

Comment on the “Draft Concept Note Towards WHO’s 13th General Programme of Work”  
(Author: Julian Eckl, University of Hamburg, Germany)

Abstract:

In the following comment, I argue that GPW13 should focus on transparent, accessible, and accountable governance as a precondition for and proper site of WHO evaluation. Decent evaluation needs time and room for deliberation rather than relying predominantly on business administrative tools. Equally troubling is the preoccupation with the quantitative measurement of impact at the exclusion of qualitative means and methods.

Comment:

First of all, I would like to congratulate the Secretariat for this draft concept note that contains various interesting and important ideas. It is particularly noteworthy that GPW13 is clearly embedded into the SDGs and that it acknowledges the relevance of the social determinants of health – including social protection and social justice (page 2). Secondly, it is also noteworthy that WHO staff had the opportunity to contribute its views to the drafting process. Thirdly, I commend the Secretariat for inviting public comment on the draft concept note.

In spite of these positive aspects, it is pertinent to address the more problematic ones. I will focus on one particularly important one, which is the increasing tendency to assess the work of WHO with the same business administrative tools that would be used for any (other) global health partnership. I will first elaborate on two points that show why this development is problematic before I suggest that deliberative evaluation that is based on multiple sources and takes place in transparent, accessible, and accountable governance fora is a better way forward.

First of all, the pitfalls of the drive towards measurement and quantification in global health have been discussed extensively. Let me name a few of them:

- Most numbers in global health are not measurements but estimates and have to be treated with care. While some of them could be measured in principle, this does not apply to the most central ones that are mentioned in the draft concept note. They cannot be measured since they relate to events that did not happen, i.e. they are based on a counterfactual argument. “Outbreaks prevented” and “lives saved” are generally model estimates, not actual outcomes (unless “lives saved” refers to registered individuals who were treated and successfully cured).

- Even in the case of phenomena that can be measured in principle, the data is often not reliable and as discussions on erroneous death certificates have shown, it is frequently not even clear what people died from. This problem has been documented both in countries with strong and in countries with weak health systems. Good data is difficult to do well even under optimal conditions.

- Data generation and data collection are extremely costly and put additional pressure on strained budgets. The draft concept note does not address this issue even though the money could obviously be spent on alternative evaluation schemes or directly on public health interventions. The fact that no alternatives are discussed is somewhat surprising since the notion of opportunity costs features

prominently in the business administrative literature that seems to have informed other aspects of the document. By the same token, it is unfortunate that there is no discussion of the question of how existing and ongoing research (by scholars from various academic disciplines including the social sciences) on the WHO and its work could be systematically drawn upon for the purpose of evaluation.

- Evaluation that is based on preconceived indicators that were identified during the policy formulation are inherently self-referential in the sense that they do not necessarily mirror the priorities of affected populations. Such quantitative data is also unable to capture unintended consequences while open research designs that are common in the qualitative tradition and that will often include field research promise to do just that.

- As the discussions on the appropriate indicator for SDG 3.8 (UHC) have shown, the selection of indicators is anything but an easy task and a highly political undertaking that has to be acknowledged as such and to be put up for discussion.

- The focus on measurement and indicators can easily lead to phenomena such as “picking only low hanging fruits” / “cherry picking” and “teaching to the test” which can undermine various public health goals that call for action even in the absence of likely success. The draft concept note’s promise to put cost-efficiency and cost-effectiveness center stage is particularly likely to further such tendencies.

- By contrast, it should be WHO’s task to point at the challenges that the global health community faces and to identify marginalized problems rather than to engage in the business of “demonstrating” successes and glossing over problems.

- Scorecards need to be balanced and the suggested focus on impact runs the risk of undervaluing the other dimensions (e.g. inputs and activities, but also contexts).

In other words, rather than uncritically accepting the contemporary shift towards business and investment models in global health, WHO should focus on its technical mandate that would include a critical academic engagement with health data rather than bluntly taking it for granted. This brings us directly to the second point.

WHO is different from the various global health partnerships and this difference has to be acknowledged. WHO was not set up to be one player amongst many but “to act as the directing and co-ordinating authority on international health work” (Article 2 of WHO’s constitution). Not all of its contributions to international/global health can be neatly related to (short-term) impact. Rather, much of its work is a long-term contribution that does not become visible from one year to the next. While the draft concept note acknowledges this point in principle, the promise to focus on outcomes and impact as well as to deliver “value for money” and “best return on [member states’] investment” undermines this acknowledgment (page 9). In particular, the draft document does not elaborate on the question of what will actually happen if (other) partnerships prove to be more cost-efficient and/or more cost-effective while delivering easily discernible results. Would the consequence of this be that WHO will be split into several smaller and more focused partnerships in order to become more similar to these apparently more successful partnerships? What this illustrates is that quantification and measurement as such cannot resolve the important questions of global health governance.

Quantitative global health data can only be one of multiple sources that allow for the deliberative evaluation of WHO's work and this kind of evaluation has to take place in its governance bodies. From this perspective, the issues discussed on page 8 ("Provide the world's governance platform for health") are key and GPW13 should even go further. In particular, it is not only necessary to clarify the roles, responsibilities, and interrelationships among the Executive Board Bureau, Programme, Budget and Administration Committee (PBAC), the Executive Board (EB), and the World Health Assembly (WHA); rather, it will be necessary to include the ever increasing number of intersessional meetings as well as the Global Policy Group (GPG) in this list; moreover, it is key to make all of these bodies and meetings fully transparent, accessible, and accountable; the present state of affairs is highly unsatisfactory since only meetings of EB and WHA are consistently webcast and open for civil society participation. This undermines an important function of public governance bodies that goes beyond decision-making as such: the deliberative evaluation of policies that can profit hugely from the feedback that member states and civil society (including researchers) provide. In other words, rather than talking about WHO like a business entity that promises quantifiable return on investment, its role as a transparent, accessible, and accountable platform for global health deliberations should be strengthened. Such deliberations can certainly draw on global health data as it is discussed in the draft concept note but they will also be informed by the lived realities as they are reported by member states and civil society, as well as be based on the best data social scientists have to offer. Moreover, in a technical agency like WHO there has also to be time and room for a critical engagement with global health data. In light of the global expertise that the WHO is in a position to convene, broad-based interdisciplinary discussions are feasible and will prove fundamental to future global health successes.

As a first step towards more broad-based consultation, the Secretariat should reconsider the rushed time frame for GPW13. It is not entirely clear why GPW13 should overlap with GPW12 by one year (2019) and why it is necessary to pass such a key document within a few months while many member states and civil society actors (including researchers) have just started to understand its significance. Finally, the additional time should be used to spell out more clearly and explicitly what the actual consequences of GPW13 will be, i.e. what trade-offs it gives rise to, what current activities will have to be abandoned, and what global health issues will actually be de-prioritized. At present, the document sounds like WHO will do everything at once (e.g. on page 3: "While WHO will become more operational, it will at the same time strengthen its normative and technical functions."). This will likely prove misleading in the long run.

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