Will the world’s premier health organization be able to reform itself to revive its global health leadership in the years ahead? Such was undoubtedly the question on the mind of health officials and civil society from around the world as they attended the 64th World Health Assembly (WHA) last month, the World Health Organization’s annual meeting of its governance body, comprised of all 193 of its Member States. WHO reform was just one issue on a crowded agenda that touched on many of the most pressing global health issues (WHA resolutions and other documentation are available at: http://apps.who.int/gb/e/e_wha64.html, and WHO’s summary of the Assembly is at: http://www.who.int/mediacentre/news/releases/2011/world_health_assembly_20110524/en/index.html).

**WHO Reform**

The WHA’s resolution on the WHO Secretariat’s reform proposal (http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_R2-en.pdf) endorsed the reform agenda and affirmed the Secretariat’s proposed pathway forward, including having the first meeting of the multi-stakeholder World Health Forum in November 2012 and the first report of an independent evaluation of WHO to be presented at the next WHA in May 2012.

The reform proposal sparked animated discussion not captured in the resolution itself. For a comprehensive report of the discussions, see this report from the Third World Network (http://www.twnside.org.sg/title2/intellectual_property/info.service/2011/ipr.info.110506.htm); summaries of the two days of discussion on WHO reform are also available from WHO Watch (http://www.ghwatch.org/who-watch/WHA64/DayTwo; http://www.ghwatch.org/who-watch/WHA64/DayThree). Member States raised a number of concerns, especially the need for the reform agenda to be driven by WHO Member States (and not only by the Secretariat), the need for more detailed on the reform plans, and concern about the need for WHO to have more flexible funding (as opposed to earmarked funds).

Of particular note, Brazil’s comments (http://www.keionline.org/node/1137) focused on the importance of WHO listening more to civil society and the need for WHO’s main goal to be “social justice, equality and fairness in access to health for all.” Brazil also described “WHO’s core business [as] the promotion of the right to health.” Thailand expressed perhaps the most skepticism of the reform process, suggesting that the present reform effort of WHO was insufficient, and what WHO really needed was a “rebirth.”
In response to Member States’ desire to drive the reform process, WHO Director-General Dr. Margaret Chan concluded the discussions on the reform agenda “by stating that she will ‘consult, consult and consult’ until Member States are ‘satisfied’ with the reform process.”

The WHO Executive Board meeting that immediately followed the WHA agreed to a more detailed process of WHO’s reform over the coming months, including requesting the WHO Secretariat to draft three concept papers by the end of June, hold consultations with Member States on these papers, including through a web-based platform, and have the WHO Regional Committees discuss the reform process. The Executive Board will hold a special session in November 2011, open to all Member States, to discuss the outcomes of the consultative process and other matters related to WHO reform.

**Budget and Staff Cuts**

The WHO reform process is driven both by the need to reshape the organization so that it is better positioned to global health leadership and to respond to its financial crisis. WHO’s financial woes came to a head last month. WHO reported that due to its $300 million shortfall, along with a weak US dollar, it will lay off 300 people at its headquarters, some 12% of its Geneva-based staff. In addition, WHO cut its 2012-2013 biennial budget by approximately $600 million, down to $3.96 billion from its $4.54 billion budget in 2010-2011.

**Pandemic Influenza Preparedness Framework**

Along with WHO reform, last month’s WHA may be most noted in years ahead for adopting the Pandemic Influenza Preparedness Framework. While non-binding, it does for the first time set up a three-pronged global process of increase access of people in developing countries to vaccines and antiviral medication: 1) voluntary vaccine donations by vaccine manufacturers to a WHO stockpile to be used primarily in developing countries; 2) tiered pricing for vaccines and antivirals, and; 3) technology transfer for vaccines and antivirals. Manufacturers are also expected to contribute financially to support WHO’s global influenza surveillance and response system.

With WHO seeking 150 million doses of the H1N1 vaccine for its stockpile, a clear metric exists as an initial gauge whether the voluntary donations are likely to be sufficient. In time, technology transfer may come to lessen the need to rely on voluntary donations, much of the emergence of generic AIDS drugs manufactured in developing countries, especially in India, was central to far greater access especially to AIDS medications. During the WHA, a number of states emphasized the importance of the technology transfer provisions of the framework ([http://www.ghwatch.org/who-watch/WHA64/DayThree](http://www.ghwatch.org/who-watch/WHA64/DayThree)).

**About the O’Neill Institute**

The [O’Neill Institute for National and Global Health Law](http://www.ghwatch.org/who-watch/WHA64/DayThree) at Georgetown University was established to respond to the need for innovative solutions to the most pressing national and global health issues. For more information, please visit [www.oneillinstitute.org](http://www.oneillinstitute.org).

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international health concerns. Housed at the Georgetown University Law Center in Washington D.C., the O’Neill Institute reflects the importance of public and private law in health policy analysis. The essential vision for the O’Neill Institute rests upon the proposition that the law has been, and will remain, a fundamental tool for solving critical health problems in our global, national, and local communities. By contributing to a more powerful and deeper understanding of the multiple ways in which law can be used to improve health, the O’Neill Institute hopes to encourage key decision-makers in the public, private, and civil society sectors to employ the law as a positive tool to enable individuals and populations in the United States and throughout the world to lead healthier lives.