

Introduction to comments on 'Outsourcing: how to reform WHO for the 21st century'

Seye Abimbola

To cite: Abimbola S. Introduction to comments on 'Outsourcing: how to reform WHO for the 21st century'. *BMJ Global Health* 2017;**2**:e000272. doi:10.1136/bmjgh-2016-000272



CrossMark

Editor-in-Chief, *BMJ Global Health*, School of Public Health, University of Sydney, Australia

Correspondence to

Dr Seye Abimbola;
seyeabimbola@hotmail.com

In 6 months, WHO will have a new Director General, who will likely start off by promising and identifying areas for reforms. One intent of such reforms will likely be to improve efficiency within the organisation. The commentary by Negin and Dhillon sought to provide one example of how WHO could improve efficiency—outsourcing functions for which WHO may not have a comparative advantage. The article received much attention on social media; it was described by Anant Bhan on Twitter as a provocative argument with some merit,¹ and Laurie Garrett compared outsourcing by WHO to the experience of outsourcing public sector functions, in an ironic tweet: “Yeah, works so well for prisons, security details, food safety.”²

While the argument for and against outsourcing have merit, it appears they are not being considered in ongoing conversations about WHO reforms. Contrarily, these discussions have seemed to favour an ever-expanding organisation; a preference that certainly has implications for efficiency and effectiveness; implications that are worth taking seriously in a global health landscape with ever-increasing number of actors. We present three important comments on Negin

and Dhillon's article; all disagreeing with their argument, but nonetheless recognising an urgent need for change at the WHO. Their perspectives will be important for the incoming Director General, as much as Negin and Dhillon's response to these comments. Featuring this series of comments and response demonstrates our commitment at *BMJ Global Health* to being a forum for discussion and debate on issues such as this; issues in global health that do not get enough attention. We will do this from time to time.

Twitter Follow Seye Abimbola @seyeabimbola

Competing interests None declared.

Open Access This is an Open Access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>

REFERENCES

1. Bhan A. Tweet. 2016. <https://twitter.com/AnantBhan/status/775589709640822784>
2. Garrett L. Tweet. 2016. https://twitter.com/Laurie_Garrett/status/776787153137364992

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

David G Legge,¹ Claudio Schuftan,² Fran E Baum,¹ Remco van de Pas,³ David Sanders,⁴ Lori Hanson,¹ David McCoy,⁴ Amit Sengupta¹

To cite: Legge DG, Schuftan C, Baum FE, *et al*. Comment—WHO's weakness is not technical, but due to lack of accountability. *BMJ Global Health* 2017;**2**: e000236. doi:10.1136/bmjgh-2016-000236

Received 7 November 2016
Accepted 15 December 2016

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.¹ 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.²

The most fundamental weakness of WHO lies in its lack of accountability to the populations and communities whose health depends on WHO.³ WHO Watch,⁴ 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 argues⁵ 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.

Twitter Follow David Legge @DavidGLegge

Contributors DGL drafted the manuscript and redrafted it with input from all other authors. All authors contributed to the conceptualisation of the paper.

Competing interests None declared.

Provenance and peer review Not commissioned; internally peer reviewed.

Open Access This is an Open Access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to



CrossMark

¹People's Health Movement, Cape Town, South Africa

²People's Health Movement, Ho Chi Minh City, Vietnam

³Department of Public Health, Institute of Tropical Medicine, Antwerp, Antwerpen, Belgium

⁴Cape Town, South Africa

Correspondence to

Dr David G Legge, People's Health Movement, Cape Town 7705, South Africa; d.legge@latrobe.edu.au

distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>

REFERENCES

1. Lagarde M, Palmer N. The impact of contracting out on health outcomes and use of health services in low and middle-income countries. *Cochrane Database Syst Rev* 2009;(4):CD008133.
2. Gornall J. Sugar: spinning a web of influence. *BMJ* 2015;350:h231.
3. Ebola Interim Assessment Panel, Report. Geneva: WHO, 2015. http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_25-en.pdf.
4. WHO Watch. *WHO Watch*. 2011 (cited 9 April 2011). <http://www.ghwatch.org/who-watch>
5. People's Health Movement. *Ignoring the political economy of global health governance in considering WHO's shortcomings obscures major threats to health equity*. 2016 (cited 12 October 2016). <http://www.phmovement.org/en/whoreform>

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

Jeevan Raj Sharma,¹ Ian Harper,¹ Radha Adhikari,¹ Pam Smith,¹ Deepak Thapa,² Obindra B Chand,² Address Malata³

To cite: Sharma JR, Harper I, Adhikari R, *et al*. Comment – WHO outsourcing dilemma: for whose benefit, at whose expense?. *BMJ Global Health* 2017;**2**:e000237. doi:10.1136/bmjgh-2016-000237

Received 7 November 2016
Accepted 15 December 2016



CrossMark

¹School of Social and Political Science, University of Edinburgh, Edinburgh, UK

²Social Science Baha, Kathmandu, Nepal

³Malawi University of Science and Technology, Limbe, Malawi

Correspondence to

Dr Jeevan Raj Sharma, School of Social and Political Science, University of Edinburgh, Chrystal Macmillan Building, George Square, Edinburgh EH8 9LD, UK; jeevan.sharma@ed.ac.uk

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.

Twitter Follow Jeevan Sharma @jrs437

Contributors JRS and IH drafted the manuscript, the ideas for the paper were developed collectively by all authors as coresearchers on the ESRC-DfID funded project (ES/K012487/1).

Funding (The authors are associated with an ESRC-DfID funded research project (1 May 2014 to 31 October 2016) titled 'New Norms and Forms of Development: Brokerage in Maternal and Child Health Service Development and Delivery in Nepal and Malawi').

Competing interests None declared.

Ethics approval Committee of the School of Social and Political Science, Nepal Health Research Council, College of Medicine Research Ethics Committee.

Provenance and peer review Not commissioned; internally peer reviewed.

Open Access This is an Open Access article distributed in accordance with the terms of the Creative Commons Attribution (CC BY 4.0) license, which permits others to distribute, remix, adapt and build upon this work, for commercial use, provided the original work is properly cited. See: <http://creativecommons.org/licenses/by/4.0/>

Comment – WHO is badly in need of reform, but it cannot replace NGOs like our own

Joanne Liu

To cite: Liu J. Comment — WHO is badly in need of reform, but it cannot replace NGOs like our own. *BMJ Global Health* 2017;**2**:e000238. doi:10.1136/bmjgh-2016-000238

Received 8 November 2016
Accepted 15 December 2016

The authors of the report 'Outsourcing: how to reform WHO for the 21st century', published in *BMJ Global Health*, recommend outsourcing some key WHO responsibilities to other organisations, including Médecins Sans Frontières (MSF). We agree that the WHO is badly in need of reform, but caution against thinking that non-governmental organisations like our own can replace the WHO's own critical role in the response to epidemics.

Ultimately, it is not the response of international medical experts that can make the crucial difference to an epidemic response. Instead, it is the way that governments themselves respond and their willingness to seize the nettle and make prompt, effective decisions that put the health of the population first, above economic or political concerns. The WHO has to play a vital role here, and must be able and willing to speak truth to power and, where necessary, confront governments—in the affected areas and farther afield—when there are serious medical gaps and outbreaks of disease. This is made more difficult by the appointment of the WHO country representatives often on the basis of political considerations instead of competency. This must change in favour of expertise with clear accountability and responsibility.

At present, one of the biggest failings in the system is that governments are positively disincentivised from declaring an outbreak for fear of disrupting the functioning of the country and driving away visitors and investors. States should be able to count on international solidarity in the face of

overwhelming epidemics and the world needs a strong WHO with political courage that can support national authorities in making clear decisions on setting priorities, attributing roles and responsibilities, ensuring accountability for the quality of activities, and mobilising the necessary resources.

Yes, private international organisations like ours will continue to provide staff and patient care to support an epidemic response when patients are suffering. However, the really important national and international political will has to be galvanised by the WHO. In addition, the critical infrastructure and technical investments which underpin an effective epidemic response, such as the development of proper laboratory facilities and sentinel surveillance systems, badly need the support of a strong and empowered WHO.

Rather than cutting away at the WHO's responsibilities, we need to ensure that it is stronger, braver and enabled to call a spade a spade in a timely fashion. Since the ultimate goal is saving lives.

Twitter Follow Joanne Liu @JoanneLiu_MSf

Competing interests None declared.

Provenance and peer review Not commissioned; internally peer reviewed.

Open Access This is an Open Access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>



International President,
Médecins Sans Frontières/
Doctors Without Borders,
Geneva, Switzerland

Correspondence to

Dr Joanne Liu;
joanne.liu@geneva.msf.org

Authors' response – WHO must prioritise its roles and then be positioned and supported to execute effectively

Joel Negin,¹ Ranu S Dhillon²

To cite: Negin J, Dhillon RS. Authors' response — WHO must prioritise its roles and then be positioned and supported to execute effectively. *BMJ Global Health* 2017;**2**:e000271. doi:10.1136/bmjgh-2016-000271

Accepted 16 December 2016

We are pleased to see that our article has incited debate and discussion. While the responses reflect a wide range of perspectives, what is clear is that there is a need for fundamental reform in how WHO is organised and functions. And, while we offer thoughts on how this could be carried out, we are less inclined to 'sell a solution' than we are to 'solve a problem.' Any approach to WHO reform will undoubtedly entail imperfect trade-offs which can best be understood and navigated for the overall greatest good through critical discussion from a wide range of perspectives as offered by the respondents.

Each response offers important insights and criticisms that serve to further and deepen the discussion along the key considerations that must be weighted: accountability and ownership, sovereignty and collective action, practicality and efficacy. Liu's call for a stronger WHO that can assert global political leadership in instances of health crises, such as epidemics, is exactly the type of role we feel it should be positioned to serve while being able to coordinate other agents as well as its own personnel for action. Ideally, WHO can both provide the leadership and action directly but the former is where its unique positioning and voice is needed most. As Liu points out, the ultimate goal should be to build strong national health systems that can lead and act nationally and locally with WHO supporting countries in performing both of these roles. Efforts to build adequate health systems in developing countries must—finally and actually—be funded, supported and realised.

Sharma and colleagues delve into a number of practical challenges associated with outsourcing. We agree that, under the proposed model, managing accountability and the increased complexity of contracts and responsibilities will be difficult. Their point about strengthening the capacity of

institutions from the Global South to compete for such contracts, is well taken and one that we would support. Requirements around equity or capacity building should be added into such contracts. While the 'gaming' of an outsourcing model is an inherent risk, we would like to see further conversation on what may be 'lesser of evils' options given the inefficacy of current approaches.

The People's Health Movement (PHM) emphasises the need for WHO to remain neutral and accountable. We support the values they assert, but are more cynical about the likelihood to realise them at least in the short-term given the current political economy surrounding WHO and global health more generally. Similar to Liu's call for WHO to have the latitude and positioning to exert political leadership, we agree with PHM's call for it to be protected and positioned to assert moral leadership, too. Strengthening its ability to carry out these functions, such as treaty negotiation, may require it to prioritise away from technocratic tasks such as data collection or drug registration. At the end of the day, WHO must prioritise its roles and then be positioned and supported to execute effectively.

Funding This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Provenance and peer review Not commissioned; internally peer reviewed.

Data sharing statement No additional data are available.

Open Access This is an Open Access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>



CrossMark

¹Sydney School of Public Health, University of Sydney, Sydney, New South Wales, Australia

²Division of Global Health Equity, Brigham and Women's Hospital, Harvard Medical School, Harvard University, Cambridge, Massachusetts, USA

Correspondence to

Dr Joel Negin;
joel.negin@sydney.edu.au