

# Comment—WHO's weakness is not technical, but due to lack of accountability

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Negin and Dhillon's proposal that functions presently carried out by WHO should be 'outsourced' to the Gates Foundation, the Gates-funded Institute for Health Metrics and Evaluation (IHME), Medecins Sans Frontieres and national drug regulatory agencies such as the US Food and Drug Administration (FDA), lacks evidence, relies on flawed logic and serves to obscure critical causes of WHO's failures, in particular the donor chokehold.

Negin and Dhillon cite a Cochrane review of outsourcing of healthcare in low-income and middle-income countries.<sup>1</sup> Yet this review found only three studies that met its inclusion criteria all of which had a low quality of evidence and showed a high risk of bias.

WHO's accountability is currently to donors and governments. Outsourcing WHO's functions to Gates, IHME, the FDA and Mèdecins Sans Frontières (MSF) would further attenuate the accountability of WHO for the public's health.

Negin and Dhillon note that most current proposals for WHO reform have emphasised the need for greater funding from member states. 'However, such a status quo solution may not match the magnitude of the problem and seems unlikely to actually resonate with funders who question WHO's efficacy'. This is a misleading account of the debate.

Most of WHO's disabilities are the consequence and not the cause of the donor chokehold. Donor dependence contributes to competition within WHO for the attention of donors which undermines collaboration across the organisation; programme oversight by donors weakens accountability through the management hierarchy; unpredictable and tightly earmarked funding precludes the development of a coherent and rational staffing structure.

The claim that the funders refuse to untie donor funds or increase assessed contributions because of concerns about efficacy is a smokescreen. The Director-General has repeatedly emphasised the need to untie tightly earmarked donor funds. The refusal of the donor nations to untie their voluntary contributions is directed to controlling the Organisation in the interests of the donors and their corporations.

Powerful TNCs and their nation state sponsors are particularly concerned about WHO's treaty making powers. Large transnational food producers are determined to forestall fiscal and regulatory approaches to sugar, fat and salt in addressing diet-related NCDs.<sup>2</sup>

The most fundamental weakness of WHO lies in its lack of accountability to the populations and communities whose health depends on WHO.<sup>3</sup> WHO Watch,<sup>4</sup> which is sponsored by the People's Health Movement (PHM) and other organisations, is directed to building the constituencies and networks which can hold WHO and its member states to account for their responsibility to protect and promote global health.

PHM argues<sup>5</sup> that commentators who present WHO as merely a technical agency and who fail to consider the wider political economy of global health governance are effectively adding their support to those commercial and political interests who are determined to prevent WHO from doing its job.

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# Comment – WHO outsourcing dilemma: for whose benefit, at whose expense?

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In recent years, global development and humanitarian organisations have come under intense scrutiny for failure to provide to people in need. Critiques are wide ranging, and are driven by a range of issues: from ideological and political differences—the recognition of ultimate authority to intervene; critiques of western imperialism; to the practical—the failure of the system to ‘recognise’ the real issues on the ground, to more recent critiques that focus on lack of effective and efficient response in the face of global crises.

The commentary ‘Outsourcing: how to reform WHO for the 21st century’ argues that the WHO has underperformed and is in need of reforms. Established in 1948, at a particular juncture in world history, the WHO is not considered to be fit for purpose in the context of rapidly changing global health landscape.

While it is easy to agree with the diagnosis by the authors on the WHO and its underperformance, the model of outsourcing they put forward comes with its own challenges. What the normative arguments of ‘outsourcing’, ‘value for money’ and ‘measurable results’ does do however, is erase any ideological underpinning to the argument and introduce the market into how it functions. As the authors themselves admit, there is limited evidence to show that contracting out has the intended impact. Beyond the value for money argument, outsourcing will create further complexities and uncertainties.

Alongside outsourcing comes increasing political pressure to demonstrate that the disbursement of resources is linked to performance of measurable results. The result is

an increasingly complex chain of subcontractors whose activities the lead agency then struggle to manage. Under the outsourcing model, lack of targets will leave subcontractor agents unaccountable. Thus, targets will have to be introduced and new monitoring and results frameworks will need to be put forward to ensure that targets are met. In addition to creating fragmentation and coordination challenges, there are dangers that outsourcing will produce short-term measurable results at the expense of long-term challenges to build local institutional capacity.

The WHO is not alone in this trajectory. Many global health and development actors (multilateral; bilateral and other international organisations) increasingly outsource responsibilities to others. What is often ignored in the outsourcing argument is that these intermediaries have their own interests and agendas—which are not always transparent—creating further uncertainties for those managing the contracts.

Mostly based in the Global North with their satellite presence in the countries of the South, a few big institutions will be the prime recipients of contracts, as they will have the experience, language, technical knowhow, relationships and capacity to comply with the expectations that are increasingly concerned with value for money and measurable results. We have to ask who will profit from these arrangements, as further layers of bureaucracy are added into the system. What should be considered are ways to strengthen the institutional capacities of organisations based in southern countries, not to give contracts to already bloated northern international organisations and private firms.