PUBLIC HEALTH 128 (2014) 195–201

Available online at www.sciencedirect.com

Public Health

journal homepage: www.elsevier.com/puhe

WHO: Past, Present and Future

Democratizing the World Health Organization

R. van de Pas [a,*], L.G. van Schaik [b]

[a] Wemos Foundation, Amsterdam, The Netherlands
[b] Netherlands Institute of International Relations 'Clingendael', The Hague

ARTICLE INFO

Article history:
Received 10 May 2013
Received in revised form
21 August 2013
Accepted 29 August 2013
Available online 10 January 2014

Keywords:
Democracy
Civil society
World Health Organization
Right to health
Global governance for health

ABSTRACT

A progressive erosion of the democratic space appears as one of the emerging challenges in global health today. Such delimitation of the political interplay has a particularly evident impact on the unique public interest function of the World Health Organization (WHO). This paper aims to identify some obstacles for a truly democratic functioning of the UN specialized agency for health. The development of civil society's engagement with the WHO, including in the current reform proposals, is described. The paper also analyses how today's financing of the WHO – primarily through *multi-bi* financing mechanisms – risks to choke the agency's role in global health. Democratizing the public debate on global health, and therefore the role of the WHO, requires a debate on its future role and engagement at the country level. This desirable process can only be linked to national debates on public health, and the re-definition of health as a primary political and societal concern.

Introduction

This article focuses on the need for democratizing the World Health Organization (WHO) and the public dialogue around health. Is the WHO functioning democratically today? First of all, this question requires some clarifications on how democratic legitimacy is actually defined in relation to WHO's functioning.[1] Secondly, we have to separate the democratic functioning of the WHO itself, from the current functioning of the global governance for health in which the WHO has a substantive role. This article mainly focuses on the first issue, and will only touch upon the latter.

Authors have diagnosed 'a deficit of democracy' as one of the key challenges for the WHO, as well as for the wider governance of global health.[2] It is one of the reasons that WHO's work on human rights and health equity has been hampered over the last decades.[3] What has changed in recent times, in line with global trends in other sectors, is the mounting concentration of power – and money – when it comes to the bare handful of key decision-makers in global health. While WHO is still functioning as a member state driven multilateral organization, it is subject to a trend in which global governance has become polycentric and states have lost authority.[4] Is it then possible for the WHO to regain its multilateral legitimacy, through enhancing the quality of its democratic interplay in decision making? Can the WHO really be *the* key health authority in a globalized world based on a *cosmopolitan democracy*? And what would be the incremental steps required for this?[5]

The democratic legitimacy of the WHO

Democratic legitimacy in transnational governance arrangements can be conceived as a five-faced prism, whose surfaces are respectively: (1) representation; (2) accountability; (3) transparency; (4) effectiveness; and (5) deliberation.[1] Before

* *Corresponding author.*
E-mail address: remco.van.de.pas@wemos.nl (R. van de Pas).
0033-3506/$ – see front matter
http://dx.doi.org/10.1016/j.puhe.2013.08.023

we address these different faces, a fundamental contradiction in contemporary multilateralism requires explanation.

The WHO, like other UN institutions, has been created to enhance cooperation between states on issues of security and welfare (e.g. Polio eradication). As this cooperation is more effective than action by states alone, this creates *output legitimacy*. This should be complemented by *input legitimacy*, which implies the diversity of representation and inclusiveness of all its (sovereign) member states.

For example, an international convention, such as the Framework Convention of Tobacco Control (FTCT), is so powerful because it is a diplomatic negotiation between 194 member states *and* because it has included deliberation with non-state actors such as civil society.[6] This ideal vision of democracy is tarnished by a contradiction between the nominal state-egalitarianism of multilateral organizations and the realities of power politics, where weaker states may be unwilling to defy their powerful neighbours, creditors and trade partners. Moreover, many countries in the UN system are undemocratic or only partial democratic and their positions in the UN do not necessarily represent the interests of its citizens. Multilateral organizations are not organized democratically – with equal votes for each individual – but on a statist basis.

Principles of state sovereignty, whose origins lie in monarchy, and democratic policy making are conflicting. Within the 21st century, the ideology of democratic governance makes it harder to organize the world on the basis of sovereign states. In democratic theory, individuals, not states are the subjects of political and moral concern.[7] There is hence a demand for UN institutions to adjust their governance models by improving its input legitimacy that goes beyond state representation. This could imply the inclusion of 'extended state' representatives, that in the views of Antonio Gramsci includes not only the political sphere but also exists of, and is closely linked with civil society. Both *within* states and *within* multilateral organizations, this 'extended state' can contribute to the democratic legitimacy of policies.[8]

Representation (inclusiveness)

The WHO remains in today's globalized world the one 'directing and coordinating authority' for the realization of the right to health and universal coverage: A role that is tightly embedded in its Constitution.[9] WHO member states have a legal responsibility for the health of their citizens. Currently, the WHO consists of 194 member states. This includes tiny states such as Monaco as well as a giant country like China.

Over the recent years, WHO's formal governance bodies, the World Health Assembly (WHA) and Executive Board (EB), have become more transparent and accessible, both for member states and non-state actors.[10] One of the positive effects of the current WHO reform is that countries become better prepared to the meetings. Diplomatic cooperation between member states has become more intense. For example, since the European Union (EU) has a formal foreign diplomatic service (2010), it also has a formal delegation to the WHO.* The EU delegate facilitates the EU 28 members to come to a joint position on WHO policies.[11] As a result, other regional economic integration bodies, such as the Union of South American Nations (UNASUR) and the African Union (AU) also internally consolidate their positions on WHOs policy. There is a growing interest in the role of the 'BRICS' (the emerging economies Brazil, Russia, India, China, South Africa) in global health and the WHO. The two BRICS health ministers meetings so far have identified shared global health priorities such as non-communicable diseases (NCDs) and cooperation for Research and Development. Despite robust interventions of India and Brazil at the WHA, the BRICS have not yet spoken out en bloc at the WHA or EB, and rather focus their diplomatic efforts on the G20.[12] Countries start to take the WHO and global health more serious within their foreign policies and have created dialogue and space with its domestic stakeholders to prepare its position for the WHA and EB.[13]

However, engagement by member states in WHOs policies and its governance structures remains limited in general. WHOs governance system is considered archaic, while the policies of the organization, including appointments of strategic positions, are politicized and determined by its main donors.[14] At the WHA in 2013 it has been noted by some member states that 'governance has been the most neglected area of the reform process', especially when it comes to WHOs relationship with external actors.[15]

Inadequate finances and a lack of transparency and accountability

Looking back at the WHO history, one realizes that member states have not always done the agency a very good service. For example in 1984, in response to the perceived politicization of the UN organizations in the late '70s, the so called Geneva group (comprising the 11 major donors of the UN agencies, including the US and several European states) set out to restrict the growth of international agency budgets, including the WHO, to zero in real terms.[16] In the case of the WHO, this policy was further sharpened to nominal zero growth in 1993.

De facto, just as the Health for All policy was to be enacted after the Alma Ata declaration in 1978, the agency started to be choked and bereft of its financial capacity and potential development. Today, this deprivation has become a structural condition, and WHO has lost control over its budget, hence over its institutional autonomy. The vast majority of the funding to the agency is provided via extra-budgetary voluntary contributions that – through the WHO – actually serves the interests of particular state and non-state donors. The OECD has phrased this development *multi-bi financing*.[17] Through this increasing trend, participating governments and others are controlling international agencies more tightly, thereby impacting on their policy priorities.[18] In its WHO-strategy 2011–2015, Sweden argues that the WHO's legitimacy is undermined by accountability issues regarding the allocation of resources. Budget control was found to be weak and operations only partly governed by decisions of the WHA and EB.[19]

Funding for global health has grown significantly over the past decade, from US$ 5.7 billion in 1990 to US$ 27.73 billion in 2011.[20] This money has largely bypassed the WHO, possibly

* The EU has an observer status at the WHO. It speaks with 'one diplomatic voice' during the EB and WHA via its half-year rotating member state presidency.