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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.

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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).

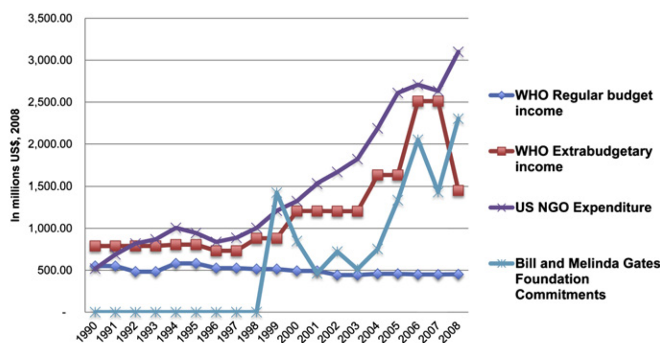

Fig. 1. WHO regular and extra-budgetary income, U.S. NGO overseas health expenditure and Bill & Melinda Gates Foundation Global Health commitments (1990–2008). Source: Institute for Health Metrics and Evaluation, datasets from "Financing Global Health 2010: Development Assistance and Country Spending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

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