



## World Health Organization (WHO)

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World Health Organization (WHO), the United Nations' specialized agency for Health was founded in 1948.

- Its **headquarters** are situated in **Geneva, Switzerland**.
- There are 194 Member States, 150 country offices, six regional offices.
- It is an inter-governmental organization and works in collaboration with its member states usually through the Ministries of Health.
- The WHO provides leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

It began functioning on **April 7, 1948** – a date now being celebrated every year as **World Health Day**.

### Objectives

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- To act as the **directing and coordinating authority on international health work**.
- **To establish and maintain effective collaboration with the United Nations**, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate.
- To **provide assistance** to the Governments, upon request, **in strengthening health services**.
- To **promote cooperation among scientific and professional groups** which contribute to the advancement of health.

### Governance

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#### World Health Assembly

- The Health Assembly is composed of delegates representing Members.
- Each Member is represented by not more than three delegates, one of whom is designated by the Member as chief delegate.

- These delegates are chosen from among persons most qualified by their technical competence in the field of health, preferably representing the national health administration of the Member.
- The Health Assembly meets in regular annual session and sometimes in special sessions as well.

## Functions

- The Health Assembly determines the policies of the Organization.
- It supervises the financial policies of the Organization and reviews and approves the budget.
- It reports to the **Economic and Social Council** in accordance with any agreement between the Organization and the United Nations.

## The Secretariat

- The Secretariat comprises of the Director-General and such technical and administrative staff as the Organization may require.
- The Director-General is appointed by the Health Assembly on the nomination of the Board on such terms as the Health Assembly may determine.

## Membership and Associate Membership

- Members of the United Nations may become Members of the Organization.
- Territories or groups of territories which are not responsible for the conduct of their international relations may be admitted as Associate Members by the Health Assembly.

## WHO's Contribution to World

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- **The country offices are WHO's primary contact points with governments.**
  - They provide technical support on health matters, share relevant global standards and guidelines, and relay government requests and requirements to other levels of WHO.
  - They also inform and follow up with the host government on reports of disease outbreaks outside the country.
  - They provide advice and guidance on public health to other UN agency offices in-country.
- In addition to governments, WHO also coordinates with other UN agencies, donors, non-governmental organizations (NGOs) and the private sector.
- The benefits of WHO's international health work are reaped by all countries, including the most developed.

For example, all nations have benefited from their contributions to the WHO programs that led to the global eradication of smallpox and to promote better and cheaper ways of controlling tuberculosis.

- The organization believes that **immunization, which prevents the six major communicable diseases of childhood—diphtheria, measles, poliomyelitis, tetanus, tuberculosis, and whooping cough—**should be available to all children who need it.

WHO is leading a worldwide campaign to provide effective immunization for all children in cooperation with the United Nations Children’s Fund (UNICEF).

- **During the first decade (1948-58)**, the WHO focused **major attention on specific infectious diseases** afflicting millions of people in the developing countries.
  - These included malaria, yaws, tuberculosis, and venereal diseases.
  - There was also a high priority for maternal and child health services, for environmental sanitation (especially safe water), and for standardization of drugs and vaccines.
  - In these years, WHO developed close working relationships with other UN agencies.
- **The period (1958 to 68)** was much **influenced by the national liberation in Africa** of several former colonies, which became voting members of the Organization.
  - In 1960, the departure from the newly independent Democratic Republic of the Congo of nearly all foreign doctors created a massive emergency.
 

Working with the international Red Cross, WHO recruited 200 physicians and other health workers, and established a new fellowship program to enable scores of Congolese “medical assistants” to become fully qualified doctors.
  - In this period, fellowships for health-personnel development became a major WHO strategy in almost all countries.
  - WHO stimulated and **even collaborated with the world chemical industry in the 1960s** to develop new insecticides for fighting the vectors of onchocerciasis (“river blindness”) and for treating schistosomiasis.
  - Demonstration that tuberculosis could be effectively treated, without expensive sanatorium care, was a great breakthrough of the late 1950s.
  - Even the mundane standardization of the nomenclature of diseases and causes of death was an important contribution of WHO to international health communications.

- The **third decade (1968–78) of WHO** included the great victory of eradicating **smallpox** from the earth.

- In 1967, smallpox was still endemic in thirty-one countries, afflicting between 10 and 15 million people.
- The work was done by teams of public health workers in all the countries affected, with WHO serving as leader, co-ordinator, and inspiration.
- Millions of dollars were saved worldwide by this achievement, which overcame various national rivalries and suspicions.
- The momentum of this great campaign added strength to another drive, for expanding the immunization of the world's children against six once-ravaging diseases: diphtheria, tetanus, whooping cough, measles, poliomyelitis, and tuberculosis (with BCG vaccine).
- After long hesitation for political reasons, in this period WHO finally entered the field of **family planning by promoting worldwide research and development on human reproduction**.
- New efforts were also put into the control of malaria and leprosy.
- WHO also promoted the training of auxiliary health personnel, such as **China's "barefoot doctors" and India's traditional birth-attendants**.

Such training was a sounder investment in most developing countries than preparing physicians for predominantly urban medical practice.

- The **fourth decade (1978–88)** was ushered in by a **great world conference of WHO and UNICEF in Alma Ata**, a city of the Asiatic part of the Soviet Union.

- In reaction against excessive attention to high-technology, the **Alma Ata conference emphasized the great importance of primary health care, preventive and curative, as the best approach to national health policy**.

This approach, **stressing community participation, appropriate technology, and intersectoral collaboration**, became the central pillar of world health policy.

- Thirty years after its birth, 134 WHO member-states reaffirmed their commitment to equality, as embodied in the slogan "**Health for All.**"
- The provisions of the safe drinking water and adequate excreta disposal for all were the objectives of the **International Drinking Water Supply and Sanitation Decade (1981-90)** proclaimed by the UN General Assembly in 1980 and supported by WHO.
- In this period, every country was encouraged to develop a list of "essential drugs" for use in all public facilities, instead of the thousands of brand-name products sold in world markets.
- The WHO's condemnation of the promotion of **artificial infant-formula products** in developing countries also attracted widespread attention.
- The worldwide control of **infantile diarrhea with oral rehydration therapy** was another great advance, based on very simple principles.

- **Networks:** A 1995 outbreak of Ebola virus in the Congo, which raged for three months unbeknownst to WHO, revealed a startling **lack of global public health surveillance and notification systems.**
  - **So in 1997, WHO (in collaboration with Canada) rolled out the Global Public Health Intelligence Network (GPHIN), which took advantage of information on the Internet to function as an early warning system for potential epidemics.**
  - The WHO supplemented this (GPHIN) in 2000 with the **Global Outbreak Alert Response Network (GOARN) to analyze events once they were detected.**  
GOARN linked 120 networks and institutes with the data, laboratories, skills and experience to take action swiftly in a crisis.
- According to the WHO, most of the estimated **500000 maternal deaths each year are preventable through family planning**—to avoid illegal abortions—and hygienic education of traditional birth-attendants.
- The WHO has also mounted increasing **efforts against cancer**, which now takes as many lives in the developing countries as in the affluent ones.
- The fight against **tobacco**, the largest single cause of preventable death in both men and women, is part of WHO effort in every country.
- Disseminating the simple rules of diet, exercise, nonsmoking, prudent use of alcohol, and hygienic working conditions are **major objectives of health education** in WHO everywhere.
- The worldwide epidemic of AIDS (acquired immune deficiency syndrome) has presented another challenge to WHO in mounting global efforts to stem the spread of this lethal sexually transmitted virus disease.  
**The WHO is working for the introduction of self-testing** so that more people living with HIV know their status and can receive treatment.

## WHO and India

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- India became a party to the WHO on 12 January 1948.
- Regional office for South East Asia is located in New Delhi.
- Smallpox
  - In 1967 the total number of smallpox cases recorded in India accounted for nearly 65% of all cases in the world. Of this 26,225 cases died, giving a grim picture of the relentless fight that lay ahead.
  - **In 1967, the WHO launched the Intensified Smallpox Eradication Programme.**
  - With a coordinated effort by Indian government with the World Health Organization (WHO), smallpox was eradicated in 1977.

- **Polio**
  - India began the battle against the disease in response to the **WHO's 1988 Global Polio Eradication Initiative** with financial and technical help from World Bank.
  - **Polio Campaign-2012:** The Indian Government, in partnership with UNICEF, the World Health Organization (WHO), the Bill & Melinda Gates Foundation, Rotary International and the Centers for Disease Control and Prevention contributed to almost universal awareness of the need to vaccinate all children under five against polio.
  - As a result of these efforts, India was removed from the list of endemic countries in 2014.
- It has also been instrumental in the country's transition from hospital-based to community-based care and the resultant increase in health posts and centres focusing on primary care.
- **The WHO Country Cooperation Strategy – India (2012-2017)** has been jointly developed by the Ministry of Health and Family Welfare (MoH&FW) and the WHO Country Office for India (WCO).

## World Health Concerns & WHO

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- **Air pollution and Climate Change**
  - Nine out of ten people breathe polluted air every day. In 2019, air pollution is considered by the WHO as the **greatest environmental risk to health**.
  - Microscopic pollutants in the air can penetrate respiratory and circulatory systems, damaging the lungs, heart and brain, killing 7 million people prematurely every year from diseases such as cancer, stroke, heart and lung disease.
  - The primary cause of air pollution (burning fossil fuels) is also a major contributor to climate change, which impacts people's health in different ways.
    - Between 2030 and 2050, climate change is expected to cause 250 000 additional deaths per year, from malnutrition, malaria, diarrhoea and heat stress.
- **Noncommunicable Diseases**
  - Noncommunicable diseases, such as diabetes, cancer and heart disease, are collectively responsible for over 70% of all deaths worldwide, or 41 million people.
  - The rise of these diseases has been driven by **five major risk factors: tobacco use, physical inactivity, the harmful use of alcohol, unhealthy diets and air pollution**.
  - These risk factors also exacerbate **mental health issues**. The **suicide** is the second leading cause of death among 15-19 year-olds.
- **Global Influenza Pandemic**
  - The WHO is constantly monitoring the circulation of influenza viruses to detect potential pandemic strains: 153 institutions in 114 countries are involved in global surveillance and response.

- **Fragile and Vulnerable Settings**

More than 1.6 billion people (22% of the global population) live in places where protracted crises (through a combination of challenges such as drought, famine, conflict, and population displacement) and weak health services leave them without access to basic care.

- **Antimicrobial Resistance**

- It is the ability of bacteria, parasites, viruses and fungi to resist modern medicines which threatens to send us back to a time when we were unable to easily treat infections such as pneumonia, tuberculosis, gonorrhoea, and salmonellosis.
- The inability to prevent infections could seriously compromise surgery and procedures such as chemotherapy.
- In 2017, around 600 000 cases of tuberculosis were resistant to rifampicin – the most effective first-line drugs – and 82% of these people had multidrug-resistant tuberculosis.
- **Drug resistance** is driven by the overuse of antimicrobials in people, but also in animals, especially those used for food production, as well as in the environment.
- WHO is working with these sectors to implement a global action plan to tackle antimicrobial resistance by increasing awareness and knowledge, reducing infection, and encouraging prudent use of antimicrobials.

- **Ebola and Other High-Threat Pathogens**

- In 2018, the Democratic Republic of the Congo saw two separate Ebola outbreaks, both of which spread to cities of more than 1 million people. One of the affected provinces is also in an active conflict zone.
- **WHO's R&D Blueprint** identifies diseases and pathogens that have the potential to cause a public health emergency but lack effective treatments and vaccines.  
This watchlist for priority research and development includes Ebola, several other haemorrhagic fevers, Zika, Nipah, Middle East respiratory syndrome coronavirus (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS) and disease X, which represents the need to prepare for an unknown pathogen that could cause a serious epidemic.

- **Weak Primary Health Care**

- Primary health care is usually the first point of contact people have with their health care system, and ideally should provide comprehensive, affordable, community-based care throughout life.
- **Yet many countries do not have adequate primary health care facilities.** This neglect may be a lack of resources in low- or middle-income countries, but possibly also a focus in the past few decades on single disease programmes.

- **Vaccine Hesitancy**

- It is the reluctance or refusal to vaccinate despite the availability of vaccines – threatens to reverse progress made in tackling vaccine-preventable diseases.
- Measles, for example, has seen a 30% increase in cases globally. The reasons for this rise are complex, and not all of these cases are due to vaccine hesitancy.
- However, some countries that were close to eliminating the disease have seen a resurgence.
- The WHO has identified **complacency, inconvenience in accessing vaccines, and lack of confidence** as key reasons underlying hesitancy.

- **Dengue**

- It is a mosquito-borne disease that causes flu-like symptoms and can be lethal and kill up to 20% of those with severe dengue, has been a growing threat for decades.
- A high number of cases occur in the rainy seasons of countries such as Bangladesh and India.
  - Now, the dengue season in these countries is lengthening significantly (in 2018, Bangladesh saw the highest number of deaths in almost two decades),
  - and the disease is spreading to less tropical and more temperate countries such as Nepal, that have not traditionally seen the disease.
- **WHO's Dengue control strategy aims to reduce deaths by 50% by 2020.**

- **HIV**

- The progress made against HIV has been enormous in terms of getting people tested, providing them with antiretrovirals (22 million are on treatment), and providing access to preventive measures such as a pre-exposure prophylaxis (PrEP, which is when people at risk of HIV take antiretrovirals to prevent infection).
- Today, around 37 million worldwide live with HIV.
- Reaching people like sex workers, people in prison, men who have sex with men, or transgender people is hugely challenging. Often these groups are excluded from health services.
- A group increasingly affected by HIV are young girls and women (aged 15–24), who are particularly at high risk and account for 1 in 4 HIV infections in sub-Saharan Africa despite being only 10% of the population.
- **The WHO is working with countries to support the introduction of self-testing so that more people living with HIV know their status and can receive treatment (or preventive measures in the case of a negative test result).**

## **WHOs' Organisational Challenges**

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The WHO has been **dependant on donor funds** – mainly from rich countries and foundations like the Bill and Melinda Gates Foundation – rather than through secured funding from countries.

- As a result, currently 80% of WHO's funding is tied to programs that donors choose. Work programs that are vital to WHO's mandate remain under funded as they clash with the interests of big donors, especially of rich and developed countries.
- Consequently WHO's role as a leader in global health has been supplanted by other intergovernmental bodies such as the World Bank, and increasingly by big foundations.
- The organisation's efficacy has come under question, especially after its inadequate performance in containing West Africa's ebola epidemic of 2014.
- It was because of WHO's insufficient funding, structuring, staffing and bureaucracy.