

Outlook WHO/WIPO

Outlook for two multilateral specialized agencies of the UN. Headquarters are in Geneva, various agencies in the regions and exerting significant influence in the domestic policies in developing countries.

First, the WHO, leading agency on global public health. Second, the WIPO, a multilateral organization dealing with intellectual property rights.

As part of the UN system, the WHO and WIPO operate under the framework of the 2030 Sustainable Agenda. This is a road map reasserts interdependence and need for solidarity. The shared commitment is to not leave anyone behind and to address inequalities. Both in health and in capacity to produce and access technology and information, there are enormous inequalities.

For global policy-making, one of the key aspects of the post 2015 DA is the recognition that international cooperation is seen in new light, but not in the form of traditional aid, and not cooperation that results in disempowerment of developing countries or more vulnerable populations.

The growing instability and political and economic uncertainty also influence the outlooks WHO and WIPO. Both institutions face challenges of governance and normative agendas.

WIPO:

WIPO does not have a broad mandate on innovation issues. It is focused on the protection of intellectual property. WIPO is behind the analysis of the fourth technological revolution, the disruptive nature of technology, and as a norm-setting agency it clearly will continue to work behind the rate of technological change. But WIPO is not simply open to embracing technological change. It is also extremely conservative. It is traditionally closed to consider the enormous opportunities for new innovation, increased access and dissemination of information and techs, as well as the challenges posed to the current business models that are built around strong protection of intellectual property rights and the difficulties of small businesses and other stakeholders to operate within the current IP rules.

Enormous challenges for the organization. Conservatism coupled with the fact that Member States do not fully agree with their reading of the current IP rules, and the vision of what the institution is meant to do.

SC view: we don't have a level playing field. WTO TRIPS rules, WIPO treaties and on-going norm-setting exercises. IP, patents, trademarks, copyright, trade secrets, are not simply tools for individuals and industries to use. Not all actors can access and use IP in an equitable manner, and the use of IP has policy implications beyond

assisting the business interests of the individual or business that seeks IP protection. The reality is that current patent and other market exclusivities are acting mainly as subsidies for multinationals. Developing countries need to be extremely cautious of strengthening IP protection and the public policy implications.

Governance:

Well funded agency, 756 million for the biennium (compare to UNCTAD income of 108 million). 95% funded from fees derived from services provided to private sector. WIPO Secretariat has a special relation with private sector. Challenge of managing private sector influence.

Continued challenge of ensuring that the programmes of the organization and decision-making are Member driven.

External offices: Challenge of how to balance being responsive to regional/national needs and reflecting global priorities. Risk of WIPO regional/national offices.

Technical assistance: dgv countries. Institutions with diverging demands. Lack of coordination and policy coherence among domestic institutions. For example, on access to medicines. Rel. with WTO, WHO.

Normative agenda: diminishing patent quality as a risk for innovation, need to introduce global measures to prevent misappropriation of genetic resources recognize innovative character and value of traditional knowledge.

Outlook: Programs and budget, need to influence this process. Continue to push to shape the org priorities, improve content of technical assistance not only claim stakes in the resources, and promote fact and evidence based research that can be useful for policy making.

WHO:

Leading agency in global public health. Clear relevance of the work of WHO to the discussions today. Without good health, economic growth and achievement of all SDGs is not possible.

Challenges:

- The changing role of WHO in global health governance. While traditionally WHO has been the lead agency in global health, WHO has been facing challenge from other actors and agencies to its leadership in global public health. Lack of recognition of health interdependence.

- Gap btwn the mandate of the WHO and its capabilities. While we see increasing no of topics on its agenda, growing concern of the organizations ineffectiveness in areas that should be priority, but structural challenges constrain the WHO capacity to

deliver.

- Criticism in response to Ebola outbreak showed incapacity to deliver a full emergency public health response. With less long-term funds WHO has diminished this internal capacity.
- Not bold enough to take up challenge of transformative changes that require global cooperation. i.e. to promote alternative R&D model that delivers affordable medical technologies.

- Erosion of trust from Member States and ability to respond to their priorities. Member states not aligning on priorities, evidenced by increased country donor earmarked funding. WHO itself weak to define them.

Challenge of financing: WHO meant to be financed by net assessed contributions of members. Shift in growing importance of extra-budgetary financing (voluntary contributions), earmarked (close to 90%) for specific activities. This has implications for policy influence within the org. country donors and non-state actors. More discretionary funding earmarked towards concrete activities, and less core and long term funding. The role of different stakeholders in global public health and their influence in decision-making and activities. Few donors. 2016-2017 budget only 30% controlled by the WHO. 4.5 billion. Increase health emergencies and AMR. vol contributions (US, Gates, UK). Gap of funding for base programmes. Need to continue to strengthen Framework for Engagement of Non-State actors.

Challenge of setting global priorities: WHO needs to set top priorities for global health, as opposed to the agenda that is increasingly guided by specific donor priorities, losing Member driven nature. If the agency is not funded mainly by Members, donors will exert undue influence in priority setting. There is sense in pushing to increase the assessed contributions of Members. Needs to be considered by developing countries.

Challenge of governance structure: WHO is highly decentralized with six regional offices and 150 offices in different countries and territories. WHO needs to work on globally agreed priorities, while respond to particular regional/national needs. It faces difficulties in finding this balance. Alignment between the country offices, the regional offices and the Geneva office of the organization.

Leadership: Now is a period of change. It is an opportunity. Two out of the three candidates for DG are from developing countries. The leadership needs to push for core values of equity and social justice, and solidarity. Need to improve management, accountability and transparency. Be sensitive to needs of developing countries.

Challenge of balancing the WHO's normative work with its operative work: The role of setting standards and regulatory frameworks (unique role) versus the role of capacity for disease surveillance, health emergency preparedness and response (WHO and other orgs).

Challenge of promoting research and development (R&D) and affordable access to health technologies: This is an area where WHO leadership and Member States bold enough to take up challenge of transformative changes that require global cooperation. A clear example is the area of innovation in health technologies. Absorbitant prices of new patented medicines and the proliferation of medical tools of questionable therapeutic value, lack of innovation in areas of public health need, including neglected diseases and new antimicrobials, and recurrent shortages of essential medicines. WHO could do more to promote a workable, alternative model of R&D in health technologies that is not based on legal monopolies and high prices, to the benefit mainly of large pharma firms. Highly wasteful of innovation efforts taking place. GSAP