

World Health Forum

CONCEPT PAPER

Introduction

1. World Health Assembly resolution WHA64.2 requested the Director-General “to present a detailed concept paper for the November 2012 World Health Forum, setting out objectives, number of participants, format and costs to the Executive Board at its 130th Session in January 2012”. Subsequently, the 129th Executive Board requested, by the end of June 2011, three concept papers which will be further revised on an ongoing basis throughout the consultative process. In line with the Executive Board decision, this paper is the first draft of a concept note in relation to the World Health Forum.

2. Increased investment in health over the last decade has resulted in significant improvements in health outcomes, an increasingly complex institutional environment and a growing number of organizations involved in global health. While the growing prominence of health in international affairs is welcome, there is a need to promote greater coherence and to provide an opportunity for a more inclusive dialogue between the many different actors involved. At present, however, there is no single platform that allows interaction between governments, global health organizations, partnerships, regional organizations, multilateral and bilateral agencies, philanthropic foundations, CSOs, private sector organizations and other relevant stakeholders.

3. Through the exercise of its role as the directing and coordinating authority for international health work WHO can provide such a platform. As an informal, multi-stakeholder body the World Health Forum will make it possible to capture a wide range of views and perspectives on major current and future issues in global health. It will not take decisions affecting individual organizations, nor will it change the decision-making prerogative of WHO’s own governing bodies. The conclusions of the Forum’s deliberations will be transmitted to the World Health Assembly via the Executive Board, as well as being available to all participating organizations.

Purpose, outcome and objectives

4. The *purpose* of the World Health Forum will be to explore, in an informal and multi-stakeholder setting, ways in which the major actors in global health can work more effectively together – globally *and* at country level – to increase effectiveness, coherence and accountability and to reduce fragmentation and duplication of effort.

5. The forum will provide an opportunity to hear a diversity of views and to capture elements of best practice. The initial *outcome* will be a report on principles and approaches in line with the Forum’s overall purpose. The focus will not just be on the work and role of WHO, but on ways of improving health outcomes through policy coherence and more effective collective action across a range of organizations and partnerships.

6. *Specific objectives* for the World Health Forum will be to (a) identify the major obstacles and constraints to more collaborative work across all the partners engaged in global health; (b) to define principles and approaches that will promote policy coherence and more effective working relationships at global and country level; and (c) to outline the steps needed to translate principles into practice.

Organization and management of the first forum

7. It is proposed that the first forum be held in Geneva over three days in November 2012. Once established the Forum will be convened every two years for a further two cycles, after which it will be independently reviewed.

8. The Forum will be open to all Member States. Representatives of all major global health organizations and partnerships will also be invited. Other participants will be invited from CSOs, academic institutions/think-tanks, professional associations, foundations, and the private sector. The aim will be to attract a number of participants sufficient to ensure a diversity of viewpoints, institutions and geographical representation, but small enough number to allow structured debate and clear conclusions¹. While limiting the size of individual delegations may be necessary to ensure manageable numbers, the Forum will be web-cast to increase access to a wider audience. It may also be possible to explore the possibility of using web based technology to allow more direct interaction prior to the Forum itself.

9. The agenda for the meeting will be structured around the three meeting objectives. The method of work will mix a limited number of plenary sessions with facilitated thematic parallel sessions. The focus will be on structured debate rather than presentations or prepared statements. The meeting will select a chair and vice-chairs from the groups represented. The WHO Secretariat will act as rapporteur and support the Chair and vice-chairs. Formal background papers will be kept to a minimum, and circulated in advance.

10. A Chair's summary of key conclusions will be drafted at the end of the meeting, and more detailed report will be prepared shortly after. The meeting Chair will present a report of the Forum to the subsequent meeting of the WHO Executive Board.

11. Work is in hand to draw on the experience of other institutions and sectors that run multi-stakeholder forums to refine the eventual proposal to the Executive Board². Once the Executive Board has finalized the proposal in January 2012, the Director-General will convene a Steering Committee (including both Member States and other organizations) to oversee more detailed preparations, including the nomination and invitation of participants and speakers.

12. The cost of the Forum will include preparatory activities (\$100 000) as well as the hosting of the meeting itself (\$675 000). While many participants will be self-financing, support for Member States (LDCs) will be on the same basis as for the World Health Assembly.

Points for discussion

13. The first stage in the consultation seeks Member States views on the proposed purpose, objectives, selection of participants and management of the Forum. Member States are invited to comment on the proposals above, to raise any other issues, or to suggest alternative ideas to those outlined in this note.

¹ For comparison, the Global Forum on noncommunicable diseases which preceded the recent Moscow Ministerial meeting attracted around 300 people. GAVI's partnership Forum has around 350 participants, and the Global Fund's equivalent about 400. By way of contrast the World Economic Forum in Davos invites around 2 500 participants. The World Social Forum in 2011 attracted 75 000 people and the most recent World Urban Forum in 2010 organized by UN Habitat attracted nearly 14 000 participants.

² Other examples of multi-stakeholder forums include the Committee on World Food Security, the Working Party on Aid Effectiveness, the International Dialogue on Conflict and Fragility. Member States may also wish to suggest other relevant bodies.