Integrated PHM Commentaries on PBAC26 (18-19 May 2017) and EB141 (1-2 June 2017)

Contents

PBAC 2.1 Report of Independent Expert Oversight Advisory Committee

Contents

In focus

Highlights of the Advisory Committee report (in PBAC26/2) include comments on:

- the long-term unfunded liabilities of the Staff Health Insurance scheme and the suggestion that management continue to explore options on cost containment, reduction in coverage, and increasing revenue;
- the External and Internal Audit functions;
- the Internal Control Framework;
- risk management;
- funding shortfalls facing the new Health Emergencies Programme;
- post-polio transition planning;
- implementation of FENSA;
- evaluation and organisational learning.

PBAC advice on this report is in paras 2-6 of EB141/2 (PBAC report to EB141).

Background

Useful further reading:

- Internal audit report on Health Insurance;
- Internal controls framework;
- WHO principal risks (2017);
- A70/14 Add.1 - Risks ass'd with wind-down Global Polio Eradication Initiative (still not published on the day the PBAC meets!)
- A70/8 'The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme'
- A70/9 'WHO response in severe, large-scale emergencies'

PBAC 2.2 Compliance, risk management and ethics: annual report

Contents

In focus

PBAC26/3 discusses:

- accountability and transparency
- ethics
- compliance
- risk management

PBAC advice on this report is in paras 7-11 of EB141/2 (PBAC report to EB141).

Background

- WHO Accountability Framework 2015;
- WHO principal risks (2017).

PBAC 2.3 Reports of the Joint Inspection Unit

Contents

In focus

The Secretariat report (PBAC26/4) reviews recent JIU reports " that are of direct relevance to WHO and call for specific action at this stage" and reports on the implementation of recommendations

Background

The JIU index page for all of its reports is here.

Some recent JIU reports of broad policy interest:

- JIU/REP/2017/2 DONOR-LED ASSESSMENTS OF THE UNITED NATIONS SYSTEM ORGANIZATIONS
- JIU/REP/2016/10 KNOWLEDGE MANAGEMENT IN THE UNITED NATIONS SYSTEM
- JIU/REP/2015/6 REVIEW OF THE ORGANIZATIONAL OMBUDSMAN SERVICES ACROSS THE UNITED NATIONS SYSTEM
- JIU/REP/2014/6 ANALYSIS OF THE EVALUATION FUNCTION IN THE UNITED NATIONS SYSTEM
- JIU/REP/2014/1 AN ANALYSIS OF THE RESOURCE MOBILIZATION FUNCTION WITHIN THE UNITED NATIONS SYSTEM

JIU reports on WHO specifically:

- JIU/ML/2016/18 REVIEW OF THE ACCEPTANCE AND IMPLEMENTATION OF JIU RECOMMENDATIONS BY THE WORLD HEALTH ORGANIZATION (WHO)
- JIU/REP/2012/6 REVIEW OF MANAGEMENT, ADMINISTRATION AND DECENTRALIZATION IN THE WORLD HEALTH ORGANIZATION (WHO) Part I Review of Management and Administration of WHO
- JIU/REP/2012/7 REVIEW OF MANAGEMENT, ADMINISTRATION AND DECENTRALIZATION IN THE WORLD HEALTH ORGANIZATION (WHO) Part II Review of Decentralization in WHO
- JIU/REP/2001/5 REVIEW OF MANAGEMENT AND ADMINISTRATION IN THE WORLD HEALTH ORGANIZATION (WHO)

PHM comment

The PBAC commentary on JIU reports appears quite perfunctory. In fact several of the reports listed above are highly relevant to WHO.

EB141 6.1 Eradication of malaria

Contents

In focus

The Board will consider EB141/3 as a contribution to long term policy regarding malaria and the objectives of global malaria strategies. It starts with a reflection on the history of the 1950s Global Malaria Eradication Programme and subsequent policies, their achievements and obstacles. The report notes significant improvement in the global picture since 2000. The Secretariat believes that the time has come for a review of the eradication objective beyond the control / elimination objective. The report announces the formation of a strategic advisory group on malaria eradication and foreshadows a report to the Board in due course.

Background

The history of malaria eradication is summarised in EB141/3.

The new advisory group will need to explore these issues in much more detail including reviewing recent experience in different regions and with different species of mosquito and parasite. Hopefully the advisory group will also look at the research questions which need to be addressed before committing (again) to global malaria eradication. These should include feasibility and cost estimates associated with different scenarios.

Previous discussions of malaria at the EB and Assembly are linked from here.

PHM comment

Eradication appears to be theoretically possible, in particular, given the scope for improved technologies and public health strategies.

With the eradication objective comes an escalating increase in unit cost, measured perhaps as $ per DALY averted; the cost of the ‘last mile’. The opportunity costs of such programming, meaning the benefits which could be achieved by committing such resources to other priorities would be huge.

Malaria prevalence is in part a function of infrastructure development which is in turn dependent on economic and social development. The wisdom of proceeding with such an objective when the environmental conditions in so many parts of the world are so challenging: substandard housing and drainage in cities and a variety of risk environments in rural areas, in particular in the context of a global economic environment which is driving

widening economic inequality and a global security situation driving record numbers of asylum seekers, refugees and migrants.

Malaria control depend on strong public health infrastructure, embedded in effective and efficient health systems. Undoubtedly externally funded vertical programmes have contributed to the improved situation over the last two decades. However, externally funded vertical programs also contribute to fragmentation of health systems and have a significant transaction costs.

Climate change is mentioned in this brief report. More detailed consideration, included in Ch 11 of WG2's report prepared as part of the Fifth Assessment Report of the IPCC, suggests that minor changes in regional climate can have a disproportionate impact on transmission.

In the shadows behind such debates is the dance of legitimation; the continuing need of the global elite to be able to point to the benefits of neoliberal globalisation and economic integration, as part of stabilising a global regime which is damaging the planet and driving economic inequality. Improving health statistics serve this purpose.

The research and analysis that the advisory group will produce will be very useful. However, PHM is extremely sceptical about the wisdom of reorienting global malaria programmes around the eradication objective in the present circumstances.

EB141 6.2 Rheumatic heart disease

Contents

In focus

EB141/4 is a short overview of the epidemiology and public health principles for the prevention, control and elimination of rheumatic fever. It summarises barriers to progress and recommends actions for member states and outlines actions for the Secretariat.

A resolution is likely.

Background

The overview provided in EB141/4 is comprehensive and useful. The omission of reference to skin disease as a precursor to rheumatic fever should be corrected in future iterations.

PHM comment

PHM commends the Secretariat paper and urges the Board to endorse and progress the strategies set out in the report.

It is useful to underline the emphasis in the report on integrating the prevention and management of rheumatic fever in existing strategies and community programmes; and hence the importance of health systems strengthening oriented around primary health care.

It is also useful to underline the mention of poor housing, overcrowding and delayed access to primary health care.

EB141 7.1 Governance reform: follow up to decision WHA69(8) (2016)

Contents

In focus

EB141/5 is about how the officers of the EB might rate and rank proposed items for the EB agenda with a view to keeping the agenda manageable.

It complements but is essentially independent of a comparable item considered by WHA70 which is about rule changes to give the EB greater discretion in preparing the agenda for the Assembly.

Background

The origins of WHA69(8)

Governance reform was adopted as one of the three main poles of the WHO Reform program in Decision EBSS2(2) adopted at the Second Special Session of the EB (EBSS2) in November 2011.

Governance reform included ‘methods of work of the governing bodies’ and ‘the alignment of governance across global and regional governing bodies’. Not much progress was made until Jan 2015 when in EB136(16) the EB established the Member State Consultative Process on Governance Reform.

In Jan 2016 (through EB138(1)) this morphed into an Open-ended Intergovernmental Meeting on Governance Reform. The work of the Meeting commenced with a working group (report here) and then two member state meetings.

The member states were able to agree on very few of the recommendations of the working group and in A69/5 reported to WHA69 (May 2016) on what was agreed (or not).

The Assembly adopted decision WHA69(8) which sought to progress the agreed recommendations of the Open-ended Intergovernmental Meeting (A69/5).

The decisions in WHA69(8) included:

- developing a forward looking schedule for the agenda of the EB and WHA;
- tighter agenda management for the EB and WHA;

- proposals for closer correspondence between hours available and number of agenda items;
- tightening the rules for additional, supplementary and urgent items;
- better use of information technology to support governing body meetings;
- improved senior management coordination;
- publication of delegations of authority and letters of representation;
- consideration by RCs of procedures for nomination of regional directors, in accordance with WHA65(9), 2012;
- improved transparency of process for selection of ADGs;
- strengthened planning mechanisms (eg category networks and the results chain);
- enhancing alignment between RCs and EB as provided in para 4 of WHA65(9);
- strengthening oversight functions at the RC level (initiatives in WPRO and EMRO noted);
- strengthening WHO cooperation with countries (improved reporting from regional and country offices to RCs; a biennial WHO country presence report (EB140/INF./2).

A range of these issues were considered by the EB140 in Jan 2017 with a range of Secretariat reports and proposals (linked here) and extended discussion (PSR16).

The item now before the EB141 deals with one very specific aspect of this agenda, namely the control of the Board's own agenda by the officers of the Board.

Previous discussions of methods of work and the follow up to WHA69(8) are linked from here.

PHM comment

The proposed criteria and considerations for accepting new items onto the EB agenda appear quite sensible.

Hopefully the rest of the recommendations of WHA69(8) are also being progressed.

EB141 7.2 Evaluation: annual report

Contents

In focus

EB141/7 describes the decision framework and policies and procedures governing WHO's evaluation function including the requirement for an annual report to the EB.

It describes a range of evaluations undertaken in the last year.

The report emphasises the commitment to strengthen the organisational learning aspect of WHO's evaluation function; evaluations for learning rather than solely evaluations for accountability.

Background

EB130 5(iv)

EB131 5

EB132 13.2

EB135 6.1

EB137 8.2

EB138 12.1

EB139 7.1

PHM comment

Recent PHM commentaries on WHO's evaluation practices include:

- PHM comment on Evaluation annual report (Item 7.1) at EB139
- PHM comment on the Evaluation update and workplan (item 12.1) at EB138
- PHM comment on Evaluation annual report (Item 8.2) at EB137
- PHM comment on Evaluation progress and workplan (Item 13.1) at EB136

EB141 7.4 Hosted partnerships

Contents

In focus

EB141/8 reports on hosted partnerships in general including implementation of the policy adopted in WHA63.10.

EB141/8 also provides a summary report on recent developments in selected WHO-hosted partnerships:

- the Alliance for Health Policy and Systems Research;
- the European Observatory on Health Systems and Policies;
- the Partnership for Maternal, Newborn and Child Health; and
- UNITAID.

In EB141/9 a more detailed review of the work of the Alliance for Health Policy and Systems Research is presented.

Background

EB132/5 Add.1 describes WHO relationships as including:

- WHO-hosted partnerships:
    - Global Health Workforce Alliance (GHWA),
    - Partnership for Maternal, Newborn and Child Health (PMNCH),
    - UNITAID,
    - Roll Back Malaria (RBM), and
    - Alliance for Health Policy and Systems Research (HPSR).
- United Nations Joint Inter-Agency programmes (eg UNAIDS),
- UN Inter-organizational facilities (eg UN International Computing Centre),
- Secretariats hosted in WHO pursuant to an international convention such as the WHO Framework Convention on Tobacco Control
- WHO co-sponsored programmes (integrated within WHO programme and accountability arrangements but are financially and/or programmatically co-sponsored by a number of other agencies): include the
    - Special Programme on Research and Training in Tropical Diseases (TDR);
    - the Special Programme of Research, Development Research and Training in Human Reproduction (HRP);
    - the African Programme for Onchocerciasis Control (APOC),
    - the Codex Alimentarius Commission and
    - the Global Polio Eradication Initiative (GPEI)

- Informal networks and alliances established by WHO to assist it in implementing its programmatic activities (have no formal governance structure and are predominantly led and managed by WHO).

The Dec 2014 list of partnerships and collaborative arrangements here includes a number of collaborative arrangements which are not hosted by WHO and in which WHO is simply a member. (This group includes IMPACT which is no longer listed as a 'hosted' partnership but whose website continues to be hosted by WHO. See Shashikant 2010 for more on IMPACT.)

The Policy on WHO engagement with global health partnerships and hosting arrangements (the "Partnerships Policy") was adopted in 2010 by the Sixty-third World Health Assembly (in resolution WHA63.10).

Decision WHA65(9) is an omnibus decision on WHO Reform. Para 9(c) requests a report to the EB132 on hosted partnerships and lists the principles that should guide the DG in managing such partnerships. EB132/5 Add.1 responded to this requests.

Decision EB132(10) (2013) requested the PBAC to arrange for regular reviews of WHO hosted partnerships.

Previous reports submitted under this mandate include:

- EB134/42 (Jan 2014),
- EBPBAC22/2 (May 2015), and
- EB138/47, EB138/47 Add.1 (GHWA), and EB138/47 Add.2 (PMNCH) in Jan 2016.

Previous discussions of WHO's hosting partnerships including PHM commentaries are linked from here.

PHM comment

Clearly it is essential for WHO to be able to build relationships with a wide range of players with commitments in particular policy areas. The most appropriate arrangements will vary according to the field. In some cases formal 'partnerships' (hosted with WHO or otherwise) will be appropriate; in some cases informal networks managed by the WHO secretariat might be more appropriate.

The review of hosted partnerships in EB141/8 (and earlier reports such as EB138/47) point to some of the strengths of such networking.

The reviews of the GHWA and the MNCH Partnership in EB138/47 and of the Alliance for Health Policy and Systems Research in EB141/9 provide useful insights into the drivers and rationale for such partnerships and the kind of work undertaken.

Partnerships can help to strengthen the local constituencies for public health and in doing so strengthen the accountability of governments. Partnerships can also undermine the sovereignty of the World Health Assembly if the partnership is dominated by a particular clique of donor states and/ or private sector entities with commercial interests in the directions that health policies take. This risk was exposed clearly in the case of IMPACT (see Shashikant 2010). See also our comments in relation to WHO's close relationship with the roads lobby in our comment on Item 6.5 at EB138.

Where the interests of certain member states and commercial sectors run counter to the commitments of the WHA there is a risk that ‘partnerships’ become platforms for caucusing and strategising in the pursuit of vested interests. Clearly WHO should not endorse or legitimise such ‘partnerships’ through hosting or membership.

It is obvious that hosted partnerships such as the GHWA and the PMNCH also include members and partners who have specific interests which are not always fully aligned with the policy directions mandated through the WHA. However, such conflicts of interest can be managed within an engaged policy community with transparency, and appropriate safeguards.

The risk is heightened when particular players have much greater power than others, either through finance or access to knowledge and technologies. This applies particularly to partnerships which are dominated by donors and by rich northern universities.

Donor funding of partnership programmes is part of a larger problem; namely the donor chokehold over WHO. The direct funding of partnership programmes while refusing to untie funds to WHO and refusing to increase assessed contributions is part and parcel of donor control and the disempowerment of the governing bodies.

The funding of the PMNCH to produce ‘knowledge summaries’ may be an illustration of this. The knowledge summaries appear to be informative, reliable and strategic but this kind of knowledge brokerage is one of the core functions of WHO. There is no reason why WHO itself should not be doing this work.