

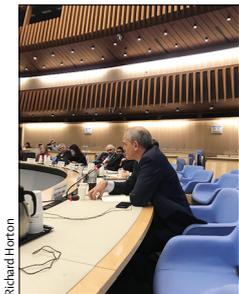


Offline: WHO powers up in 2019



Richard Horton

It was the most ambitious and unexpected riff perhaps ever delivered by a Director-General of WHO. When Dr Tedros Ghebreyesus opened the first Global Burden of Disease Forum at the agency's Geneva headquarters last month, participants were prepared for warm words in praise of a new partnership between WHO and the Institute for Health Metrics and Evaluation (IHME), the Global Burden of Disease's scientific centre. They were not disappointed. But the audience also heard Dr Tedros deliver a passionate vision for a greatly strengthened WHO. "If we are serious about serving humanity, we need collaboration and partnership", he said. Dr Tedros argued that WHO should not be afraid of an increasingly pluralistic institutional landscape in global health. It should not even be afraid of outsourcing some of WHO's core functions. "Pluralism in global health leadership strengthens WHO." What counts is shared responsibility, while WHO focuses on its key roles—convening, coordinating, and guiding. The partnership between WHO and the Global Burden of Disease is an opportunity for improving policy dialogue with countries. That dialogue should break from the traditional division between donors (high-income countries) and recipients (low and middle income nations). "Who says that WHO should only work in developing countries?", he asked. His idea for a more muscular WHO is nothing short of a revolution for the agency.



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The model Dr Tedros cited for WHO's renewed purpose was Article IV of the International Monetary Fund's (IMF) Articles of Agreement. Article IV concerns the "obligations" of IMF's member states. The Fund has a duty to exercise "firm surveillance" over the international monetary system. Fulfilment of that role means the IMF conducts regular (often annual) comprehensive consultations in countries. These "Article IV consultations" involve IMF economists visiting a country to assess its economic and financial performance and policies. The IMF team meets with government officials, law makers, and representatives from business, trade unions, and civil society. The resulting report is presented to the IMF's Executive Board, and the conclusion of those discussions is fed back to the country's government. A final statement is published on the Fund's website and summarised in a press release. Article IV consultations are conducted in every country.



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Dr Tedros argued that all nations have "fault lines" in their health systems. A partnership with the Global Burden of Disease "will help WHO go global". The fact that the Global Burden of Disease produces data for all countries will increase "the relevance of WHO in all countries". The collaboration with IHME will have a profound effect on WHO: it will "change it beyond all recognition". The goal of WHO is "to serve the world". So "why can't we comment on high-income countries?" "Why do we keep quiet when there is a problem in a high-income country?" "WHO can advise. WHO can take that responsibility". "We only go to high-income countries to ask for money. We need to change that relationship". "That's what IHME means to me". "We don't need to centralise everything at WHO". The memorandum between WHO and IHME is "an opportunity to understand the power of partnership".

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Critics of WHO often lament that the agency is too passive in its relationships with countries. Past Director-Generals have routinely emphasised that WHO serves member states and can only respond to requests from member states. An activist agenda for WHO has always been resisted. Dr Tedros's vision is entirely different. If WHO is truly the custodian of global health, the obligation on the agency must indeed be "firm surveillance". The Global Burden of Disease is a worldwide scientific movement dedicated to empowering decision makers and civil society. It is a massive educational enterprise helping to train a new generation of health metricians to work in countries to improve the quality of health information systems. The Global Burden of Disease can strengthen WHO by providing some of the most reliable data for the agency to use in its proposed country consultations. WHO can translate the results of the Global Burden of Disease into sound technical assistance. IHME will assist the agency to hold member states accountable for the promises and commitments they make to their citizens. WHO will soon announce far-reaching organisational reforms. The intention is to reinvent the agency to enable it to deliver its triple billion strategy. Could 2019 be WHO's year of rebirth?

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