Improving United Nations Funding to Strengthen Global Health Governance: Amending the Helms – Biden Agreement

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Global health governance is widely considered fragmented after more than a decade of inconsistent support for multi-lateral organizations and faced with the emergence of many new global health donors and non-state enterprises. This paper addresses a series of events marked by enactment of the Helms-Biden agreement in 1999. This legislation ensured that United States funding for the United Nations was to be conditional upon reforms and reductions of U.S. assessments. Although passage of the legislation allowed its largest contributor/debtor to pay back arrears and continue payments going forward, it also represented a growing trend in U.S. unilateralism and disengagement from support for multi-national organizations. In particular, continued arrears and budgetary restrictions have affected specialized U.N. agencies such as the World Health Organization. This agency has experienced a zero nominal growth budget that may have impacted its governance capacity. We review the potential impact of the Helms-Biden legislation on WHO governance, and suggest that the governance of this important global health agency may benefit from its timely repeal.

INTRODUCTION

In September 2010, President Barack Obama made a proclamation to the United Nations General Assembly that had not been heard for over 20 years. He stated, "We have also re-engaged the United Nations. We have paid our bills[1]." Re-engagement with the United Nations after a long period of restraint under the previous Administration was notable, but even more important was a commitment from a U.S. President to finally pay over two billion dollars in both new and old assessments due to the United Nations dating back to 2005.[2]

This commitment may signal a transformation in U.S. support for multilateralism and for reform in global health governance. However, it must be understood in the context of events that began in the 1980s. This paper will review key events that led to the withholding of U.S. support for the U.N. system, and subsequently to specific impacts on the World Health Organization (WHO), a specialized agency of the United Nations. We will

assess the impact of these funding policies on global health governance by the WHO, an organization that is now in the midst of institutional reform.[3] We conclude with a recommendation to stabilize U.S. funding of the U.N. system along which can in turn, help improve WHO's governance in global health affairs.

BACKGROUND

Beginning in the 1980s, the United States continuously withheld assessments to the United Nations (including specialized agencies such as the WHO) by arguing for necessary reforms and a lower U.S. assessment level within the U.N. system. Member States' assessments are based on "capacity-to-pay," or "means-tested" levels derived by a formula based on a State's Gross National Product (GNP).[4] With the United States historically having the highest global proportion of GNP, its assessments are higher than any other country.[5] This system gave rise to U.S. domestic policy debates regarding U.N. reform, the fairness of U.S. assessments in a changing global economic environment, and the effect of U.S. arrears on the U.N.'s capacity to carry out its missions.

In 1999, in response to global criticism regarding the level of U.S. arrears and the possibility of loss of U.S. voting rights in the U.N. General Assembly, the Helms-Biden agreement was developed as a result of President Bill Clinton and members of the U.S. Congress agreeing to legislation. The Helms-Biden agreement would provide partial payment of U.S. arrears with subsequent payments predicated upon U.N reform targets and system-wide budgetary growth restriction.[6]

The Helms-Biden Act has been controversial. While effective in reducing U.S. assessments, it has also been described as an example of U.S. unilateralism and lack of support for multilateral organizations.[7] These perceptions may have a profound impact on how U.S. leadership in the U.N. system is accepted and, more significantly, on how the multinational organization priorities are set and implemented. In fact, the zero-nominal growth budget mandate legislated by the Helms-Biden agreement not only restricts the growth of programmatic budgets but also does not allow adjustments for fluctuations due to inflation or exchange rates. This has forced the WHO and other specialized U.N. Agencies to depend on extra-budgetary, donor-driven funding in order to carry out programmatic activities. With the increasing complexity of global health activities, including new donors, national programs, and public-private partnerships

(PPPs) (a joint funding or operation through a partnership of government and one or more private sector entities), the Member States of the U.N. organizations have less and less ability to set priorities and assign resources as originally mandated in the establishment of these organizations. Increasingly, these new actors have forced new forms of collaboration, negotiation, and governance involving or bypassing completely the multi-lateral organizations.[8]

Given the awkward budgeting process forced by the Helms-Biden Act, a reexamination of current U.S. foreign policy priorities with regard to specialized U.N. agencies engaged in global health is necessary. Currently, the WHO is in fiscal crisis and is largely dependent on extra-budgetary funding sources (EBFs) (funding sources not appropriated through regular assessments from Member States and often earmarked for specific projects). This situation has diminished the WHO's operational autonomy (i.e., governance). This paper will address specific issues related to the Helms-Biden Act, present data assessing U.S. funding of the WHO, examine its possible impact on WHO governance, explore its potential repeal, and suggest possibilities of improved U.S. support including through President Obama's 2009 Global Health Initiative.[9]

CONTROVERSY REGARDING UNITED NATIONS FUNDING

Conflicts between U.S. Congress and the Executive branch regarding support for multinational organizations date to the early 1900s, with the U.S. Senate's rejection of membership in the League of Nations, President Woodrow Wilson's effort to prevent war and encourage multi-national cooperation. Since World War II, U.S. engagement with the United Nations has seen periods of both support and opposition, including several decades of cooperation following the establishment of the United Nations in 1945, periods of hostility in the 1970s and 1980s, re-engagement in the early 1990s, and further degradation since 2000.[10] These U.S. political conflicts can adversely impact U.S. foreign policy goals and have had a direct effect on the United States-United Nations system relationship. The U.N. system was highly regarded for implementation of an international development assistance framework after World War II, for the coalition response to the First Gulf War in the early 1990s, and for instances of United States-United Nations cooperation on various treaties and reforms.[11] However, impaired United States-United Nations relations may have resulted from the perceived failure of the United Nations to alleviate East-West hostilities

during the Cold War, from a 1975 U.N. resolution equating Zionism to racism (thereby infuriating allies of Israel in the United States), from the U.S. veto of a second term for U.N. Secretary-General Boutrous Boutrous-Ghali, from unilateral U.S. military action against Iraq in 2003, and from overall skepticism by the U.S. public and Congress regarding the effectiveness of U.N. peacekeeping missions throughout its history.[12] However, even more destructive has been U.S. policy on withholding of assessments and accumulation of arrears, which has undermined the U.N. system's autonomy and operational capabilities starting in the 1980s.[13]

Beginning in the 1980s, the U.S. Congress began withholding or threatening to withhold payment of U.N. assessments.[14] This included the 25 percent proportionate share of U.S. funding for U.N. programs and organizations. Specific programs that Congress did not agree with were targeted, and this was formalized in the 1985 Kassenbaum-Solomon Amendment and similar legislation in 1994 that made withholdings contingent upon U.N. reforms, one of which was a reduction in the U.S. assessment.[15] Though Congress proceeded to unilaterally withhold and place caps on both regular and peacekeeping contributions, the United Nations refused to recognize these demands and continued to assess the United States at the higher assessment rate.[16] These restrictions were driven primarily by U.S. concerns for U.N. fiscal reform, limitations on the pro-choice policies of NGOs affiliated with U.N. programs, lack of security for U.S. personnel in U.N. peacekeeping missions, and general U.S. budgetary concerns.[17] In 1997, further restrictions set forth by the U.S. Congress prohibited funding of U.N. organizations that made any reference to abortion.[18] This Congressional action provoked a veto by President Clinton, which resulted in two full years of the United States' failure to make up arrears or current payments.[19] The reluctance of the U.N. system to follow through with these imposed reforms and the disparate assessment calculations led to a significant build-up of arrears, totaling $1.29 billion by 1998.[20] U.S. arrears became such a contentious global issue that, in 1996, the United States lost its seat in the important U.N. Advisory Committee on Administrative and Budgetary Questions, which it had held for almost 50 years.[21] During this period, the U.N. system suffered from severe budgetary shortages because the United States accounted for approximately two-thirds of all outstanding arrears; thus, the organization was forced to borrow from a separate peacekeeping fund in order to sustain its work.[22]

The Helms-Biden Act

By 1998, a U.S. Government Accounting Office (GAO) report confirmed that the United States was to lose its vote in the U.N. General Assembly for failing to pay assessed dues and that the buildup of arrears had caused significant financial problems for the U.N. system, including failure to reimburse nations that provided troops for peacekeeping operations.[23]

In response to this international crisis and domestic pressure, Congress, through the Helms-Biden Act, authorized the staged payment of $926 million in U.N. arrears subject to certain benchmarks and certifications.[24] An initial payment of $100 million was made immediately, with the remaining payments subject to U.N. system administrative reforms, a "zero nominal growth" restriction on the U.N. budget and reductions in U.S. assessments from 25 percent to 22 percent in the regular budget and from 31 percent to 25 percent in the peacekeeping budget by 2001.[25] Critical to the success of negotiations between the bill's sponsor, Senator Jesse Helms (R., North Carolina), and then-Secretary of State Madeleine Albright, was the nomination of the late Richard Holbrooke to act as the U.S. Ambassador to the United Nations. Ambassador Holbrooke was a strong proponent of both paying arrears and of active U.S. engagement with the U.N. system.[26]

Following passage of Helms-Biden, Holbrooke immediately began negotiating the assessment reductions demanded by Congress. In persuading other Member States to increase their U.N. system funding obligations, Holbrooke argued that a reduction in U.S. assessments would in turn strengthen the organization and allow increased participation by other emerging economies in U.N. governance.[27] Following fourteen months of intensive negotiation, Holbrooke was able to convince the U.N. General Assembly to accept a decrease in the U.S. share of U.N. system assessments to 22 percent of the operating budget (in adherence to the Act's requirements) and a phased reduction of 31 percent to 26.5 percent in the peacekeeping budget by 2003.[28] The United Nations also agreed to implement most of the reform conditions required by the United States.[29] However, due to budgetary timing issues and a projected $34 million deficit in Congressional Appropriations, the negotiations almost fell through; they were saved by a private U.S. donor who made up the deficit with an equivalent contribution.[30]

The withholding of payments and accrual of arrears by the United States adds enormous stress to the governance of the U.N. system given the large percentage of the general budget these funds represent.[31] However, commentators have noted that with the reduced rates negotiated by the

United States, on a per capita income basis assessments are less than those of a large number of poorer member states and that the U.S. proportional share is deficient.[32] Further, legal observers have questioned whether U.S. withholding of U.N. system assessments violates international laws and treaties. The ability of the U.S. President to engage in such agreements may be impeded because the authority to fund these agreements lies not with the President but with the Legislative branch; this branch of the U.S. Government has varied substantially over the past few decades in its support for multi-lateral organizations.

The passage of the Helms-Biden Act allowed for the disbursement of much-needed funding for U.N. operations, but it was largely viewed as a unilateral act to compel reform and reduce assessments according to domestic U.S. interests. This intervention placed additional financial burdens on smaller nation states that were forced to offset the loss of U.N. system revenue by agreeing to pay a higher share of administrative and peacekeeping expenses.[33] In all, twenty-nine countries agreed to accept assessment increases ranging from 50-500 percent to make up for lost U.S. funding.[34].

Other Developments in U.N. Arrears Funding

Subsequent failure to make overdue payments by the United States in 2001 again placed the U.N. system in a financially precarious situation, angering the Member States, which had agreed to higher assessments. Significant criticism of the Bush Administration's lack of support for the United Nations ensued.[35] In May and August 2001, with the second arrears payment under the Act still outstanding, Congress again threatened to withhold funding following the loss of U.S. representation on the U.N. Human Rights Commission, and in addition, attempted to condition arrears payments on exemption of U.S. military personnel from the authority of the International Criminal Court in case of any accused violations of international law.[36]

All this changed following the terrorist attacks of September 11th. After this tragedy, the U.S. Executive Branch and Congress moved swiftly to strengthen cooperation with the U.N. system. In October 2001, legislation was passed which authorized the second arrears payment of $582 million and temporarily raised the allowable percentage assessment for peacekeeping from 25 percent to 28.15 percent.[37] Finally, in November 2002, the final payment of $244 million owed on U.S. arrears under the Helms-Biden Act was authorized, subject to the benchmarks for reform

originally mandated in the Act.[38] This support was of course essential in establishing initial U.N. support of multinational action for the invasion of Iraq in March 2003.

As an indication of congressional disposition towards U.N. system funding, several pieces of legislation have been introduced but failed to pass to reauthorize the Helms-Biden Act. In 2005, the House of Representatives passed the Henry J. Hyde U.N. Reform Act, which again would make U.N. assessment payments contingent upon a number of demands for reform.[39] The Act required a 50 percent withholding of U.N. system assessments beginning in 2007 if the United Nations failed to implement at least 32 of 40 reforms imposed by the U.S. Congress. These included no new spending on peacekeeping activities until peacekeeping reforms had been enacted.[40] Although Congress failed to enact this legislation, it was viewed as yet another example of a unilateralist U.S. foreign policy which threatened the legitimacy of the U.N. system as well as the reforms that were already in progress.

In 2007, Senator James Inhofe (R., Oklahoma) proposed Senate Bill S.1623, the "Helms-Biden Reauthorization Act of 2007," which would require withholding 20 percent of the U.N. system regular budget assessments until the President certifies that the United Nations does not have the authority to impose taxes or fees on the U.S. government, states, corporations, or citizens. Though the bill failed to become law, its introduction yet again sparked international debate on the practice of withholding U.N. system appropriations to compel reform in the system according to a domestic political agenda.

During the first seven years of the Bush administration, payments of between $300 million and $400 million per annum in regular budget assessments were made.[41] However, by 2008, the United States again had accrued $1 billion in arrears.[42] In early 2009, that amount rose to over $1.5 billion, prompting then U.N. Secretary-General Ban Ki-Moon to note that though the United States is the most important contributor to the U.N. system budget, it is also its largest debtor.[43] At the end of 2009, the United States made a significant gesture of reengagement with the U.N. system when U.S Ambassador Susan Rice stated that the United States would clear outstanding arrears accumulated from 2005-2008 in addition to its 2009 obligations to the peacekeeping budget. This represented $2.2 billion, an amount nearly equal to payments authorized under the Helms-Biden Act.[44] For 2012, the U.N. system reported a total of $855 million in arrears, with the United States comprising 87 percent ($744 million) of total outstanding payments to the U.N. regular budget.[45]

Although the United States has made progress in fulfilling payment obligations after years of deficits, the Helms-Biden Act still demands the 25 percent cap on peacekeeping assessments, which has only been temporarily lifted. Further, decisions to meet U.N. system fiscal obligations are dependent on the U.S. Executive and Legislative branches, with changes following any new Administration or Congressional leadership determining these decisions. Significant political changes in Congress occurred in the November 2010 U.S. mid-term elections, and much of the U.S. fiscal dialogue following the global financial crisis now revolves around reducing the national deficit, overall government spending, and international commitments. In fact, Representative Ilena Ros-Lehtinen (R., Florida,) the current Chairwoman of the House Foreign Affairs Committee, vowed to introduce legislation to require reform conditions on United States –United Nations system contributions similar to the Helms-Biden Act.[46] In short, the controversy over U.S. arrears and U.N. budgetary assessments persist and continue to impact the governance of specialized U.N. agencies including the WHO.

The Quadrennial Diplomacy and Development Review ("QDDR") was published by the U.S. Government in 2010 and sought to clarify how U.S. foreign policy might move forward in the 21st Century. The QDDR is a broad assessment of how the U.S. Department of State and the United States Agency for International Development (USAID) could become more efficient, accountable, and effective in a world in which rising powers, growing instability, and technological transformation create new threats, but also new opportunities. Specifically, it outlines the need for integration and engagement with multilateral institutions through more support for multilateralism in conjunction with reforms demanded by Congress and the Executive.[47]

IMPACT OF GLOBAL HEALTH ON FOREIGN POLICY

Global health has been described as the convergence of multiple disciplines utilizing a diverse set of resources and knowledge in dealing with the globalization of health issues.[48] This includes the practice of health diplomacy, in which expertise in public health, international affairs, law, and economics is necessary to align foreign policy goals among nations and multi-national organizations, recognize the interests and goals of both state and non-state actors, and hopefully coalesce global policy goals of these disparate concerns to improve health outcomes through enhanced

international cooperation.[49] Indeed, health has been recognized as a critical element in foreign policy for the United States[50], and increasingly, many countries have viewed global health as a "soft" or "smart" power element in support of their foreign policy goals.[51] Hence, U.S. unilateral actions that potentially compromise multi-national organization governance can have wide-ranging consequences for U.S. foreign policy objectives and health diplomacy interests.

The legacy of the Helms-Biden Act and its imposition of unilateral reform measures may undermine effective governance of the WHO and may not be consistent with U.S. global health policy goals embodied in the QDDR and President Obama's Global Health Initiative. We will now address the problems in global health governance created by the Helms-Biden Act.

WHO Funding Analysis and Impact

Unilateral withholding of U.N. system assessments by the United States has had a direct impact on the WHO and is part of a larger trend starting in the 1980s of frozen voluntary contributions.[52] In fact, WHO regular-assessed contributions declined from 80 percent in 1978-1979 to 25 percent in 2010-2011. This led to a spike in voluntary contributions and an increasing reliance on donor (both state and non-state actor) support.[53]

Beginning in 1985, the United States unilaterally acted to pay only 20 percent of its U.N. system assessments and also withheld contributions to WHO's regular budget in response to a disagreement regarding WHO's Essential Medicine Program and concerns about its overall leadership.[54] Specifically, U.S. withdrawal of funding contributions began with disenchantment with WHO Director General Nakajima in the 1990s and then reengagement later with Director General Brundtland, creating further inconsistencies in funding and U.S. support of WHO.

Further analysis we conducted on U.S. contributions to U.N. specialized agency regular budgets during the period of FY2001-2010 provided by the Congressional Research Service reveals that while overall contributions to the United Nations have increased, WHO has experienced a net decrease in regular assessments (Figures 1 & 2). In fact, when further assessing these data and comparing WHO regular budget assessments to other select U.N. specialized agencies (the Food and Agriculture Organization, International Labor Organization, International Atomic Energy Agency, and the World Intellectual Property Organization), only WHO experienced a net decrease in regular budget funding while other

agencies experienced increases of between 28 and 110 percent (Table 1). This situation provides further evidence that WHO funding has not been a priority of the United States when compared to other U.N. specialized agencies.

While a full analysis of U.S.-based U.N. funding is beyond the scope of this paper, differences in the overall increased U.S. funding of the U.N. system (Figure 1) may be attributable to additional congressional appropriations for voluntary contributions for special U.N. programs and specialized agencies, increases to regular assessments for select U.N. specialized agencies, and other funding supplements. However, it is important to note in this comparison that different U.N. specialized agencies have different funding mechanisms. For example, organizations such as The United Nations Children's Fund and the United Nations Population Fund (organizations not considered in the analysis above) are wholly funded by EBFs or voluntary contributions, whereas, WHO funding is through a mix of assessed and EBF contributions that have an impact on its governance.

The WHO is currently in a state of a fiscal crisis, with an estimated $300 million deficit; it is in the midst of organizational reform with plans to significantly cut back core functions and staff.[55] WHO already cut its biennial budget by $1 billion in 2011 and was expected to eliminate some 300 jobs as a result.[56] In response to proposed WHO reforms, the United States has sent mixed messages: on the one hand advocating for broad budgetary reform and soliciting of voluntary contributions and on the other emphasizing that WHO's impact should not be diminished.[57] By the beginning of the 1990s, EBFs became the majority of WHO's overall budget, but when taking into account purchasing power parity over that decade, the WHO experienced an estimated decline of 20 percent in its regular budget (given zero nominal growth) while funding overall for global health initiatives over the prior two decades had quadrupled.[58]

This regular budget decline led to calls for budgetary reform including a budget proposed on "zero real growth", which involves re-costing budget figures to account for changes in inflation and exchange rate fluctuations and allows an organization to more accurately adjust for actual increases in expenditures, instead of the "zero nominal growth" budget required by Helms-Biden.[59] However, the call for budgetary reform was rejected by the WHO Executive Board, due to pressures from key donor countries including the United States, and led WHO to seek other avenues of external funding.[60]

At the same time, WHO's ability to set priorities for the organization has declined. One can easily imagine how this may result from a declining budget and continued demands for programmatic activities that result in increasing dependence on external funding. Such a budget is governed not so much by the Member States but by the donors, who can set contingencies and insist on specific policies in providing these extra-budgetary resources.[61] Hence, volatility in U.S. funding and accumulation of arrears has forced the WHO into seeking external funding from donors including the United States.[62] The WHO's regular budget is also subject to the same assessment formula as the U.N. system overall, and this then allows larger donors such as the United States to influence the organization to favor certain global health policies within the existing governance framework. [63] Hence, though formally a member state-governed organization, the need for WHO to maintain necessary EBF commitments to sustain operations may lead to a "democratic deficit".[64] This results in WHO failing to meet the priorities of its core constituencies (e.g. member states) given that donors set the organization's research and agenda priorities in a non-transparent and sometimes unaccountable manner.[65] Thus, WHO's ability to carry out its mission has been challenged along with its legitimacy.[66]

Fragmentation of Global Health Governance

Recently, new global health institutions have emerged, mostly to address specific global disease issues such as HIV/AIDS. These activities in general have increased the flow of funds to some poorer countries, but they may also have diminished the central organizing and coordinating role of the WHO.[67] Specifically, PPPs have played a role in addressing disease-specific health problems but are in general not accountable to any public governing body. As private foundations, non-governmental organizations (NGOs), and other civil groups have proliferated, many have bypassed traditional channels of multi-lateral governance in favor of alternative models. Many global health initiatives such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) and the Advance Market Commitments for Vaccines are outside WHO purview. In addition, bilateral assistance programs, such as the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), have increased program funding but have not involved WHO in direct oversight.[68]

The multitude of these initiatives may result in duplication of efforts, increase recipient country reporting responsibilities, and fragment

international assistance.[69] The Organisation for Economic Co-operation and Development has tried to address this fragmentation through the Paris Declaration on Aid Effectiveness in 2005 and subsequent global discussions, seeking to harmonize and coordinate the growing field of donor agencies.[70] The cacophony of these global health enterprises may further threaten the relevancy of the WHO, as many of these organizations often command budgets that exceed that of the WHO ($4.9 billion in 2010).[71] Today, only about 24 percent of the overall WHO budget is "regular" due to the zero-nominal growth restrictions on this budget.[72] In fact, the percentage of EBFs that make up the WHO budget has increased from 25 percent in 1971 to more than 75 percent in 2008.[73]

An analysis of data available from the Institute for Health Metrics and Evaluation (IHME) in their report on financing global health in 2010 sheds further light on this growing disparity. When considering income data from the WHO, overseas health expenditures by U.S. NGOs, and global health commitments of the Bill and Melinda Gates Foundation (BMGF) from 1990-2008 (BMGF only had data available from dates of operation starting in 1999), WHO regular budget income ranked last in expenditures on global health activities.[74] In addition, both U.S. NGO overseas health expenditure and global health commitments from BMGF exceeded total WHO income (including regular budget income and extra-budgetary income) in 2008 and have been rapidly increasing during this period. It is important to note that resources from NGOs and private foundations such as BMGF may also be included in extra-budgetary income of WHO. Both state and non-state actors provide EBFs, which can result in complexities of organizational influence over WHO through disproportionate levels of funding and earmarking to specific activities. This shift in global health financing away from WHO and recent declines in WHO EBF funds provides further evidence of the diminishing operational capacity and autonomy of WHO that is now the subject of current WHO reform efforts.[75]

The increased involvement of non-state actors in the financing of global health raises some concern. For example, BMGF contributions to the WHO exceed that of the United States government.[76] This has led to criticisms of the growing influence of private funding in the development of global health policy.[77] In a well-publicized recent event, WHO was accused of soliciting donations from pharmaceutical manufacturers through patient groups and not disclosing these solicitations, in circumvention of their own guidelines for such donations.[78] Indeed, at the last World Health Assembly (WHA), WHO again was called to implement more robust controls to address institutional level conflicts of interests.[79] Such conflicts of interest

in public institutions can be detrimental to patients and public health as well as to the legitimacy of the multi-national organization.[80]

REFORM

In order for the United States to follow through on the QDDR and the Global Health Initiative's original intent to strengthen the WHO and support more effective global health collaboration and policy coherence, it may be important for the United States to now reassess the Helms-Biden legislation and the reforms called for in this legislation. Central to this proposal is an understanding of the congressional debate over U.N. system funding. This includes considerations of 1) What the appropriate level of U.S. funding should be for U.N. system operations and programs; and 2) What funding contingencies are most likely to result in positive reform in the U.N. system.[81] However, critical elements in this debate are the recognition that U.S. foreign policy cannot be fully implemented without the leveraging of monetary and technical resources of non-state actors and the acquiescence of other partner nations within the multi-lateral system.

Amending or Repealing the Helms-Biden Act

The first step in effective U.S. efforts at U.N. system reform is dealing with the withholding and accrual of arrears payments by the United States. The U.S. Congress is still empowered to withhold assessments conditional upon U.N. reform; this is influenced by domestic constituency interests and ideological differences such as opposition to abortion and general support for intellectual property rights protection. With recent payments being made for existing assessments and arrears, this may be an opportune moment to consider repeal of the Helms-Biden legislation. However, in addressing the congressional concerns for U.N. system budgets and administration, such repeal should be accompanied with agreements on the following issues: 1) To conduct a good faith reexamination of the assessments to the U.N. system by its member states (including the United States) on a periodic basis; 2) To implement necessary reform measures in specialized agencies such as the WHO (discussed below); and 3) To assure adequate progress of the U.N. system in meeting reform goals.

Periodic reexamination of required assessments from Member States would be beneficial to the United States in that it would ensure that emerging economies were paying the proper proportionate share based on their relative "real GDP growth".[82] For example, countries such as China,

India, and Brazil have been assessed relatively low amounts, and their contributions have not been adequately reassessed. However, in the late 1990s, China doubled its assessments during the negotiations over the budgetary impacts of the Helms-Biden Act on the WHO.

Alternatively, the Helms-Biden legislation could be amended to exclude withholding of funding associated with global health programs, initiatives, and organizations across the U.N. system (specifically WHO).

Global Health Governance Reforms

The current global health governance regime at the WHO is fragmented in large part due to U.S. funding inconsistencies, including the Helms-Biden Act.[83] Revision or repeal of the Helms-Biden Act may provide an opportunity for domestic debate about the U.S. role in global health governance, strengthen its position in health diplomacy, help leverage scarce development resources, and improve the perceived domestic value of international engagement in global health. Reform of the Helms-Biden Act might include advocating for a proper venue within the WHO for appropriate representation of non-state actors (such as PPPs) in the World Health Assembly (WHA). This could be accomplished by establishing transparent but permanent formal advisory panels within WHO that would include representation from relevant non-state and public stakeholders as well as experts within the field who can provide policy recommendations to the Assembly. These advisory panels could be focused on certain global health topics involving the optimal mix of stakeholders needed to make a fair and balanced scientific assessment, as has been advocated in other proposals.[84] Crucially, these panels would need to institute robust conflict of interest and transparency procedures in order to ensure legitimacy and appropriate participation in the decision-making process. The WHA would in turn be required to review and address their recommendations in their general meetings. Participation in these bodies would be conditional upon payment of regular fees by participants/donors, which would then be part of the regular WHO budget. Participants in advisory groups would also be required to fully declare conflicts of interest and would be recused from discussions if there were a direct financial interest in the issue to be addressed.

Such a structure has been suggested by Kickbusch and colleagues—to implement a "Committee C" within the WHA[85] which might then serve as an interface, provide a forum, and coordinate actions with non-member stakeholders.[86] This concept was also explored during the most recent

WHA with a proposal for the formation of a "World Health Forum" (WHF), which would similarly engage increased participation of multi-stakeholders.[87] The WHF proposal was partially a response to Committee C not being well understood or supported by WHO member states, but ultimately this idea too was not supported by many NGOs and member states.[88]

Given that more than 75 percent of current WHO funding comes from voluntary contributions, there is little question that non-state actors influence WHO policy through methods that currently lack transparency and accountability. Further, new governance approaches as discussed would avoid some of the political influences of Member States in addressing multi-national health problems such as that which occurred during the SARS outbreak among China, Taiwan, and WHO.[89]

Multinational corporations control the flow of intellectual property, labor and product safety, and trade, while NGOs are increasingly used by both states and industry for targeted interventions and may receive funding directly, hence necessitating their involvement in the evolving framework of global health governance.[90] Involving them more directly in the work of WHO will strengthen this organization and thereby benefit its Member States more directly than the chaotic situation now in place.

CONCLUSION

With the recent recommitment to the U.N. system by the Obama administration and growing recognition of the importance of shared responsibility and cooperation in addressing global health challenges, existing global health governance and U.S. policy, such as the antiquated Helms-Biden Act, must be reassessed. However, passage of the recent 2011 U.S. spending plan, cutting close to $40 billion in the federal budget including a $377 million reduction in contributions to the United Nations, is a harbinger of further challenges to U.S. commitment for global health.[91] Achieving long-term successes such as those envisioned by the MDGs will require challenging current notions of nationalism and self-interest in consideration of the global public good. In the wake of global health crises such as SARS and the H1N1 influenza pandemic, along with other global health problems such non-communicable diseases, food safety, and the globalization of infectious diseases, enhancing global health governance for the sake of shared global health progress has never been more important. Repealing the Helms-Biden Act may indicate to the rest of the world that the United States is seriously committed to the support of strengthened

global governance by the United Nations; the time for this strengthening has come, as demonstrated by the phenomenal growth of global health funding, the involvement of non-state actors in global health, and the growing needs for cross-border cooperation in health by sovereign nations.

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Appendix:

See separately submitted appendix.

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