

# World Health Organization

## Organização Mundial de Saúde



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*Acta Med Port* 2013 May-Jun;26(3):186-187

**Keywords:** International Agencies; Public Health; World Health; World Health Organization; United Nations.

**Palavras-chave:** Agências Internacionais, Nações Unidas; Organização Mundial de Saúde; Saúde Mundial; Saúde Pública.

The United Nations Charter signed in 1945 in San Francisco envisaged the formation of an international health body. In July 1946 the International Health Conference in New York adopted the constitution of the new 'World Health Organization' (WHO) and set up an Interim Commission that would continue some of the work of the previous two independent international health organizations: the Office international d'Hygiène publique and the Health Organisation of the League of Nations.<sup>1</sup>

WHO's Constitution, with its defining objective 'the attainment by all people of the highest possible level of health', came into force in April 1948. The first gathering of WHO's governing body, the World Health Assembly, convened two months later and adopted a formidable programme of work and technical assistance. WHO formally took over the functions of the Interim Commission on 1 September 1948.

Delegates at that First World Health Assembly would probably be dismayed that, 65 years later, many of their top priorities, including malaria, women's and children's health, and tuberculosis, remained high on the agenda of the Sixty-sixth World Health Assembly.<sup>2</sup> Many topics on that agenda besides communicable diseases were also covered by WHO in its early days, with Health Assemblies adopting resolutions on mental health (including alcoholism and drug addiction), cancer, smoking, blindness, cardiovascular diseases and traffic accidents.<sup>3</sup> New elements include health-related development goals, social determinants of health and e-health.

For many people, WHO's foremost achievement has been the eradication of smallpox. In 1958, some two million people a year were dying of the disease and the World Health Assembly decided on a global initiative to eradicate it. Success came two decades later, and the Thirty-third World Health Assembly declared smallpox eradicated. Hopes are high for a similar triumph against poliomyelitis, whose transmission has been interrupted in all but three countries in the world. In 1974 WHO launched the Expanded Programme of Immunization. Less well known achievements include the control and elimination of yaws, leprosy and trachoma, and onchocerciasis in West Africa, a labour of 30 years that put

an end to river blindness and returned millions to active and productive lives.

The focus, however, has always been broader than just single diseases. WHO introduced the concept of essential medicines. Member States adopted the principle of primary health care, espoused in the Declaration of Alma Ata in 1978, which, as part of universal health care, is as relevant today as it was then. WHO's work also covers, for instance, maternal, infant and newborn health, workers' health, and health system strengthening.

WHO's great strength lies in its convening powers and its setting of norms and standards. Its Member States negotiated the revised and strengthened International Health Regulations, a global code of practice on the international recruitment of health personnel, and the Framework Convention on Tobacco Control. WHO produces seminal instruments such as the International Classification of Diseases. Its wide range of publications includes the *Weekly Epidemiological Record*, annual world health reports and nearly 1000 monographs in its Technical Report Series, covering topics such as specifications for pharmaceutical preparations and research priorities.

How is the Organization structured? WHO's work is carried out by the World Health Assembly, the Executive Board and the Secretariat. The Health Assembly is the legislative body, open to all 194 Member States, and has the authority to adopt conventions and regulations. It meets annually to determine the policies of the Organization (including programmatic priorities) and approve the budget. The 34-member Board meets twice a year; it advises the Health Assembly and oversees the implementation of the latter's decisions. The Secretariat, comprising WHO's staff globally, has headquarters in Geneva, six regional offices and 150 offices in countries, territories and areas. The priorities for each region are set by their respective regional committees. WHO is one of the most decentralized organizations in the United Nations system (an attribute whose value has often been questioned),<sup>4</sup> but its current reform process aims to improve its overall governance mechanisms and methods of work.<sup>5</sup>

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Recebido: 17 de Maio de 2013 - Aceite: 27 de Maio de 2013 | Copyright © Ordem dos Médicos 2013

Who does the work? WHO currently employs nearly 6550 long-term staff: 28% in the headquarters in Geneva, 34% in the African Region, 11% in the Eastern Mediterranean Region, 8% in each of the South-East Asia, European and Western Pacific regions, and 2% in the Region of the Americas. In addition, in 2012 it employed almost 800 temporary staff. In that year staff costs amounted to 44% of the Organization's total expenditure. In response to the current financial crisis the number of staff was cut by more than 8% between 2010 and 2012 (14% in core management areas and 24% in headquarters).<sup>6</sup>

Who finances the Organization? For the biennium 2012 - 2013, the overall budget is just under US\$ 4.0 billion, and the figure is unchanged for 2014 - 2015. (For comparison, the budget of the Portuguese Ministry of Health for 2013 approved in May 2013 was €7.9 billion - about US\$ 10.4 billion, five times higher than WHO's annual budget.) WHO levies UN-calculated 'assessed contributions' on its Member States. It also receives 'voluntary contributions'; these have become predominant, rising from about 50% of the overall budget in the 1980s to 78% in 2012-2013. Many voluntary contributions are earmarked for specific programmes and projects, and the imbalance between assessed and voluntary contributions has raised questions about who governs and sets WHO's priorities.

Global health is a multi-billion dollar industry, uncoordinated and with competing interests.<sup>7</sup> Available resources have increased substantially in recent years, in both official development assistance and private-sector funding,<sup>8</sup> but they are fragmented and inadequately monitored and tracked. The number of global health actors, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, the GAVI Alliance, and the Bill & Melinda Gates Foundation, has increased, and altogether raise and channel more resources than WHO. Furthermore, they appear to be less bureaucratic and able to respond faster. These factors have caused some critics to question the relevance of WHO.<sup>9</sup>

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WHO has reacted to criticisms and the unpredictability of its funding by initiating a major consultative process for reform, from governance to links with the private sector. It aims to achieve better health outcomes, meeting the expectations of its Member States and partners through agreed priorities and providing greater coherence in global health. The process has identified priorities for WHO's leadership: universal health coverage; the post-2015 development agenda; noncommunicable diseases; implementation of the International Health Regulations (2005); access to essential, high-quality and affordable medical products; and the social, economic and environmental determinants of health. Nevertheless, the Organization is stretched thin, as Member States' expectations and requests exceed the funding they contribute and the resources that WHO mobilizes. Sharper focus and coordination are clearly the order of the day.

International health partnerships have been designed to improve coordination and harmonization among donors, but success has been limited. Questions remain about the sustainability of global health funding, and how to optimize its use. The financing dialogue, established by the Health Assembly in May 2013, needs to find better mechanisms for funding the Organization, including the unglamorous work of administration, management and setting norms and standards. WHO itself needs to sharpen its management, re-motivate its workforce, recruit and retain the highest calibre staff, and enhance its recognized strength in convening parties and setting norms and standards.<sup>10</sup>

## CONFLICT OF INTERESTS

The author receives occasional contracts from WHO for editorial work but is not a staff member.

## FUNDING SOURCES

No subsidy or grant was received in the preparation of this article.