



**TOPICS**

- OBJECTIVES
- ORGANISATIONAL STRUCTURE.
- WORLD HEALTH ASSEMBLY.
- EXECUTIVE BOARD.
- FUNCTIONAL ANALYSIS.
- WHO PURSE
- WHO & TRADITIONAL MEDICINE.

**OBJECTIVES**

- More than 8000 professionals includes the world's leading public health experts, including doctors, epidemiologists, scientists and managers
- Coordinates the world's response to health emergencies, promote well-being, prevent disease, and expand access to health care.
- WHO, as the directing and coordinating authority on international health within the United Nations system.
- Structural and functional framework lies within the three values - human rights, universality and equity

**WHO**

- On April 7, 1948, that the WHO came into being with 61 members on board. It's precursor was the 'Office of International Public Health' formed in 1907 conceived with the idea of creating a pan-national outfit that would coordinate nations' responses to public health crises
- When diplomats met to form the United Nations in 1945, one of the things they discussed was setting up a global health organization.
- April 7 a date we celebrate as World Health Day. WHO has been hosted by the Swiss Federation.
- The preamble and Article 69 of the Constitution of WHO provide that WHO should be a specialized agency of the UN.
- Article 80 provides that the Constitution would come into force when 26 members of the United Nations had ratified it.
- It works closely with decision-makers: Ministries of Health, government agencies, other government departments at the national level.
- Work with influencers: health partnerships, foundations, intra-governmental and nongovernmental organizations, civil society, media, professional associations, and WHO collaborating centres.
- WHO Member States are grouped into six regions. Each region has a regional office:- Africa , America, South East Asia, Europe , Eastern Mediterranean , Western Pacific.
- It works with all Member States to support them to achieve the highest standard of health for all people.
- SECTORS - Maternal and Child Health - Accelerate reduction of maternal, neonatal and under five mortality , Eliminate Measles and Rubella by 2023 , Universal Health Coverage , Neglected Tropical Diseases - Finish the task of eliminating NTDs and other diseases on the verge of elimination. Non-communicable Disease, Health Emergencies, Ending Tuberculosis.

**THE WORLD HEALTH ASSEMBLY**

- Approves the biennial programme budget, and decide on major policy matters
- Health Assembly is the supreme decision-making body of WHO.
- The World Health Assembly is held usually in Geneva, in May each year, and is attended by delegations from all Member States
- To determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed programme budget.

**EXECUTIVE BOARD**

- 34 individuals technically qualified in the field of health, each one designated by a Member State elected to do so by the World Health Assembly.

- Member States are elected for three-year terms, and the individuals they designate act as government representatives and not in their individual capacity.
- The Board meets at least twice a year; the main meeting is normally in January, with a second shorter meeting in May.
- Functions: to give effect to the decisions and policies of the Health Assembly, to advise the World Health Assembly, to facilitate the work of the Health Assembly generally.
- The Secretariat of WHO is staffed by some 8000 health and other experts and support staff on fixed-term appointments, working at headquarters, in the six regional offices, and in countries.
- The Organization is headed by the Director-General, who is appointed by the Health Assembly on the nomination of the Executive Board.
- WHO South-East Regional Committee is composed of representatives of the Member States and Associate Members in the Region.
- Territories or groups of territories within the Region, which are not responsible for the conduct of their international relations and which are not Associate Members, have the right to be represented and to participate in the sessions of the Regional Committee.
- The nature and extent of the rights and obligations of these territories or groups of territories in regional committees is determined by the Health Assembly in consultation with the Member or other authority having responsibility for the international relations of these territories and with the Member States in the Region
- The Regional Committee for South-East Asia is WHO's governing body in the Region. It is comprised of representatives from the Region's 11 Member States, as well as Associate Members.
- The Regional Committee meets every year to formulate policies, provide oversight for regional programmes, hear progress reports, and consider, revise and endorse new initiatives.
- The Seventy-second session of the World Health Organization Regional Committee for the South-East Asia Region was held from 2-6 September 2019 in New Delhi, India.

#### **FUNCTIONAL ANALYSIS**

- The elimination of smallpox is the biggest success. Might have been sown with its efforts to intensify the immunisation campaign globally.
- A section of people protested against the the WHO. According to protestors, WHO is not reporting the issues of victims of atomic accidents.
- They have blamed the WHO having in secrete agreement with International Atomic Energy Agency .
- International Atomic Agency & WHO agreement of 1953 - article 3 of agreement says that any report influencing each other will not be published without making concurrence of each other.
- WHO did not report the atomic accident of Chernobyl
- WHO failed to set up global funds to deal with non-communicable diseases
- It failed to set the ethics for medical sector internationally - It failed to stop over-commercialization of medicines and health facilities.
- WHO declared end of Ebola outbreak in Liberia but it appeared again within a year.
- Directions issued by WHO are merely advisory in nature - it lacks moral pressure and enforcement spirit.
- During the second wave of Covid 19, countries witnessed a collapse of Public health system .WHO completely failed to extend any such help intervention.
- An early warning and timely policy measures by the WHO would have forewarned countries and set their preparatory efforts in motion for mounting a decisive response strategy.
- WHO was expected to play the dual role of a think tank and oversee global responses to public health emergencies.
- With the WHO country representative stationed in Beijing, it is unlikely that widespread transmission went unnoticed.
- Even though confirmed cases were reported from Japan, South Korea, Taiwan and the U.S. in January 2020, the WHO continued to downplay the severity of the virus.
- WHO ignored Taiwan's hints of human-to-human transmission and requests on sharing "relevant information". Further, the WHO went on to praise China's response to the pandemic.
- WHO was severely criticised for its poor handling of the Ebola outbreak in 2014 as well

- WHO has been reduced to a coordinating body, beholden to the interests of rich member states.

### **ANALYSIS**

- Its functional efficiency has been disadvantaged with organisational lethargy, absence of decisive leadership, bureaucratic indolence, underfunded programmes, and inability to evolve to meet the needs of the 21st century.

### **LEADERSHIP CRISIS**

- Director General Tedros Adhanom has been criticised for his leadership abilities during this pandemic.
- Gro Harlem Brundtland, former Director General of the WHO (1998-2003), spearheaded the global health response with a host of significant policy decisions. She focused on projecting WHO as one entity and publicly reproached the Chinese leadership for its response to the 2003 SARS pandemic.
- The timely containment of SARS despite an unfavorable response from China bears the stamp of her decisive leadership.

### **THE PURSE OF WHO**

- Assessed contributions are the dues countries pay in order to be a member of the Organization. The amount each Member State must pay is calculated relative to the country's wealth and population.
- WHO is funded through assessed contributions made by the member states and voluntary contributions from member states and private donors.
- While assessed contributions can be spent as per the organisation's priorities approved at the World Health Assembly, the irregular voluntary contributions are allocated in consultation with the donors.

### **WHO PURSE**

- While voluntary contributions accounted for nearly 80% of the budget in 2018-19, assessed contributions merely constituted 17% of the total budgetary support.
- The U.S. is the WHO's largest contributor - The total funds for the 2020-2021 biennium included \$957 million in assessments and \$4.9 billion in voluntary contributions.
- Over the last decade, the U.S.'s assessed contributions have been in the \$107-\$119 million range while voluntary contributions have been in the \$102-\$402 million range.
- For the 2018 and 2019 biennium, the U.S. contributed about 20% of WHO's budget, according to a National Public Radio (NPR) report.
- The major share of the U.S. programmatic funding went towards polio eradication (\$158 million), increasing access to essential health and human services (\$100 million) and vaccine-preventable disease (\$44 million), according to the NPR.
- According to information uploaded by WHO, voluntary donations from member states (such as the US) contribute 35.41%, assessed contributions are 15.66%, philanthropic organisations account for 9.33%, UN organisations contribute about 8.1%; the rest comes from myriad sources.
- The US contributes almost 15% of the WHO's total funding and almost 31% of the member states' donations, the largest chunk in both cases. India contributes 1% of member states' donations.
- Funding freeze by USA is highly likely to negatively impact WHO's functioning for a short while at least, given the significant contribution the U.S. makes.
- 2018-19, 19.36% (about \$1 bn) was spent on polio eradication, 8.77% on increasing access to essential health and nutrition services, 7% on vaccine preventable diseases and about 4.36% on prevention and control of outbreaks.
- The Africa countries received \$1.6 bn for WHO projects; and South East Asia (including India) received \$375 mn. India is a member state of the WHO South East Asia Region. The Americas received \$62.2 mn for WHO projects.
- Financial constraints affect autonomy in decision-making by favouring a donor-driven agenda.
- WHO has failed in arresting the pandemic, governments across the globe are equally responsible for their inept handling and ill-preparedness.
- Many countries, especially in Africa and Asia, rely predominantly on the WHO for enforcing policy decisions governing public health.

### **WARNING & INFORMATIONS**

- Changing statements on the use of masks, hydroxychloroquine and even the mode of transmission, by the WHO, have raised eyebrows.

- The WHO works with information shared with it by nations. It is bound by these limitations, as also limited innate inability to monitor nations, or have them conform with recommendations
- Representatives of the WHO mentioned that they were guided by scientific principles, backed by solid evidence, so during pandemics instructions should be dynamic.
- WHO and its partners launched the SOLIDARITY trial, clinical trial that aims to generate robust data from around the world to find the most effective treatments for COVID-19
- The organisation also worked with the European Commission and multiple partners to launch the Access to Covid Tool Accelerator, to ensure that once a vaccine is available, it's available to everyone, especially those who are at the greatest risk.
- WHO failed to investigate the origin of SARS-CoV-2 virus while it investigated the role of an intermediary host in previous coronavirus outbreaks — SARS (severe acute respiratory syndrome) and MERS (Middle East respiratory syndrome), have occurred through civets and camels, respectively.
- U.S. President Office accused China of “secrecy, deception and cover-up” in the outbreak of covid 19 and the World Health Organization of being “China-centric”.
- As the World Health Organization probing the coronavirus pandemic, majority of the scientists are of the opinion that the U.N. agency isn't up to the task and shouldn't be the one to investigate.
- Numerous experts say that political tensions between the U.S. and China make it impossible for an investigation by the agency to find credible answers.
- The first part of a joint WHO-China study of how COVID-19 started concluded that the virus probably jumped to humans from animals and that a lab leak was “extremely unlikely.”
- The first phase of WHO's mission required getting China's approval not only for the experts who travelled there but for their entire agenda and the report they ultimately produced.
- Richard Ebright, a molecular biologist at Rutgers University, called it a “farce” and said that determining whether the virus jumped from animals or escaped from a lab is more than a scientific question and has political dimensions beyond WHO's expertise.
- Bharat Biotech has signed agreements with pharmaceutical companies from Brazil and the U.S. where the vaccine will be either co-produced or exported but the absence of endorsement from WHO and other multilateral bodies is creating difficulties for the vaccine
- WHO has been accused of not acting on time, especially when new and dangerous viruses make thousands sick and kill many. The criticism is regarding lack of updates on its own website during the pandemics.
- AT the WHA plenary 2020, Chinese President Xi Jinping pledged \$2 billion to fight the virus, pair up 30 African hospitals with domestic counterparts, accelerate the building of the Africa Centers for Disease Control headquarters, and ensure that vaccine development in China, when available, would be made a global public good.
- WHO-China Joint Mission featuring renowned global epidemiologists had termed China's early COVID-19 response as the “most ambitious, agile and aggressive disease containment effort in history”.
- India must promote the establishment of an appropriate multilateral governance mechanism for ensuring equitable access to COVID-19 therapeutics and vaccines for all countries.
- China, an economic and military behemoth, now seeks the same power in public health
- The envisaged voluntary pooling mechanism to collect patent rights and regulatory test data should be suitably tailored to the needs of crisis.

### **WHO & TRADITIONAL MEDICINE**

- Traditional medicine is the knowledge, skills and practices of holistic healthcare, recognized and accepted for its role in the maintenance of health and the treatment of diseases.
- It is based on indigenous theories, beliefs and experiences that are passed on from generation to generation.
- It is basically more oriented toward the management of lifestyle disorders which are in prominence due to stress-related phenomena and some other reasons among certain age groups in the society.
- In 2003, the WHO Regional Committee for South-East Asia adopted a resolution (SEA/RC56/R6) urging the establishment of a regional task force on TRM to review regularly the regional situation and facilitate the development of national and regional strategies and policies on traditional systems of medicine.

- Did not recognised the regional variations in traditional medicines and therapies. Also failed to globalise the traditional sustainable lifestyle and development which is perceived as highly healthy in its form.
- TOO MANY CHIEFS - it has six regional offices, each with its own director elected by regional member states. With the network of around 150 country offices.
- Charles Clift who was secretary of the WHO's commission on intellectual property rights, in his report "What's the World Health Organization for?" describes the structure as not one but seven WHOs"
- Directors of regional offices are not answerable to Director General but to their own member states.
- The lack of a direct line of control from Geneva to what was happening at country level was probably one of the main reasons for why they were so slow.
- After its establishment the entire focus was infectious diseases for a long period of time. Non-communicable diseases (such as heart diseases, cancer and diabetes) just weren't on their radar at all.
- Since then, global health has become far more complex. A quick glance at the WHO's current "health topics" list shows it offers expertise on a vast array of issues, from sunburn and domestic violence to Crimean-Congo hemorrhagic fever and plague - expansion of topics is too wide to get functional depth.
- Jeremy Farrar, an infectious disease specialist and director of the UK-based global health charity the Wellcome Trust, says the best way for the WHO to become "a totally respected organisation" is for it to set top priorities for global health "and do those at a really high level."
- Barbara Stocking, a former chief executive of the charity Oxfam UK said the WHO, "got distracted" by very broad agendas determined by its members. Stocking says outbreak response should be the "absolute essence" of the WHO.
- International Health Regulations (IHR), the leading international agreement on infectious diseases and other serious disease events adopted by WHO member states in 2005.
- The IHR empowers WHO to take actions that can challenge how governments exercise sovereignty. The IHR authorises WHO to collect disease-event information from non-governmental sources, seek verification from governments about such information, and, if necessary, share the information with other states
- The IHR grants the WHO Director-General the power to declare a public health emergency of international concern, even if the country experiencing the outbreak objects.
- During the SARS outbreak in 2003, then WHO Director-General Gro Brundtland had taken on China over the outbreak and, without the nod of the countries concerned.
- After the IHR guidelines came into play in 2007, the H1N1 influenza spread around the world in 2009, and WHO Director-General Margaret Chan declared the world's first public health emergency of international concern
- The Ebola outbreak in West Africa in 2014, which was a disaster for WHO and the IHR. WHO's response was so bad that UN Secretary-General Ban Ki-moon created an ad hoc emergency response effort.
- Apart from WHO's approach in not confronting the Chinese leadership over Covid-19, Beijing's general resistance to any external criticism and action has been at the centre of the debate.
- India has been advocating for reforms of the WHO along with other international organisations. Advocated demand for reforms in G20 summit.
- WHO has been a key partner in the immunisation programme, tackling TB and neglected diseases such as leprosy and kala azar, and nutrition programmes across states.
- Some attribute the turnaround in the relationship between Beijing and WHO to China's growing financial contributions. Others suggest that China's political support was crucial in the election of Tadros in 2017.
- WHO must maintain its technical focus but broaden its expertise to include more input from political scientists, urban designers, lawyers, logisticians, or information technology specialists.
- World urgently needs an organization that can convene the best expertise and provide a centralized resource for health-related knowledge.

- The WHO must reinvent itself as this resource. It must re-establish the trust of the international community by improving the transparency of its governance and financing, and by speeding up its responsiveness to countries' needs.
- WHO itself is a fragmented organization with a cumbersome governance. The formal governing body is the World Health Assembly, which consists of 193 ministers of health of the member countries. Ministers have a turnover time of around two to three years, which, combined with only once-yearly meetings of the assembly, makes addressing emergencies or long-term problems almost impossible.
- All member states fall into one of six 'regions', such as the African or South-East Asian regions, each of which is governed by a regional director with great autonomy (the regional offices receive about 75% of the WHO's budget). Regional directors are elected by the countries in the region, and are not appointed by or formally responsible to the WHO's director-general.
- The WHO's Green Light Committee, is supposed to help countries gain access to high-quality drugs to treat people with multidrug-resistant tuberculosis. Its procedure delays the approval.
- The WHO has an executive board was created to prevent countries lobbying for control and to raise the agency's agenda above the level of politics. Sadly, the board, mainly medical doctors appointed by member-country representatives of the World Health Assembly — has itself become highly politicized in regard to major decisions, such as the election of the WHO's leadership.
- It does not have the budget to be a funding agency like the World Bank or the Global Fund to Fight AIDS, Tuberculosis and Malaria. And it does not have enough 'on the ground' staff to be an implementing agency like UNICEF.
- Instead, it should aim to be the paramount knowledge organization in global health, gathering up the best technical, scientific and practical information and making it accessible to all countries.
- WHO should be more inclusive. The agency has had difficulties in creating trusting relationships with civil-society organizations and the pharmaceutical industry and the private sector
- WHO should introduce an external review process. The World Bank has strong internal and external review mechanisms; the Global Fund and the Global Alliance for Vaccines and Immunization both have extensive external review procedures

New Vision IAS Academy  
...wings to aspirations

www.upsconline.com  
...dedicated to quality



New Vision IAS Academy  
...wings to aspirations



www.upsconline.com  
...dedicated to quality