Government of India

Approach on WHO Reforms

Health Emergencies and public health threats, particularly those at the level of epidemics and pandemics, have become a global challenge requiring a coordinated and prompt global response. It is important to ensure that the global health governance and support structures with the WHO at its core are robust and suited to deal with such emerging challenges as COVID 19 pandemic. The COVID Pandemic is not only an unprecedented challenge confronting the world with its socio-economic impact beyond the health sector but also a historic opportunity to build a new global partnership with reformed and effective multilateralism.

1. **Strengthening the Public Health Emergency of International Concern (PHEIC) declaration process:** Currently the decision making is primarily on the recommendation of International Health Regulations (IHR) Emergency Committee.

   Recommendation: It is important to devise objective criteria with clear parameters for declaring PHEIC. It should also be possible for DG WHO to declare a PHEIC if in his/her assessment there is a broad agreement, though not a consensus, within the IHR Emergency Committee and not to wait for a consensus to emerge. The emphasis must be on transparency and promptness in the declaration process.

2. **Funding:** Most of the financing for Programmatic Activities of the WHO comes from extra budgetary contributions, which though voluntary in nature, are normally earmarked. The WHO enjoys very little flexibility in use of these funds. Assessed contributions comprise less than one-fifth of the WHO's Budget. Even the Health Emergencies Programme is not fully funded from the regular budget. There are also many important non-Governmental organisations in global health architecture, with budgets significantly larger than that of the WHO, such as Global Fund, UNAIDS, GAVI and UNITAID.

   Recommendation: There is a need to ensure that extra budgetary or voluntary contributions are unearmarked to ensure that the WHO has necessary flexibility for its usage in areas where they are required the most. There is also a need to look at increasing the regular budget of the WHO so that most of the core activities of the WHO are financed from it, without putting an overwhelming financial burden on developing countries.

3. **Ensuring transparency of funding mechanism and accountability framework:**
Presently, only broad-based priorities are discussed with member states and in respect of selection of activities, their expenditure and concurrent monitoring, there is no regular and institutional mechanism involving the member states. There is no collaborative mechanism wherein the actual projects and activities are decided in consultation with member states, there is no review with respect to value for money and whether projects are being done as per the member states priorities or if there are abnormal delays. Without the same, the technical assistance to member states primarily is neither transparent nor adding the required value to the member states.
There is an urgent need for effective involvement of Member States in discussions on budget implementation and spending. This is imperative to strengthen efforts towards enhancing cost efficiencies and value for money proposition.

Recommendation: Establishing strong and robust financial accountability frameworks will enable maintaining integrity in financial flows. It is also crucial to establish significant amount of transparency with respect to data reporting and disbursement of funds for increased accountability. It is also important to strengthen the effectiveness, and efficiency of various funding mechanisms e.g. WHO Solidarity Response Fund, WHO Foundation and Strategic Preparedness and Response Plan (SPRP). There is no framework or mechanism to ensure that the details on funding & financing are disclosed at a micro level which is a crucial element. There should be a quarterly review of ongoing WHO activities in the country by Member States with the WHO Country Office so as to align expenditure by WHO in consonance with country priorities.

4. **Enhancement of the response capacities of the WHO and Member States:**
Implementation of the IHR 2005 has highlighted critical gaps in the basic health infrastructure of member States. This has become more evident in their dealing with COVID 19 pandemic.

Recommendation: It is important that the programmatic activities carried out by the WHO, under its General Programme of Work, should focus on building and strengthening capacities in member states as required under IHR 2005, which are found lacking or deficient on the basis of the self-reporting on IHR 2005 done by the Member States. WHO may support creation of IHR technical and core competencies in each country so as to facilitate broad uniformity in country responses.

5. **Improvement of the WHO's governance structure:** The two policy making organs of the WHO i.e. the World Health Assembly and the Executive Board are currently playing a peripheral role. (This is more pronounced in case of the Executive Board). Being a technical Organisation, most of the work in WHO is done in Technical Committees composed of independent experts. Moreover, in light of the growing risks associated with emergence of disease outbreaks the role of the Independent Oversight and Advisory Committee (IOAC), responsible for the performance of the WHO Health Emergencies Programme (WHE), becomes extremely crucial. It is necessary for this oversight mechanism to be strengthened and the inputs of Member States to be integrated. These inputs need not only be taken during EB or WHA but there should be a mechanism for concurrent and regular coordination of IOAC with member states.

   Recommendation: It is important that the member States have a greater say in the functioning of the WHO, given that it is the States which are responsible for implementation on ground of the technical advice and recommendations coming from the WHO. There is a need to devise specific mechanisms like a Standing Committee of the Executive Board to ensure effective supervision by member States. There is also a need to including look at the functioning and composition of various technical committees to make them more effective and responsive to the priorities and recommendations of the Member States.

   The Pandemic laid bare various gaps in the preparedness of healthcare systems across the globe, which could have been reviewed & strengthened in a timely manner. Thus, there is a need to facilitate and strengthen the role and functioning of bodies such as the Independent Oversight and Advisory Committee (IOAC), which is a legitimate oversight body for the WHE programme. Additionally, there is a need of effective representation of the developing nations and the high disease burden countries on different decision-making processes in WHO's Technical Committees. WHO should also consider actively leveraging the support of experts, academicians and policy makers from the high disease burden nations in the decision making and policy formulation processes.

   A proper review of the format & functioning of Executive Board & World Health Assembly should also to be taken up for them to be an effective engagement tools with the Member States instead of the present set up where in the format of Executive Board & World Health Assembly are repetitive. There must be an accountability mechanism to indicate what follow up action on the interventions of member states in EB and WHA has been initiated by WHO Head Quarter, Regional Office and Country Office.

6. **Improvement in IHR Implementation:** The Member States have a self-reporting obligation under IHR 2005. However, review of IHR implementation is voluntary. It has been proposed by some States that peer review of the IHR implementation should be made mandatory, like the review of the human rights through the UPR mechanism through an intergovernmental peer review process. It has also been proposed that the WHO should be given necessary tools to ensure compliance with the IHR.

Recommendation: The public health infrastructure in developing countries is still being developed and many of them do not have the necessary means to ensure the IHR's full implementation. Therefore, the review of the IHR implementation should continue to be on a voluntary basis. The current COVID 19 crises has shown that the public health systems, even in the developed countries, were unable to cope up with the COVID 19 surge, It is therefore critical to accord priority to enhance international cooperation, which should be directed at providing assistance to developing countries in areas which they have been identified as lacking the necessary capacity to implement the IHR. It is important that public health is considered a global good.

In light of the Pandemic and the circumstances preceding it, IHR should have a robust mechanism to assess risks early and initiate subsequent steps. This principle should also be incorporated on a regional level where there needs to be an effective system facilitating regional declaration of health emergencies. This is imperative for effectively mitigating the risks of any health emergency transforming into a pandemic in the future.

Also, for the process of expediting the initial response to be more effective, a paradigm needs to be created where the Member States of WHO should be encouraged to notify the WHO of significant information including pathogen samples in the early stages of an outbreak.

7. **Access to therapeutics, vaccines and diagnostics:** It has been felt that the TRIPS flexibilities provided for public health, under Doha Declaration, may not be sufficient to deal with crises such as COVID 19 pandemic. There have been instances of restrictions on trade in public health goods in the initial phase of COVID 19. Also, as a reflection of vaccine nationalism, some developed countries have been signing bilateral agreements with vaccine manufacturers, leaving very little space for developing countries to get fair, affordable and equitable access to the same. India and South Africa have moved a proposal at the WTO for a COVID 19 specific waiver of some of the provisions of TRIPS Agreement. Lack of awareness of TRIPS flexibilities and an enabling national mechanism has made it difficult for the developing countries to benefit from these provisions.

   Recommendation: It is important to ensure fair, affordable, and equitable access to all tools for combating COVID 19 pandemic and, therefore, the need to build a framework for their allocation. The WHO is working in this direction and its work should be supported. The tools for COVID 19 pandemic such as vaccines are a global public good and TRIPS waiver as proposed by India and South Africa would go a long way in effective international and national response to COVID 19 pandemic. It is also important to develop a global framework or specialised protocols for benefit sharing for non-influenza pandemics on the lines of PIP Framework consistent with the objectives of the CBD and its Nagoya Protocol.

8. **Creation of Global Framework for Management of Infectious Diseases & Pandemics:** There is a need to create a monitoring mechanism and support to member states on International Health Regulations, preparedness of infrastructure, human resources and relevant health systems capacities such as testing and surveillance systems.

   Recommendation: Enhancement of capacities of countries in preparation for and response to infectious diseases of pandemic potential, including guidance on effective public health and economic measures for health emergencies by leveraging a multidisciplinary approach which includes social science alongside health and natural sciences. There is an integral need to establish a system facilitating **pan world surveillance** by leveraging innovating ICT tools.

9. **Role of Hosted Partnerships in pandemic management:** The risks imposed on humankind, by new influenza viruses causing more disease outbreaks are very real. There is an urgent need for the global community to address this issue by making bold efforts and ensuring vigilance and preparedness in our healthcare systems. The current Pandemic management systems may be proving to be insufficient in enabling agile and robust responses with respect to protecting global citizens against disease outbreaks.

   Recommendation: The primary objective should be to improve capacity for global pandemic prevention, preparedness, and response, and strengthening our ability to fight back any such pandemic in future. For undertaking required agile and prompt action besides the existing Department or Division approach there is a need for initiating Hosted Partnerships on this key agenda of Pandemic Management. WHO can leverage the support of academia, technical experts and most importantly Member States in terms of policies, advocacy & implementation.

   Any pandemic management requires effective data driven insights and hence need to integrate digital health agenda also as a priority area along with pandemic management. It is therefore proposed to have two hosted partnerships – one for Pandemic Management & other for Digital Health under the aegis of WHO.

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