

WORLD HEALTH ORGANIZATION: CURRENT ISSUES AND ADVOCACY OPPORTUNITIES FOR CIVIL SOCIETY ORGANIZATIONS

POSITION PAPER | APRIL 2018

This position paper is meant for civil society organizations. It gives a short description of the World Health Organization (WHO) and suggestions how to take action on:

- WHO's draft thirteenth General Programme of Work 2019 – 2023
- The third round of reporting on the WHO code of practice on the international recruitment of health personnel
- The Global Strategy for Women's, Children's and Adolescents' Health (2016–2030).

In specific, we pay attention to advocacy health systems strengthening for sexual and reproductive health and rights (SRHR), which is the focus area of the Health Systems Advocacy Partnership (HSAP) in which Wemos participates. This position paper will therefore be relevant especially for civil society organizations within this partnership, while it is our intention to reach out to other organizations as well.

An overview of the WHO governing bodies and civil society space is included in the annex.



This document is part of
Wemos' contribution
to the Health Systems Advocacy Partnership.

WHO DRAFT THIRTEENTH GENERAL PROGRAMME OF WORK, 2019–2023

The General Programme of Work (GPW) is the highest level planning document of WHO. It sets out priorities and principles for the biennial programme budgets. Previous GPWs have stretched across six years and included three budget periods (biennia). The new GPW13 will commence in 2019, cover the five years from 2019-23 and will include two programme budgets (PB20-21 and PB22-23). The current programme budget, PB18-19 as adopted in May 2017, will remain in place but the Director-Governor (GP) proposes to redirect funds authorized under this programme budget to support the strategies outlined in GPW13.

The process through which this draft GPW was prepared has been very inclusive. A consultation paper was published in August 2017. It was discussed by regional committees and opened for public feedback. The first full draft GPW13 was published at the beginning of November and discussed in the Executive Board (EB) Special session (EBSS4) in November 2017. The Executive Board discussed a revised draft at its 142nd meeting in January 2018 and adopted a [resolution](#), recommending adoption of the GPW13 at the 71st World Health Assembly (21 – 26 May 2018, Geneva).

At the upcoming 71st World Health Assembly (WHA), Member States will further discuss and – likely – adopt the GPW. At this stage, we think that it is unlikely that there will be large changes in the content of the GPW. At the Executive Board (EB) meeting in January 2018, the EB members recommended its adoption and requested the secretariat of WHO to finalize the Impact Framework, financial estimates and investment case prior to the 71st WHA. These documents are not yet available, but should appear on the WHO website before the WHA.

HEALTH SYSTEMS ADVOCACY TOPICS

GPW13 embraces a rights-based approach and strongly emphasizes equity. Prioritization is emphasized, with a focus on results and quantitative targets. The three strategic priorities are formulated broadly, and most of WHO's current work will fit in one of them. The priorities are:

- Achieving universal health coverage – 1 billion more people should benefit from Universal Health Coverage (UHC);
- Addressing health emergencies – 1 billion more people should be better protected from health emergencies;
- Promoting healthier populations – 1 billion more people should enjoy health and wellbeing.

FUNDING

GPW13 emphasizes prioritization but the priorities are very broad and adoption of GPW13 is not linked to financial commitments by Member States or donors. The DG is strongly requesting Member States to donate unearmarked funds to the WHO so this plan can be executed. But for the time being, financial resources are insufficient to give (equal) attention to all priorities. Therefore, it would be important to know which areas of work will be less of a priority if funding falls short.

Our concern: *It is unlikely that funding for WHO will increase significantly in the short to medium term. As civil society organizations have pointed out, no solutions are offered for donor-driven priority setting. In that context of constrained resources, it is hard to assess how the GPWs strategic priorities will guide WHO's future work. Several influential member states have already indicated that they are not yet willing to commit financially and there is no indication that WHO will be properly resourced in the short to medium term – nor for its country work nor for its normative work.*

GOVERNANCE

The same applies for the three proposed strategic shifts to (1) step up leadership, (2) strengthen WHO's support to countries and (3) strengthen WHO's normative role. It remains unclear how priorities will be balanced. If country focus is strengthened, will that result in reducing the number of staff at headquarters? And if so, how would that affect normative work? This fits into a wider debate whether the WHO should focus on being a normative leader, or a provider of technical assistance (in case of emergencies).

HEALTH WORKFORCE

In relation to the health workforce, the GPW highlights the growing mismatch between supply, need and demand, but does not mention the lack of economic resources and unethical recruitment among the main drivers for the shortages of health personnel in low-income countries. In relation to health worker mobility, there is no mention of the responsibility of high-income countries to be self-sufficient, to end unethical recruitment and to contribute resources.

Our concern: *With such broad priorities and limited funding freely available for the GPW, the normative role of WHO may suffer. And if it is not WHO that takes on the challenge of e.g. promoting a binding agreement to ban unethical recruitment of health personnel, then who would? It is not at all clear how strategic priority setting will play out for WHO as an advocate for global public goods for health. We would like to see a much stronger advocate for health in cross-sectoral debates that influence health or resources for health, e.g. social protection, trade and investment, intellectual property rights or global tax justice.*

UNIVERSAL HEALTH COVERAGE

On Universal Health Coverage, the GPW strongly emphasizes equity and the importance of strengthening health systems. But, again, there is very limited mention of financing for health and of the barriers for resource mobilization.

Our concern: *The WHO – more than other organizations such as the World Bank –emphasizes equity and tailor-made solutions. We would like to see them being more influential in setting standards or guiding principles for UHC.*

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

At the instigation of several member states, including the Netherlands, the last version of the GPW makes several references to sexual and reproductive health and rights.

FURTHER PROCESS AND OPPORTUNITIES FOR ACTION

GPW13 is on the agenda of the WHA in May, but large changes on the content are unlikely. The – still to be finalized and published – indicator framework and financial estimates should give more insight into actual priority setting, so these are relevant to watch.

Remain vigilant in the implementation and monitor how the GPW will be translated into the upcoming programme budgets and/or reshuffling the current programme budget. Since there is no commitment from member states to fully finance the GPW, some programme areas may continue to suffer from underfunding.

At the EB in January, DG Dr. Tedros has asked the Ministers of Health and Finance to come to the WHA (21-26 May 2018) with three UHC pledges and has sent a corresponding letter to all member states in March. Member states are asked to report these pledges during the upcoming World Health Assembly. This provides a good opportunity to contact the ministries before the WHA and ask about their pledges.

Whenever the GPW would be approved and adopted, relevant parts as on UHC and HRH can be used to hold governments accountable to their, albeit non-financial, commitment to the WHO.

Useful links

- Draft GWP from EB142 :
http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_3Rev2-en.pdf
- Resolution on GWP from EB142:
http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_R2-en.pdf
- Agenda item 11.1. on the WHA71 agenda (link above)

- Link to indicator framework: <http://www.who.int/about/what-we-do/gpw-thirteen-consultation/en/>
- WHA71 documentation: http://apps.who.int/gb/e/e_wha71.html
- WHA71 provisional agenda: http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_1-en.pdf
[WHO Budget Portal \(With all details about how much funding there is and who funds what\) http://open.who.int/2016-17/budget-and-financing](http://open.who.int/2016-17/budget-and-financing)

THIRD ROUND OF REPORTING ON THE WHO GLOBAL CODE OF PRACTICE ON THE INTERNATIONAL RECRUITMENT OF HEALTH PERSONNEL (WHO CODE)

The WHO Code aims to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel and to facilitate the strengthening of health systems. Member States should develop and maintain sustainable health workforces and discourage active recruitment of health personnel from low- and middle-income countries facing critical shortages of health workers. The Code was designed by Member States to serve as a continuous and dynamic framework for global dialogue and cooperation and adopted in 2010.

WHO will launch the Third Round of WHO Code reporting in April 2018, with findings to be presented at the 72nd World Health Assembly in May 2019. The findings from the 3rd round of Code reporting will also inform the 2nd Review of Code Relevance and Effectiveness (presented at WHA73 in May 2020). In the Third Round, independent stakeholders are explicitly invited to submit their reports.

Our concerns:

The WHO Secretariat has limited capacity to urge Member States to submit National Reports. Civil society could urge and support their respective Ministries of Health to collect and share current evidence and information on the international recruitment and migration of health personnel through the National Reporting Instrument (NRI). This national self-assessment reporting tool has been updated to enhance the reporting process and improve Code monitoring.

In parallel with this national reporting for Member States, WHO Secretariat will share an Independent Stakeholders Reporting instrument to facilitate stakeholders reporting. This module welcomes contribution from all relevant stakeholders in order to enrich knowledge on the Code's implementation.

Wemos will share its experience with WHO Code reporting with HSAP-colleagues at African Regional level and in HSAP-countries and (collectively) coordinate inputs to the Independent Stakeholders Reporting Instrument amongst like-minded CSOs (in the European and African context) to facilitate stakeholders reporting.

Useful links

- A69/37: http://apps.who.int/gb/ebwaha/pdf_files/WHA69/A69_37-en.pdf?ua=1
- A 69/37 Add.1: http://apps.who.int/gb/ebwaha/pdf_files/WHA69/A69_37-en.pdf?ua=1
- Monitoring Progress on Implementation of the WHO Global Code: http://www.who.int/hrh/migration/code/code_nri/en/
- Overall article about the second round of reporting about the Code and an Expert Advisory Group that reported about the relevance and effectiveness of the Code: <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-016-0131-x>

GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016–2030)

The Global Strategy for Women's, Children's and Adolescents Health was launched by UN Secretary General Ban Ki-moon in 2010. In the words of the WHO:

'The Global Strategy (2016-2030) is a roadmap to achieve right to the highest attainable standard of health for all women, children and adolescents. The new Strategy - updated through a process of collaboration with stakeholders led by WHO - builds on the success of the 2010 Strategy and its Every Woman Every Child movement as a platform to accelerate the health-related Millennium Development Goals and puts women, children and adolescents at the heart of the new UN Sustainable Development Goals.'

HEALTH SYSTEMS ADVOCACY TOPICS

Sexual and reproductive health and rights are a key element in this strategy, as is health systems strengthening. Hence, it may offer many opportunities for the work in our HSAP programme. The main financing modality for this global strategy is the Global Financing Facility (GFF) that was launched in 2015 and is implemented, or starting to be, in four out of five HSAP countries: Kenya, Malawi, Tanzania and Uganda.

At the EB in January this year, only a brief report on the Global Strategy was presented by the WHO, and it was not really substantial. At the upcoming WHA, the issue will be on the agenda and we will inform you in more detail on the process and opportunities in a next briefing paper.

Useful links

- The global strategy: <http://globalstrategy.everywomaneverychild.org/>
- The global strategy pamphlet: <http://www.who.int/life-course/partners/global-strategy/ewec-gs-brochure-eng.pdf?ua=1>
- Document discussed at the EB142: http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_19-en.pdf

General links

- WHO governing bodies website: <http://apps.who.int/gb/gov/>
- PHM WHO tracker, for a critical view on global health issues and the WHO agenda, including background and history: <http://who-track.phmovement.org/>
- Geneva Global Health Hub (G2H2), for information on actors, blogs on specific items and an overview of Geneva events: <http://www.g2h2.org>

ANNEX – WEMOS BRIEFING PAPER 19 APRIL 2017

THE WHO GOVERNING BODIES AND CIVIL SOCIETY'S SPACE FOR LOBBY & ADVOCACY

The [WHO](#) is the [directing and coordinating authority for international health](#) within the UN system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries, and monitoring and assessing health trends and improving global health security.

WHO GOVERNING BODIES: WHA AND THE EB MEETINGS

The World Health Assembly ([WHA](#)) is the supreme decision-making body for the WHO. It generally meets in Geneva - in the [Palais des Nations](#) - in May each year, and is attended by delegations from all 194 Member States. Its main function is to determine WHO policies. Decisions are taken by consensus.

The Executive Board (EB) is there to give effect to the decisions and policies of the WHA, to advise it and facilitate its work. There are two EB meetings per year, at the [WHO headquarters](#). One is held in January, when the EB agrees on the agenda and resolutions for the forthcoming WHA. A shorter meeting is held in May, immediately after the WHA, for more administrative matters.

Information on the EB and WHA agenda and related documentation are available on the WHO website, at <http://apps.who.int/gb/index.html>

CIVIL SOCIETY ENGAGEMENT

Civil society organisations like ours are a sub-category of the so-called [Non-State Actors \(NSAs\)](#) that the WHO engages with. There is a regulated space for NSAs at the WHO governing bodies:

- NSAs can only attend WHA and EB meetings if they are in '[official relations](#)' with the WHO. For example, HAI and AMREF are international NGOs in official relations with the WHO, while Wemos is in official relations *through* their membership of [Medicus Mundi International](#) (MMI).
- NSAs cannot participate in decision-making at the WHA and EB meetings, like Member States, but are observers. Those who want attend in person need to register in time and obtain a badge according to defined procedures.

- NSAs in official relations have the special privilege to make a statement related to an item on the official Agenda of the meeting and can submit proposals for official side-events on issues related to the WHA agenda.

WHAT DO LOBBY & ADVOCACY ENTAIL?

Besides making a statement, NSAs in official relations undertake other advocacy activities, such as:

- Organize or co-organize an official side event during the meeting on topics of interest, if selected to do so by the WHO NGO office.
- Organize an off-site/unofficial side event, such as a symposium, panel discussion, contest, rally, etc.
- Exchange information and viewpoints with members of country delegations
 - before the meetings: in their own countries or at their permanent representation in Geneva
 - during the WHA and EB meetings: in the corridors or bars of the meeting venue or during special receptions or side events.
- NSAs furthermore use (electronic or printed) fact sheets, flyers, policy briefs and the like, based on scientific or experiential evidence, to support their points of view. They are not allowed to leave stacks of these knowledge products in the meeting venue, though.