

# **WORLD HEALTH ORGANISATION- AS THE GLOBAL GUARDIAN OF PUBLIC HEALTH VIS-À-VIS ITS STRATEGIES AND CHALLENGES**

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## **ABSTRACT**

The World Health Organisation (W.H.O.) has the aim of building a better and healthier future for all people throughout the world. For this purpose, W.H.O.'s staffs works adjacent with governments as well as other players to ensure the highest attainable levels of health for all people.<sup>1</sup> The W.H.O. constantly strives to combat diseases and infectious diseases as well non-communicable ones. Besides this, the Organisation aims to ensure healthy lives and promote well-being for all at all ages including mothers and children to survive and attain a healthy old age. Indeed, the W.H.O. has a broader goal of “ensuring the safety of the air people breathe, the food they eat, the water they drink and the medicines and vaccines they need.”<sup>2</sup> In the era of deforestation, global warming, acute pollution, corruption, adulteration, privatisation and industrialisation, examining the W.H.O.'s role as the leading international health agency is more important than ever. Accordingly, this article aims to discuss on this Organisation, with specific reference to its structure, functions and agenda and subsequently to consider W.H.O.'s strategies and challenges.

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<sup>1</sup> <http://www.who.int/about/en/>, visited on 13/4/2017

<sup>2</sup> *Ibid*

## INTRODUCTION TO W.H.O. - THE GLOBAL GUARDIAN OF PUBLIC HEALTH

The idea of establishing an Organisation at the global level to deal with the issue of 'health' commenced during the diplomats' meeting concerning the establishment of the United Nations Organisation in 1945.<sup>3</sup> The W.H.O.'s constitutive instrument came into force on 7 April 1948.<sup>4</sup> Being a specialized agency of the UN system, the W.H.O. is committed to the following ethical principles: loyalty to W.H.O.'s goals, mission, priorities and policies; integrity and honesty in actions and decisions that may affect the W.H.O.; impartiality and independence from external sources and authorities discretion; respect for the dignity, worth, equality, and diversity of all persons; accountability; and technical excellence.<sup>5</sup> Indeed, all these principles would be crucial in the credibility and effective functioning of the W.H.O. In this Organisation, the membership is kept open to all States.<sup>6</sup> This apart, 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 upon application made on behalf of such territory or group of territories.<sup>7</sup> The W.H.O. aims to be active vigilant on health trends, looking out for new threats and for new opportunities to improve public health. Thus it even takes initiatives to set standards for surgical care. In this regard, the Organisation avails the services of world's top experts to examine critical health issues and surgical care to define the best solutions and deliver as well implement the appropriate recommendations of such experts.<sup>8</sup> Thus, this Organisation acts as the global guardian of public health by helping countries prepare for emergencies and act efficiently when health emergencies strike. Further, the W.H.O. makes effort to build strong health systems and achieve universal health coverage through its actions and programmes, which would be carried out in collaboration with various stakeholders. In fact, these responsibilities emanate from the principles<sup>9</sup> contained in the Constitution of the W.H.O., which are as follows:

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<sup>3</sup> *Ibid*

<sup>4</sup> The W.H.O.'s Constitution was adopted by the International Health Conference held in New York from 19 June to 22 July 1946, signed on 22 July 1946 by the representatives of 61 States and entered into force on 7 April 1948, a date we now celebrate every year as World Health Day. See <http://www.who.int/about/history/en/>

<sup>5</sup> See <http://www.who.int/about/ethics/en/>

<sup>6</sup> Members of the United Nations may become Members of the Organization by signing or otherwise accepting this Constitution. See The World Health Organisation, 1948, Articles 3, 4,5 and 6.

<sup>7</sup> The Constitution of World Health Organisation, 1948, Article 8

<sup>8</sup> <http://www.who.int/about/what-we-do/global-guardian-of-public-health.pdf>

<sup>9</sup> <http://www.who.int/about/mission/en/>

- a. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- b. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition.
- c. The health of all people is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and States.
- d. The achievements of any State in the promotion and protection of health is of value to all.
- e. Unequal development in different countries in the promotion of health and control of diseases, especially communicable disease, is a common danger to the world community.
- f. Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.
- g. The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.
- h. Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.
- i. Governments have a responsibility for the health of their people that can be fulfilled only by the provision of adequate health and social measures.

As the global guardian of public health, and to realise the aforementioned principles stated in the constitutive instrument of the W.H.O., the Organisation has been taking six leadership priorities. They are as follows:

- a. **Advancing universal health coverage:** In this regard, the W.H.O. is seen very active. To achieve this, it has been taking many initiatives with an aim to enable countries to sustain or expand access to all needed health services also financial protection, and promotion of universal health coverage;
- b. **Achieving health-related development goals:** In this heed, the W.H.O. aims to address unfinished and future challenges relating to maternal and child health; combating HIV, malaria, TB, and to complete the eradication of polio and a number of neglected tropical diseases;

- c. Addressing the challenge of non-communicable diseases and mental health, violence and injuries and disabilities: The W.H.O. in this direction oversees a global framework to track progress in preventing and controlling major Non-Communicable Diseases (NCDs) by striving to help countries in reducing the health effects of tobacco use, alcohol, sedentary lifestyles and unhealthy diets;
- d. Ensuring that all countries can detect and respond to acute public health threats under the International Health Regulations: The W.H.O. aims to support countries to prepare for and respond to all kinds of health emergencies, including disease outbreaks and humanitarian crises. If countries short fall of the resources to deal effectively with an emergency on their own then the W.H.O. works with governments and partners to coordinates the initiation of appropriate and efficient international health responses;
- e. Increasing access to quality, safe, efficacious and affordable medical products (medicines, vaccines, diagnostics and other health technologies): The W.H.O. intends to promote rational procurement and prescribing of medicines, to improve access to safe, quality, affordable and efficacious medicines; and
- f. Addressing the social, economic and environmental determinants of health as a means to promote health outcomes and reduce health inequalities within and between countries: This task includes the Organisation's work on social health protection, disaster preparedness, setting standards in relation to environmental hazards, climate change, energy and transportation policy, food safety, nutrition, access to clean water and sanitation and many others.<sup>10</sup>

Having known the principles and leadership priorities of this entity it is important to consider its structure, which is necessary to carry out further discussions on this Organisation.

## **W.H.O. – ‘ORGANISATION’ AND ‘STRUCTURE’**

The General Assembly of the United Nations adopted a Resolution on 13 February 1946 contemplating the unification of the privileges and immunities enjoyed by the United Nations Organisation and by its specialized agencies. Subsequently, by its Resolution,<sup>11</sup> the General

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<sup>10</sup> See <http://www.who.int/about/what-we-do/global-guardian-of-public-health.pdf>

<sup>11</sup> 179 (II) adopted on 21 November 1947

Assembly approved the process of adopting the Convention on the Privileges and Immunities of the Specialized Agencies, which came into force on 2 December 1948. As mentioned earlier, the W.H.O. is one of the specialised agencies of the United Nations,<sup>12</sup> thus it possesses its own juridical personality by virtue of which this Organisation has the ability to contract, acquire and dispose of immovable and movable property, as well to institute legal proceedings.<sup>13</sup> All such properties held by the Organisation (wherever located) enjoy immunity from every form of legal process, unless the immunity is waived.<sup>14</sup> In fact, the W.H.O. can not only hold funds, gold or currency of any kind and operate accounts in any currency but also it may freely transfer such holdings from one country to another or within any country and convert, any currency held by it into any other currency.<sup>15</sup> The assets, income and other property of the W.H.O. is exempt from all direct taxes; custom duties and prohibitions and restrictions on imports and exports in respect of articles imported or exported by it for its official use. Similarly, exemption is given from duties, prohibitions, and restrictions on imports and exports in respect of its publications.<sup>16</sup> No censorship is made applicable to the official correspondence and other official communications of the Organisation. Instead, the Organisation has the right to use codes and to dispatch and receive correspondence by courier or in sealed bags; this immunity is corresponding to the immunities and privileges as diplomatic couriers and bags.<sup>17</sup>

This apart, the representatives of Members at meetings convened by the W.H.O. while exercising their functions and during their journeys to and from the place of meeting are entitled to the Privileges and Immunities as guaranteed by the Special Convention.<sup>18</sup> Likewise, the

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<sup>12</sup> See Convention on the Privileges and Immunities of the Specialized Agencies, 1948 (Approved by the General Assembly of the United Nations on 21 November 1947)

<sup>13</sup> See Convention on the Privileges and Immunities of the Specialized Agencies, 1948, Article II, Section 3

<sup>14</sup> All properties of the specialised agencies are immune from search, requisition, confiscation, expropriation and any other form of interference, whether by executive, administrative, judicial or legislative action. See Convention on the Privileges and Immunities of the Specialized Agencies, 1948, Article III, Sections 4 and 5.

<sup>15</sup> See Convention on the Privileges and Immunities of the Specialized Agencies, 1948, Article III, Section 7

<sup>16</sup> *Ibid*, Article III, Section 9

<sup>17</sup> *Ibid*, Article IV, Section 12

<sup>18</sup> The representatives of Members have complete freedom of speech and independence in the discharge of their duties. Also, they get immunity from personal arrest or detention and from seizure of their personal baggage, and in respect of words spoken or written and all acts done by them in their official capacity; immunity from legal process of every kind; Inviolability for all papers and documents; The right to use codes and to receive papers or correspondence by courier or in sealed bags; Exemption in respect of themselves and their spouses from immigration restrictions, aliens' registration or national service obligations in the State which they are visiting or through which they are passing in the exercise of their functions; The same facilities in respect of currency or exchange restrictions as are accorded to representatives of foreign Governments on temporary official missions; The same immunities and facilities in respect of their personal baggage as are accorded to members of comparable rank of diplomatic missions. See Convention on the Privileges and Immunities of the Specialized Agencies, 1948, Article V Sections 14 and 13.

Officials of the W.H.O. too get Privileges and Immunities.<sup>19</sup> The Privileges and Immunities are accorded to the representatives of Members and Officials of the Organisation not only for their personal benefit but also to safeguard the independent exercise of their functions in association with the Organisation's mandate. Consequently, a member has the right as well a duty to waive the immunity of its representatives in any case where, in the opinion of the member, the immunity would impede the course of justice or where it can be waived without prejudice to the purpose for which the immunity is accorded.<sup>20</sup>

In addition, the Organisation can make provisions concerning appropriate modes of settlement of disputes. Disputes may arise out of contracts or other disputes of private character to which the Organisation is a party, or disputes may involve any of its officials. The officials of W.H.O. due to their official position would enjoy immunity, if immunity has not been waived.<sup>21</sup> It is also possible for this Organisation to seek advisory opinion of the International Court of Justice in certain circumstances.<sup>22</sup>

As to the budget of W.H.O., it is financed by assessed voluntary contributions from Members, according to the scale of assessments determined by the Health Assembly, and by projected interest earned, prior period collection of arrears as well as any other income attributable to the regular budget. Members' financial obligations are limited to the assessed contributions as per Article 56 of the W.H.O.'s Constitution.<sup>23</sup> Pending the receipt of assessed contributions, the

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<sup>19</sup> The Officials of the W.H.O. are immune from legal process in respect of words spoken or written and all acts performed by them in their official capacity; also they enjoy the same exemptions from taxation in respect of the salaries and emoluments paid to them and on the same conditions as are enjoyed by officials of the United Nations; plus they enjoy immunity together with their spouses and relatives dependent on them, from immigration restrictions and alien registration; and are accorded the same privileges in respect of exchange facilities as are accorded to officials of comparable rank of diplomatic missions; Also, they would be given, together with their spouses and relatives dependent on them, the same repatriation facilities in time of international crises as officials of comparable rank of diplomatic missions; besides they have the right to import free of duty their furniture and effects at the time of first taking up their post in the country in question. Further, the officials are exempt from national service obligations. See Convention on the Privileges and Immunities of the Specialized Agencies, 1948, Article VI, Sections 19 and 20

<sup>20</sup> See Convention on the Privileges and Immunities of the Specialized Agencies, 1948, Article VI, Sections 16 and 22

<sup>21</sup> *Ibid*, Article IX, Section 31

<sup>22</sup> All differences arising out of the interpretation or application of the present Convention shall be referred to the International Court of Justice unless in any case it is agreed by the parties to have recourse to another mode of settlement. If a difference arises between one of the specialized agencies on the one hand, and a member on the other hand, a request shall be made for an advisory opinion on any legal question involved in accordance with Article 96 of the Charter and Article 65 of the Statute of the Court and the relevant provisions of the agreements concluded between the United Nations and the specialized agency concerned. The opinion given by the Court shall be accepted as decisive by the parties. See Convention on the Privileges and Immunities of the Specialized Agencies, 1948, Article IX, Section 32

<sup>23</sup> Regulation 5.1 of the Financial Regulations of the World Health Organisation

Organisation implements the budget financed from contributions, financed from the Working Capital Fund or by internal borrowing.<sup>24</sup> All such borrowings would be made from the collection of arrears of assessed contributions and are credited first against any internal borrowing outstanding and secondly, against any borrowing outstanding from the Working Capital Fund.<sup>25</sup> This apart, the Organisation may receive gifts and bequests.<sup>26</sup> The Director-General designates the banks or the financial institutions in which cash or its equivalents may be kept in accordance with International Public Sector Accounting Standards.<sup>27</sup> Importantly, the Organisation appoints External Auditor(s) for the purposes of auditing. Each of the External Auditor shall be the Auditor-General or officer holding equivalent position or titles of a Member government and they shall be appointed by the Health Assembly, W.H.O. shall be completely independent and solely responsible for the conduct of the audit.<sup>28</sup>

The External Auditor(s) may make observations with respect to the efficiency of the financial procedures, the accounting system, and the internal financial controls and, in general, the financial administration and management of the Organization.<sup>29</sup>

All staff members of the Organization are international civil servants. The W.H.O. by accepting their appointment ensures that the workforce pledges themselves to discharge their functions and to regulate their conduct with the objectives of the W.H.O. and usually, all its staff members are subject to the authority of the Director-General.<sup>30</sup> In addition, the Staff is chosen on merit without regard to race, creed or sex to ensure utmost efficiency, competence and integrity in functioning. What this would mean is that in the performance of their duties the staff shall abstain from seeking and accepting instructions from any government or from any other authority that is external to the Organization.<sup>31</sup> To ensure this, staff is prevented from accepting any honour, favour, gift or remuneration from any government, or from any other

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<sup>24</sup> Regulation 7.1 of the Financial Regulations of the World Health Organisation

<sup>25</sup> Regulation 7.3 of the Financial Regulations of the World Health Organisation

<sup>26</sup> The Director-General is delegated the authority, under Article 57 of the Constitution, to accept gifts and bequests, either in cash or in kind, provided that he or she has determined that such contributions can be used by the Organisation, and that any conditions which may be attached to them are consistent with the objective and policies of the Organisation. See Regulation 8.1 of the Financial Regulations of the World Health Organisation

<sup>27</sup> See Regulations 10.1 and 13.1 of the Financial Regulations of the World Health Organisation

<sup>28</sup> See Regulation 14.4 of the Financial Regulations of the World Health Organisation

<sup>29</sup> See Regulations 14.1 and 14.3 of the Financial Regulations of the World Health Organisation

<sup>30</sup> Staff Regulations of the World Health Organization, adopted by the Fourth World Health Assembly (Resolution WHA4.51)

<sup>31</sup> *Ibid*

source external to the Organization, if such acceptance is incompatible with his/her status as an international civil servant.<sup>32</sup>

Likewise, the Staff cannot communicate to any person any information known to them because of their official position that has not been made public, except in the course of their duties or by authorization of the Director-General.<sup>33</sup> The salaries for the Deputy Director-General, Assistant Directors-General and Regional Directors are determined by the World Health Assembly on the recommendation of the Director-General and with the advice of the Executive Board.<sup>34</sup> The Director-General based on their duties and responsibilities shall determine salary levels for other staff.<sup>35</sup> All staff members are allowed appropriate and annual leaves. Since many may take their leave periodically in their home countries, the Organization allows necessary travelling time for that purpose but regulated by the conditions prescribed in that regard by the Director-General.<sup>36</sup> The paramount consideration in the appointment, transfer, reassignment or promotion of the staff shall be the necessity of securing the highest standards of efficiency, competence and integrity.<sup>37</sup> In return, the Staff are entitled for Staff Pension Fund and such other social security provisions for health protection, sick leave and maternity leave, and reasonable compensation in the event of illness, accident or death attributable to the performance of official duties on behalf of the Organization.<sup>38</sup> The Director-General may impose disciplinary measures on staff members whose conduct is unsatisfactory. He may summarily dismiss a member of the staff for serious misconduct. However, the Director-General is obligated to establish administrative machinery with staff participation to advise him in case of any appeal by staff members against an administrative decision alleging the non-observance of their terms of appointment, including all pertinent regulations and rules, or against disciplinary action and any dispute which cannot be resolved internally, arising between

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<sup>32</sup> *Ibid*

<sup>33</sup> *Ibid*

<sup>34</sup> Appointments of the Deputy Director-General, Assistant Directors-General and Regional Directors shall be for a period not to exceed five years, subject to renewal, and in accordance with conditions determined by the Executive Board concerning eligibility of Regional Directors for reappointment. Other staff members shall be granted appointments of a duration and under such terms and conditions, consistent with these regulations, as the Director-General may prescribe. The Director-General establishes appropriate medical standards which prospective staff members shall normally be required to meet before appointment.

<sup>35</sup> *Supra* n. 30

<sup>36</sup> *Ibid*

<sup>37</sup> *Ibid*

<sup>38</sup> *Ibid*



the Organization and a member of the staff regarding the fulfilment of the contract of the said member is referred for final decision to the United Nations' Administrative Tribunal.<sup>39</sup>

The W.H.O. acting through the Director-General may setup advisory panels of experts conversant with all the required branches of knowledge and forms of experience needed to cover adequately a particular subject and providing adequate geographical representation. In addition, the Director-General at his discretion may disestablish such expert advisory panel when its guidance and support are no longer required to the Organisation to achieve efficiency, as well as economy.<sup>40</sup> The Director-General appoints the Members of expert advisory panels for such period as he may determine but not exceeding four years.<sup>41</sup> Apart from advisory panels, the W.H.O. may act through its Collaborating Centres.<sup>42</sup> However, all W.H.O. Collaborating Centres would be chosen based on the scientific and technical standing of that institution, that is the place that institution occupies in the country's health and by the quality of its scientific and technical leadership, or the working relationship which the institution has

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<sup>39</sup> United Nations' Administrative Tribunal is one of the International Administrative Tribunals (IATs). Several international organizations either have set up their own, or have accepted the jurisdiction of other, IATs to settle employment disputes. The first such tribunal to be established was that of the LNT (League of Nations Tribunal or the Administrative Tribunal for League of Nations). Other organizations than those that set up their own tribunals which refer disputes to IATs have accepted the jurisdiction of the UNAT (UN Administrative Tribunal) or the ILOAT (ILO administrative tribunal). The ICJ also has some powers concerning employment disputes, both original (in cases arising in the Registry) and secondary. The judgments of all the above-mentioned IATs are published. The statutes that set up these IATs are legislative acts of each organization and are separate instruments having an identity of their own. The structure of IATs does not depend on any general principles of law, the provisions relating to such structure in each statute being self-contained.

<sup>40</sup> These panels will be drawing the members of the expert committees, selection being made according to the agenda of each meeting. Any person possessing qualifications and/or experience relevant and useful to the activities of the Organization in afield covered by an established expert advisory panel may be considered for appointment as a member of that panel after consultations with the national authorities concerned. Information on all appointments made to these panels shall be circulated to all Member States. The Director-General shall encourage developing countries to send nominations for the panels. See Regulations for Expert Advisory Panels and Committees, Text adopted by the Thirty-fifth World Health Assembly (Resolution WHA35.10).

<sup>41</sup> See Regulations for Expert Advisory Panels and Committees, Text adopted by the Thirty-fifth World Health Assembly (Resolution WHA35.10).

<sup>42</sup> A W.H.O. collaborating centre is an institution designated by the Director-General to form part of an international collaborative network carrying out activities in support of the Organization's programme at all levels. A department or laboratory within an institution or a group of facilities for reference, research or training belonging to different institutions may be designated as a centre, one institution acting for them in relations with the Organization. The functions of W.H.O.'s Collaborating Centres, severally or collectively, include the following: collection, collation and dissemination of information; standardization of terminology and nomenclature, of technology, of diagnostic, therapeutic and prophylactic substances, and of methods and procedures; development and application of appropriate technology; provision of reference substances and other services; participation in collaborative research developed under the Organization's leadership, including the planning, conduct, monitoring and evaluation of research, as well as promotion of the application of the results of research; training, including research training; and the coordination of activities carried out by several institutions on a given subject. See Regulations for Study and Scientific Groups, Collaborating Institutions and other Mechanisms of Collaboration, Text approved by the Executive Board at its sixty-ninth session (Resolution EB69.R21)

developed with other institutions in the country, or the institution's ability, capacity and readiness to contribute, and the technical and geographical relevance of the institution and its activities.<sup>43</sup> Separately, the W.H.O. has been entering into agreements with relevant Organisations in pursuance of its mandate.<sup>44</sup>

The work of the Organization is carried out by:

- a) The World Health Assembly;
- b) The Executive Board; and
- c) The Secretariat.<sup>45</sup>

The World Health Assembly is the supreme decision-making body for the W.H.O.<sup>46</sup> This Assembly is composed of delegates representing Members. Each Member may be represented by not more than three delegates, of whom one will usually be chosen by the Member as chief delegate. However, all delegates representing Member be chosen by it from among persons utmost qualified and who possesses technical competence in the field of health.<sup>47</sup> This Assembly has the constitutional mandate to meet in regular annual session<sup>48</sup> and in such special sessions as may be needed. However, special sessions may be convened at the request of the Executive Board or of a majority of the Members.<sup>49</sup> The Executive Board prepares the provisional agenda of each regular session of the Health Assembly after consideration of

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<sup>43</sup> See Regulations for Study and Scientific Groups, Collaborating Institutions and other Mechanisms of Collaboration, Text approved by the Executive Board at its sixty-ninth session (Resolution EB69.R21)

<sup>44</sup> For instance, its Agreement with the Pan American Health Organization, I.L.O., F.A.O., U.N.E.S.C.O., International Atomic Energy Agency, International Fund For Agricultural Development, U.N.I.D.O., Universal Postal Union, Commission of African Union, and N.G.O.s, to name a few. More details are available at <http://apps.W.H.O.int/gb/bd/PDF/bd48/basic-documents-48th-edition-en.pdf#page=1>

<sup>45</sup> The Constitution of World Health Organisation, 1948, Article 9

<sup>46</sup> It generally meets in Geneva in May each year, and is attended by delegations from all 194 Member States. Its main function is to determine the policies of the Organization.

<sup>47</sup> The Constitution of World Health Organisation, 1948, Articles 10 and 11

<sup>48</sup> The Health Assembly, at each annual session, shall select the country or region in which the next annual session shall be held, the Board subsequently fixing the place. The Board shall determine the place where a special session shall be held. Also, the Board, after consultation with the Secretary-General of the United Nations, shall determine the date of each annual and special session See The Constitution of World Health Organisation, 1948, Articles 14 and 15

<sup>49</sup> The Director-General shall convene the Health Assembly to meet in special session, within ninety days of the receipt of any request therefor, made by a majority of the Members and Associate Members of the Organization or by the Board, at such time and place, as the Board shall determine. Also Notices convening a regular session of the Health Assembly shall be sent by the Director-General not less than sixty days and notices convening a special session not less than thirty days before the date fixed for the opening of the session, to Members and Associate Members, to representatives of the Board and to all participating intergovernmental and non-governmental organizations admitted into relationship with the Organization invited to be represented at the session. See the Constitution of World Health Organisation, 1948, Article 13 and Rule 3 of the Rules of Procedure of the World Health Assembly

proposals submitted by the Director-General. The provisional agendas are dispatched together with the notice of convocation.<sup>50</sup> The Director-General is the ex-officio Secretary of the Health Assembly and of any subdivision thereof.<sup>51</sup> The Assembly elects its President and five Vice-Presidents, who shall hold office until their successors are elected other officers, mostly at the beginning of each annual session, which holds office until their successors are elected. The President may appoint one of the Vice-Presidents to take his place during a meeting or any part thereof. A vice-president acting as president will have the same powers and duties as the President.<sup>52</sup>

The main committees of the Health Assembly are “Committee A” which deals mostly with programme and budget matters; “Committee B”, this largely deals with administrative, financial and legal matters. Nevertheless, in addition to these two main committees, the Health Assembly may establish such other main committees as it may consider necessary.<sup>53</sup> The Assembly has constitutionally specified functions to discharge, which includes determination of the policies of the Organisation, appointing the Director-General<sup>54</sup> and identifying entitled Members to designate a person to serve on the Executive Board, to review and approve reports and activities of the Executive Board, to instruct the Board in regard to matters upon which action, study, investigation or report may be considered desirable, to establish such committees as may be considered necessary for the work of the Organization<sup>55</sup> Further, the Assembly is obligated to consider reports of the Executive Board, and subsequently, it can instruct to the Board concerning further actions like study, investigation or to report, as may be required.<sup>56</sup> This apart, the Assembly supervises the financial policies of the Organization, reviews, and approves the budget. Meetings of the main committees and their sub-committees of the Health

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<sup>50</sup> Rules of Procedure of the World Health Assembly, Text adopted by the Eighth World Health Assembly (Resolutions WHA8.26 and WHA8.27)

<sup>51</sup> *Ibid*

<sup>52</sup> The Constitution of World Health Organisation, 1948, Article 16 also see Rule 24 Rules of Procedure of the World Health Assembly (Resolutions WHA8.26 and WHA8.27)

<sup>53</sup> Rule 32, Rules of Procedure of the World Health Assembly (Resolutions WHA8.26 and WHA8.27)

<sup>54</sup> Supervises the financial policies of the Organization, and reviews and approves the proposed programme budget. In addition, the Director-General establishes Financial Rules, including relevant guidelines and limits for the implementation of Regulations, in order to ensure effective financial administration, the exercise of economy, and safeguard of the assets of the Organisation. The budget proposals are presented in United States dollars. The budget approved by the Health Assembly shall constitute an authorization to the Director-General to incur contractual obligations and make payments for the purposes for which the budget was approved and up to the amounts so approved, subject to available funding. See Regulation 4, the Financial Regulations of the World Health Organisation.

<sup>55</sup> See The Constitution of World Health Organisation, 1948, Article 18

<sup>56</sup> *Ibid*

Assembly would be held in public unless the committee or sub-committee concerned decides otherwise.<sup>57</sup>

The Assembly can also instruct the Executive Board and the Director-General to bring to the attention of Members and of other international organizations, governmental or non-governmental, on any matter with regard to health that the Health Assembly considers appropriate. The Assembly also considers recommendations bearing on health made by the General Assembly, the Economic and Social Council, the Security Council or Trusteeship Council of the United Nations. Subsequently, the Assembly has to report to the aforementioned Organs of the United Nations Organisation on the steps taken to give effect to such recommendations. The Director-General usually consults the United Nations and the specialized agencies, as well as Member States, on international conventions or agreements or international regulations proposed for adoption in respect of any provision thereof which affects the activities of such organization or organizations, and thereon is under an obligation to bring the comments of such organization or organizations to the attention of the Health Assembly together with the comments received from governments.<sup>58</sup>

Whereas, the Executive Board comprises of 34 members technically qualified in the field of health.<sup>59</sup> Such person or persons serving on the Board will represent the Board at the Health Assembly as the Board may determine.<sup>60</sup> Representatives of the Board usually attend plenary meetings and meetings of the General Committee as well as main committees of the Health Assembly.<sup>61</sup> The main Board meeting, at which the agenda for the forthcoming Health Assembly is agreed upon and resolutions for forwarding to the Health Assembly are adopted, is held in January but followed with a second shorter meeting in May, immediately after the Health Assembly, for more administrative matters. The main functions of the Board are to give effect to the decisions and policies of the Health Assembly, and to advise it besides generally to facilitate its work.<sup>62</sup> In the Secretariat, some eight thousands of health and other experts also support staff work on fixed-term appointment basis at headquarters, in the six regional offices,

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<sup>57</sup> Rule 37 Rules of Procedure of the World Health Assembly, Text adopted by the Eighth World Health Assembly (Resolutions WHA8.26 and WHA8.27)

<sup>58</sup> *Ibid*, Rule 10

<sup>59</sup> Members are elected for three-year terms.

<sup>60</sup> Rule 42, Rules of Procedure of the World Health Assembly, Text adopted by the Eighth World Health Assembly (Resolutions WHA8.26 and WHA8.27)

<sup>61</sup> *Ibid*, Rule 43

<sup>62</sup> <http://apps.who.int/gb/gov/>

and in countries.<sup>63</sup> This Secretariat is pertinent in the role-played by the Organisation. The Organization is headed by the Director-General appointed by the Health Assembly on the nomination of the Executive Board. It is the duty of the Secretariat to receive all necessary documents and translate into the working languages of the Health Assembly, and circulate documents, reports and resolutions of the Health Assembly and its committees; to prepare the records of their proceedings; and to perform any other tasks required in connexion with the activities of the Health Assembly or any of its committees.<sup>64</sup>

The W.H.O. has recognised six languages as its official language, to reach out diverse sections and regions of the globe.<sup>65</sup> In fact, this has turned that Organisation into an Organisation that practices multilingualism as its policy. With the adoption of its 1998 resolution, the W.H.O. sustains all Governing bodies' documents and corporate materials as well as many of its key scientific publications like the International Classification of Diseases, World Health Statistics, and the World Health Report on online mode in all of its official languages.<sup>66</sup> Thus, a multilingual W.H.O. is better equipped in producing and disseminating health information besides generating, sharing and using knowledge about health in an equitable manner.<sup>67</sup>

## **W.H.O.'S STRATEGIES AND CHALLENGES**

### ***Strategies***

By identifying the unique opportunity to formulate and implement an effective strategy to substantially reduce deaths and disease burden worldwide while improving diet and promoting physical activity the W.H.O. has adopted the following important strategies, among others, as part of its work:

- **Primary Health Care Strategy-** The Organisation believes that the health system plays a role as a social determinant of health and therefore in 1978 it defined the concept "primary health care" as a strategy and a set of activities to reach the goal of "health for all"<sup>68</sup> and

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<sup>63</sup> <http://apps.who.int/gb/gov/#>

<sup>64</sup> Rule 18, Rules of Procedure of the World Health Assembly, Text adopted by the Eighth World Health Assembly (Resolutions WHA8.26 and WHA8.27)

<sup>65</sup> Arabic, Chinese, English, French, Russian and Spanish, by a 1978 World Health Assembly Resolution.

<sup>66</sup> See <http://www.who.int/about/multilingualism/en/>

<sup>67</sup> EB121/6, dated 9 April 2007, available at [http://apps.who.int/gb/archive/pdf\\_files/EB121/B121\\_6-en.pdf?ua=1](http://apps.who.int/gb/archive/pdf_files/EB121/B121_6-en.pdf?ua=1)

<sup>68</sup> See [https://www.who.int/social\\_determinants/resources/csdh\\_media/primary\\_health\\_care\\_2007\\_en.pdf](https://www.who.int/social_determinants/resources/csdh_media/primary_health_care_2007_en.pdf)

in addition, primary health care acts as the point of first contact between patients and the health care system. In this way, the Organisation tried to bring health care as close as possible to where people live and work and constitutes the first element of continuing health care process.

- The International Conference on Population and Development's Programme of Action held in the year 1994 emphasised on promoting Sexual and Reproductive Health of Adolescents (10-19 years) and Young People (10-24 years). Also, alongside, the W.H.O.'s Programme on Cardiovascular Diseases aims on prevention, management and monitoring of Cardiovascular Disease (CVD) globally. The CVD Research Initiative began in November 1998 as a joint programme of W.H.O. and the Global Forum for Health Research. The partnership has since expanded to include the Institute of Medicine, World Heart Federation, National Public Health Institute (Finland), World Hypertension League, International Obesity Task Force, International Institute for Health and Development (Australia), Centres for Disease Control (USA), and National Institutes of Health (USA). The Initiative has developed six multicentre collaborative research projects on capacity assessment, surveillance, community-based interventions, clinical management and global information networks.<sup>69</sup> In the year 2016, the joint initiative of W.H.O. and the United States Centers for Disease Control and Prevention (US CDC) was launched, which is known as the Global Hearts Initiative. This Initiative comprises of five procedural packages which has major impact on improving global heart health. On the prevention side, the Global Hearts Initiative comprises the MPOWER package for tobacco control in line with the W.H.O. Framework Convention on Tobacco Control, the ACTIVE package for increasing physical activity, the SHAKE package for salt reduction, and the REPLACE package to eliminate industrially-produced trans-fat from the global food supply. On the management side, the HEARTS technical package is aimed at strengthening the management of CVDs in primary health care.<sup>70</sup>
- Violence and Injury Prevention- The W.H.O. has been working collaboratively with the International Society for Burn Injuries (ISBI) and other partners are working towards developing strategies to improve the prevention of burn injuries worldwide.<sup>71</sup> The goal is

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<sup>69</sup> [https://www.who.int/cardiovascular\\_diseases/research/en/](https://www.who.int/cardiovascular_diseases/research/en/)

<sup>70</sup> [https://www.who.int/cardiovascular\\_diseases/global-hearts/en/](https://www.who.int/cardiovascular_diseases/global-hearts/en/)

<sup>71</sup> [https://apps.who.int/iris/bitstream/handle/10665/97852/9789241596299\\_eng.pdf;jsessionid=9D23A279E4A7A357DD777F6104CFD295?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/97852/9789241596299_eng.pdf;jsessionid=9D23A279E4A7A357DD777F6104CFD295?sequence=1)

to promote the development of the spectrum of burn control measures, to include improvements in burn prevention and strengthened burn care, as well as better information and surveillance systems, and more investment in research and training. From this it would be clear that the W.H.O. is actively involved in promoting burn prevention and care worldwide through a range of special projects and activities. The special projects and activities include a Burn Prevention & Care, a publication of the Organisation, development of a Burn Kit and various training materials (covering burn prevention), subject-specific publications, in the form of the Burn Fact Sheet, and then guidance documents which include details on burns and Injury surveillance guidelines as well as essential trauma care, surgical care at the district hospital and the Integrated Management of Emergency and Essential Surgical Care (IMEESC) tool kit.<sup>72</sup> In the year 2007, W.H.O. called upon leading burn experts from around the world to guide the further development of its burn prevention programme and to address the corresponding challenges. Also the W.H.O. and its partners are pilot testing a new burn data collection instrument.<sup>73</sup>

- W.H.O. Guidelines Focused on Cancer Pain Management- W.H.O. has developed Guidelines for the pharmacologic and radio therapeutic management of cancer pain in adults and adolescents to provide evidence-based guidance to initiating and managing cancer pain. The aims of these guidelines are to provide guidance to health-care providers (i.e. the end-users of these guidelines: physicians, nurses, pharmacists and caregivers) on the adequate relief of pain associated with cancer. They also assist policy-makers, programme managers and public health personnel to create and facilitate appropriately balanced policies on opioids and prescribing regulations for effective and safe cancer pain management.<sup>74</sup> Similarly, United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases (NCDs) was hosted by UNDP in New York on 6-7 March 2019. The meeting chaired by WHO and UNDP was attended by 19 UN agencies, programmes, funds and intergovernmental organizations.<sup>75</sup> The meeting adopted the new Task Force's Strategy 2019-2021 focusing on scaled up the country level operations, mobilising resources, and developing partnerships. This apart, the Organisation has also introduced the W.H.O. NCD MAP Toolkit with intent to assist policy-makers and

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<sup>72</sup>[https://apps.who.int/iris/bitstream/handle/10665/97852/9789241596299\\_eng.pdf;jsessionid=9D23A279E4A7A357DD777F6104CFD295?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/97852/9789241596299_eng.pdf;jsessionid=9D23A279E4A7A357DD777F6104CFD295?sequence=1)

<sup>73</sup> See [https://www.who.int/violence\\_injury\\_prevention/other\\_injury/burns/en/](https://www.who.int/violence_injury_prevention/other_injury/burns/en/)

<sup>74</sup> <https://www.who.int/ncds/management/palliative-care/cancer-pain-guidelines/en/>

<sup>75</sup> <https://www.who.int/ncds/un-task-force/events/mar-2019-uniatf-12th-meeting/en/>

programme managers in developing, implementing and evaluating national multi-sectoral NCD plans.<sup>76</sup> The W.H.O. Global Coordination Mechanism on the Prevention and Control of NCDs has launched a new Community of Practice (CoP) on NCDs and Commercial Determinants of Health (CDoH). These virtual discussions, now held in the newly launched Knowledge Action Portal (KAP), bring together both emerging and established experts to develop knowledge, share best practices and country case studies on the focused thematic area of NCD prevention and control.<sup>77</sup> n World Cancer Day 2019, WHO launches a new toolkit to guide countries in the collection and use of standardised data on cervical cancer, to support them in addressing this great threat to women's health.<sup>78</sup>

- A Global Action Plan on Eye Care Services 2014-2019 was agreed by a resolution at the World Health Assembly in 2013 with a view to develop and implement several tools focused on assessing the provision of eye care services, for instance, eye care service assessment tool, tool for assessment of diabetes and diabetic retinopathy and tool for assessment of rehabilitation services and system.<sup>79</sup> It is said, the Organisation is also developing a World report on Vision with a view to offer recommendations on key concerns to ensure comprehensive and integrated eye care in countries. It is expected this World report would shape the global agenda on vision to improve the lives of people with vision impairment and achieve the Sustainable Development Goals.<sup>80</sup>
- National Blood Policy and Organization- The Organisation believes that blood transfusion saves lives and improves health, but many patients requiring transfusion do not have timely access to safe blood. Therefore, providing safe and adequate blood is an integral part of every country's national health care policy and infrastructure. In this direction, the Organisation recommends that all blood donations should be screened for infections prior to use. Screening for HIV, hepatitis B, hepatitis C, and syphilis should be mandatory. The W.H.O. recommends that all activities related to blood collection, testing, processing, storage and distribution be coordinated at the national level through effective organization and integrated blood supply networks. The national blood system should be governed by national blood policy and legislative framework to promote uniform implementation of

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<sup>76</sup> It covers the main steps from situation assessment, stakeholder engagement, and setting national NCD targets to implementation and monitoring and evaluation. See <https://www.who.int/ncds/governance/policies/en/>

<sup>77</sup> <https://www.who.int/global-coordination-mechanism/news/launch-new-community-of-practice-on-NCDs-and-determinants/en/>

<sup>78</sup> <https://www.who.int/ncds/surveillance/new-toolkit-improve-collection-use-data-cervical-cancer/en/>

<sup>79</sup> See <https://www.who.int/blindness/key-activities/en/>

<sup>80</sup> *Ibid*



standards and consistency in the quality and safety of blood and blood products.<sup>81</sup> Further, the Organisation introduced Supply of Plasma-Derived Medicinal Products (PDMP) by its World Health Assembly Resolution<sup>82</sup> which urges Member States to establish, implement and support nationally-coordinated, efficiently-managed and sustainable blood and plasma programmes according to the availability of resources, with the aim of achieving self-sufficiency. In fact, the Organisation views it as the responsibility of individual governments to ensure sufficient and equitable supply of plasma-derived medicinal products. The W.H.O. has also recommended for the development of systems, such as hospitals transfusion committees and haemovigilance, and to monitor and improve the safety of transfusion processes.<sup>83</sup> The risk of transmission of serious infections, including HIV and hepatitis, through unsafe blood and chronic blood shortages brought global attention to the importance of blood safety and availability. With the goal of ensuring universal access to safe blood and blood products, the W.H.O. has called for improving blood safety and availability.<sup>84</sup>

- Infant and Young Child Nutrition- The Executive Board<sup>85</sup>, called for a revitalization of the global commitment to appropriate infant and young child nutrition, and in particular breastfeeding and complementary feeding. In this direction, in close collaboration with UNICEF, the W.H.O. organized a consultation<sup>86</sup> to assess infant and young child feeding policies, review key interventions, and formulate a comprehensive strategy. W.H.O. commissioned a systematic review of the published scientific literature on the optimal duration of exclusive breast feeding. Similarly, Promoting Proper Feeding for Infants

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<sup>81</sup> See <https://www.who.int/en/news-room/fact-sheets/detail/blood-safety-and-availability>

<sup>82</sup> WHA63.12

<sup>83</sup> *Supra* n. 81

<sup>84</sup> The Organisation has recommended the following integrated strategy for blood safety and availability: Establishment of a national blood system with well-organized and coordinated blood transfusion services, effective evidence-based and ethical national blood policies, and legislation and regulation, that can provide sufficient and timely supplies of safe blood and blood products to meet the transfusion needs of all patients; Collection of blood, plasma and other blood components from low-risk, regular, voluntary unpaid donors through the strengthening of donation systems, and effective donor management, including care and counselling; Quality-assured screening of all donated blood for transfusion-transmissible infections, including HIV, hepatitis B, hepatitis C and syphilis, confirmatory testing of the results of all donors screen-reactive for infection markers, blood grouping and compatibility testing, and systems for processing blood into blood products (blood components for transfusion and plasma derived-medicinal products), as appropriate, to meet health care needs; Rational use of blood and blood products to reduce unnecessary transfusions and minimize the risks associated with transfusion, the use of alternatives to transfusion where possible, and safe and good clinical transfusion practices, including patient blood management; and Step-wise implementation of effective quality systems, including quality management, standards, good manufacturing practices, documentation, training of all staff, and quality assessment, see <https://www.who.int/en/news-room/fact-sheets/detail/blood-safety-and-availability>

<sup>85</sup> At its 101st session in January 1998

<sup>86</sup> At Geneva, from 13-17 March 2000

and Young Children was adopted which calls out that infants start breastfeeding within one hour of life, are exclusively breastfed for six months, with timely introduction of adequate, safe and properly fed complementary foods while continuing breastfeeding for up to two years of age or beyond. Promoting sound feeding practices is one of the main programme areas for the Organisation.

- Blindness and vision impairment- a global action plan 2014-2019 by which the Organisation has developed and implemented several tools focused on assessing the provision of eye care services, for instance, eye care service assessment tool, tool for assessment of diabetes and diabetic retinopathy, and tool for assessment of rehabilitation services and systems. Besides, the W.H.O. is also developing a World report on vision. The report will offer recommendations, including a number focused on ensuring comprehensive and integrated eye care in countries. It is expected the World report on vision will help to shape the global agenda on vision, including assisting Member States to reduce the burden of eye diseases, improve the lives of people with vision impairment and achieve the Sustainable Development Goals.<sup>87</sup>
- International Programme on Chemical Safety- Through the International Programme on Chemical Safety (IPCS), WHO works to establish the scientific basis for the sound management of chemicals, and to strengthen national capabilities and capacities for chemical safety. Chemical safety is achieved by undertaking all activities involving chemicals in such a way as to ensure the safety of human health and the environment. It covers all chemicals, natural and manufactured, and the full range of exposure situations from the natural presence of chemicals in the environment to their extraction or synthesis, industrial production, transport, use and disposal.<sup>88</sup>
- The W.H.O. on 17 April 2019 released new recommendations concerning 10 ways that countries can make use of digital health technology which are made accessible via mobile phones, tablets and computers, to improve people's health and essential services. In this way, the Organisation has embraced the ideal of "Harnessing the power of digital technologies as essential for achieving universal health coverage," This apart, the first "humanitarian COP" on climate change and health is aimed to bring together healthcare professionals, government officials, scientists and civil society actors from around the

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<sup>87</sup> <https://www.who.int/blindness/key-activities/en/>

<sup>88</sup> <https://www.who.int/ipcs/en/>

world to examine how climate change is impacting public health and discuss ways to mitigate their effects. The conference will (1) examine the current and future consequences of climate change on health, (2) explore innovative approaches to come up with key recommendations on how to face these emerging challenges, and (3) raise awareness amongst citizens and decision-makers in the public and private sector about the role of prevention, preparedness, adaptation and response to climate impacts.<sup>89</sup> Also there is an initiative of the Organisation Towards a dementia plan: a WHO guide.<sup>90</sup>

- Global Abortion Policies Database (GAPD)<sup>91</sup> - The permitted categories of abortion is specified under laws, policies, and guidelines. Hence, these acts as a key component as well as enabling environment for safe abortion. GAPD was launched in 2017 to facilitate the strengthening of knowledge and collection of information related to authorization and service-delivery requirements, conscientious objection, penalties, and UN Treaty Monitoring Body concluding observations on abortion. Realising that medical abortion care plays a crucial role in providing access to safe, effective and acceptable abortion care, the Organisation has brought out series of publications on areas like Medical Management of Abortion, Safe Abortion: Technical and Policy Guideline, Health Workers Roles in Abortion Care and Preventing Gender Biased Sex Selection.
- “Reaching Every Last Child” has been the guiding principle of the Global Polio Eradication Initiative (GPEI). The Polio Eradication & Endgame Strategic Plan 2013–2018 enabled the world to achieve critical wins in cornering the polio disease.<sup>92</sup> In the same way, The Polio Endgame Strategy 2019–2023 is perceived to deal with the final challenges to eradication and lay the groundwork for a sustainable future free of polio.<sup>93</sup> In this direction a working group (Polio Endgame Strategy 2019–2023 working group) was formed comprising of representatives from each organization of the Global Polio Eradication Initiative (GPEI), including the Bill & Melinda Gates Foundation, US Centers for Disease Control and Prevention (CDC), Rotary International, United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO), as well as Gavi,

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<sup>89</sup> See <https://www.who.int/globalchange/mediacentre/news/health-climate-change-global-conference/en/>

<sup>90</sup> See for more information [https://www.who.int/mental\\_health/neurology/dementia/policy\\_guidance/en/](https://www.who.int/mental_health/neurology/dementia/policy_guidance/en/)

<sup>91</sup> The GAPD contains data that was extracted onto a pol-icy questionnaire, based on closed questions and a finite set of legal grounds. See <https://abortion-policies.srhr.org/documents/reference/Legal-categories-of-lawful-abortion.pdf>

<sup>92</sup> By dealing with wild poliovirus and circulating vaccine-derived poliovirus in parallel, See <http://polioeradication.org/wp-content/uploads/2019/03/polio-endgame-strategy-2019-2023.pdf>

<sup>93</sup> *Ibid*

the Vaccine Alliance.<sup>94</sup> The Organisation has also worked by initiating concentrated efforts to eradicate polio ideas in certain regions such as Ethiopia.<sup>95</sup>

- "Global Strategy on Diet, Physical Activity and Health", (May 2004). This Global Strategy has 4 main objectives: (1) To reduce risk factors for chronic diseases that stem from unhealthy diets and physical inactivity through public health actions; (2) To increase awareness and understanding of the influences of diet and physical activity on health and the positive impact of preventive interventions; (3) To develop, strengthen and implement global, regional, national policies and action plans to improve diets and increase physical activity that are sustainable, comprehensive and actively engage all sectors; and (4) To monitor science and promote research on diet and physical activity.<sup>96</sup> This would indicate that in the life span of this strategy, the Organisation continues to work on reduction of risk factors, unhealthy diets, while strengthening efforts and policies at global, regional and national levels and at the same time, it would strive to improve awareness on healthy diet.
- The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)<sup>97</sup> sets out objectives to "improve women's, children's and adolescents' health in position with the Sustainable Development Goals (SDGs) along three axes: 1) Survive (end preventable deaths); 2) Thrive (ensure health and well-being); and 3) Transform (expand enabling environments)".<sup>98</sup> It is said, the updated Global Strategy builds on all the essential elements support for country-led health plans; Integrated delivery of health services and life-saving interventions and commodities; Stronger health systems; Sufficient numbers of skilled and well-equipped health workers; Good-quality services; Innovative approaches; and Improved monitoring, evaluation and accountability.<sup>99</sup> An unhealthy diet is one of the major risk factors for a range of chronic diseases, including cardiovascular diseases, cancer, diabetes and other conditions linked to obesity. Specific recommendations for a healthy diet include: eating more fruit, vegetables, legumes, nuts and grains; cutting down on salt, sugar and fats. It is also advisable to choose unsaturated fats, instead of saturated fats and towards the elimination of trans-fatty acids.<sup>100</sup>

<sup>94</sup> <http://polioeradication.org/wp-content/uploads/2019/03/stakeholder-consultation-report-20191004-1.pdf>

<sup>95</sup> <https://www.who.int/countries/eth/areas/immunization/pei/en/>

<sup>96</sup> See <http://www.who.int/dietphysicalactivity/goals/en/>

<sup>97</sup> It was launched in September 2015

<sup>98</sup> <http://who.int/life-course/about/coia/indicator-and-monitoring-framework/en/>

<sup>99</sup> [http://globalstrategy.everywomaneverychild.org/pdf/EWEC\\_globalstrategyreport\\_200915\\_FINAL\\_WEB.pdf](http://globalstrategy.everywomaneverychild.org/pdf/EWEC_globalstrategyreport_200915_FINAL_WEB.pdf)

<sup>100</sup> <https://www.who.int/topics/diet/en/>

- This apart, the W.H.O. Programme for Emergency and Essential Surgical Care (EESC) is introduced to strengthening health systems by improving access to safe, timely and affordable surgical, obstetric and anaesthesia care, to optimize health outcomes.<sup>101</sup> This strategy of the Organisation, with passage of time and support from all States, is bound to bring a new dimension to the health care system. the W.H.O.'s Global Initiative for Emergency and Essential Surgical Care (GIEESC), which is regarded as a global forum that convenes multidisciplinary stakeholders representing health professionals, public health experts, health authorities and local and international organizations, was established in December 2005. Since then the GIEESC has developed to include over 2300 members from 140 countries, which collaborates to share knowledge, advice policy formation and develop educational resources to reduce the burden of death and disability from conditions that could be treated through surgery.<sup>102</sup> Thus, it is rightly averred by the Organisation that Surgery and anaesthesia straddle and other numerous disciplines intersect with many disease-specific conditions. Yet another important reference here is the Strategy on Ending Preventable Maternal Mortality (EPMM), which aims to ensuring that the targets and strategies are grounded in a human rights approach to maternal and new-born health with a special focus on eliminating significant inequities that lead to disparities in access, quality and outcomes of care within and between countries.<sup>103</sup>
- The Emergency and Essential Surgical Care Programme thus has to work externally, as well as internally, through numerous W.H.O.'s programmes and departments. It is in this regard, the Organisation has chosen to integrate and align independent efforts to strengthen health systems and improve access to safe, timely and affordable surgical care as a way of achieving universal health coverage.<sup>104</sup> In fact, for these purposes, the Organisation has collaborated with many States and non-State actors.<sup>105</sup> The W.H.O.'s programme on Cardiovascular Diseases is also noteworthy. Relevance of this programme emanates directly from the economic transitions, urbanisation, industrialisation and globalisation. In reality, these changes bring about lifestyle changes that promote heart disease. These risk factors include tobacco use, physical inactivity, and unhealthy diet. Consequently, life

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<sup>101</sup><http://www.who.int/surgery/strategies/en/>

<sup>102</sup> To date, 54 countries have provided data using the W.H.O. Tool for Situational Analysis to Assess Emergency and Essential Surgical Care in their respective healthcare facilities, contributing to the Global Database on EESC of more than 1300 facilities. See [http://www.who.int/surgery/eesc\\_database/en/](http://www.who.int/surgery/eesc_database/en/)

<sup>103</sup> [http://who.int/reproductivehealth/topics/maternal\\_perinatal/epmm/en/](http://who.int/reproductivehealth/topics/maternal_perinatal/epmm/en/)

<sup>104</sup> <http://www.who.int/surgery/collaborations/en/>

<sup>105</sup> *Ibid*

expectancy in developing countries is rising sharply and people are exposed to these risk factors for longer periods.<sup>106</sup> Thus, this programme works on prevention, management and monitoring of cardiovascular disease (CVD) globally.<sup>107</sup> This initiative of the Organisation aims to develop global strategies with a view to reduce the incidence, morbidity and mortality of cardiovascular diseases (CVD) by effectively reducing CVD risk factors and their determinants while developing cost effective and equitable health care innovations for management of CVD. Also, this initiative calls for monitoring trends of CVD and their risk factors.<sup>108</sup>

- Yet another strategy that this Organisation makes use of is expansion of collaboration. In fact, the Organisation strongly believes in collaborating with global multidisciplinary and internal partners to support the development and adoption of evidence-based policies based on which it can initiate plans to strengthen surgical services with a view to develop best practices and standards for surgical, obstetric and anaesthesia care while strengthening education and training programmes to improve surgical services. This initiative or strategy has helped the Organisation to take the lead in efforts to reduce the global burden of surgery-related diseases resulting from injuries, pregnancy-related complications, communicable and non-communicable diseases, disasters and humanitarian crises.<sup>109</sup> In this way, this Organisation has worked on building capacity and standards to ensure safe and high quality surgical care at all levels while monitoring the progress and impact of our strategies aiming to reduce the global surgical burden. Yet another important strategy of the Organisation is to continuously work on developing advocacy and resource development, care delivery and system development as well as information management on all the key aspects of health and health management or health delivery including essential medicines.

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<sup>106</sup> See [http://www.who.int/cardiovascular\\_diseases/priorities/en/](http://www.who.int/cardiovascular_diseases/priorities/en/)

<sup>107</sup> Through this, the Organisation works on reducing major CVD risk factors and their social and economic determinants through community based programmes for integrated prevention of NCDs while developing standards of care and cost-effective case management for CVD. Similarly, under this initiative global action to enhance the capacity of countries are attempted to meet the health care needs of CVD. This needs to be supplemented with developing feasible surveillance methods to assess the pattern and trends of major CVDs and risk factors and to monitor prevention and control initiatives and by developing effective inter-country, interregional and global networks and partnerships for concerted global action. See [http://www.who.int/cardiovascular\\_diseases/priorities/en/](http://www.who.int/cardiovascular_diseases/priorities/en/)

<sup>108</sup> See [http://www.who.int/cardiovascular\\_diseases/priorities/en/](http://www.who.int/cardiovascular_diseases/priorities/en/)

<sup>109</sup> <http://www.who.int/surgery/strategies/en/>

- This apart, the Organisation has been undertaking several periodical but theme based research cum publications, which has been one of the key strategies of the W.H.O. in collection and dissemination of information on various subject matters falling within its domain. For instance, accidents, adolescent health, adolescent pregnancy, ageing, air pollution, alcohol, ambient (outdoor) air quality and health, anaemia, animal bites, asthma, autism spectrum disorders, blood transfusion safety, cancer, cardiovascular disease, cataract, cervical cancer, child growth standards, child health, clinical trials, condoms, deafness, depression, diabetes, diphtheria, disability, disease outbreaks, drinking-water, drug information, early child development, e-health, elder abuse, emergencies, emergencies preparedness and response, emergency and essential surgical care, emergency and trauma care, essential medicines, essential medicines for children, ethics and health, family planning, female genital mutilation, food additives, food safety, gender, equity and human rights, global burden of disease, health impact assessment, health laws and universal health coverage, health promotion, health services, health workforce, hepatitis, HIV/AIDS, hospitals, humanitarian health action, hypertension, infection control, infertility, international classification of diseases, international classification of functioning, disability and health, international health regulations, international travel and health, intimate partner and sexual violence, maternal health, maternal mortality, maternal, new-born, child and adolescent health, measles, medical devices, medicines and health products, mental disorders, mental health, mental health in emergencies, mental health of older adults, midwifery, millennium development goals, NCD surveillance, neglected tropical diseases, neurology, non-communicable diseases, nursing, nutrition ,obesity, occupational health, oral health, pharmaceutical products, physical activity, pregnancy, prequalification of medicines, preterm birth, prisons, public health surveillance, public health, innovation, intellectual property and trade, rabies, radiation, refugee and migrant health, road traffic injuries, rubella, sanitation, schizophrenia, severe acute respiratory syndrome, sexual and reproductive health, sexual health, sexually transmitted infections, snake bites, social determinants of health, spinal cord injury, strategic planning, stroke, cerebrovascular accident, substandard and falsified medical products, surgery, sustainable development, sustainable development goals, tobacco, traditional, complementary and integrative medicine, tropical diseases, typhoid fever, ultraviolet radiation, universal health coverage, urban health, vaccine safety, vaccines, violence, vitamin and mineral

nutrition, water, water, sanitation and hygiene, women's health, workers' health, yellow fever, youth violence, Zika virus.<sup>110</sup>

### **Challenges**

The author strongly believes that W.H.O.'s role as the leading international health agency is more important than ever. As we speak of the working of this Organisation, it has to overcome many challenges, which are succinctly stated here. Firstly, Ilona Kickbusch has pointed out that there are innumerable health problems, which are inadequately addressed by the international community and this stand as testimony to W.H.O.'s limitations and unrealistic goals.<sup>111</sup> Secondly, realisation of universal standards suggested by the Organisation requires the State to take uniform measures. However, Countries' priorities, needs, resources, development and requirements differ substantially.<sup>112</sup> This in fact affects development and implementation of W.H.O.'s global guidelines. Thirdly, the technical requirements suggested by the Organisation may have an ethical dimension reaching from research and development for new drugs to the establishment of specifications that are meaningful for public health. Fourthly, with regard to health, the key health priorities vary from one age group to another and from one gender to another. Then finally, there are other factors like the ageing population, increasingly rapid scientific progress, patients acting more and more as consumers, multiculturalisation, increasing polarisation between poor and rich which needs to be focussed and collectively addressed by the Organisation.

### **CONCLUSION**

It follows from the above discussions that the Organisation is working dedicatedly in the field of health with the motto 'health for all'. The W.H.O has been globally bringing about key initiatives and activities on wide range of health matters as discussed in this article. In this direction, it has laid new standards to be observed by all sovereign states concerning food, food safety, and health and health care facilities, among others. Its initiatives concerning changes in the dietary habits and patterns of physical activity will require combined efforts from many

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<sup>110</sup> See for more information <https://www.who.int/health-topics/>

<sup>111</sup> Ilona Kickbusch, *World Health Organisation: change and progress*, BMJ: British Medical Journal, Vol. 310, No. 6993 (Jun. 10, 1995), pp. 1518-1520

<sup>112</sup><http://apps.who.int/medicinedocs/en/d/Jh2993e/9.html>



stakeholders (public and private) over many years. A combination of sound, consistent and operative actions is needed at global, regional, national and local levels, with close monitoring and evaluation of their impact. Various strategies of the Organisation have paved way for improvement of health. In order to overcome the challenges highlighted in this article, the Organisation has to further expand its operations to deal with all health problems, work with other stakeholders more intensely to improve the capacity of the State and aid those States in the implementation of uniform and global health measures and to take suitable measures (legislative, administrative, protective discrimination and financial) jointly or severally to deal with all the challenges associated with the functioning of the Organisation. Most importantly, the efforts of the States as well as regional efforts must ensure better implementation and enforcement of laws related to health management; sustain good norms, practices and values; develop safe environments for all in matters of health care; and then improve response and support services; and then create general health education and life skills amongst all.