

A REPORT OF THE CSIS
GLOBAL HEALTH POLICY CENTER

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LEVERAGING THE WORLD HEALTH ORGANIZATION'S CORE STRENGTHS

*Margaret Reeves and Suzanne Brundage*¹

Introduction

The World Health Organization (WHO) was formed in 1948 to act globally as the “directing and coordinating authority on public health” to promote the “attainment by all peoples of the highest possible level of health.” Under this broad mandate, WHO has contributed to historic public health advancements, such as the eradication of smallpox, achieved in 1979, and galvanizing its members around the Framework Convention on Tobacco Control, which entered into force in February 2005. At present, there is a U.S. government interagency review under way on policy approaches to WHO, along with calls from independent critics to reform the body’s governing charter.² On the question of whether WHO has value to U.S. global health policy and U.S. national interests, the answer, in the opinion of the authors of this paper, is decidedly yes—provided that WHO narrows its focus strategically to those activities for which it is best suited and for which it has the greatest prospects of delivering substantial value.

With globalization comes expanded international travel, movement of goods, global food markets, and new pathogens that lead to an increased risk of global pandemics and other border-less health emergencies. This is one important example of WHO’s special value. Transnational disease threats of this magnitude are simply beyond the scope of a bilateral response and require the pooled resources, expertise and, networks that WHO is well positioned to provide.

WHO’s four core strengths, essential to continued progress in global health and to ensuring the effectiveness of WHO’s future leadership, are: (1) public health surveillance, pandemic

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² For interesting recent public debate on the role of WHO, see: Jack C. Chow, “Is the WHO Becoming Irrelevant?” *Foreign Policy* (December 8, 2010), http://www.foreignpolicy.com/articles/2010/12/08/is_the_who_becoming_irrelevant; Devi Sridhar and Lawrence Gostin, “Reforming the World Health Organization,” *JAMA* (March 29, 2011), <http://jama.ama-assn.org/content/early/2011/03/25/jama.2011.418.full>; and Committee on the U.S. Commitment to Global Health, *The U.S. Commitment to Global Health: Recommendations for the New Administration* (Washington, D.C.: National Academies Press, 2009), p. 28.

preparedness, and disaster response; (2) global standard setting and regulation; (3) catalyzing global initiatives/partnerships for key emerging health priorities; and (4) advocating for policy change and behavior change that will combat the emerging noncommunicable disease (NCD) epidemic. It is in these four core areas where WHO can strategically and most profitably align its activities with its core strengths.

In recent years, WHO's scope has been stretched beyond its core strengths, with the result that its impacts have been diluted and its reputation damaged. Donor interests are to a significant degree responsible, as they have pressured WHO to enlarge its goals to include health system strengthening, human rights monitoring, trade and health issues, and new eradication campaigns. WHO should phase out operations in these areas on appropriate timelines³ and allow other better-suited institutions to lead them.

Director-General Margaret Chan has initiated promising efforts to streamline WHO's processes and improve its performance. She recently commented: "The level of WHO engagement should not be governed by the size of a health problem. Instead it should be governed by the extent to which WHO can have an impact on the problem. Others may be positioned to do a better job."⁴

The United States and other member states should take advantage of Chan's efforts and actively support critical internal capacity building at WHO in the four core areas highlighted above. The United States is in a position to support this more focused engagement by leveraging its political leadership, focusing U.S. WHO investment on activities that utilize WHO's core strengths, continuing to provide technical expertise to WHO initiatives, and supporting and monitoring WHO activities in countries where the United States has a ground presence.

WHO cannot be all things for all dimensions of health, nor should it be. In the past, WHO was one of a few resources available to countries and communities for assistance with strategy, implementation, training, and capacity building in the public health sector. In recent decades, that has changed. Nongovernmental organizations (NGOs), local civil society groups, and private commercial entities—along with new international organizations such as the GAVI Alliance, the Global Fund to Fight AIDS, TB and Malaria, and UNAIDS—offer skills, finance, and analytic and implementation capacities that heretofore did not exist. This shift helps to empower local individuals, governments, and organizations to develop their own solutions that fulfill emerging needs and priorities. The shift does not minimize the value of continued WHO global leadership; rather, it calls for that leadership to be carefully focused.

³ In areas such as eradication campaigns and health systems strengthening a more gradual phase out is appropriate.

⁴ Dr. Margaret Chan, director-general of the World Health Organization, addressing the WHO Executive Board at its 128th session, Geneva, January 17, 2011.

WHO's Core Strengths

Public Health Surveillance, Pandemic Preparedness, and Emergency Response

Identifying and stemming emerging health threats is vital to U.S. security. WHO has unsurpassed experience in tracking, collecting, and analyzing public health data essential to containing emerging epidemics and monitoring the progress of ongoing interventions. WHO's expertise in coordinating a comprehensive response to pandemic threats has been tested and proven in recent years by the threat of SARS and the H1N1 and H5N1 epidemics. The recently released draft report on WHO's response to H1N1⁵ stated that while there were some failings in terms of inconsistent estimation of the severity of the pandemic, a lack of clarity in communications with the public, and some lags in vaccine distribution due to an unnecessarily complex structure, in general, WHO acted quickly to mobilize resources from the United States and other countries to epidemic hot spots. The report noted WHO's successes in areas such as effective partnering and interagency collaboration; timely detection, identification, and monitoring of the pandemic; rapid field deployment and early guidance to affected countries; and development of a vaccine within 32 days of declaring a Public Health Emergency of International Concern. When emerging epidemics are of the magnitude of the H1N1 scare, one government cannot effectively respond, and in many cases, the countries impacted do not have the vaccines, supplies, and labs needed for a comprehensive response. Effective global burden sharing is also essential in response to the grave health consequences of the recurrent natural disasters the world experiences, most recently in Haiti and Pakistan. WHO also plays a unique role in resolving disputes over biological specimen sharing and can play a greater role in forging international agreements around the equitable distribution of critical health commodities, such as vaccines, during sudden-onset public health crises.

Standard Setting and Regulation

Well-developed international norms and standards create a shared framework for the regulation, safety, and quality assurance of health products and services. WHO's broad expertise and global viewpoint make it a logical and effective leader in this arena. WHO's normative efforts standardize medical terminology and approaches, promote common understanding of disease and its treatment, and facilitate comparison of data globally. WHO classifications, such as the International Classification of Diseases, the International Nonproprietary Names for Pharmaceutical Substances, and the International Classification of Functionality, Disability and Health, each provide a global platform on which partners can base discussions and decisions.

⁵ WHO Review Committee, "Report of the Review Committee on the Functioning of the International Health Regulations (2005) and on Pandemic Influenza A (H1N1) 2009" (draft report for discussion at the meeting of the Review Committee, WHO, Geneva, March 7, 2011), http://www.who.int/ihr/preview_report_review_committee_mar2011_en.pdf.

For developing countries that lack the technical expertise to develop appropriate, achievable standards, WHO is an important partner. Established, standardized guidelines also help developed member states and regional blocs, relieving them of the burden of developing their own norms and standards, thus speeding up access to essential health products, while ensuring quality control across countries. In addition, WHO can play a vital role as adjudicator in a complex arena where government, the private sector, and NGOs may all be involved in implementing and upholding standards for the greater good.

Both in norm setting and implementation, WHO's role has a major impact on U.S. overseas health investments, particularly the President's Emergency Plan for AIDS Relief (PEPFAR). For example, the new 2009 guidelines on the use of antiretroviral therapy in preventing mother-to-child transmission of HIV call for earlier treatment for a larger group of HIV-positive women and longer provision of antiretroviral prophylaxis. The health and cost implications of these new guidelines are profound. The United States should place a high priority in ensuring that the WHO process for setting technical norms and standards is rigorous, based on the best available evidence, and routinely maintained and updated. To be most effective in this role, WHO must also have adequate funding to hold members accountable and incentivize compliance.

Catalyzing Global Partnerships

WHO has used its leadership to provide a "home" for global partnerships, such as Roll Back Malaria, Stop TB, and the Partnership for Maternal, Newborn & Child Health, among others. Hosting these critical technical partnerships, at least at inception and in their nascent stages, provides these initiatives with a seat from which to organize, prioritize, and operate. In this role, WHO catalyzes partnership and collaboration among partners to create public health responses that draw on the diverse expertise of developing and donor countries, UN agencies, professional associations, academic and research institutions, foundations, and NGOs to achieve development goals that benefit all member countries. Leadership and direction for these collaborations should come from the highest levels of WHO. Many programs essential for controlling disease outbreaks and emerging drug resistance, such as the Stop TB Program, require a level of technical sophistication absent in developing health ministries, and the wealth of technical knowledge and skill that WHO convenes through these global partnerships is critical to tackling complex health issues in challenging environments.

Advocating for Global Behavior Change to Combat Noncommunicable Diseases (NCDs)

The rising incidence of noncommunicable diseases (cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes) is taking a toll worldwide, increasing poverty and slowing development. NCDs account for 60 percent (35 million) of global deaths, with low- and middle-income countries bearing the largest burden at 80 percent (28 million). Globally, NCDs will

increase by 17 percent in the next 10 years and in the African region by 27 percent.⁶ A 2007 study⁷ estimated that adoption of three cost-effective interventions (on tobacco, salt intake, and hypertension) by global partners could avert 32 million deaths due to NCDs in 23 low- and middle-income countries in 10 years.⁸

The United Nations has already committed to hosting a High-Level Meeting on Noncommunicable Diseases led by WHO in September 2011. WHO is in a unique position to influence health behaviors globally by being an apolitical advocate for development of affordable health solutions and the promotion of healthy lifestyle choices and public policies that can stem the rise of noncommunicable diseases. In the past, tensions and distrust between WHO and the private sector have limited productive collaboration, but stemming the NCD epidemic will require more open dialogue with pharmaceutical, tobacco, and food and beverage companies, all of whom have a critical role to play in the fight against NCDs. Curbing the marketing of unhealthy foods to children, promoting tobacco control, and working with private companies to develop low-cost medicines are three examples of areas where WHO can advocate for changes that will ultimately promote healthier populations globally.

One of WHO's strongest achievements to date has been the development of an evidence-based framework and treaty for tobacco control.⁹ With 168 signatories, the WHO-negotiated Framework Convention on Tobacco Control is one of the most widely adopted treaties in history. The United States is not a signatory of this important treaty and influencing U.S. leadership to become a signatory should be a goal for WHO. WHO has set the standard for reducing tobacco use—the number one cause of death globally—through its MPOWER strategy, enabling not only governments but private actors such as New York City mayor Michael Bloomberg to soundly invest in tobacco cessation.

Promoting a Focused Effort

Improving WHO's performance is diplomatically feasible and affordable. Rather than putting efforts into revising the WHO charter, which could drag out into a lengthy bureaucratic exercise, the United States should support WHO in building capacity in the four core areas described above

⁶ The NCD Alliance, "The Global Burden of NCDs: The Global Epidemic," <http://www.ncdalliance.org/node/11>.

⁷ Robert Beaglehole et al., "Prevention of chronic diseases: a call to action," *The Lancet* 370, issue 9605 (December 22, 2007): 2152–57.

⁸ The 23 countries are: Argentina, Bangladesh, Brazil, China, Colombia, Democratic Republic of the Congo, Egypt, Ethiopia, India, Indonesia, Iran, Mexico, Burma, Nigeria, Pakistan, Philippines, Poland, Russia, South Africa, Thailand, Turkey, Ukraine, and Vietnam.

⁹ For discussions of WHO's leadership role in setting tobacco cessation policies, see: Thomas J. Bollyky, *Beyond Ratification: The Future for U.S. Engagement on International Tobacco Control* (Washington, D.C.: CSIS, November 2010), http://csis.org/files/publication/111210_Bollyky_ByndRatifica_WEB.pdf; and Committee on the U.S. Commitment to Global Health, *The U.S. Commitment to Global Health*.

and strategically focus U.S. contributions in those areas. Director-General Margaret Chan has already begun to make the streamlining and prioritization of WHO's work a signature effort. Strongly supported by China, Europe, and the United States, she is likely to win reappointment in 2012 for another six-year term, enabling her to implement necessary reforms over that period. Now is the time for the United States to increase its engagement and ensure that pandemic preparedness, norms and standards, partner mobilization and advocacy to combat NCDs comprise WHO's core business. The United States has several special assets available to it to support this shift:

- *Political leadership.* The United States should use its seat on the WHO Executive Board and make high-level political statements in support of refocusing WHO's core business on the activities discussed above, while encouraging WHO to sunset programs that are outdated or best left to others. In addition, efforts should be made to expand involvement in WHO discussions among leadership in the White House, State Department, and Department of Health and Human Services. An activist U.S. ambassador in Geneva could work with WHO to refocus the body's involvement.
- *Focused investments.* The United States is the largest voluntary contributor to WHO. For FY2008–2009, the United States contributed \$638 million to WHO, two-thirds of which was in voluntary contributions. In the authors' opinion, wholesale structural reform of WHO is not immediately necessary to make meaningful changes. The current environment of austerity and budget reassessment does open the door for rethinking how decisionmaking power and budget control are divided between WHO's core and regional offices, and the United States can influence this shift through strategic investment and negotiation. By incrementally increasing assessed contributions to support the reassertion of the WHO core, and coordinating voluntary investments across the nine U.S. agencies that contribute to WHO to specifically support activities in WHO's four key areas of strength, the United States can use its significant portfolio to influence change.
- *Technical expertise.* The U.S. Centers for Disease Control and Prevention (CDC) has a long history of providing technical expertise and personnel to WHO. This practice of seconding employees has been invaluable to WHO's pandemic preparedness activities but can also be applied to other areas of WHO's work. In particular, the U.S. Food and Drug Administration (FDA) and the National Institutes of Health (NIH) should look at how they can second experts abroad to contribute to WHO's essential activities and build better institutional knowledge of the organization.
- *U.S. country presence.* The United States should use its operational presence in developing countries to observe the efficiency and impact of WHO programs on the ground and communicate best practices where appropriate.

The health of the world's citizens, particularly the most vulnerable, depends on WHO's ability to use its leadership strategically: swiftly detect and respond to pandemic threats; coordinate an efficient and effective health response when disasters strike; ensure consistent quality and safety of health interventions through strong norms and standards; support multilateral partnerships and

lead changes in policy and behavior that will combat the emergence of the noncommunicable disease epidemic. The United States has a strategic interest in strengthening these WHO capacities, as they bolster U.S. national security and help achieve U.S. development goals. The United States should play an active role in supporting WHO in its efforts to focus on areas in which they can have the most impact.



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