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CRITICAL ANALYSIS ON THE ROLE OF WHO

AUTHORED BY - SWATEE KUMARI

Introduction

The United Nations' specialised organisation for health, the World Health Organization (WHO), was established in 1948. The organisation's headquarters is in Geneva, Switzerland. There are 194 Member States, 150 Country Offices, and six Regional Offices in the Organisation. It is an intergovernmental organisation that collaborates with its member nations, generally through their health ministries.

The WHO leads the global health issues by setting the research agenda, establishing norms and standards, articulating evidence-based policy alternatives, helping nations with technical assistance, and monitoring and analysing health trends. It began operations on April 7, 1948, now observed as World Health Day every year.

The World Health Organization (WHO) is a United Nations agency tasked with recorded both successes, such as the eradication of smallpox, and perceived failures, such as the delayed response to the 2014 Ebola epidemic. In response, WHO implemented reforms to improve its combat capacity. back against future epidemics and to improve the health of the hundreds of millions of people who still live in extreme poverty. However, the WHO is struggling to loosen its rigid bureaucracy and its budget is increasingly stretched. The COVID-19 pandemic has proven to be another major challenge for the health agency, sparking renewed debate about its effectiveness. Founded in 1948 as part of the United Nations, the WHO has a broad mandate to direct and coordinate international health policy. His main responsibilities include developing partnerships with other global health initiatives, conducting research, setting standards, providing technical support and monitoring health trends worldwide. Over the decades, WHO scope has expanded from its original focus on women and children, as well as health, nutrition, sanitation, and the fight against malaria and tuberculosis.

How is the WHO Governed

WHO is headquartered in Geneva and has six regional offices and 150 offices in the country. It is run by representatives of its 194 member states, who vote on policy and elect a chief executive. Ethiopia's former foreign minister, Tedros Adhanom Ghebreyesus, was elected for a five-year term in 2017 and again in 2022. He is the first head of the WHO from Africa, and his election was the first time that all WHO countries received equal votes. WHO representatives decide on the agency's action plan and annually approve the budget for its activities at the World Health Assembly.

Goals of WHO

WHO's mission revolves around ensuring that all people have access to the best possible health facilities. The organisation has a wide range of functions that support its principal goal.

These include;

- Assume the role of supreme authority in international healthcare.
- To encourage technological collaboration in the field of healthcare.
- To help various governments in improving healthcare services.
- On the request or acceptance of governments, provide adequate technical assistance in crises and essential relief.
- To begin and continue efforts on the epidemic, endemic, and other disease prevention and control.
- To encourage, if required, the improvement of nutrition, housing facilities, sanitation, recreation, economic or working circumstances, and other areas of environmental hygiene in collaboration with other specialised agencies outside and inside the United Nations.
- To encourage global biomedical and health services research.
- To encourage higher teaching and training standards in the healthcare, medical, and allied professions.
- To develop worldwide standards for biological, pharmaceutical, and other related goods and standardise diagnostic processes.
- To encourage initiatives in mental health.

India and the world health organization

On January 12, 1948, India became a World Health Organisation (WHO) member. The regional office for South-East Asia is located in New Delhi.

Smallpox

The total number of smallpox cases reported in India in 1967 accounted for roughly 65 per cent of all cases worldwide. Of these, 26,225 patients perished, painting a bleak picture of the uphill battle. The World Health Organisation (WHO) initiated the Intensified Smallpox Eradication Programme in 1967. Smallpox was eliminated in 1977, thanks to a joint effort by the Indian government and the World Health Organisation (WHO).

Polio

With financial and technical assistance from the World Bank, India initiated the fight against the illness in response to the WHO's 1988 Global Polio Eradication Initiative. The Indian government, in collaboration with UNICEF, the World Health Organisation (WHO), the Bill and Melinda Gates Foundation, Rotary International, and the Centres for Disease Control and Prevention, helped to raise almost universal awareness of the need to vaccinate all children under the age of five against polio in 2012. India was removed from the list of endemic nations in 2014 due to these initiatives.

The WHO Agenda

WHO operates in an increasingly complex and rapidly changing environment. The boundaries of public health activities are blurring and expanding into other areas that affect health opportunities and outcomes. WHO responds to these challenges with a six-point agenda. The six points address two health goals, two strategic needs and two operational approaches. WHO's overall performance is measured by the impact of its work on the health and well-being of African women.

1. Promoting Development

Over the past decade, health has achieved unprecedented status as a key driver of socioeconomic progress, and more resources are being invested in health than ever before. But poverty still

causes ill health, and ill health anchors the entire population to poverty. Health development is guided by the ethical principle of equality: access to life-saving or health resources should not be denied for unjust reasons, including economic or social reasons. Commitment to this principle ensures that health outcomes for poor, disadvantaged or vulnerable groups are at the forefront of WHO and health development efforts. The cornerstones of the health and development program are the achievement of the Millennium Development Goals related to health, the prevention and treatment of chronic diseases and the treatment of neglected tropical diseases.

2. Strengthening Health System

For health promotion to work as a poverty reduction strategy, health services must reach poor and disadvantaged populations. Health systems in many parts of the world are unable to do this, so strengthening health systems is a priority for WHO. Areas to be addressed include adequate numbers of properly trained staff, adequate funding, adequate systems to collect relevant statistical data and access to appropriate technology, including essential medicines.

3. Fostering Health Security

Common vulnerability to health security threats requires collective action. One of the biggest threats to international health security is the outbreak of new and epidemic-threatening diseases. Such outbreaks are increasing, fuelled by factors such as rapid urbanization, poor environmental management, the way food is produced and sold, and the misuse of antibiotics. The world and its ability to collectively protect itself against epidemics has common vulnerability to health security threats requires collective action. One of the biggest threats to international health security is the outbreak of new and epidemic-threatening diseases. Such outbreaks are increasing, fuelled by factors such as rapid urbanization, poor environmental management, the way food is produced and sold, and the misuse of antibiotics. The world and its ability to collectively protect itself against epidemics has strengthened since June 2007, when the revised International Health Regulations came into force. strengthened since June 2007, when the revised International Health Regulations came into force.

4. Enhancing Partnership

WHO carries out its work with the support and collaboration of many partners, including UN agencies and other international organizations, donors, civil society and the private sector. WHO

uses the strategic power of evidence to encourage partners implementing programmes within countries to align their activities with best technical guidelines and practices, as well as with the priorities established by countries.

5. Harnessing research, information and evidence

Evidence is the basis for setting priorities, defining strategies and measuring results. WHO produces authoritative health information in collaboration with leading experts to set standards and norms, provide science-based policy options and monitor global health.

6. Improving Performance

WHO is engaged in ongoing reforms aimed at improving its effectiveness and efficiency both internationally and within countries. WHO aims to ensure that its strongest asset - its staff - work in a motivating and rewarding environment. WHO plans its budget and operations using results-based management. With clear expected results, performance can be measured at national, regional and international levels.

The global role of the world health organization

The global health world of the 21st century requires effective global action in light of the globalization of business, tourism, information, human rights, ideas and disease. The new era of global health is more diverse, involving multiple key actors, and requires better coordination of actions, priorities and investments. The World Health Organization (WHO) plays a central role in the global management of health and disease. Thanks to its global main tasks, the creation, control and implementation of international norms and standards and the coordination of many actors to achieve common goals. Global health requires the leadership of WHO and the effective implementation of WHO's global core functions so that all health actors can be more effective, but the realization of the global mission can be hindered by the narrowing of functions and the reallocation of budgets to fulfil global core functions.

Globalization and health

Globalization offers opportunities and challenges for global health and its spread. The prospects for improving health are enhanced by the transfer of medical and public health knowledge and

technology from one end of the globe to another, such as the sharing of best practices, health care. promotional and preventive strategies and of course treatment. In addition, all countries benefit from international norms and standards and ongoing global health promotion. Beyond health, the benefits of globalization range from gender empowerment and advances in human rights to improved trade, information technology and economic growth. Globalization has also accelerated the spread of infectious diseases, as evidenced by the rapid outbreak of major diseases. Acute respiratory syndrome (SARS) exacerbated existing health disparities between and within countries and was linked to the global marketing of unhealthy consumption patterns. Thus, the main challenge of globalization in the 20th century is related to global inequalities and externalities, not only health, but also other economic and social indicators. The distribution of health benefits from the globalization process depends on the existing economic, social, domestic. political conditions of countries, the fairness of trade and investment agreements, the current political economy and the strength of the multilateral global health system. Globalization creates certain problems that are serious and beyond the control of individual countries. Avoiding the continuation of the international category of very poor countries, excluded from the interests the majority of the world economy, requires broad, varied and continuous support and cooperation of the international health community.

The of global in global health governance

Improving health and addressing health disparities and externalities requires effective international health interventions that involve significant global health efforts that transcend individual nation states, even with external assistance. Global operations can be distinguished from national or regional operations in that they go beyond the capabilities of individual countries and include categories such as; norms and standards, global operations, professional management, transfer of financial resources, scientific research capacity and management. International health professionals play various roles in relation to these global operations. Global health activities can also be divided into activities that aim to promote global public health benefits; activities that are also beyond the reach of individual governments and independent groups but benefit all countries, even at the national level. Global health products include: global health promotion; use of bioethical and human rights tools; disease and risk monitoring; direct global action; investments in major health issues; and the use of norms and standards. Examples of such activities include the World Health Organization's (WHO) World Health

Day 2001 focusing on mental health as a global health focus, WHO's promotion of international ethics and human rights through international legislation, and the leadership of WHO. role in global norms and standards such as the marketing of breast milk substitutes policy development, the Framework Agreement on Smoking Cessation and the WHO International Health Regulations.

WHO constitution, core functions, and proposed reforms

The work of WHO is defined in its Constitution, which divides WHO's main tasks into three categories: (1) normative tasks, including international conventions and agreements, regulations, and non-binding standards and recommendations; (2) lead and coordinate activities, including health coverage for all, poverty and health, and essential drugs and special diseases; (3) scientific and technical cooperation including eradication of diseases and During the past fifty years or so, the WHO has undergone several changes to prioritize different aspects of these categories, and its effectiveness has been analyzed and criticized. For example, in one of the most comprehensive analyses. Fiona Godlee of the WHO criticizes WHO's governance, efficiency, policy choices, headquarters-regional negotiations and power struggles, and its poor performance in a series of articles published in the British Medical Journal in the mid-1990s. About the same time A self-study commissioned by WHO analysed the effectiveness of the agency in carrying out its core tasks and recommended reforms, which focused mainly on strengthening its technical capacity and global health and coordination functions. In 1996-1997, the WHO Executive Board held 6- any Special Sessions to revise the Constitution and recommended that WHO's core functions be rewritten to emphasize coordination, development of health policies, norms and standards, health promotion for some, and counseling and technical cooperation. In the late 1990s, a group by international health professionals. scientists and specialists gathered. Project "Improving the Performance of International Health Organizations" in Pocantico, New York, which examines whether

The institutional structure of international health was adequate for global health dependency in the 21st century. The Pocantico report pointed out that "the importance of WHO was seen above all because of its global normative functions, which must be strengthened and modernized", that "the emphasis on technical assistance often came at the expense of a normative role", that "KIIU should be the 'normative conscience' of world health" and that "Everyone should take the lead in increasing the consistency and equality of the system. The global, especially normative, tasks of

WHO were clearly emphasized. This perspective was repeated in an article by Jamison, Frenk and Knaul, who argued that WHO has two distinct types of mandate: core (including global standardization work) and supplementary (including technical cooperation). Although demand for both types has increased, most new global health workers focus primarily on operational functions, creating an even greater need for WHO's global core functions.

The role of WHO in public health

1. providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
2. shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
3. setting norms and standards and promoting and monitoring their implementation; articulating ethical and evidence-based policy options;
4. providing technical support, catalysing change, and building sustainable institutional capacity; and
5. monitoring the health situation and assessing health trends.

Decisions about the future of WHO work's

Governments met in Geneva in May 2009 to decide on WHO's future budget at the Third World Health Assembly, with Margaret Chan as Director-General. Their decisions have a major impact on the future of the organization. It was an opportunity to prioritize key activities: to decide whether WHO should scale back its global standardization work in order to increase action on the ground. In the coming years, the WHO will be under pressure due to budgetary changes. Concerns about future budgetary implications for many global efforts in advocacy, surveillance, standards, disease classification and listing, and management research are high. In 2007, Margaret Chan outlined WHO's key roles as a leader in critical health issues; preparation of a research plan; establishing norms and standards and monitoring their compliance; introducing ethical and evidence-based options for action; providing technical support and building institutional capacity and monitoring and evaluating health trends. He recommended focusing on these core areas as the best way to coordinate with key players in global health. The medium-term Strategic Plan (2008-2013) provides a title for these goals and their financing. According to reports over the past two years, spending has shifted between WHO's three core functions, with more resources

allocated to work in countries and regions.²⁰ More attention must be paid to building capacity and leadership at country and regional levels. levels to ensure. increases transparency, accountability and more efficient use of resources.

Conclusion

The World Health Organisation (WHO) is a United Nations specialised body that investigates public health issues. It's headquartered in Geneva, Switzerland, and was founded on April 7, 1948. The WHO is led by its Director-General. The WHO now has 194 member nations. The only way to become a full member of the WHO is to approve the treaty known as the World Health Organisation's Constitution. The goal of WHO, according to its constitution, is for "all people to achieve the best attainable level of health."

