-effectiveness. Such a review should provide information on how to increase the value-added of work carried out by regional and country offices, while decreasing administrative and management costs.

A companion report not included in this volume (Chatham House 2014, Shared Responsibilities for Health A Coherent Global Framework for Health Financing, Final Report of the Centre on Global Health Security Working Group on Health Financing, London: Chatham House) produced by a separate working group examines strategies for global health financing more generally and has much in common with articles on a framework convention for global health (see for example Ooms et al 2014 and Sridhar D and Gostin L 2011, in this section)

**Hoffman, S.J. & Rottingen, J.A.**

**Split WHO in two: strengthening political decision-making and securing independent scientific advice**

2014, Public health, vol. 128, no. 2, pp. 188-194.

Available at <http://bit.ly/HoffmanRottingen2014>

The article starts with a reflection on how the World Health Organization (WHO) initially came about, the context in which it has evolved and how its current form is in dissonance with today's realities. The authors consider that WHO is going through an identity crisis, as it is unable to meet its initial mission to be the world's leading technical organization on public health issues and at the same time provide a platform for efficient global health negotiations. The authors suggest that WHO's work in both domains is mediocre as the political dimension of the agency hinders the integrity of technical work.

In this regard, WHO's recommendations do not always reflect the best available evidence and also that other actors in the global health arena – such as the Institute of Health Metrics & Evaluation at the University of Washington are becoming more reliable and objective sources for health data. In addition, the coordinating role on international health work defined in WHO's constitution is not clearly translated into practice. The authors find the organization's staff ill-equipped to deal appropriately with the political aspects of global health work, as most employees have scientific and technical expertise and few have the training needed to conduct global health negotiations. Moreover, the use of Articles 18 and 19 in the Constitution, which refer to the power to create sub-agencies, and the power to adopt legally binding conventions or agreements respectively, has been limited.

The article does not suggest a radical change in the mission or core functions of the WHO but a structural change that would trigger a cultural transformation in view of the organization's fulfilling its potential. The proposed solution is a division of WHO in two. One part of the organization would be responsible for the technical issues and the other one for the political aspects. Each of these two would be run by separate secretariats with different boards that would come together at the World Health Assembly, where oversight would still be ensured by the member states. The reasoning behind this would be that the technical wing would become independent from political pressures, leading to a flexible and predictable budget; and decisions based on best available evidence, as well as better collaboration with non-state actors.

The article does not make a clear reference as to whether the financing mechanism should change or remain the same. The two chief officers that would be responsible for each part would have the freedom to appoint their own staff, including regional directors and heads of country offices. The article suggests this new structure can be achieved either by altering the WHO constitution or by creating a sub-agency under the current article 18.

The article is part of the 2014 Public Health (Elsevier) series WHO: Past, Present and Future.

**Ooms, G., Marten, R., Waris, A., Hammonds, R., Mulumba, M. & Friedman, E.A.**  
**Great expectations for the World Health Organization: a Framework  
Convention on Global Health to achieve universal health coverage**

2014, Public health, vol. 128, no. 2, pp. 173-178.

Available at <http://bit.ly/Ooms2014>

The authors anchor their proposal on the external role that WHO should play in the global health system. They propose a Framework Convention on Global Health (FCGH) in order to achieve Universal Health Care (UHC) globally. They see FCGH as an instrument based on the right to health, which would set standards and ensure financing for UHC. The article thus starts from a broad vision of global health.

WHO comes into the picture as the central broker for the FCGH and is considered to be the only actor that, by virtue of universal membership of member states, has the power and legitimacy to negotiate international law. In line with the objective of creating the FCGH the WHO reform should include the following actions: (1) member states should increase their untied contributions to the WHO budget, (2) WHO should frame UHC from a right to health perspective and incorporate human rights, equity and gender more into the current work its doing, and (3) other actors such as civil society should be more closely linked into WHO as this would counteract its democratic shortcomings.

The article is part of the 2014 Public Health (Elsevier) series WHO: Past, Present and Future.

**van de Pas, R. & van Schaik, L.G.**

## **Democratizing the world health organization**

2014, Public health, vol. 128, no. 2, pp. 195-201.

Available at <http://bit.ly/PasSchaik2014>

This article focuses on the question of whether WHO functions democratically, by discussing the legitimacy of transnational governance arrangements, in relation to the unique position WHO has in global health.

Output legitimacy, which the authors consider it has already, needs to be accompanied by input legitimacy which refers to the “diversity of representation and inclusiveness of all its –sovereign-member states”. More focus on democratic principles and less on national sovereignty is suggested (see also Frenk and Moon 2013, section 2).

Creating input legitimacy requires governance changes going beyond state representation. These changes would trigger a different type of representation and a different process of formulating policies, as well as new ways of ensuring predictable financing for key functions. The authors highlight the fact that WHO’s role in global governance is not sufficiently addressed by the current reform programme and that there is an overall lack of leadership among the many global institutions impacting health. The article states that a cross-sectoral policy forum should be institutionalized to help shape WHO policies. Democratizing WHO would also require a debate on its role and engagement at regional and country level. WHO should foster democratic health fora for policy dialogue at country level making use of its Country Cooperation Strategies.

The authors suggest that there is an agreement within the WHO Secretariat and some member states that the NGOs “bring a moral and qualitative strength to global health negotiations” and they mention the failed attempt to establish a World Health Forum (see Hawkes, N 2011) where a dialogue on future health priorities would have been discussed between various global health actors.

The issue of WHO’s financing is also discussed. Van de Pas, R. and van Schaik consider that governments should resolve the zero nominal growth policy imposed on the agency. While the current financial dialogue provides more flexibility and transparency, it does not address the core problem of the small proportion that assessed contributions represent in WHO’s budget. They propose two financing mechanisms: a) countries should have an agreed level of national revenues, which would be allocated to global public goods and multilateral institutions; and/or b) to develop an international taxation for health, which would finance WHO.



In conclusion clarity is needed with regard to the political-economical determinants that affect democratizing WHO. Civil society is seen as having a critical constructive role in this direction. The article is part of the 2014 Public Health (Elsevier) series WHO: Past, Present and Future.

**Sridhar, D. & Gostin, L.O.**

### **Reforming the World Health Organization**

2011, JAMA : the journal of the American Medical Association, vol. 305, no. 15, pp. 1585-1586.

Available at <http://bit.ly/SridharGostin2011>

WHO is seen as an irreplaceable actor in global health due to its constitution and global legitimacy. The article's starting point is Jack Chow's comments about WHO's relevance. The authors suggest that WHO is experiencing a leadership crisis especially in exercising its directing and coordinating authority function. A Global Health Forum is proposed as a way of engaging a broader range of stakeholders. The authors propose a lowering of the conditions for granting official nongovernmental organization status.

The authors note that a recent evaluation of multilateral organizations graded WHO as weak in cost-consciousness, financial management, public disclosure and fulfilling development objectives. The authors consider that WHO must facilitate stakeholders to monitor achievements.

WHO's decentralized structure is seen as a challenge for demonstrating results and following priorities. More oversight and control over regional personnel is advised.

The organization should exercise more its normative power by fostering innovative treaties, such as a Framework Convention on Global Health. This type of legislation should be complemented with soft law such as codes of practice and strong incentives for compliance.

The authors see higher Member State contributions as the ideal solution to WHO's financing problems. They caution that funding from new donors, such as foundations, the private sector and emerging economies is likely to result in earmarked contributions that will not resolve the underlying problem of ensuring predictable and sustainable financing. WHO could increase overheads charges to 20-30% for voluntary contributions, but they recognize the risk of donors directing their contributions to other players in global health as a result of this measure.

**Medico International**

**Time to untie the knots: the WHO reform and the need for democratizing global health**

2012, The Delhi Statement

Available at <http://bit.ly/MedicoInternational2012>

The piece is a statement from a number of civil society representatives who would like to stress the need for “effective and accountable global governance for health”. Recognizing the collective responsibility that health implies, the authors single out WHO as the directing and coordinating authority for actions geared towards achieving the right to health and universal coverage. They call for WHO to rediscover its multilateral identity and take advantage of the reform process to position itself as the health leader for health governance. They also stress the responsibility that lies with national governments and consider that there is a need for a clearer legal framework supporting the discussion on a framework convention on global health. Political coherence across sectors is encouraged.

With regard to WHO’s engagement with non-state actors the signatories call for a “robust mechanism to address conflict of interest” by creating a comprehensive framework to regulate this engagement.

Member states are encouraged to consider taxation and in particular progressive taxation, as a solution to gather the necessary resources to advance human welfare. A global framework centered on the principles of solidarity is proposed as well as increasing the financial contributions to WHO by its member states.

**Taylor, A.L., Alfven, T., Hougendobler, D., Tanaka, S. & Buse, K.**

**Leveraging non-binding instruments for global health governance: reflections from the Global AIDS Reporting Mechanism for WHO reform**

2014, Public health, vol. 128, no. 2, pp. 151-160.

Available at <http://bit.ly/Tayloretal2014>

The article focuses on the arguments for using binding and non-binding legal instruments for addressing different health challenges. Examining the global AIDS response, the authors advise that the international community, in the context of global health governance and WHO reform, should consider non-binding instruments more seriously.

The article offers an overview on how WHO should fulfill its international health lawmaking function, granted through its constitutional mandate. The authors draw attention to the following challenges that WHO needs to meet: (1) predictable and sustainable resources, including qualified human resources as they contribute to the ensuring oversight and implementation of binding and non-binding legal instruments; (2) ensuring legitimacy for the convening and brokering role for WHO at country and global levels by establishing trust, shared priorities and ownership of progress and challenges; (3) conducting successful negotiations and reporting adherence and outcomes which are also linked to the legitimacy of the legal instruments themselves and the institutional forum in which they are created. Legitimacy needs to be recognized by affected non-state actors as well as governments; (4) the successful implementation of the legal instrument requires continuous political support.

In conclusion, WHO needs to exercise successful leadership in order to expand its lawmaking role and strengthen its legitimacy in the global health system.

The article is part of the 2014 Public Health (Elsevier) series WHO: Past, Present and Future.

**Mackey, T.K. & Liang, B.A.**

### **A United Nations Global Health Panel for Global Health Governance**

2013, *Social science & medicine* (1982), vol. 76, no. 1, pp. 12-15.

Available at <http://bit.ly/MackeyLiang2013>

Due to the myriad of actors in the global health arena and the funding problems WHO is experiencing Mackey and Liang consider that the UN should be the organization to step in and address the deficiencies in ensuring good global health governance. It should do so through a UN Panel on Global Health, which would have a rotating permanent board supported by a technical group. The Panel would include representatives from other UN agencies, NGOs, foundations patient groups and private sector as well as elected member states representatives. WHO should chair this Panel. Participation fees would go into a general fund and not to specific projects. In the authors' view the Panel would avoid overlapping of efforts, ensure policy coherence and provide a forum for all actors in global health.

**Kickbusch, I., Hein, W. & Silberschmidt, G.**

**Addressing global health governance challenges through a new mechanism: the proposal for a Committee C of the World Health Assembly**

2010, *The Journal of law, medicine & ethics: a journal of the American Society of Law, Medicine & Ethics*, vol. 38, no. 3, pp. 550-563.

Available at <http://bit.ly/Kickbusch2010>

The article is one of the most cited pieces in the present bibliography. It anchors its main proposal in the WHO constitutional role of acting “as the directing and coordinating authority on international health work”. Considering the proliferation of actors in the global health space and the difficulty of achieving a democratic, transparent coordination of aspects in global health the authors of the article consider that WHO is the legitimate broker to establish such a coordinating structure. In addition WHO needs to engage in new ways with non-health actors that impact health. The organization needs to also perform its coordination role in regards to the development of legally binding instruments.

The article proposes the creation of a Committee C within the World Health Assembly (WHA) . This would be a forum in which non-state and state actors that impact health, but are not necessary governmental or inter-governmental, can be involved in a systematic way.

The authors suggest that WHO benefits from several types of legitimacy: formal-legal legitimacy, legitimacy derived from knowledge, expertise and evidence, moral standing and result based legitimacy. Creating Committee C adds an additional form of legitimacy - that of being the global health leader among the major stakeholders in global health.

The WHA is described as a “super-structural node” in global health governance, representing a unique place for health actors to meet. Facilitated by article 18 in the WHO Constitution, Committee C will deal with coherence, partnership and coordination between global health players. These would be able to present their plans and achievements to the delegates of the WHA leading to better accountability, transparency and coordination. Member states still maintain their sovereignty in the adoption of resolutions in WHA, as the stakeholders present in Committee C would not have the right to vote.

The proposals in this article are consistent with those presented in the article by Silberschmidt, G., Matheson, D. & Kickbusch, I. 2008, “Creating a committee C of the World Health Assembly”, *Lancet*, vol. 371, no. 9623, pp. 1483-1486. (Available at <http://bit.ly/Silberschmidt2008>)

**Third World Network****WHO: No consensus on draft policy on non-state actors**

2014, SUNS # 7777.

Available at <http://bit.ly/TWN2014>

In this article members of the Third World Network (TWN) critically analyze the framework and policy on WHO's engagement with non-state actors (NSAs) that was the subject of a two-day meeting prior to the 2014 WHA.

The key concern raised is that the lack of adequate safeguards to ensure that funding from NSAs, particularly foundations and the private sector, do not influence WHO's priorities and activities. Moreover, the proposed creation of a pooled fund to which donors would contribute and the Secretariat would be allowed to use as they see fit, is considered not to be sufficiently articulated and lacking a clear policy direction. In the absence of such a pool there should be provisions on establishing a ceiling for the financial and in-kind contributions from the private actors. Transparency should be sought by revealing also details of any donations.

A conflict of interest policy, which would have facilitated the understanding of the framework and policy was not provided for review. The possibilities of NGOs being able to second staff is also seen as dangerous as they can have unwanted influences on WHO.

**Richter, J.****Time to turn the tide: WHO's engagement with non-state actors and the politics of stakeholder governance and conflicts of interest**

2014, BMJ (Clinical research ed.), vol. 348, pp. g3351.

Available at <http://bit.ly/Richter2014>

Richter is concerned that the WHO's reform will expand the influence of business corporation and philanthropies over global public health matters and lead to a fragmented, plutocratic, global governance (see also Hawkes, N in Section 1).

She proposes a set of questions that the WHO reform should address in view of moving forward with the "Framework on engagement of non-state actors": (1) Why must WHO [...] enter into closer relation with corporations [...]? (2) Why must we ignore the blurring of the nature and roles, of actors through terms such as "stakeholders" and "non-state actors"? (3) Why do member

states find it acceptable that corporate donors can fund an international public agency? (4) What actions can member state take to increase their core contributions to WHO? (5) When will WHO finally work on the establishment of a genuine institutional conflict of interest policy with accurate definitions and effective procedures?

**Richter, J.**

### **WHO reform and public interest safeguards: an historical perspective**

2012, *Social Medicine*, vol. 6, no.3.

Available at <http://bit.ly/RichterJ2012>

In the context of the ongoing reform the article places special focus on the problem of conflict of interest and what are seen to be the predictable negative effects of public-private partnerships (PPPs) and multi-stakeholder initiatives. Richter considers that the reform should be used to tackle this overdue challenge of strengthening policies on conflict of interest and information disclosure. She proposes a set of questions that need to be answered when drafting such policies and emphasizes the need of political commitment in this direction (similar to the questions raised in the previous review).

Conflict of interest policies need to be accompanied by: high standards of ethical conduct, clear delineation of what is unacceptable and what is permissible, establishment of institutions that will monitor behavior, sanctions that will ensure compliance, solutions for situations where harm has been caused, and the provision of opportunities for public scrutiny. Clarity about the WHO's mandate, especially for its Secretariat, is seen as the most important safeguard in relation to conflict of interest.

The need to ensure better financing for the organization is highlighted. The author considers that the reform proposals follow the neoliberal agenda (see also Choren, N 2013 above), which undermines efforts to employ binding international regulatory frameworks. Her basic proposition is that there needs to be a halt to the funding from the private foundations and commercial sector.

**Kamal-Yanni, M.M.**

**Action to preserve WHO's core functions cannot wait for organizational reform**

2012, *Lancet*, vol. 379, no. 9813, pp. 309-6736(12) 60040-3. Epub 2012 Jan 13.

Available at <http://bit.ly/Kamal2012>

The article is linked to two other papers which pursue the same ideas: (1) Kamal-Yanni, M. and Saunders, P. 2012, "Urgent need for WHO's reform to prioritize core functions", *Lancet*, vol. 379, no. 9829, pp. 1878-6736(12) 60810-1. (Available at <http://bit.ly/KamalSaunders2012>) and (2) Saunders, P. & Kamal-Yanni, M. 2013, "Action to preserve WHO's core medicines-related roles--1 year on", *Lancet*, vol. 381, no. 9863, pp. 293-294. (Available at <http://bit.ly/SaundersKamal2013>) The articles are very focused in their scope and signal Oxfam's concerns with the inadequate funding of the Essential Medicines Department within WHO. This department is seen as having an "indispensable role in enabling developing countries to access affordable medicines". The authors extend their concern to other units that are facing financial constraints. Their point of view is that WHO should ensure funding from the regular budget for its core normative functions.

In the 2013 article, three new suggestions are added in regards to medical products. These are: (1) prioritization and restoration of activities that support member states to manage medical products, (2) adequate financing from the central WHO budget of medicines-related functions ensuring independence from individual donor's interests and (3) maintaining and increasing of technical expertise in countries through National Pharmaceutical Officers to build national pharmaceutical capacity for universal health coverage.

**Terry, R.F. & van der Rijt, T.**

**Overview of research activities associated with the World Health Organization: results of a survey covering 2006/07**

2010, *Health research policy and systems* / *BioMed Central*, vol. 8, pp. 25-4505-8-25.

Available at <http://bit.ly/TerryRijt2010>

The article is described as being the first comprehensive effort to offer an overview of the WHO headquarters research for 2006/2007. The study finds principally that WHO undertakes secondary research using published data, commissioning other institutions to perform the work through contracts or research grants.

In terms of resources 84% of WHO funding goes towards Type I diseases (communicable, maternal, perinatal and nutritious disease) with only 4% going to Type II (non-communicable diseases). This supports other studies that found WHO's resources skewed towards infectious diseases, influenced by the donors that provide earmarked funds. The authors conclude that there is therefore a close association between these donor's objectives and the research supported by WHO.

The authors also draw attention on the difficulty to conduct such a study and to obtain an organization-wide assessment of research activity. They consider that there is a need for agreed standards for research classification, methods for priority setting and a mechanism throughout WHO, or within the governance of global health research, for managing a research portfolio as a whole. They call for similar studies, such as the one they have conducted in the WHO Regional Offices.

These findings are presented also in the Stuckler, D., King, L., Robinson, H. & McKee, M. 2008, "WHO's budgetary allocations and burden of disease: a comparative analysis", *Lancet*, vol. 372, no. 9649, pp. 1563-1569 paper.

**Kickbusch, I. & Bonk, M.**

### **Making the World Health Assembly fit for the 21st century**

2014, *BMJ (Clinical research ed.)*, vol. 348, pp. g4079.

Available at <http://bit.ly/Kickbusch2014>

The article is a reflection on the 67th WHA. The magnitude of this event triggered considerations on how to optimize the WHA. Webcasting of all public sessions, considerations on a new location for running the meetings - as the Palais de Nations is too small for all the participants, and a timely distribution of documents are recommended.

The authors also signal the need for Member State delegations to come better prepared to the debates as this would avoid a lot of time-wasting and contribute to a more meaningful meeting. The media should be the ones who report on this aspect of the WHA so that the relevant voters and civil society can hold the state representatives accountable. The WHA needs to fulfil two roles: (1) becoming a hub of a global network of networks and a wide spectrum of stakeholders and (2) fulfilling its collectively norm, rules and standard setting role.



**Attaran, A., Benton, D., Chauvin, J., McKee, M. & Percival, V.**

### **Webcast the world health assembly**

2014, *Lancet*, vol. 383, no. 9912, pp. 125-126.

Available at <http://bit.ly/Attaran2014>

The article calls for the WHO's Executive Board to decide to webcast the World Health Assembly (WHA). The rationale behind this request is that civil society organizations – especially from low and middle-income countries and journalists cannot afford to physically be present in Geneva during the WHA. Furthermore, countries could also save on their expenses by limiting the number of participants in their delegations to the WHA.

Webcasting the event would lead to greater transparency and will enrich the debate, as information would be available in a timely manner to all interested parties. The authors also signal that WHO is the exception in the UN system, as the other agencies are already webcasting most meetings.

**Das, P. & Sotomayor, G.**

### **WHO and the media: a major impediment to global health?**

2014, *Lancet*, vol. 383, no. 9935, pp. 2102-2104.

Available at <http://bit.ly/DasSotomayor2014>

The article signals the media's discontent with the lack of access to senior staff during the 2014 WHA. Dr. Margaret Chan, other WHO technical experts and ministers were unavailable for giving interviews to members of the Association of Correspondents Accredited to the United Nations (ACANU). Despite acknowledging the fact that the WHA agenda was very crowded and not much free time was available, the media representatives consider that there should have been more availability to address the press as some of the targeted people were able to participate in WHO's daily digital event World Health + SocialGood.

Furthermore, there is an unwritten rule between the UN press corps and heads of UN agencies in Geneva that there should be at least one yearly discussion with the press. The authors are critical of WHO's reluctance to talk to the press, especially at a time when WHO is undergoing a reform process which should be scrutinized by the media.

**Kitamura, T., Obara, H., Takashima, Y., Takahashi, K., Inaoka, K., Nagai, M., Endo, H., Jimba, M. & Sugiura, Y.**

**World Health Assembly agendas and trends of international health issues for the last 43 years: analysis of World Health Assembly agendas between 1970 and 2012**

2013, Health policy (Amsterdam, Netherlands), vol. 110, no. 2-3, pp. 198-206.

Available at <http://bit.ly/Kitamura2013>

The authors analyzed 1647 agenda items of the World Health Assemblies (WHA) between 1970 and 2012 including 423 Health Matters. They found the following distribution: communicable diseases (107, 25.3%), health systems (81, 19.1%), non-communicable diseases (59, 13.9%), preparedness surveillance and response (58, 13.7%) and health through the life course (36, 8.5%). Despite the fact that the WHA agenda items cover a variety of items the article suggests that these items do not always properly reflect international health issues in terms of disease burden (examples of neglected issues include maternal and perinatal conditions, neuropsychiatric disorders, and road safety). The suggestion is that Member States should put together a more balanced agenda.

**DeCoster, K.**

**Is WHO ready for a rising Africa?**

2013, International health policies. Headlines in global health policies and reactions from global south experts

Available at <http://bit.ly/DeCoster2013>

The starting point of the piece is represented by the interventions of Richard Horton, Editor of The Lancet, during the 132nd Executive Board (EB) meeting. He accused the EB of “failed governance” and made several criticisms to the regional and country offices and suggested that they should be independently audited if reform was to be taken seriously. The author of the article considers that Horton’s criticisms were especially targeted at the AFRO regional office and its role in country support.

DeCoster enumerates the factors that impact this regional’s office performance: lack of capacity, organizational culture, staffing policies and financing issues. He stresses the need for WHO to address the regional challenges, as it is the only player that has the responsibility to undertake this endeavor. Recognizing the variety of countries that are included in this region, the article offers the solution of dividing the region into smaller, more easily manageable sub-regions.

#### 4. Insider views

The Secretariat's role in reform has been to prepare documentation for consultation with different stakeholders and for debate in WHO's governing bodies. These documents are not included in this bibliography. One published article, however, provides some insight into the reform process. It suggests that a closer reading of the views of different groups of Member States (beyond the usual division between donor countries and the rest), particularly in the areas of priority setting and governance, would be helpful.

**Cassels, A., Smith, I. & Burci, G.L.**

#### **Reforming WHO: the art of the possible**

2014, *Public health*, vol. 128, no. 2, pp. 202-204.

Available at <http://bit.ly/Cassels2014>

The article was written as a brief commentary in response to the special edition *Public Health* referred to several times in this review. It provides an understanding of the current WHO reform from the perspective of the WHO Secretariat. In line with the current reform programmes it is organized around three areas: priorities, governance and management. The authors provide a broad view of the ongoing process stressing the need for pragmatism and feasibility of reform actions.

Priority setting is considered a particular challenge as WHO is a multilateral organization where different member states have widely differing needs and interests. Governance is seen as having two dimensions: internal and external. The internal one is about the way in which WHO is governed by the member states and how the Executive Board (EB), World Health Assembly (WHA), regional and country offices function. The external dimension is concerned with the role of WHO in health governance at the global, regional and national levels and the Organization's engagement with non-state actors. The article acknowledges the limited progress made with both aspects of governance reform, but suggests that while some elements of reform are within the power of the Secretariat to progress, changes in governance require a consensus among Member States, which, as yet, is slow to emerge.

The authors also highlight the centrality of finance to the success of reform. They suggest that whilst a desirable solution would be for member states to increase their assessed contributions this is unlikely to happen in the near future. Therefore the focus of the financing reform has been on the way the budget is approved and financed. Member states exclusively now approve the priorities and programme to implement them at the WHA along with the budget in its entirety

- not just the use of assessed contributions as was the case in the past. Subsequently, a financial dialogue, open to all the WHO's financiers, in order to promote a more "open, transparent and collective discussion" on how a stable and predictable budget can be ensured. The alignment of the available finances with the set priorities remains the main concern.

## CHAPTER 4

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