Introduction and overview

- Overview by: Thomas Schwarz, Medicus Mundi International Network
- Guest: Dr Gaudenz Silberschmidt, WHO Director Partnerships and Non-State Actors
Civil Society Meeting ahead of WHO EB 144
Geneva, Ecumenical Centre, 23 January 2019
Afternoon session: WHO Governance

What is (was) the matter?

WHO governance

WHO Reform

WHO Financing

FENSA

Civil society initiative

Hosted partnerships and mechanisms

Private sector policy

Global health governance

Private sector policy

Hosted partnerships and mechanisms

Civil society initiative

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- Member States
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- Countries
- Member States
- WHO Financing

- FENSA
- Formal CSO engagement mechanisms
- Hosted partnerships and mechanisms
- Partners UN System Other actors (WB, OECD, etc.)
- Corporate sector
- Philanthropic foundations: Gates etc.
- Engagement with private sector and philanthropics

CSOs
- NGOs in official relations

Global health governance

- WHO governance

G2 H2 GENEVA GLOBAL HEALTH HUB
What is (was) the matter?

Shrinking space for civil society (global, national)

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Good governance

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Actors, power, interests (incl. Member States)

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Defend the World Health Organization from corporate takeover

May 23, 2015

At the forthcoming World Health Assembly (WHA), two key deliberations have the potential to fundamentally influence the future of the World Health Organization (WHO). The Assembly will consider the latest draft of the ‘framework for engagement with non-state actors’. It will also finalize proposals for the financing of WHO for the next two years. The latter includes a critical proposal by the Director General for a 5% increase in assessed (mandatory) contributions.

We, the undersigned civil society organizations and social movements urge the Member States of the WHO to intervene in these deliberations to strengthen WHO and protect its integrity and independence.

We are concerned that rich member-state donors have been deliberately undermining the WHO and weakening its capacity to promote global health by underfunding, tight earmarking of donor funding and opening spaces for corporate influence. Partly as a response to this situation a number of Member States are driving an initiative directed at protecting WHO from improper influence through regulating WHO’s engagement with the private sector entities, philanthropic foundations, academic institutions and non-governmental organizations. However, this initiative may be blocked at the WHA.

The funding crisis

Donor funds account for 80% of WHO’s budget and 93% of donor funds is tightly earmarked to programs that the donors support. This prevents WHO from implementing programs that rich countries do not support, even when they are decided by the World Health Assembly. Threats of further funding cuts are held out if attempts are made to implement such programs.

The compromised ability of the WHO to intervene effectively during the 2014 Ebola crisis is a tragic illustration of the impact of the budgetary crisis on WHO’s capacity to fulfill its mandate. Over the last four years WHO has been through a far reaching reform program driven in part by doctored reports that exaggerated the impact of the 2014 Ebola crisis. The financial crisis is now pushing WHO toward the brink of irrelevance.

Health is a common good that we all depend on and global health is achieved by addressing these intractable foes. We cannot throw away our future on the altar of international trade. Only by defending WHO’s constitutional mandate are we able to protect the health of the world’s poor, in particular when their health is most at risk. The health of the world is at stake.

Even now, when global health is a key agenda, and governments are llam to confront the inequalities within and between countries, these intractable foes, are stark reminders of the need to focus on health inequity, mounting unemployment, inactivity and the growing poor and vulnerable.

The FENSA statement

Global health governance, financed through the global common pool of resources, is an essential condition for health and social justice, and to achieve our fundamental universal human rights. Civil Society have gathered in New Delhi on 2-4 May 2011, from all member states and multilateral institutions, to reaffirm the need for an effective and accountable global governance for health. In the wake of the Regional Dialogue on the right to health held in Johannesburg at the end of March, the new movement, which has set up a global consultation to achieve a common vision for realizing the human right of health, is a health for all movement with shared objectives and actions.

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As representatives of organizations working for health and social justice, of academia, governments and multilateral institutions, we gathered in New Delhi from 2-4 May 2011, from all member states and multilateral institutions, to reaffirm the need for an effective and accountable global governance for health. In the wake of the Regional Dialogue on the right to health held in Johannesburg at the end of March, the new movement, which has set up a global consultation to achieve a common vision for realizing the human right of health, is a health for all movement with shared objectives and actions.
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Philanthropic foundations: Gates etc.

Partners

UN System

Other actors (WB, OECD, etc.)

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Hosted partnerships and mechanisms

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(Civil society initiative)

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(Civil society initiative)
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Global health governance

Global Action Plan on SDGs
CSO advisory group
WHO-UN System Other actors (WB, OECD, etc.)
Corporate sector
Philanthropic foundations: Gates etc.
G2H2

New DG +Team
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New expert committee?
“CSO advocacy advisory group”
“New guidance on the private sector”
UN System Other actors (WB, OECD, etc.)
Corporate sector
Philanthropic foundations: Gates etc.
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Global Action Plan on SDGs
CSO advisory group
WHO-UN System Other actors (WB, OECD, etc.)
Corporate sector
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G2H2
We will have a closer look at:

- WHO governance
- WHO Reform
- WHO “Transformation”
- Global health governance
- WHO Financing
- Global Action Plan on SDGs

Hosted partnerships and mechanisms
- New ad-hoc teams
- Formal engagement mechanisms
- Partners UN System Other actors (WB, OECD, etc.)

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- New expert committee?
- New DG +Team

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- WHO Financing Investment case
- CSO advisory group
- Action plan partners

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Philanthropic foundations: Gates etc.

Actors, power, interests (incl. Member States)

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Hosted partnerships and mechanisms

"FENSA is not fence!" (WHO DG Dr Tedros)

SDG partnership discourse

"New guidance on the private sector" (global, national)

WHO “Partnership" with civil society

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We also draw your attention to:

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Partners
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Other actors
(WB, OECD, etc.)

Corporate sector

Philanthropic foundations: Gates etc.

Shrinking space for civil society (global, national)

"CSO advocacy advisory group"

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Ad hoc teams

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“FENSA is not fence!” (WHO DG Dr Tedros)
SDG partnership discourse

Protect WHO’s constitutional mandate

Shrinking space for civil society (global, national)

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New expert committee?

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“New guidance on the private sector”

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SDG partnership discourse

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Shrinking space for civil society (global, national)
We also draw your attention to:

- WHO governance
- WHO Financing
- Global health governance

**Save 30 million lives**

**Add more than 100 million healthy years of life**

**Stimulate up to 4% economic growth**

WHO “Partnership” with civil society

WHO CSO Task Team

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Other actors (WB, OECD, etc.)

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**WHO Governance**

- Executive Board
- 144th session
- Provisional agenda item 7.1

**WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform**

Report by the Director-General

**THE CASE FOR CHANGE**

1. Adoption of the 2030 Agenda for Sustainable Development with its associated Goals and the decisions on United Nations Development Systems reform (United Nations reform) are driving deep changes among all stakeholders, including all United Nations agencies, with major and implications for all United Nations agencies, programmes and funds, including WHO. United Nations reform presents immediate opportunities and benefits for WHO and health-related Sustainable Development Goals. The commitment to coherence and unity of action across the United Nations system is already manifest in the WHO-led process that has, with partners, rapidly established a global action plan for accelerating progress towards the health-related Sustainable Development Goals. At country level, with a revised and strengthened role, the Resident Coordinator can help WHO to unify the multisectoral and system-wide integrated policy advice and actions essential for many health outcomes. Closer integration of United Nations operational assets can greatly support WHO’s emergency operations, as has been seen in the responses to the outbreaks of Ebola virus disease in the Democratic Republic of the Congo in 2018.

2. The need for strong leadership and action on Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and the other health-related Goals is compelling. Nearly 70 years after the founding of WHO, more than half the people in the world still cannot access health care. Millions continue to suffer from a lack of access to essential drugs and vaccines, to clean water and sanitation, and to adequate nutrition. The existing health infrastructure is often insufficient to respond to the demands of a growing and aging population.
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We also draw your attention to:

Good governance
Sound management
WHO’s capacity to fulfil its mandate

WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform
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