

**INTERGOVERNMENTAL MEETING ON WHO'S PROGRAMME AND PRIORITY
SETTING: COMMENT ON WHO DOCUMENTS**

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Purpose of MS meeting on 27-28 February

The intergovernmental meeting scheduled for 27-28 February is being convened as part of a broad programme on the reform of WHO which includes among others the reform of WHO's financing and management.

The main purpose of the intergovernmental meeting is "to make recommendations to the Sixty-fifth World Health Assembly on the categories, methodology, criteria and timeline for programmes and priority setting in order to serve as guidance for the development of the next and future general programmes of work, recognizing the important linkages to other elements of the WHO reform process" (See decision EB130/6).

According to the Executive Board decision EB 130(6), the specific purpose is to:

- (i) to review and consider proposals on priority setting contained in document EB130/5 Add.1 taking as a basis for priority setting: country needs, the relevance of WHO for all countries, its specific comparative advantage and its leading role in global health;
- (ii) to elaborate methodology, criteria and the timeline for the priority-setting process;
- (iii) to consider possible ways of grouping WHO's work into categories, including but not limited to the seven categories contained in document EB130/5 Add.1, as proposed for the framework for the next general programme of work;
- (iv) to identify additional analytical work for the Secretariat emerging from these discussions, which will contribute to the development of the next and future general programmes of work.

The focus of this commentary is to provide specific comments on the WHO documents that will be discussed at the meeting. These documents are EB130/5 Add.1 and Documents 1-4 of 20th February 2012.

While the focus of this commentary is on preparation of the next GPW, this comment is also informed by our broader views on WHO reform. These include:

- Reducing WHO's dependence on tied donations; pushing for untied donations in the short to medium term; increasing assessed contribution in the medium to long term;
- Ensuring that WHO receives the funding required for the effective implementation of the agreed GPW. In this regard holding donors accountable for the malalignments between their donations and the MS strategic agenda and for the distortions their tied funding streams create in the administration of the Organization;
- Promoting a more accountable, efficient and effective WHO with greatly improved coordination between the different clusters and levels.

COMMENT ON WHO DOCUMENTS

1. COMMENT ON EB 130/5 ADD.1 & WHO DOC. 1 (ON PRIORITY SETTING)

1. In para 12, EB130/5 Add.1 classifies countries into groupings. This classification is without basis as it is based more on economic growth indicators. For example no evidence is presented to show that all NICs, MICs and BRICs face similar challenges. The purpose of the classification presented in para 12 and its link to the next GPW is also not clear as it is not mentioned in WHO Doc. 1-4. In our view a general classification of countries is unnecessary. If countries are to be grouped, such a grouping must be guided by health situations and human development index rather than economic considerations such as economic growth. Further the grouping should be done to achieve a specific objective. Moreover usually if classification it is more within a region, where health challenges tend to be common and aimed at achieving a particular objective.

2. The objective of the intergovernmental meeting is to create the next GPW. This GPW should set out the areas WHO should work on at all levels from 2014 to 2019 and provide clear targets that should be achieved by the Secretariat, that becomes the basis for judging its performance. Clearly it is important that the GPW reflect country needs as well as aspirations found in the various WHO instruments (e.g. resolutions, plan of action, convention etc.) Once the GPW is set out, it is important that all aspects of the GPW are properly funded as per the programme and budget. On the basis of this approach the following comments are made:

(i) It is not clear what is intended by the “priority-setting” process once the GPW is in place. It appears that the Secretariat is aiming to narrow its scope of work, and for only a specific list of activities to be funded. It criticizes in para 27 of Sect. Doc. 1 that the current MTSP tends “to accommodate existing work rather than provide a means for increasing focus”. Well WHO being *the* intergovernmental organization on health should not narrow its focus to a limited set of activities, presumably activities that enjoy donor funding. If only specific activities are to be focused upon, then why develop the GPW.

(ii) The GPW is aimed at guiding WHO’s work from 2014 to 2019. Thus it should contain sufficient detail to set out the vision for WHO for the period mentioned. And in this 6 year period, the programme and budget will guide WHO, on how much finance to channel to specific activities. This in itself is a form of priority-setting.

2. The Sect. Doc. 1 proposes 7 new categories as the basis for a framework for GPW. It proposes that these categories replace the previous 7 categories (mentioned in para 14 of Doc. 1) arguing that the previous categories do not reflect country needs. The following are specific comments on the categories proposed:

(i) While Doc. 1 proposes 7 categories as the framework for the new GPW no details are provided as to what will be the work-programme under each of the categories. For instance the 11th GPW included the MTSP which covered 13 SO and these SO guided the work of the Organization and the PB. But nothing such as that is proposed in the Secretariats’ documents. As noted above, the GPW is about setting out a vision for WHO for the period 2014-2019. If so, this vision needs to be detailed and should provide clear targets that should be achieved by the Secretariat and that becomes the basis for judging its performance. The approach proposed by the Secretariat simply lacks detail and is far from laying down a comprehensive vision for WHO as there is little clarity as to what the 7 categories actually encompass.

(ii) It is also not clear how the Secretariat views the difference between the proposed 7 categories and the 7 categories that framed the 11th GPW and MTSP. The Secretariat should clarify which existing activities under the current 11th GPW and MTSP will be discontinued under Secretariat's 7 proposed categories. This will then clarify which existing activities are expected to fall out of the scope of the proposed 7 categories.

The mapping between categories in doc. EB130/5 Add.1 and current programme areas found in Table 2 in Doc. 2 only provides some examples of what can be expected under the categories proposed. The mapping does not give the full picture as to which activities of WHO will be covered by the 7 categories proposed and which aspect of WHO's work that has been presently ongoing, will be discontinued by the Secretariat, if the categories are adopted. As noted above, this aspect needs to be clarified.

(iii) The categories proposed by the Secretariat need to be reworked. The categories proposed are simply too broad and thus unlikely to capture key topics that perhaps should be regarded as stand alone topics. Some suggestions are as follows

(a) Maternal, child and health (MCH) should not be mixed together with AIDS, TB, Malaria. Each of these topics should be treated as stand alone categories.

(b) The first category is also limited to only supporting the achievement of MDGs. Well this is extremely narrow. WHO has a bigger role to play in the context of health and development. The 11th GPW took a broader approach under the category "investing in health to reduce poverty". In view of this, the current category is too narrow.

(c) The categories should include health related human rights and the right to health in particular as part of its scope. This element was a basic category in the drafting of the 11th GPW, but is missing in the current list of categories.

(d) The proposed Category 3 also seems rather too broad. It includes health systems strengthening, access to medicines and surveillance of disease outbreaks etc. This category can be divided into 2 categories. One on health system strengthening and issues related to medicines, with another on disease outbreaks, emergencies and effective management of humanitarian disasters.

(e) The proposed Category 4 also deals with a number of issues which are best placed in 2 separate categories. The topic of health information, information systems, evidence for health policy making, innovation, research and monitoring trends should be separated from the topic of strategies to address social, economic and environmental determinants of health.

(f) The proposed category 5 mixes up a number of issues. It speaks about convening governments, but also facilitating partnerships adding that there should be a particular focus at country level. Convening governments is actually a function of WHO. Facilitating partnership should not be seen as a category of WHO. The concept of "partnership" is under review under the WHO reform agenda. (see comment (g)). Moreover the need for WHO to liase and work with other entities is already mentioned in Article 2 Constitution, and thus there is no need to conflate all the different relationships between WHO and other entities under the concept of "partnerships". There is also no need to mention country level focus as part of a category, as this issue would cut across all of WHO's work.

(g) With regards the proposed category for GPW 12 on Convening and Partnerships, it is important to stress the need for coherence with the other areas of reform, namely the governance and managerial reforms. Before the organisation embraces partnerships as one of its flagships for the next working period, it is necessary to assess WHO's engagement in public-private partnerships (PPPs) against its constitutional functions. The time for such an

assessment is ripe after nearly thirty years since the start of the PPPs trajectory. Moreover, if the assessment were to conclude positively on WHO's engagement in PPPs, these relations need to be framed under a comprehensive framework of safeguards, including conflicts of interest safeguards.

It is also worth recalling that during the EB, the Chairman summary concluded the need for further discussion on WHO's engagement with other stakeholders, including developing comprehensive policy frameworks to guide interaction with the private-for-profit sector, as well as not-for-profit philanthropic organizations.

The Chairman's summary also noted that "Members of the Executive Board have proposed a review of WHO's hosting arrangements, along with further efforts to harmonize work with hosted partnerships".

Noting these outstanding issues, it is simply not appropriate that "facilitating partnerships" is part of the categories that will be the basis for the next GPW.

(h) An important category that was part of the 11th GPW but is totally missing from the present list of categories is the topic of accountability of not only WHO (at all the different levels) but also its member states (i.e. the extent to which member states fulfill what is targets set out for them).

(iv) Para (a)-(g) clearly show that the categories proposed by the Secretariat needs to be reworked. These categories should be further fleshed out with strategic objectives (SO) identified under each category. The SO should also list targets that are to be achieved by WHO as well as by member states. The targets should be the basis for judging WHO's performance.

Para 43 of Sect. Doc. 1 states that some of the categories can be turned into core functions of WHO. Well this approach may limit the functions of WHO. In actual fact functions of WHO are clearly listed in Art. 2 of the Constitution.

(v) In para 54, Sect. Doc. 1 states that priorities will be set to reflect countries' needs as well as collective global and regional actions that affect groups of member states . It adds that the priority setting process thus far has been based on "consensus" which is not a systematic methodology for priority setting (para 55). It then proposes in para 56 a matrix approach where each substantive technical programme is examined against WHO's most important core functions.

It is not entirely clear what is being proposed. However it appears to be a suggestion that priority-setting under the different categories should not be done through consensus by member states but by using some matrix which the Secretariat will propose. The technical programmes mentioned in para 56 that will be part of the matrix, is also not revealed by the Secretariat. It is also unclear how these programmes will differ from the 7 categories proposed by the Secretariat.

While it is not clear exactly the direction being taken by the Secretariat, it is important to ensure that the next GPW is put in place with participation of member states and not by some vague methodology.

(vi) The Secretariat is proposing that the next GPW also include performance targets. Towards this end it proposes a specific "results chain". According to the Secretariat, the highest level of results chain is to be measured in terms of population health improvement.

This approach makes little sense as there are many factors that actually shape improvement in population health. In terms of holding the WHO Secretariat accountable the highest level of indicator should be implementation of agreed strategy.

(vi) The Secretariat criticizes the MTSP for mixed outcomes as the MTSP targets were about MS achieving a particular outcome rather than identifying ways of judging the performance of the Secretariat. The results chain proposed by the Secretariat suffers from the same problem as the results chain also links Secretariat's impact and outcomes to the outcome and impact seen in a country.

(vii) Overall the WHO documents provide little input to guide and prepare member states for the upcoming intergovernmental meeting on programmes and priority setting. The documents are basically an attempt to justify the adoption of the 7 categories and the results chain proposed by the Secretariat in EB130/5 Add.1. However as noted above, a number of deficiencies are apparent in the approach taken by the Secretariat.

2. COMMENT ON WHO DOC. 2

1. Table 2 in Doc 2 tries to justify how current strategic objectives of MTSP can indeed fit with the 7 proposed categories. For instance issues such as human environment (SO 8), ethics, equity and trade (SO 7) now fall under the new category of "information, evidence and research", while in the 11th GPW these topics were dealt with under "human rights" and tackling "the social determinants".

2. This shows that there is little clarity as to why a new set of categories is being proposed. The new set of categories are more mixed up. Further the aim in differentiating between the categories that framed 11th GPW and the new set of categories is unclear. For instance it is unclear which existing WHO activities will be discontinued under the new set of categories.

3. COMMENT ON WHO DOC. 4 (20TH FEB)

1. Noting the lack of details presented in the Secretariat document, there is a strong likelihood, that the meeting may agree to a broad framework but not the details that should accompany such a framework. If so, then member states should consider holding another meeting prior to the PBAC meeting, to sort out the details to the broad framework prior to submitting the document to the PBAC meeting in May.

4. OTHER COMMENTS RELATED TO PROGRAMMES & PRIORITY SETTING

1. The WHO documents underplay the over-riding role of donors in determining resource allocation. It is critically important to make the donors accountable for their choices of what to support and what not to support. In particular it is important to ensure that agreed GPW of member states is fully funded. In the longer term increasing the level of assessed contributions and reducing the role of earmarked funding will be critical.

2. What is the role of management in resource allocation? The absence from both of the Secretariat papers (EB130/5 Add.1 and Document 1) of any reference to WHO's confused management hierarchy and the role of this hierarchy in the allocation of resources is surprising. It is critically important to strengthen the accountability of both the ADGs and RDs as part of addressing the challenge of 'prioritisation'.

3. The WHO documents tie themselves in knots agonizing over how priorities will be determined and across what matrix of results areas. The role of the programme and budget as well as role of senior management in resource allocation decisions is hardly addressed.