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Governance within the World Health Assembly: A 13-year analysis of WHO Member States' contribution to global health governance

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ABSTRACT

There is a widespread perception that developed countries in the Western world dictate the shaping and governance of global health. While there are many bodies that engage in global health governance, the World Health Organisation (WHO) is the only entity whereby 194 countries are invited to congregate together and engage in global health governance on an equal playing field. This paper examines the diversity of governance within the World Health Assembly (WHA), the supreme decision-making body of the WHO. It explores the degree and balance of policy influence between high, middle and low-income countries and the relevance of the WHO as a platform to exercise global governance. It finds that governance within the WHA is indeed diverse: relative to the number of Member States within the regions, all regions are well represented. While developed countries still dominate WHA governance, Western world countries do not overshadow decision-making, but rather there is evidence of strong engagement from the emerging economies. It is apparent that the WHO is still a relevant platform whereby all Member States can and do participate in the shaping of global health governance.

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1. Introduction

It is broadly acknowledged that deliberations surrounding global health are dominated by developed countries and that the voices of lesser-developed nations are not as loudly heard. Such a perception was proven by a previous study conducted by the authors, which showed that the majority of people influencing and defining the priorities of global health represent institutions based on the developed world – global health is not being shaped by those who are most affected by it [1]. This paper aims to examine whether governance of the WHO is also dominated by the developed Western world, or whether the WHO provides a more balanced forum whereby the voices of all Member States are heard and influence decision-making. A previous study analysed the subject matter of WHA resolutions and examined the trends and characteristics of international health issues through agenda items of the WHA [2]. It concluded that the WHA agendas cover a variety of items, but do not always reflect international health issues in terms of disease burden. However HIV/AIDS, non-communicable diseases in general, health for all, the Millennium Development Goals (MDGs) and the International Health Regulations (IHR) appeared associated with the public health milestones [2]. This paper utilises a different approach and analyses the diversity of Member States' contributions to decision-making.

WHO is the directing and coordinating authority for health within the United Nations system [3]. While there

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are many influential foundations and institutions that engage in global health, the WHO is the only forum that allows 194 countries to actively determine global health governance on an equal footing. The World Health Assembly (WHA) is the supreme decision-making body for WHO [4]. It meets annually and delegates from all 194 Member States are invited to attend.

This paper provides a snapshot of the contribution of Member States to the World Health Assembly. It analyses the resolutions debated at each of the World Health Assemblies from 2000 to 2012 and notes how many times each Member State spoke and the subject matter of the resolution on which they spoke. The paper then explores these results, examining the contribution of Member States according to their region, their income level and the subject matter of the resolutions.

1.1. *Definition of global health*

Although a consensus on a definition of global health is yet to be obtained, key underlying concepts of what global health constitutes have emerged. In 2009 Koplan et al. [5] called for a common definition of global health. In the paper, Koplan et al. consider various definitions previously proposed and accordingly propose their own definition:

> "Global health is an area for study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasises transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care." [5]

Since the publication of this paper, new ideas and issues have become apparent, including those outlined in Bozorgmehr's paper [6]. Bozorgmehr questions the 'global' in 'global health' and argues that global-as-supraterritorial provides 'new' objects for research, education and practice while avoiding redundancy. Nevertheless, for the purposes of this paper, Koplan et al.'s definition will be observed.

2. Aim

To explore and determine the diversity of countries that shape global health governance and decision-making within the WHO. Areas of analysis include regional variety, economic diversity and the subject matter of resolutions.

3. Method

In May each year, the WHA meets to hold a plenary session, followed by two main committee sessions: Committee A discusses program matters and determines policy of the organisation; Committee B deals predominantly with administrative, financial and legal matters. This paper only examines resolutions adopted in Committee A of the WHA. WHA resolutions are usually proposed based on dialogue between Member States that are interested in a particular issue. Along with the Secretariat, the specific issues and contents of the resolution are decided upon. A resolution is firstly put to the WHO Executive Board and on their approval, it is put to the World Health Assembly. Member States are able to influence and participate in decision-making not only through discussing resolutions at the World Health Assembly, but also through proposing resolutions.

The source of information used to write this paper came from the *World Health Assembly Summary Records of Committees* (REC/3 documents), printed annually by the WHO. These documents were used to note any time a delegate representing a Member State spoke to a resolution that was eventually approved. The Member State the delegate represented, the region in which the Member State is based (according to the WHO regional groups) and its income group (according to the World Bank) [7] was noted. The title and subject matter of the resolution was also observed. Each resolution was classified into health matter categories. The first five categories were drawn from one of the 65th WHA agendas entitled 'WHO Reform' [8]. The authors constructed the further categories in accordance with the resolutions debated in the study. A list of the WHO Member States was written into Microsoft Excel and each time a delegate spoke on a resolution, it was noted. A separate tab also listed the resolution the Member State spoke to according to the classification of its subject matter.

Each time a delegate spoke was listed, even if they spoke to the same resolution more than once. The authors decided to use this approach, as arguably the more engaged a delegate is with a resolution, the more influence they had over its creation. Delegates that represent non-Member States were not included in the analysis. Only adopted resolutions were included; discussions that resulted in the Committee 'noting a report' or progress reports on previously adopted resolutions and reports were not included in the study.

4. Results

4.1. *Involvement of Member States in the debate of resolutions within Committee A of the WHA*

One hundred and thirty-eight (138) resolutions were debated and approved within Committee A of the WHA from 2000 to 2012. Five thousand and six (5006) interventions were made on these 138 resolutions. Table 1 lists the 20 most engaged Member States (that being, the Member States which spoke to resolutions the most).

Table 2 outlines the Member States that did not address Committee A of the WHA from 2000 to 2012.

The newest Member State to the WHO is South Sudan, which became a member in 2011. Since then, the South Sudanese delegation has addressed the Assembly 21 times. Although it is the WHO's newest Member State to join the Assembly, it is already one of the 70 most active participants at the WHA. Furthermore, Chinese Taipei has been an observer of the WHA since 2009 (but only addressed the WHA since 2010) and since then has addressed the Assembly 26 times, making it one of the top 60 most active participants at the WHA.

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