



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



**REGIONAL CONSULTATION OF THE AMERICAS ON THE
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**11GPW/BACKGROUND PAPER 4
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**BACKGROUND PAPER 4: ROLES AND RESPONSIBILITIES
OF WHO IN THE NEXT 10 YEARS**

Role and Functions of the WHO Secretariat

1. Given the new understanding of health, the magnitude of the expected changes and challenges in the next 10 years in the world, and the nature of the global health agenda, it is necessary for WHO to evolve in order to continue to exert influence in public health and to support Member States in achieving Health for All (HFA).
2. Defining WHO's particular role in global health in the next 10 years is therefore fundamental. This paper will not present new alternatives, rather it will review ways of working with the core functions proposed in the Global Program of Work (GPW) 2002-2005. It will also outline key strategic issues to contemplate. Regional and global consultations and further study of published work will lead to new approaches, functions and responsibilities for WHO. These will be incorporated in the draft GPW for review by the Regional Committees and the Executive Board before adoption by the World Health Assembly (WHA).

WHO's Comparative Advantage

3. Since its foundation, WHO has had a track record of working in all geographic and political settings. Key elements of WHO that contribute to its comparative advantage in leading the process to create a new global agenda for health include:

- The technical agency on health for the world
- History of setting global norms and standards
- Universally respected
- Sensitive to national contexts
- Convening power/honest broker
- Consensus-building institution
- Neutrality and independency

New Ways of Working for WHO

4. For WHO to respond effectively to the changing international context and contribute to the creation of a new global health agenda, an examination of how WHO works is in order, and possibly new ways of working are needed. The following directives have been agreed upon in the 10th General Program of Work:

- adopting a broader approach to health within the context of human development, humanitarian action, equity between men and women, and human rights, with a particular focus on the links between health and poverty reduction;
 - assuming a greater role in establishing a wider national and international consensus on health policy, strategies, and standards—through managing the generation and application of research, knowledge, and expertise;
 - triggering more effective action to promote and improve health and to decrease inequities in health outcomes, through carefully negotiated partnerships and by making use of the catalytic action of others; and
 - creating an organizational culture that encourages strategic thinking, prompt action, creative networking, innovation, and accountability, and strengthens global influence.
5. These overarching lines require WHO to continue to devise new processes and modalities which draw on the respective and complementary strengths of Headquarters, and of regional and country offices. For these directives to be more operational, there is a need to identify more precisely the "how" when it comes to putting them into action.

WHO Guiding Values Adapted from HFA in the 21st Century, Resolution A51/5)

6. These directions build on the principles and values articulated in the Global Strategy for Health for All and were reiterated in the HFA in the 21st century. They still hold relevance to continuing work of WHO.
- **Rights:** Recognition that the enjoyment of the highest attainable standard of health is a fundamental human right.
 - **Ethics:** Continued and strengthened application of ethics to health policy, research, and service provision.
 - **Equity:** Implementation of equity-oriented policies and strategies that emphasize solidarity.
 - **Gender sensitivity:** Incorporation of a gender perspective into health policies and strategies.

WHO Core Functions

7. In addition to delineating ways of working, it is important to define WHO's core functions. In doing so, a review of previous core functions shows they are still the most relevant to moving forward with a global health agenda. During the last two bienniums, WHO's Secretariat has focused on the following six core functions in carrying out its activities (10th GPW) at *all* levels of WHO:

- Articulating consistent, ethical, and evidence-based policy and advocacy positions.
- Managing information by assessing trends and comparing performance; setting the agenda for; and stimulating, research, and development.
- Catalyzing change through technical and policy support, in ways that stimulate cooperation and action and help to build sustainable national and intercountry capacity.
- Negotiating and sustaining national and global partnerships. (Our success will depend on partnerships. Being catalytic—bringing partners together, forging strategic alliances, and using our technical strengths to influence the work of other agencies.)
- Setting, validating, monitoring, and pursuing the proper implementation of norms and standards.
- Stimulating the development and testing of new technologies, tools, and guidelines for disease control, risk reduction, health care management, and service delivery.

8. These functions have well served their purposes during the past bienniums. They have been helpful in thinking about where WHO's advantages lie, and are particularly useful in appraising whether the balance of functions is right in relation to specific areas of work and within different levels of WHO. They have forged a better understanding of what the characteristics of and relationships between technical cooperation and normative work are. Technical cooperation does not appear as a single category. Rather, it is better described as a summary term covering many different combinations of the core functions carried out in specific countries. In this sense, technical cooperation includes advocacy, development of partnerships, encouragement of local research and development, and policy and technical advice. Depending on the needs of the specific country, technical cooperation may involve staff from Headquarters, regional and/or country offices, and may occur within or between countries.

9. This approach to describing WHO's core functions also recognizes the role that regional and country offices play in normative work. For instance, a Regional Office may take on global leadership in a particular technical area, like WPRO has in SARS. In addition, both regional and country offices are involved in drawing up guidelines on best practice, and in testing new technologies or approaches to service delivery. These core functions have been an important tool in improving strategic planning when developing the expected results at different levels.

Strategic Choices for WHO

10. The above core functions leave many issues unresolved, necessitating thorough discussions before making choices which will shape the WHO Secretariat in the continuing twenty-first century. A number of these issues are identified below:

- Health beyond absence of illness: What is the best way of combining technical expertise with a broader understanding of the influences on people's health? How do we address the *causes of the causes*? What will this mean in terms of training, recruitment, etc.?
- Leadership: What form and in what domains should global leadership in health be expressed? What/who are likely to be the main challenges/challengers? What capacities does WHO need to develop in order to exert this leadership more effectively? In what ways and how should WHO exert leadership in health research?
- Priorities: How can WHO be more focused on a set of priorities, while increasing our responsiveness to country needs? What is the practical meaning of priorities? How do we concretely act on choices while maintaining flexibility to respond to the unexpected? Should WHO say *no* to requests for action if they are outside that set of priorities?
- Global level versus country level: With increasing investment in country presence, how can WHO maintain global political influence? How should WHO balance the direction and coordination of international efforts for health and the provision of technical support to countries? What are the functions which transcend the sovereignty of any one nation-state and for which international collective action is essential (e.g. the promotion of international public goods, and surveillance and control of international externalities) and should WHO perform them? How should WHO balance (1) protecting health of vulnerable groups (ethical imperative and self-interest/ humanitarian crises) and supporting development in countries with dealing with (2) issues of globalization: food security/safety, pharmaceuticals, trade and health, emerging diseases, etc.? Is it possible for WHO to effectively achieve the two with limited resources?
- Country-level work: What is expected of WHO in countries? Is it being accomplished—from country offices, from Regional Offices, from Headquarters? What does it imply in terms of skill development, recruitment, etc.?
- Development policies: Can WHO be more effective in influencing development policies? Which policies? In which direction? Is WHO equipped to do so? Is WHO equipped to influence development processes that impact on health, but that are beyond the agenda of ministries of health (i.e. trade policies)?
- Relationships with ministries of health and governments: How can WHO work more effectively with governments in different parts of the world? Do current

relationships need to be altered? What are the consequences of working with governments, pro and con? How should governments be incorporated into WHO's decision-making process? Recognizing both the place and limitations of WHA resolutions, how can capacity be developed to handle a wider range of instruments and to invest in WHO's engagement with other organizations and processes that influence health?

- WHO and other organizations: What should be the division of labor between WHO and other international organizations in charge of health and social determinants? Is WHO willing to relinquish control of areas of work that may be equally or better situated within another agency? What will be the role of a specialized agency in the U.N. system of 2015? What functions should be subsumed as part of the U.N. country team, what functions should be separate? How will WHO manage this division?
- New alliances and partnerships: How should WHO position itself in relation to these new forms of organization?

Box 4.1

What is your vision of an ideal WHO?

“A technically competent, independent, credible and effective WHO with vision, clear objectives, providing universally accepted moral, technical, political leadership in global health based on shared values and democratic participation of government and civil society. An organization positioning health on the global agenda, setting technical norms, being involved in international treaties, supporting development processes and advocacy in-country, able to mobilize key constituencies globally, coordinating global efforts for health, addressing emergency and developing effective alliances and partnerships.”

“An organization able to promote health as public good and a key component of equity, social justice, sustainable development, which develop strategies addressing main determinants of health, promoting global public health functions, working with governments and not only ministers of health to address all aspects of health through a stronger in country presence.”

“An organization with Member States fully aware of the importance of health and of the need to implement pro-health policies with stronger ministries of health, able at country level to have a real stewardship role and to promote health and equitable health systems.”

“An organization funded adequately and able to attract funds and distribute them according to priorities and plans and not unduly subject to the influence of donors.”