

A Crisp Note about World Health Organization: Mission and Activities

N. Premkumar*, K. Kathiresan

*PG student, Department of pharmacy, Annamalai University.

Associate professor, Department of pharmacy, Annamalai University.

Submitted: 15-11-2022

Accepted: 25-11-2022

ABSTRACT: One of the main UN organizations, the World Health Organization, works to advance worldwide health concerns and serve as a coordinating authority. This article provides a broad summary of the WHO's history, background, organizational structure, involvement in global health initiatives, problems, and key responsibilities in the present. There is a WHO office inside the UN building. This demonstrates the interconnectedness of global peace and wellness.

KEY WORDS: World Health Organization (WHO), Global health, Regional offices, Disease eradication, Global health governance, Conferences, Immunization

I. INTRODUCTION

[1]The WHO founded in 7 April 1948, a date currently celebrated World Health Day. WHO is the main UN institution responsible for promoting international health concerns and serving as a coordinating authority. There is a WHO office inside the UN building. This demonstrates the interconnectedness of global peace and wellness. The U.S. administration has been active for a long time with WHO, providing economic and participation in technical support and management structure.

II. HISTORY AND BACKGROUND

[2]After World War II, people became more conscious of how bad health affects people all around the world. As a result, during the 1945 UN Conference on Global Collaboration, Brazil and China presented a joint statement. This declaration requested a meeting to discuss the possibility of establishing a global health organization, and it was unanimously supported. As a consequence of a series of conferences conducted in 1946, the UNRRA, OIHP, PAHO, and the League of Nations Health Body were the four primary regional health organizations that were merged, dissolved, or replaced by this new

organization. In Europe, the OIHP was created in 1907, in 1902, the Global Sanitary Bureau was founded, and in 1919, the League of Nations founded the world health agency in Geneva. For the first time ISC was convened in 1851 in Paris. The conferences represented the first attempt to create a framework for global collaboration in prevention and control of diseases. The ISC was revised in 1926 to provide protections from smallpox and typhoid. Before World War II, the final ISC was held in Paris in 1938.

The International Health Conference in New York the next year authorized the foundation charter of the World Health Organization, which was settled upon by the Convention on Global Organizations in San Francisco after World War II. The WHO gathered enough signatures in 1948 to put the Constitution into effect. When the World Health Assembly first gathered in Geneva in the summer of 1948, the organization's main priorities were listed as tuberculosis, malaria, STDs, maternity and child health, health engineering, and nutrition. Additionally, the organization is engaged in a vast array of vaccination and control initiatives, including those for trachoma, local syphilis, leprosy, and yaws.

III. MISSIONS AND PRIORITIES

[3]"Achieving the maximum degree of health attainable for all individuals" is its primary goal.

- Delivers technical support to nations,
- establishes worldwide health standards and directs crucial health concerns,
- In addition to promoting and advocating for improved global health, coordinate and assist global responses to emergency situations like epidemics. [4]

IV. ORGANS OF THE WHO

4.1 World Health Assembly

[5]It is the WHO's top administrative body. It meets once a year on a day chosen by the

EB, often in May. Special sessions might, however, be organized. It comprises guests called by the WHO Director-General as well as officials from member nations and a range of audiences. The Constitution's Sections 18 to 23 make reference to the WHA's operations. Notably, it establishes the WHO's policy direction, approves the Budget for two years at once and ensures financial accountability, and appoints the DG. The WHA, which includes representatives of the WHO's 194 member states, is in charge of establishing priorities, choosing the DG, and approving the WHO's programs and spending plans.

4.2 Executive Board

[6]34 member nations have appointed representatives to the Executive board. The WHA chooses the member nations that are qualified to nominate board members; these positions are valid for three years with options for renewal. These persons are appointed as health experts rather than as representatives of their respective nations. The board holds regular sessions two times a year, one for administrative reasons right earlier the WHA and one right after the assembly. For a year, one board member is chosen to serve as chairman of the board. Article 28 of the Constitution makes reference to the Board's duties. In particular, it selects regional directors from among the nominees submitted by regional committees and arranges the WHA agenda. It further suggests a candidate for the position of DG from among those put forward by member nations. It acts as the WHO's executive branch.

[7]The 34 members come from six continents:

- 7 from Africa,
- 6 from the Americas,
- 5 from the Eastern Mediterranean,
- 8 from Europe,
- 3 from South-East Asia, and
- 5 from the Western Pacific.

4.3 Secretariat

[8]The WHO's DG controls the secretariat, which consists of all WHO personnel. Executive and Chief Technical Officer is DG. The WHA appointed him to the position, which will be his for 5 years. The Secretariat is in responsible of performing the administrative duties necessary for the efficient operation of the WHA, EB, and WHO. Inside the DG's office is a Deputy Director General. Every employee worldwide is subject to DG's authority and is given diplomatic rights in line with agreements made between member

nations and WHO. Being a UN institution, the WHO lends credibility to this arrangement.

[9]The Assistant Directors-General and regional offices oversee 11 divisions or offices that report to the Director-General. There are many directors within the divisions. The DG also maintains connections with partner organizations including the UN and special envoys on a variety of problems.

Including national offices, the WHO operates six regional offices. Geographical areas are allotted to member nations based on certain political factors. Regional offices include those for Southeast Asia, Africa, The United States, The Eastern Mediterranean, Europe, and the Western Pacific. A regional director is in charge of each regional office. According to the budget that the WHA has allotted to the area, a regional committee made up of representatives of the region's member nations determines regional policies and distributes resources. Regional offices have some autonomy since they are allowed to create their own budgets. They work toward the WHA's overarching goals while also taking the regional issues into consideration. As a result, organizational priorities and structures vary per location.

V. WHO REGIONAL OFFICES

5.1. Regional Office for Africa (AFRO)

[10]The AFRO has 46 member countries and is based in Brazzaville, Congo. There are around 748 million people living in the region. High on the agenda is malaria, HIV/AIDS maternal and child health & tuberculosis are top priorities, and health system improvement and disease monitoring have received fresh attention.

5.2. Regional Office for the Americas (AMRO)

In the US, PAHO acts as the WHO's regional office. It also functions in the inter-American system as a particular organ for health. It is based in Washington, DC, United States, and it covers 35 nations. Although some countries belong to other WHO regions, the states participating in the PAHO have co-membership or observer status. This is because countries within the United States have sovereign rights over them. There are about 893 million people living in the region. Among the regional problems are health care, vaccine safety, unequal access to health personnel, and tobacco control.

5.3. Regional Office for the Eastern Mediterranean (EMRO)

EMRO has its headquarters in Cairo, Egypt, and operates in 21 nations. There are around 745 million people living in the area. Programs that the office priorities include the tobacco-free campaign, the fight against malaria, and activities at the local level. The Regional Director is directly informed by the Special Polio Eradication Program.

5.4. Regional Office for Europe (EURO)

53 nations are included in the EURO area, which is based in Copenhagen, Denmark. There are around 888 million people living in the region. Non-communicable illnesses account for 77% of disease burden in this area, with infectious diseases coming in third at 9%. The preventative component of WHO work is becoming more prominent in the advanced stages of heart disease and cancer. Risk factors including smoking, nutrition, exercise, and air pollution are listed in specific programs. For the area, mental health is a crucial concern.

5.5. Regional Office for South-East Asia (SEARO)

The SEARO area, which includes 11 nations, is based in New Delhi, India. There are around 1.68 billion people living in the region. Malaria, leprosy, reproductive health issues, and other infectious illnesses are major concerns in this area.

5.6. Regional Office for the Western Pacific (WPRO)

WPRO is based in Philippines, Manila, and serves 27 nations. There are around 1.9 billion people living in the area. Emerging infectious illnesses like SARS and avian flu are regional considerations, as are ongoing issues like HIV/AIDS, tobacco control, and the movement of medical personnel. WHO office holders, liaison officers, or representatives run the country offices. The Regional Director appoints them. The primary structure for collaborating with governments is formed by these offices. The WHO office in Jerusalem, the US-Mexican border office, & the UN office in Kosovo are the only three specialist offices among the 145 national offices. The offices of these nations are in charge of the 462 individual World Health Organization nations, including Barbados, Venezuela, and Samoa. 34 member nations, including Canada, Ireland, Israel, Malta, San Marino, United Arab Emirates, the United States, Japan, Australia, and the Great Britain, do not have national offices. There are 32 offices in

sub-countries. Although they are not categorized as country offices, The WHO also has offices in the EU, Japan, and the African Union, as well as the WHO Health Promotion Center in Kobe.

VI. A FEW EXAMPLES OF WHO ACTIVITIES DURING THE YEAR

6.1. Smallpox eradication

[11] Smallpox eradication was first advocated by the Soviet Union in 1958. The final incidence of smallpox in Somalia was recorded in 1977. The conventional smallpox vaccination should no longer be used, according to a 1980 World Commission for the Certificate of Smallpox Eradication statement.

6.2. Prevention and treatment of disease

The WHO supported widespread propagandas against yaws, local syphilis, trachoma, & ulcers in the 1960s. Additionally, it helped control severe yellow fever outbreaks in Africa and cholera epidemics in Asia and the West Pacific.

6.3. Family planning

The WHO unveiled its enlarged programme for human reproduction development, research, and training in 1970, with an emphasis on birth control and fertility management.

6.4. Childhood immunization

In order to immunize children globally against pertussis, diphtheria, measles, tetanus, TB, and poliomyelitis, the WHO developed its extended vaccination programme in 1974. The Global Alliance for Immunization and Vaccines is still working toward this objective because it has not yet been accomplished.

6.5. Alma-Ata

The Alma-Ata Declaration, which was approved by the WHO in 1978, urged all countries to include first-rate primary healthcare within their respective national health systems. In response to this proclamation, the WHO created the Worldwide Strategy for Ensure Health for all in 1981 and 2000. Making primary healthcare the "significant role and core of the country's health system" is essential to attaining this objective.

6.6. Maternal morbidity

With the goal of reducing maternal illness and mortality by the year 2000, WHO launched the Safe Motherhood Initiative in 1987. Maternal health remains a high goal for WHO efforts despite the campaign's failure.

6.7. Polio eradication

In 1988, the WHO devised a comprehensive plan with the objective of eliminating poliomyelitis globally by the year

2000. Despite the fact that this goal was not met, efforts are still being made to end polio.

6.8. Lifestyle Diseases

In the 1990s, WHO launched initiatives encouraging tobacco-free communities and healthy living in response to increased awareness of the threat posed by "lifestyle" illnesses including diabetes, cancer, and heart disease.

6.9. Environment and health

The WHO started making efforts to address the health hazards caused by environmental degradation in the wake of the 1992 United Nations convention on environment and growth in Rio de Janeiro.

6.10. UNAIDS

The WHO's worldwide AIDS strategy was transformed in 1993 when the United Nations joint Program on AIDS was introduced.

[12]WHO relies on donations from its member states and non-governmental organizations to carry out its budget and project schedule. The \$6.12 billion biennial WHO budget for 2022–2023 has been determined (an increase of 5% over the \$5.84 billion budgeted for the previous biennium, (2020–2019). The actual income and expenses of WHO may differ from the anticipated amount, for example, when additional funds are received and allocated in response to COVID-19 and other health emergencies. In table 1 shows the WHO program budget 2022-2023.

As a member-led organization, the WHO gets a portion of its funding from the nations that make up its membership. The WHA is aware of the budget and has broken it down into 4 linked categories:

- Important health measures
- Health care programs, measures, and goods
- Health determiners
- Effective support for member state

VII. BUDGET

Table 1:WHO Programme budget 2022-2023	
Budget Segment	Proposed program budget (US\$ million)
Base programs	4,364.0
Polio eradication	558.3
Emergency procedures and requests	1,000.0
Special programs	199.3
TOTAL	6,121.6

VIII. WHO'S ROLE IN WORLD HEALTH

[13]The WHO is a global public health organization that serves as a voice for global needs. Worldwide, the work of the WHO differs from regional and national public health organizations. Monitoring illnesses across the world is one of the WHO's goals. This is crucial for both fulfilling its purpose and evaluating performance in light of how successfully the MDGs are being achieved. The WHO's multifaceted mandate includes ensuring that underdeveloped nations receive the assistance they require, as well as charting global health trends and eradicating illness.

[14], [15] The WHO's contribution of technical know-how to the creation, distribution, and application of resource-based guidelines is a crucial one. This is crucial because it is becoming

increasingly obvious that global health measures won't be as successful as they previously were in the age of globalization. In actuality, the WHO releases almost 200 policy statements and recommendations every year. These recommendations are not only helpful for nations without such rules, but are also more crucial for such nations because of the fast advancement of scientific knowledge that has led to conflicting advice.

CHALLENGES

[16]The WHO has a variety of organizational problems, including:

- A low-flexibility budget that mainly relies on voluntary donations that are frequently assigned to particular operations;

- A purpose of the liability is that over time its budget has become stagnant or declined.
- A convoluted, dispersed, and bureaucratic administrative structure; and a dual mission for a technology business with a focus on health and the political framework in which governments discuss and negotiate occasionally contentious health matters.

IX. SIGNIFICANT ACCOMPLISHMENTS INCLUDE

- [17]116 of the 122 countries with endemic leprosy have successfully eliminated it during the past 20 years.
- In 1985, there were 3.5 million guinea worms in 20 nations. By 2005, there were just 10 thousands in 9 countries.
- The eradication of onchocerciasis as a community health issue in 10 nations in West Africa.
- Between 50,000 and 70,000 people get sleeping sickness now, down from 3, 00,000 in 1995.

X. FUNCTIONS

[18]One of WHO's operational and coordination responsibilities is to seek worldwide consensus on health challenges of global importance and the best approaches to support nations in tackling them. Another is the recommendation of global resource mobilization actions and measures for health, including humanitarian aid. The monitoring of health conditions and trends globally; the proposal of conferences, restrictions, ethics, guidelines, and needs to follow to sanitation; and the encouragement of fieldwork, development and utilization of knowledge, and information sharing in this research area, including biological aspects.

XI. SIX CORE FUNCTIONS ARE HIGHLIGHTED

- Outlining ethical and fact-based policy alternatives.
- Offer technical assistance, encourage change, and develop long-term organizational capability.
- Establishing norms and standards, supporting them, and overseeing their application.
- Monitoring health status and evaluating health trends.

- Setting the direction of research and encouraging the creation, application, and dissemination of useful information.
- Provide leadership on issues important to health and engage in partnerships that require collective action.

XII. TECHNICAL SUPPORT

[19]Through a variety of initiatives and collaborations, the United States offers technical assistance to WHO. Included in this is the participation of US experts in advisory committees and organizations formed by WHO, as well as the experts and resources provided by the U.S. government to assist WHO fieldwork and reference laboratory work. Furthermore, a substantial number of U.S. specialists have occasionally followed or acted as contacts at WHO regional offices and the WHO headquarters, working with staff members every day on technical projects. While the Trump government reduced its involvement with the WHO, saying it would review specifics and decide whether to attend technical and other meetings on an individual basis, According to the Biden government, there would be a decrease of secondary U.S. personnel and a return to regular contact with the WHO.

XIII. PARTNERING ACTIVITIES

[20]Additionally, the US and WHO have worked together to investigate outbreaks and other global health crises. For instance, employees of the U.S. government have frequently taken part in global teams that the WHO sets up to look into and address diseases throughout the world. Using the 2014 start of the Ebola outbreak in West Africa as an example, the United States worked with WHO and the wider global response, and in order to assess China's response to COVID-19, American specialists were part of the WHO team that visited China in February 2020.

XIV. CONCLUSION

The WHO collaborates with the UN to solve issues related to global health. The WHO organizes initiatives in learning and research, sets norms for disease prevention, medical treatment, and pharmaceutical use, and publishes reports and scholarly works. A key aim is to increase the availability of healthcare for those who reside in underdeveloped countries and in disadvantaged communities. The above overview of the WHO covers on a variety of topics, including

management, funding, governance, organization, and policy.

REFERENCES

- [1]. World Health Organization Web site. About WHO. Available at: <http://www.who.int/about/en/>
- [2]. McCarthy, Michael. "A brief history of the World Health Organization." *The Lancet* 360.9340 (2002): 1111-1112.
- [3]. Constitution of the World Health Organization, Chapter 1, Article 1. [https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf - page=6](https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf?page=6)
- [4]. WHO. Thirteenth General Programme of Work 2019-2023. <https://www.who.int/about/what-we-do/gpw-thirteen-consultation/en/>
- [5]. WHO. World Health Assembly <https://www.who.int/about/governance/world-health-assembly>
- [6]. WHO. The Executive Board. <http://www.who.int/governance/eb/en/>.
- [7]. WHO. Composition of the Board. https://apps.who.int/gb/gov/en/composition-of-the-board_en.html.
- [8]. United Nations Secretariat. <https://www.un.org/en/about-us/secretariat>
- [9]. Ogbu U, Arah O. World Health Organization International Encyclopedia of Public Health. 2016 Oct; 461-467. PMID: PMC7150060.
- [10]. Regional offices for World Health Organization <https://www.who.int/about/who-we-are/regional-offices>
- [11]. Unknown author (1998) . ytfif ta OHW: 1. litnu sraey ylrae eht fo sthgilghiH 1960. World health forum 1998 ; 19(1) : 21-37 <https://apps.who.int/iris/handle/10665/55455>
- [12]. WHO. Programme budget 2022-2023. <https://apps.who.int/iris/bitstream/handle/10665/346071/9789240036109-eng.pdf>.
- [13]. Yamey, Gavin. "Why does the world still need WHO?" *BMJ* 325.7375 (2002): 1294-1298.
- [14]. Taylor, Allyn L., and Douglas W. Bettcher. "International law and public health." *Bulletin of the World Health Organization* 80 (2002): 923-923.
- [15]. Hill, Suzanne, and Tikki Pang. "Leading by example: a culture change at WHO." *The Lancet* 369.9576 (2007): 1842-1844.
- [16]. WHO. Health Emergencies. <https://www.who.int/emergencies/en/>.
- [17]. (2009) World Health Organization neglected tropical illnesses, unrecognized achievements, and new chances. Organization for World Health. <https://apps.who.int/iris/handle/10665/44214>
- [18]. United Nations. <https://www.un.org/youthenvoy/2013/09/who-world-health-organisation/>
- [19]. Partnerships for Global Health at the CDC. <https://www.cdc.gov/globalhealth/partnerships.htm>
- [20]. WHO. Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19). <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>.