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WHO: Past, Present and Future

Great expectations for the World Health Organization: a Framework Convention on Global Health to achieve universal health coverage



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ABSTRACT

Establishing a reform agenda for the World Health Organization (WHO) requires understanding its role within the wider global health system and the purposes of that wider global health system. In this paper, the focus is on one particular purpose: achieving universal health coverage (UHC). The intention is to describe why achieving UHC requires something like a Framework Convention on Global Health (FCGH) that have been proposed elsewhere,¹ why WHO is in a unique position to usher in an FCGH, and what specific reforms would help enable WHO to assume this role.

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Introduction

Establishing a reform agenda for the World Health Organization (WHO) requires understanding its role within the wider global health system and the purposes of that wider global health system. In this paper, the focus is on one particular purpose: achieving universal health coverage (UHC). The intention is to describe why achieving UHC requires a

Framework Convention on Global Health (FCGH) which have been previously proposed,¹ why WHO is in a unique position to usher in an FCGH, and what specific reforms would help enable WHO assume this role.

One of the essential objectives of the FCGH – though not the only one – would be to allocate responsibilities for funding UHC to realize this goal globally, contributing to achieving the global health treaty's central aim of closing persistent, and

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increasing, global and national health inequities. FCGH standards and its financing framework would similarly ensure clean water and sanitation, nutritious food, and other underlying determinants of health for all, while also addressing broader determinants of health. Further, the FCGH could incorporate a proposed health research and development convention, bringing this critical health need within the FCGH financing framework.² The financing framework could even encompass financing for global health organizations including WHO.³

Inadequate and inequitable health financing is a challenge a global health treaty must address. Progress on costing UHC, along with the importance of UHC itself, makes UHC a valuable window into how the FCGH could address this challenge. The authors first discuss what UHC means, or should mean from a right to health perspective, with a focus on the costs. Then they explain why many low-income countries remain unable to finance UHC without external assistance, even with increased investments. In the next section, international assistance is discussed, again from a right to health perspective, and the authors argue that the present content of international human rights law is insufficiently clear on the allocation of domestic and international responsibility, thus building a case for an FCGH, which could create that clarity, thus overcoming a chief barrier to UHC. Finally, some proposed WHO reforms in relation to its potential role as the central broker of an FCGH are discussed.

Universal health coverage: a goal for humanity, requiring a collective effort from humanity

Since WHO published its 2010 World Health Report on *Health systems financing: the path to universal coverage*,⁴ the issue of UHC has been at the forefront of global health. In the wake of the report, WHO's Director-General, Margaret Chan, declared, 'universal health coverage is the single most powerful concept that public health has to offer.'⁵ Universal coverage for needed health services sustains and improves health. Beyond this, ensuring health enables children to learn and adults to earn. It helps people escape poverty and provides the basis for economic development.⁶ Given the some 150 million people who face severe financial hardship and 100 million pushed into poverty annually because they fall ill, use health services, or pay out of pocket, the significant links between UHC and sustainable development are clear.⁷ With this in mind, the United Nations General Assembly unanimously adopted a resolution on UHC in late 2012.⁸ Subsequently, UHC has been widely understood as a leading candidate for an umbrella goal for health in the post-2015 agenda,⁹ particularly if anchored in the right to health.¹⁰ Given all of this attention, the definition of UHC is critical. What does UHC mean?

The 2010 World Health Report defines UHC as 'health financing systems so that all people have access to services and do not suffer financial hardship paying for them.'⁴ The UN resolution defined UHC as a system in which 'people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative and

rehabilitative basic health services and essential, safe, affordable, effective and quality medicines, while ensuring that the use of these services does not expose the users to financial hardship.'⁸ This broader definition of UHC accommodates the existing health sector Millennium Development Goals (MDGs) – on child mortality, maternal mortality and combating HIV/AIDS, malaria and other diseases – but also extends beyond present MDGs health sector commitments. Health statistics experts from WHO, the World Bank, and others have already begun developing UHC measurement frameworks that account for MDG gains, and also account for equity and the distribution of health services among the population.¹¹ UHC brings a systems-level focus on access that demands a more equitable approach and is critical for seeing health and access to health care as a human right.¹²

WHO has explicitly stated that UHC 'is not about a fixed minimum package.'¹³ This is in line with the right to health and the concept of progressive realization: states that ratified the International Covenant on Economic, Social and Cultural Rights committed to 'take steps, individually and through international assistance and co-operation, especially economic and technical, to the maximum of [their] available resources, with a view to achieving progressively the full realization of the rights recognized in the present Covenant by all appropriate means...' (emphasis added).¹⁴ Full realization means 'the highest attainable standard of physical and mental health,' but a country's obligation is limited to using maximum available resources – and if those available resources are very low, the level of health care provided would necessarily be very low as well, too low for effective coverage of a population's essential health needs. Yet if UHC is to encompass the current health sector MDGs – and extend beyond to capture NCDs including mental health, and more (e.g., injuries), while securing the health workforce and equitable systems required to achieve UHC – it should at the very least include the targets that have been agreed under the current health sector MDGs, such as 'universal access to reproductive health,' (target 5.B) and 'universal access to treatment for HIV/AIDS for all those who need it' (target 6.B).¹⁵

The High-Level Taskforce on Innovative International Financing for Health Systems (Taskforce), launched in September 2008 to help strengthen health systems in 49 low-income countries (in accordance with the World Bank classification at that time) completed its work in September 2009 and found that, in low-income countries, the annual costs of achieving the current health sector MDGs would be about US\$50-55 per person per year.¹⁶ The 2010 World Health Report reported that 'only eight of the 49 countries have any chance of financing the required level of services from domestic resources in 2015', which WHO estimated to require, on average, \$60 per person.⁴

Does this mean that these forty-nine low-income countries should then adopt 'UHC light', or 'selective UHC', i.e. a version of UHC that does not even cover what is needed for the current health sector MDGs? Such notions of resource scarcity should be challenged, particularly considering the ethical and legal obligations of international assistance.¹⁷ Indeed, in as much as UHC is a new iteration of the WHO's Alma-Ata 'health for all' declaration, it should explicitly challenge the old

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