Comment on the “Draft Thirteenth General Programme of Work” (Author: Julian Eckl, University of Hamburg, Germany)

Abstract:

In the following comment, I highlight four aspects that will have to be scrutinized during the upcoming discussions in the governance bodies in order to fully appreciate their implications and to be able to take an informed decision: first, the consequences of the call for a further round of decentralization by increasing autonomy at the country level; second, the consequences of the demand that WHO should cooperate more closely with “innovation funders and innovators”; third, the future roles of the individual governance bodies including the future balance between formal and informal governance mechanisms; fourth, the question of how knowledge about the work of WHO will be produced and what kind of empirical material will consequently serve as the basis for evaluating WHO.

Comment:

At the outset I would like to thank WHO for the possibility to submit public comments in the course of this consultation process.

Similar to its predecessor that was called “Draft Concept Note Towards WHO’s 13th General Programme of Work”, the “Draft Thirteenth General Programme of Work” contains a wide range of interesting ideas but also problematic aspects. Due to the particularly rushed time frame for this round of online consultations (Nov. 1st to Nov. 15th), I will merely highlight four aspects that will have to be scrutinized during the upcoming discussions in the governance bodies in order to fully appreciate their implications and to be able to take an informed decision. Two of these aspects overlap with my previous comment on the “Draft Concept Note” that has been annexed to this message.

As many people are aware of and as has been discussed in the academic literature, the WHO’s three-layered and decentralized structure is not only highly unusual but has recurrently sparked controversies. Probably even more importantly, past reform efforts that aimed at a recentralization of the organization have paradoxically led to a further decentralization. While the “Draft GPW13” does not use this terminology, it calls for yet another round of decentralization when it speaks of “inverting the pyramid” (page 21) and promises that WHO will be given more autonomy at country level (pages 16 and 22; indirectly also on page 23). While this organizational change might have advantages and could balance the tendency to propose universal solutions for the problems of a heterogeneous world, it still raises the question of what new role the regional level as the layer between the country level and the global level should subsequently have. At present, much criticism is concerned with the lack of control that the global level has over the regional level. If the increasingly autonomous country level is only accountable to the arguably independent regional level – rather than to the global level –, the risk of a disconnect between the global level and the country level will be further increased.

The paragraphs on “innovation” (pages 19-20) are strangely isolated from the rest of the document and its implications do not become fully clear. First of all, it is unclear who the “innovation funders and innovators” are with whom WHO is meant to partner and what relationship WHO has to them at present. Some of the proposals that are made in these paragraphs sound very much like the role that these “innovation funders and innovators” have to fulfil themselves while WHO should not become a marketing organization for potentially innovative health commodities and services. Such a role would

probably even conflict with its regulatory responsibilities. In particular since the "Draft GPW13" also calls for "humility on the part of WHO" (page 23) when it engages in partnerships with non-state actors, it will be highly important to clarify the implications of these paragraphs. (Unfortunately, the section "Organizational shifts" does not elaborate on it either. There is, however, the question of how the partnership with "innovation funders and innovators" relates to the following statement from page 18: "In addition, WHO will conduct foresight studies on new technologies which will require normative guidance like artificial intelligence, robotics, gene editing, and big data which pose transformational opportunities, and in some cases perils, for health.")

While the "Draft Concept Note" had mentioned the strategic priority to "Provide the world's platform for collective decision-making in health" and mentioned some areas for governance reform, governance issues have disappeared almost entirely from the "Draft GPW13". There is only one short paragraph that is dedicated to the issue (page 22) but does not go into any detail. What the document does do, however, is to mention in passing two developments that could contribute to the further informalization of WHO governance at the expense of formal constitutional governance meetings. First, in the paragraph mentioned, the proposal is made that the "Officers of the Executive Board should be empowered to work with the Secretariat between Executive Board meetings"; second, elsewhere in the document, the work of the Global Policy Group (GPG) is quoted as one way in which teamwork across all levels of the organization can be achieved (page 14) and later the GPG is described as the body that will guide the upcoming "organizational shifts" (page 21). An increasing role for such informal governance bodies stands in stark contrast to the kind of transparent, accessible, and accountable governance that I called for in my previous comment.

As a consequence of this contrast, I annexed my original comment on the "Draft Concept Note" to the present comment. In order to avoid confusion, it should be noted that the annexed text quotes consequently from the "Draft Concept Note". While I acknowledge that some of the original criticisms regarding issues such as the measurement of impact and the overreliance on quantitative health data have partially been taken up in the "Draft GPW13" (cf. pages 6, 8, 9, 18 and 21), the main thrust of the previous comment is still relevant. As just explained, this applies both to governance questions and to issues such as the persistent problem that there is no clear strategy how independent (often qualitative) research on the work of WHO will be systematically drawn upon for the purpose of WHO evaluation.

Moreover, annexing the original comment will give member states the opportunity to include it in their deliberations while, as far as I can see, WHO did not make the comments from the first round of consultations available online as had been promised on the webpage. (The relevant sentence read: "Comments received will be posted on the WHO website and publicly available."). While it is unclear why the comments were not published, such apparently small omissions together with the high pace of the process make these commendable consultations much less inclusive and transparent than it first seems.

Acknowledgements:

I would like to thank Susan Erikson (Simon Fraser University, Vancouver, Canada) and Tine Hanrieder (WZB Berlin Social Science Center, Germany) for their helpful remarks.

(The comment on the "Draft GPW13", including the annex, was submitted on November 15th, 2017).

The Annex starts on the next page.

Annex: 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 form 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.

Acknowledgements:

I would like to thank Susan Erikson (Simon Fraser University, Vancouver, Canada) for her helpful remarks.

(The comment on the “Draft Concept Note” was submitted on October 13th, 2017).

--- End of annex ---