Multistakeholderism and WHO’s investment case
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Priorities vis-a-vis core business and value-added

Fragmentation of international health financing

System-wide problems across UN organisations

Partnerships are key

Financing: not more but better

Less than 20% AC: predictability and flexibility is needed

More pooled funding – preferably at country level
The Delhi Statement (2011)

Time to Untie the Knots:
the WHO Reform and the Need for Democratizing Global Health

- Right to Health must be central to GHG
- Policy coherence with non-health regimes
- WHO clearly defines its stakeholders
- Taxation key policy instrument welfare
- MS increase their financial contributions to WHO
- Focus on transparent, accountable, participatory mechanisms in GHG
“Trojan multilateralism” covertly introducing bilateral goals and interests into multilateral institutions. These overlap with vertical initiatives and have the potential to corrode multilateralism. (Sridhar & Woods, 2013)
Our investment case provides the arguments for a stronger, more efficient and results-oriented organization and ...highlights new mechanisms to measure success, ensuring a strict model of accountability, and sets ambitious targets for savings and efficiencies. The initial investment of US$ 14.1 billion for the period of 2019-2023 is excellent value for money and will lead to a return on investment by generating 2-4 % economic growth.

Moreover, no commodity in the world is more precious!

http://g2h2.org/posts/who-financing/
Fig. 3. Proposed programme budget 2020–2021 increases in detail (US$ million)

- Polio transition: $227 million
- Normative work: $108 million
- Increase in country capacity: $132 million
- Efficiency/reallocation: -$99 million
Top 20 contributors to the Programme budget 2018 (US$ thousands)

- United States of America
- Bill & Melinda Gates Foundation
- United Kingdom of Great Britain and Northern Ireland
- Germany
- GAVI Alliance
- United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)
- Japan
- National Philanthropic Trust (NPT)
- Rotary International
- European Commission
- Kuwait
- Sweden
- United Nations Central Emergency Response Fund (CERF)
- Australia
- Norway
- China
- Canada
- Republic of Korea
- France
- United Arab Emirates

Total revenue: 2160 (US$ million) (or 79% of total revenue)

Transforming resource mobilization

The WHO resource mobilization strategy aims to ensure that the Organization is sufficiently resourced to deliver GPW 13 and, in so doing, to achieve the Organization’s triple billion targets. The resource mobilization strategy defines how the Organization will achieve its resource targets through tailored approaches, both traditional and innovative in nature, and through a greater variety of partnerships. The strategy also reflects opportunities to increase philanthropic support and leverage resource potential at the country level.

Maximizing impact through partnerships

WHO has a broad mandate – it is the world’s only global health agency with a mandate that can change the world – but WHO can deliver only by working with others, welcoming and learning from them and sharing responsibility according to the comparative advantages of each partner. Guided by the realization that the world is too big to be served by only one agency, throughout 2018 WHO has strengthened its existing partnerships and established new ones.
Legitimacy: Who was actually represented at #WHOIMPACT, Stockholm 9-10 April 2019 ?? Outcome report? Participant list?

“The Inaugural WHO Partners Forum is a discussion between WHO and its partners; it is not a pledge event.”

The Forum will bring together up to 150 participants, including representatives of Member States, intergovernmental organizations and relevant non-State actors (academic institutions, civil society organizations, philanthropic foundations and private sector entities), upon invitation.

https://www.who.int/news-room/events/inaugural-partners-forum
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