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## Comment

### Creating a committee C of the World Health Assembly

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The global-health landscape has changed radically in recent years. Key factors are the substantial increase in the number of donors and in funding. Agencies, such as the Global Fund for AIDS, Tuberculosis and Malaria, the Bill & Melinda Gates Foundation, and the World Bank, now contribute more to global-health programmes than WHO. Although this growth of resources and interest is a positive development, its lack of global coordination and strategic direction is problematic.<sup>1</sup> The weakness of global coordination is apparent in the response to recent global emergencies. A UN review of events such as the Indian Ocean tsunami illustrated that, despite an unprecedented level of resources, the response fell short because of poor coordination.<sup>2</sup>

Various tracking initiatives—particularly of financial streams—are underway.<sup>3</sup> The International Health Partnership, which coordinates the H8—the Gates Foundation, the GAVI Alliance, the Global Fund, UNAIDS, UN Population Fund, UNICEF, WHO, and the World Bank—and the debates<sup>4</sup> within the G8 are pointing in the right direction. There are other useful coordination efforts focusing vertically on specific diseases. However, there is no overall, democratic, transparent coordination on all aspects of international health. There have been no suggestions of how to achieve a more regular and structured debate between the broad range of the many key partners. We think that such a forum is urgently needed, and that it should be established under the auspices of WHO with mechanisms already at the organisation's disposal that have not yet been used for this purpose.

WHO has a constitutional mandate to address global-health issues in general and not only the governance of WHO itself.<sup>5</sup> Article 2 of its constitution stipulates that the central activity is to act as the directing and coordinating authority on international health work, and to establish and maintain effective collaboration with the UN, specialised agencies, governmental health administrations, professional groups, and other organisations. Since 1946, when the constitution was signed, the other organisations have grown enormously in power, influence, and resources. So WHO should now respond to this changed environment to ensure that its functions are effective.

Until now, the global-coordinating function of WHO has not been recognised by many of the new partners—indeed, several maintain that they have come into existence precisely because the WHO system does not work well enough to meet global-health challenges. However, few of these partners can work without a link with WHO, particularly those at the country level. WHO has not been proactive enough in searching for mechanisms that allow for better exchange and transparency between the many global-health organisations and the member states.

The challenge is to find a workable mechanism to improve consistency of global-health action and coordination between many partners while respecting their independence and decision-making structure. Any decisions taken by a coordination mechanism are only as effective as the legitimacy given to them by those affected by the decisions. Coordination only works if it is accepted by those being coordinated. A distinction has to be made between coordination with other intergovernmental organisations (such as the World Trade Organization, the World Bank, the UN, and other UN agencies) and other bodies that operate without governance of member states. In intergovernmental organisations, the very same governments of member states take decisions that are often not coordinated with decisions taken by WHO. Other organisations (such as foundations, non-governmental organisations, public–private partnerships, and industry) are independent of the intergovernmental system and have other forms of governance.

We are convinced that—in line with WHO's constitution—the overall coordination of global-health action should be the task of the World Health Assembly (WHA) and thereby be approved by the delegations representing all governments of the world. The WHA meets once a year and is attended by delegations from all of WHO's 193 member states. The assembly mostly takes its decisions by debating and adopting resolutions (which are usually non-binding in nature—ie, soft law) but it also has the authority to adopt binding international health law, such as the Framework Convention on Tobacco Control<sup>6</sup> and the International Health Regulations.<sup>7</sup> Currently the WHA prepares its resolutions and the decisions to be taken by its plenary in two main committees: committee A dealing with programme matters, and

committee B with budget and managerial concerns.

Currently the formal work of the WHA is focused on determining the policies of WHO itself and on making recommendations for member states. The assembly is the key annual event of global health, sometimes more because of the many informal and formal side-meetings than for its agenda. The consequence is that many major decisions in global health are taken unlinked to the formal business of the assembly.

Among the many functions of the WHA described in article 18 of WHO's constitution there are at least three that provide an entry point for finding a mechanism to ensure more transparency and debate between global-health players: "to establish such committees as may be considered necessary for the work of the Organization"; "to instruct the Board and the Director-General to bring to the attention of Members and of international organizations, governmental or non-governmental, any matter with regard to, health which the Health Assembly may consider appropriate"; and "to invite any organization, international or national, governmental or non-governmental, which has responsibilities related to those of the Organization, to appoint representatives to participate, without right of vote, in its meetings or in those of the committees and conferences convened under its authority, on conditions prescribed by the Health Assembly; but in the case of national organizations, invitations shall be issued only with the consent of the government concerned".

The mechanism we propose is to consider the establishment of a committee C of the WHA. This committee would debate major health initiatives by other key players in the global-health arena. It would provide the opportunity for these organisations to present their plans and achievements to the delegates of the WHA and the non-governmental organisations in official relations with WHO. It would also provide an opportunity to address coordination and common concerns of different partners in global health. Organisations wishing to make use of this mechanism would send their proposal to WHO's executive board, which would set the agenda for this committee as it does with the existing committees.

A committee C would need rules of procedures that give sufficient space to the other groups involved while fully respecting the role of governmental delegations. This double requirement could be met by proposing resolutions for adoption by the plenary of WHA as in committees A and B, but to explicitly welcome within such resolutions commitments independently taken by other partners that would be annexed to the resolution (**panel**). With such a procedure the other entities keep their full independence by autonomously adopting—according to their internal rules—their declarations to be annexed. There is an interaction between the member states and the other entities in committee C on the conditions and methods under which to annexe a declaration and the core of the resolution. Member states keep their sovereignty in the final adoption of the resolution in the WHA plenary where other stakeholders cannot vote or intervene.

**Panel:** A possible standard structure for resolutions of committee C

The WHA has a standard format for its resolutions, independent of the topic they address.<sup>g</sup> We propose to amend this standard. The following example gives in standard type elements that are already part of WHA resolutions and, in italic, elements that could be added for those resolutions proposed by committee C. To show the structure common to all such resolutions we do not include content, which would be added depending on the issue addressed.

**Title of the resolution**

*The 62nd World Health Assembly,*

Recalling resolution WHA xx.xx

Considering ...

Concerned about ...

Recognising...

Noting...

**1URGES member states:...**

**1REQUESTS the Director-General:**

1 To establish a coordination mechanism...

2 To abolish activity X and replace it by the joint taskforce Y involving...

**3 WELCOMES commitments taken in the annexed declaration by**

1 Intergovernmental organisation A in their resolution x

2 Foundation B on...

3 Non-governmental organisation C on...

4 Public-private partnership D on...

5 Industry E on...

6 Network F on...

**4 INVITES**

1 Intergovernmental organisation G to submit to its governing body...

2 Foundation H to coordinate its funding with...

3 Non-governmental organisation I to...

4 Public-private partnership K to...

5 Industry L to...

6 Network M to...

To remain manageable, acceptable to member states, and attractive to the newly involved entities, a committee C should focus on the involvement of a limited number of key stakeholders only. The list would have to be agreed by the member states on the basis of suggestions by the Director-General. Committee C would, therefore, not replace but complement the existing mechanism of participation of non-governmental organisations in committees A and B, which could be applied to committee C as well. The broad, inclusive, and participatory involvement of large groups of stakeholders should be improved in keeping with the UN tradition of separate events held back to back, or in parallel with the official meetings of the assembly such as a Global Health Forum; the nucleus of this already exists as the Geneva Health Forum.

Committee C would assist in improving transparency of the global-health effort.<sup>2</sup> Apart from the representatives of member states, the meetings of committee C should include the major stakeholders in global health—international agencies, philanthropic organisations, multinational health initiatives, and representatives from major civil-society groups, particularly those who legitimately represent the most vulnerable populations. Even though this would only be one of the necessary steps to improve coordination in global health, such a mechanism would help to meet several challenges faced by the current fragmentation in global health; in particular it would increase transparency and accountability.

This Comment reflects our personal views and not necessarily those of our respective institutions. We declare that we have no conflict of interest.

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[Back to top](#)

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