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Commentary

A United Nations Global Health Panel for Global Health Governance

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ABSTRACT

The World Health Organization now relies upon voluntary contributions tied to specific projects, underwriting 75% of operations. A resulting cacophony of non-governmental, foundation, and private sector actors have emerged overlapping and fractionating WHO programs. In this expanding world of "global health organizations," WHO's role must be redefined. We propose coordination of global health initiatives through a United Nations Global Health Panel with active participation of WHO. Given recent events, the UN is poised to take a greater leadership role in global health.

For the past decade, a piecemeal network of overlapping initiatives, donors, non-governmental organizations ("NGOs"), private foundations, corporations, governments, and international organizations ("IOs") has invested billions of dollars in global health. While global health gains have been achieved, this fractionalized approach has led to duplication of efforts and urgent need for greater coordination with the recent global financial crisis exacerbating these challenges (Leach-Kemon et al., 2012; Sridhar & Batniji, 2008). Concomitantly, the World Health Organization ("WHO") has seen its relevance diminish at a time when its technical expertise is greatly needed. To outline and address these challenges, we discuss shifts in global health financing, decline of WHO, recent global health efforts by the United Nations ("UN"), and conclude with a proposal for a novel solution, a UN Global Health Panel, to improve global health governance.

Resource allocation and fragmentation

The global health "boom" of the last decade saw multi-million dollar interventions targeted at combating some of the world's most challenging public health problems. Development assistance more than doubled between 2001 and 2008 (IHME, 2011), giving rise to numerous bilateral/multilateral initiatives including the Global Fund to Fight AIDS, Tuberculosis, and Malaria ("Global Fund"), President's Emergency Plan for AIDS Relief, and GAVI Alliance. Non-state actors have played an increasing role, with NGOs, the private sector, civil society, and private foundations, e.g., Bill and Melinda Gates Foundation ("BMGF"), contributing ~27% of total global health financing (Hein & Kohlmorgen, 2008; IHME, 2010).

However, this trend reversed dramatically from 2008 to 2010 during the global fiscal crisis, leading to >50% reduction in the growth rate for health development assistance (IHME, 2010; Leach-Kemon et al., 2012). Further, funding for diseases such as HIV/AIDS and malaria decreased despite increased need.

With foreign global health assistance declining, large-scale interventions like Global Fund have recently announced suspension of new grant funding due to financial pressures (IHME, 2011). Indeed, recent stabilization in health assistance has largely been provided by World Bank loans, which must be repaid—a difficult situation for economically-impacted countries even in a stable economic environment (Leach-Kemon et al., 2012). Without these loans, rate of total development assistance for global health in 2010–2011 would have fallen further (Leach-Kemon et al., 2012).

Fragmentation due to proliferation of global health actors coupled with inconsistency of financing has created serious challenges. Mechanisms to address these deficiencies include the Paris

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Declaration and High-Level Forums on Aid Effectiveness ("Paris Declaration") and the Accra Agenda for Action that bring together more than 100 signatories to improve aid effectiveness through country ownership, alignment, harmonization, measuring and delivering results, inclusive partnership, capacity building, and mutual accountability. Though an important commitment, recent implementation progress reports are concerning, reporting only one of 13 targets established for 2010 being met.

It is clear that these funding challenges, fragmentation, and questionable effectiveness of existing global health coordination efforts are unsustainable. Key to these deficiencies has been the decline of WHO, whose funding constraints and failure to act as a central coordinating body has created a vacuum in global health governance.

WHO in crisis

WHO, though established as the preeminent international public health agency, has been plagued with inefficient management structures and bureaucratic procedures, political staff appointments lacking technical expertise, absence of coordination between regional offices and Geneva, and perceived lack of leadership in global health crises such as the HIV/AIDS epidemic, failure to provide immediate technical assistance to Taiwan during SARS outbreak, and communication failures during the H1N1 pandemic.

Most importantly, over the past decade, WHO has seen a decline in its budget and, concomitantly, its autonomy, due to increasing reliance on extra-budgetary funding or "voluntary" contributions (Novotny, 2007). During fiscal year 2011, WHO ran a $300 million deficit and began scaling back core functions, firing staff, and streamlining operations (Sridhar & Gostin, 2011). In 2008, both USA NGO expenditures and commitments by BMGF exceeded total WHO income (including regular budget *and* extra-budgetary income). In 2006, BMGF was the third largest funder of WHO itself (McCoy, Chand, & Sridhar, 2009). From 1990 to 2008, WHO funding not earmarked for specific donor projects, ranked last among sources of select global health funding (Fig. 1).

With hundreds of actors occupying global health, decreasing resources, and WHO extra-budgetary funding now 3/4 of its support, WHO's role is changing (Hein & Kickbusch, 2010). Currently, many major global health initiatives are outside WHO's oversight; international NGOs compete with WHO for funding; private foundation budgets exceed WHO's; and stakeholders bypass WHO in favor of their own delivery channels (Hein & Kickbusch, 2010).

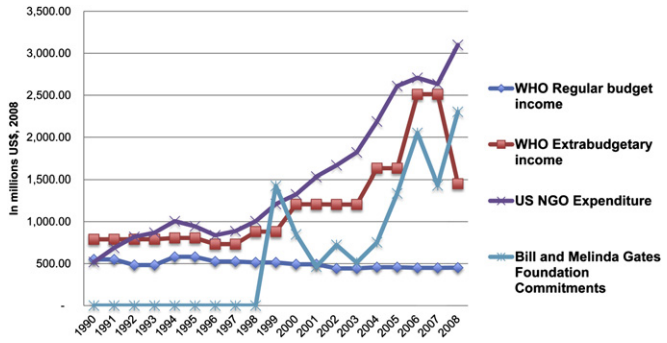

Fig. 1. WHO regular and extra-budgetary income, U.S. NGO overseas health expenditure and Bill & Melinda Gates Foundation Global Health commitments (1990–2008). Source: Institute for Health Metrics and Evaluation, datasets from "Financing Global Health 2010: Development Assistance and Country Spending in Economic Uncertainty".

This shift jeopardizes WHO's role as the world's leading independent body coordinating global health. Without sufficient resources for regular operations, WHO must now focus efforts on issues donors are willing to fund. Consequently, WHO acts more like subcontractor for donors, despite its public mandate.

In response to funding and governance challenges, WHO has attempted reform by proposing the World Health Forum ("WHF"), a multi-stakeholder forum on global health for broader engagement and agenda/decision-making. However, WHF is no longer viable due to lack of member state support and challenges from NGOs. Reform has also been criticized as slow and lacking meaningful progress, bringing into further question the future relevance of WHO.

UN and global health

As both a major global actor and WHO's umbrella agency, the UN is uniquely poised to address fragmentation issues and WHO deficiencies. Its Millennium Development Goals are the foundation for many global health efforts and are a catalyst for UN leadership, coordination, and funding. Moreover, UN institutions such as UNICEF, UNAIDS, UNFPA, UNDP, WFP, UNEP, FAO, IFAD, World Bank and IMF, are intimately involved in health-related activities, financing and addressing social determinants of health. Indeed, UNAIDS was established in response to perceived WHO limitations and need for urgency.

Also in 2011, the UN held a High-Level Meeting on non-communicable diseases ("NCDs") to address its immense societal, economic and development challenges. The UN called for better prevention and control of NCDs, implementation of WHO instruments and recommendations, and cooperation among relevant stakeholders including the private sector. Importantly, it emphasized the need for coordinated action between WHO and other UN agencies in developing a comprehensive global monitoring framework and sought engagement with a broad array of stakeholders.

UN Panel on Global Health

The UN's central involvement in global health and its ability to engage with IOs and other non-state actors presents an opportunity for a transformative role in coordination and mobilization. Rather than the current piecemeal approach, a high-level UN Panel on Global Health ("Panel"), with technical assistance provided by WHO, could balance funding, resource allocation, and implementation of global health interventions.

The Panel would coordinate existing public and private stakeholders to promote efficient global health agenda setting and resource mobilization. This new Panel could be created by UN General Assembly resolution in cooperation with the UN Economic and Social Council, which has expressed interest in global health issues. Structurally, the Panel can adopt a design similar to the UN Panel of External Auditors, which has rotating permanent board members supported by technical group members appointed by the body and elected by member states. This structure allows independence and examination of a broad array of topics including governance and reform initiatives.

Panel board members should be chosen on basis of expertise and active involvement in global health. Importantly, the Panel would expressly include representatives from other UN-specialized agencies, NGOs, foundations, patient groups, and industry entities similar to broad-based stakeholder participation in the UN NCD meeting, in addition to a number of elected member state representatives (by WHO region).

To minimize bureaucratic inertia, Panel size would be limited. However, expanded participation would be available through key technical group membership on important areas of global health (e.g., human-sourced disasters; natural disasters; pandemics; disease-specific programs; drug safety), which would be open to a rotating set of diverse stakeholders.

Panel membership should also include international financing and aid effectiveness organizations, such as International Health Partnership+ and the World Bank's Health Systems Funding Platform. Global health financial expertise would provide needed insights regarding harmonizing and coordinating initiatives, unified monitoring and evaluation frameworks, joint financing agreement fund pooling, grant management consolidation techniques, and leveraging of successful regional approaches (Schaferhoff et al., 2011).

Such governance structures are not unknown in global health with GAVI Alliance and Global Fund's boards including representatives from donor and recipient countries, NGOs, the private sector, and civil society. These forms of internal governance have been lauded for their ability to raise, manage and disburse funds emphasizing country ownership, broad participation and equal voting rights, and commitment to transparency.

The Panel and relevant technical group members would convene regularly and set and prioritize the agenda in active consultation with WHO given its subject matter expertise. Other issues could be proposed by or through participants (i.e., NGOs, member states, foundations, private entities, and others) to relevant technical groups and the Panel itself.

Panel meetings should coincide with the World Health Assembly ("WHA") and other WHO meetings to maximize policy coherence. Ultimately, the Panel could make recommendations by simple majority vote to the General Assembly and/or other UN-specialized agencies (including WHO) for study, recommendation, and action. In addition, the Panel could be empowered by the UN to engage in its own informed global health efforts.

To underwrite Panel programs and activities, participation fees could be paid into a Panel general fund, rather than tying contributions to specific projects. Funding mechanisms would include fixed commitments from all stakeholders, not just member states. Sliding scale amounts for Panel and technical group participants would be set before Panel operations to obtain stakeholder buy-in and avoid conflicts regarding funding calculations post-creation. As well, in-kind support could be counted for key groups often left out of global health discussions, such as patient organizations.

Adopting this infrastructure the Panel can create a unified system of participation for joint engagement. WHO should play a central role based on its mandate to address health issues globally, but specifically focus on areas of comparative advantage including providing technical assistance, standards setting, public health research, and development of international legal instruments under leadership of the Panel. Where other rejected reform proposals, including "Committee C" and WHF have focused on WHO-led reform, this proposal emphasizes advocating global health issues beyond WHO organizational limitations and refocusing WHO efforts in areas of its expertise.

Indeed, WHO, acting as chair of the Panel may re establish its role and authority in global health. Such a structure would allow WHO to act as a central adviser and technical expert in global health priority setting independent of extra-budgetary and politically driven influence. Under the auspices and broader authority/inclusionary process of the Panel, WHO policymaking can be a collaborative activity in cooperation with other diverse Panel members. Coordination of health financing can then occur through shared stakeholder buy-in, increased participation/funding, and more efficient delegation of tasks to implementing agencies/partners. Importantly, existing WHO collaborations under extra-budgetary funding can continue in parallel, though broad-based global health decision-making would be concentrated in the Panel as a more appropriate forum.

Recognizing the diversity of stakeholders is paramount: member states and WHO are no longer the exclusive participants in global health and can no longer be its sole arbiters. Instead, an inclusionary forum to leverage the strengths of stakeholders in a coordinated fashion, reform measures coupled with stabilized funding mechanisms, prioritization of unmet global health concerns, and creation of effective partnerships, should be the goal.

Benefits and risks

By housing the Panel within the UN, improved policy coherence can occur both internally between intergovernmental bodies and externally amongst parties. Within the UN, coordination among various programs, sharing and pooling of funds, and coordinating specialized agencies could be achieved through centralized policymaking. This would allow the UN to tackle crucial global health issues and provide its agencies, including WHO, with powerful mandates to pursue global health policy, supporting WHO's Panel leadership and legitimacy. The UN-driven mandate could also better inform WHA and Executive Board decision-making and encourage donors to reengage WHO through the Panel and its forums.

Given the enormity of WHO voluntary contributions, it is clear non-state actors influence WHO policy in ways lacking transparency and accountability. Consequently, contributors do not have knowledge of other like-minded groups, leading to further duplication/inefficiencies. This can lead to a "democratic deficit" where IOs may fail to meet needs of their constituents/members, given that donors, not member states, prioritize operations. Through broader engagement of civil society, NGOs, and local/indigenous communities, the Panel's flexible and rotating membership structure allows for greater representation by these diverse groups. Member states opposing broader engagement should recognize the ongoing delegating of their sovereignty due to extra-budgetary funding, and coalesce behind innovative governance processes that include them in all forms of decision-making and allow them to challenge other stakeholders in an open and transparent manner.

Multi-sector collaboration through public–private partnerships ("PPPs") could also emerge to address complex health issues requiring multidisciplinary approaches (Buse & Harmer, 2007). PPPs in global health have rapidly proliferated and are recognized as an integral component in implementing effective interventions. Notable examples include Global Fund, World Economic Forum Global Health Initiative, the Pandemic Influenza Preparedness Framework, and recently announced PPP between pharmaceutical companies, governments, BMGF, World Bank and other organizations for neglected tropical diseases.

However, a key risk is political influence from member states and other actors to focus on particular issues/programs/entities. To avoid undermining its legitimacy, the Panel should emphasize impartial, transparent technical assessments of all agenda proposals. Given the Panel's broad participation and stable funding mechanisms, it can act independently of undue political/regional influence and make scientific evidence and global health priority (e.g. global burden of diseases, equitable access, and unmet needs) the central tenet of its decision-making processes. This inclusionary process should be coordinated with standard subcommittees with neutral experts performing publicly available, open reviews to avoid accusations of secrecy or conflicts of interest that have plagued WHO in the past.

Indeed, the Panel should institute robust transparency, accountability, conflict of interest, and monitoring and evaluation processes to ensure legitimacy and avoid accusations of undue influence. Independent audits ensuring open participation and underwriting, no-strings-attached project funding, and systems for process feedback and improvement, would provide external validation and promote equal stakeholder participation, rather than elevating certain stakeholders over others.

Next steps

The challenges of global health funding and inefficiencies represent an opportunity to explore novel governance structures to enhance global health policy efforts. To do this, the first step is consciousness-raising. Interested parties from all stakeholder perspectives should demand global health be elevated as a core issue at the UN as a special permanent committee of the General Assembly. This process can begin through formation of a multi-sector coalition agreeing to the need for better coordination, governance and attention to global health issues and advocating for creation of the Panel. Stakeholders now excluded from participation have much to gain and existing structures such as the Paris Declaration can be incorporated and elevated in Panel efforts.

In parallel, large, influential stakeholder interests could begin the process independently. Major philanthropic entities such as the BMGF could underwrite major global health "efficiency initiatives" to organize stakeholders outside formal recognition at WHA and UN General Assembly. These meetings would lay the groundwork for a UN Panel while addressing current global health efforts, participants, needs, and existing efficiency opportunities. As greater participation within this infrastructure grows, parallel efforts to initiate a UN Panel would allow both to progress simultaneously.

As both the UN Panel conception and the efficiency initiatives progress, feedback on improving proposed and active infrastructures should be integrated. Ultimately, engagement by the UN of the Panel could take into account experiences and lessons before potential implementation.

Conclusion

While it has never been acceptable to waste global health resources, the global financial crisis has made efficient allocation imperative. The world can no longer afford overlapping efforts, neglected diseases, and wasteful spending characterizing global health today. A UN Panel, chaired by WHO, and tasked with coordinating divergent global health efforts and interests would help ensure efficient use of scarce resources and provide a forum for all stakeholders in global health.

Competing interest

The authors declare no potential conflicts of interest or competing interests associated with this manuscript.

Author contributions

We note that with respect to author contributions, Tim Mackey (TM) and Bryan A. Liang (BAL) jointly conceived the study, TM and BAL jointly wrote the manuscript, TM, and BAL jointly edited the manuscript, and BAL supervised its legal and policy analysis.

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