

World Health Organization (WHO)

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Manifest pedagogy: International institutions always are the prime topic for UPSC. Given the conditions of COVID-19, WHO has gained significance both for good and bad reasons. This topic should be read more from prelims perspective.

UPDATE(27-5-2020)

In news: Union Health Minister Dr Harsh Vardhan is set to take charge as chairman of the WHO Executive Board at its 147th session.

Dimensions:

- Modes of funding
- Recent US threats
- Reforms needed
- India and WHO

Content:

Modes of funding:

WHO gets its funding from two main sources:

1. **Member States paying their Assessed Contributions (AC) (countries' membership dues)** – these are a percentage of a country's GDP (as agreed by the United Nations General Assembly) and are approved by the World Health Assembly. They **cover less than 20% of the total budget**.
2. **Voluntary contributions from Member States and other partners** like United Nations organizations, intergovernmental organizations, philanthropic

foundations and the private sector.



VCs are further categorized based on the degree of flexibility

WHO has in deciding how to spend these funds:

- **Core voluntary contributions (CVC)** are fully unconditional, as such, WHO has full discretion on how these funds should be used. These **represent 3.5%** of all voluntary contributions.
- **Thematic and Strategic Engagement funds** aim to meet contributors' requirements for reporting and accountability while providing a certain degree of flexibility in their allocation. These represent **5%** of all voluntary contributions.
- **Specified Voluntary Contributions** represent **91.5%** of all voluntary contributions. They are tightly **earmarked to specific programmatic areas and/or geographical locations** and must be spent within a specified timeframe.

Recent US threats:

- WHO has been recently blamed for its **slow reaction in raising the alarm over the global threat from the coronavirus** and being **"China-centric" in its response.**
- In January, 2020 the **WHO had said that there was no evidence of human-to-human transmission** of Covid-19.
- But it announced the **chances of "some limited" direct transmission** among humans, as China confirmed the first cases of human-to-human transmission.
- Later, though it described the virus as a global emergency, it yet **recommended countries to keep their borders open.**
- Hence the WHO has been alleged by the US and its supporters for the **ill performance in the Corona crisis and the slow pace** it took to warn the world of the risk

of human-to-human transmission.

- In this backdrop, the **US has cut its contribution to the WHO**, which is about \$400m annually.
- However, WHO's response to Corona is considered faster than its response during the 2014-15 Ebola outbreak.
- Most health experts around the world have agreed that the organisation under Director-General Tedros Adhanom has performed much better over the COVID-19.

Reforms needed: WHO, as a global convener, plays a key role in standard-setting in public health. But there are issues revolving around drugs and medical science. **WHO must involve in drug research and roll out new drugs in developed countries.**

The various provisions under the WTO's TRIPS Agreement should be fortified to ensure that **developing countries have affordable access to antidotes developed for pandemics.**

The 34-member **Executive Board**, presently consisting of nominees from countries elected on geographical representation, **should be replaced by a standing body, the (World) Health Council, consisting of Government representatives.**

Ideally, the Council should consist of those with the greatest capacities in the area of health, including from the developing world. There should be a **balanced regional representation.**

A **legally binding mechanism should be put in place on early notification of virus or pandemic type outbreaks.** Mechanisms should be established for legally binding bio-surveillance, verification and compliance so that the possibility of misuse of biology is legally hindered.

India and WHO:

- India became a party to the WHO Constitution on 12

January 1948.

- The **first session of the South East Asia Regional Committee was held** on October 4-5, 1948 **in the office of the Indian Minister of Health**, and was inaugurated by Jawaharlal Nehru.
- The **first Regional Director for SouthEast Asia** was an Indian, **Dr Chandra Mani**, who served between 1948-1968.
- At present the post has been occupied by an Indian appointee, **Dr Poonam Khetrapal Singh**, who has been in office since 2014.
- Since 2019, **Dr Soumya Swaminathan has been the WHO's Chief Scientist.**
- Now Dr. Harsha Vardhan of India would succeed Dr Hiroki Nakatani of Japan, currently the Chairman of the WHO Executive Board.

((The Board chairman's post is held by rotation for one year by each of the **WHO's six regional groups**: African Region, Region of the Americas, South-East Asia Region, European Region, Eastern Mediterranean Region, and Western Pacific Region. **India is a member state of the South East Asia Region** at the WHO)).

Mould your thought: Why has the US suspended the contribution for the World Health Organisation (WHO)? How can the WHO be reformed?

In news: The U.S. has halted funding for the World Health Organization for 60 to 90 days.

Placing it in syllabus: International organisations

Static dimensions:

- Origin and functions
- Success of the organization

Current dimensions:

- Pandemic, Endemic and Epidemic classification
- Public health emergency
- Criticisms

Content:

Origin and functions:

- WHO is a United Nations agency created in **1948**.
- It is **headquartered in Geneva**, Switzerland.
- It was founded to coordinate and direct the UN's global health effort.
- It has no authority over its **194-member countries** and depends on member contributions to carry out its work.
- **All of the member states of the UN except for Liechtenstein, plus the Cook Islands and Niue** are its members.
- Several other countries like Palestine have been granted observer status.
- The WHO Constitution states its **main objective as ensuring "the attainment by all peoples of the highest possible level of health"**.

Origin:

- The **International Sanitary Conferences**, originally held on 23 June 1851, were the **first predecessors of the WHO**.
- A series of 14 conferences that lasted from 1851 to 1938, worked to combat many diseases like cholera, yellow fever, and the bubonic plague.
- The Pan-American Sanitary Bureau (1902) and the Office International d'Hygiène Publique (1907) were soon founded.
- When the League of Nations was formed in 1920, they established the **Health Organization of the League of Nations**.
- After World War II, the United Nations absorbed all the

other health organizations, to form the WHO.

- The constitution of the WHO was signed by all 51 countries of the United Nations, and by 10 other countries, on 22 July 1946.
- It thus became the **first specialized agency of the United Nations to which every member subscribed.**
- Its **constitution came into force on the first World Health Day, that is, 7 April 1948.**

Structure:

- The **World Health Assembly (WHA)** is the WHO's legislative and supreme decision-making body.
- It appoints the **Director-General** every five years and votes on matters of policy and finance of WHO, including the proposed budget.
- The Assembly is attended by delegations from all member states and determines the policies of the organization.
- It elects 34 members, technically qualified in the field of health, to the **Executive Board** for three-year terms.
- The Executive Board gives effect to the decisions and policies of the WHA.
- **WHA also reviews reports of the Executive Board** and decides whether there are areas of work requiring further examination.
- At present the Director General is **Dr. Tedros Adhanom Ghebreyesus**, (previously Ethiopia's foreign minister, elected in 2017 and is the WHO's first leader from Africa and for whose election for the first time all WHO countries had an equal vote).
- As of April 2020, the chairman of the executive board is Dr. Hiroki Nakatani.

Types of contributions:

- **Voluntary contributions** are funds for specific programme areas provided by Member States or other partners.
- **Assessed contributions** are the dues Member States pay

depending on the states' wealth and population.

- **Core voluntary contributions** are funds for flexible uses provided by Member States or other partners.

Functions:

- providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- setting norms and standards and promoting and monitoring their implementation;
- articulating ethical and evidence-based policy options;
- providing technical support, catalysing change and building sustainable institutional capacity;
- monitoring the health situation and assessing health trends;
- CRVS (civil registration and vital statistics) to provide monitoring of vital events (birth, death, wedding, divorce);

Success of the organization:

- Since 1977, it has **maintained a list of essential medicines** it encourages hospitals to stock.
- Its **child vaccination programs** contributed to the eradication of smallpox in 1979 and a 99 percent reduction in polio infections in recent decades.
- The agency has the exclusive authority to **declare global health emergencies**, which it has done several times since its members granted it the power in 2007.
- At present, the WHO's work includes combating emergencies, such as the worldwide outbreak of COVID-19 and promoting refugees' health.

The WHO identified **three priorities** for its work in international 2019 strategy:

- **providing health coverage** to one billion more people;
- **protecting** one billion more people **from health emergencies** such as epidemics;
- **ensuring another one billion people enjoy better health and well-being**, including protection from non-infectious diseases such as cancer.

The WHO's strategic priorities are rooted in the UN's Sustainable Development Goals (SDGs).

Endemic, Epidemic and Pandemic classification:

Endemic: It refers to the **constant presence and/or usual prevalence of a disease** or infectious agent in a population within a geographic area. E.g. Chickenpox is considered endemic in the UK.

Epidemic: It is the **regional outbreak of an illness that spreads unexpectedly**. It refers to a sudden increase in the number of cases of a disease beyond what is normally expected in the population of an area. E.g. Outbreak of chikungunya in India.



Pandemic: It refers to an **epidemic that has spread across countries and continents**, i.e. the spread of the disease is worldwide.

What is Public health emergency?

The term **Public Health Emergency of International Concern (PHEIC)** is defined as "an extraordinary event" which is determined, as provided in the Regulations:

- *to constitute a public health risk to other States through the international spread of disease;*
- *to potentially require a coordinated international response;*

The **responsibility of determining** whether an event is within this category **lies with the WHO Director-General** and requires the convening of a **committee of experts which advises him** on temporary recommendations which are to be promulgated on an emergency basis.

Temporary recommendations include health measures to be implemented by the State Party experiencing the PHEIC or by other States Parties, to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic.

At least one member of the Emergency Committee should be an expert nominated by a State Party within whose territory the event arises.

Criticisms:

1. **Political friction** between its headquarters and its six regional offices.
2. **Slow and poorly coordinated responses to previous outbreaks** including the 2014 Ebola outbreak, in which it waited five months before declaring a PHEIC, despite pleas from groups such as Doctors Without Borders.
3. The WHO sub-department, the **International Agency for Research on Cancer (IARC)**, has been criticized for the way it analyses the tendency of certain substances and activities to cause cancer and for misleading the public. E.g. Controversies have erupted multiple times when the IARC has classified many things as Class 2a (probable carcinogens) or 2b (possible carcinogen), including cell phone signals, glyphosate, drinking hot beverages and working as a barber.
4. The **agency's deference to Beijing and increasing Chinese influence** over the institution. E.g. Political pressure from China has led to Taiwan being barred from membership of the WHO and other UN-affiliated organizations, and in 2017 to 2020 the WHO refused to

allow Taiwanese delegates to attend the WHO annual assembly.

5. Increased scrutiny over its role in the recent coronavirus crisis. On 14 April 2020, US President Donald Trump announced that the United States would halt funding to the WHO while reviewing its role in **“severely mismanaging and covering up the spread of the coronavirus.”**
6. In 2022, the **new International Statistical Classification of Diseases and Related Health Problems**, will attempt to enable classifications from **traditional medicine, especially Chinese, to be integrated with classifications from evidence-based medicine**. This support of WHO for such practices has been criticized by the medical and scientific community, due to lack of evidence and the risk of endangering wildlife hunted for traditional remedies.

Mould your thought: How is a Public Health Emergency declared? Why is the World Health Organization (WHO) marred by controversy recently?