

## The role of the World Health Organization

The need for a concerted global collaboration for health predated the foundation of the World Health Organization (WHO). With the emergence of international trading and travel in the 1800s, deadly cholera epidemics necessitated a mechanism of international cooperation in the labour of disease prevention and control. Conferences like the International Sanitary Convention in Paris in 1851 were examples of initial collaborative efforts to manage disease that crossed international borders. At the end of World War II (WW2) in 1945, there was resolve to establish an organisation dedicated to global health. In 1948, at the International Health Conference in New York, 51 members of the United Nations (UN) and 10 other nations finalised the constitution for a WHO. This constitution still guides the WHO today.

### Case scenario

Brian, a 35 year old man presents to the GP surgery with a new rash. The rash is on his face, around his beard area and lip, as well as right hand and groin area. A week prior to the rash emerging, Brian felt a little 'under the weather'. He didn't measure his temperature, but he thinks he could have had a fever. There is no travel history.

Because of the rash in the groin area, you take a sexual history from Brian. He reports in the last month, he had two new male sexual partners, one of whom recently tested positive for monkeypox.

1. How would you approach a rash that you were unfamiliar with?
2. What is the differential diagnosis in this case?
3. What is the role of the WHO in the surveillance and research of emerging infectious diseases?

### Aims of the World Health Organization

The objective of the WHO is short, elegant yet complex; *for all people to attain the highest possible level of health*. This noble aim is to be achieved through 22 functions, listed in Box 1 (WHO, 1948). They are diverse, ranging from disease eradication to diagnostic standardisation. Through these functions, the WHO acts as the global health leader, overseeing human health and international health systems.

### Insert Box 1 here

The WHO is comprised of three bodies. The World Health Assembly approves the budget and makes major policy decisions. The Executive Board (made up of 34 individuals elected by member states) act as individual government representatives. Finally, the Secretariat, represented by the Director-General is staffed by over 8000 health experts working at headquarters, regional offices, and in countries. Together, these three bodies organise the international collaboration for monitoring disease, coordinating work on all aspects of

human health (from tobacco, to infectious disease, and genetically modified foods), and serve as a respected authority in guidelines and best practices.

Despite significant expertise, the legal authority of the WHO is limited. For example, in monitoring disease, the WHO does not have the authority to demand data or undertake inspections in any member state, and instead encourages states to upkeep their surveillance capacity in order to notify the WHO of public health concerns. Recommendations issued by the Director-General act as a piece of guidance that is not binding on any state. Given the role of the WHO as the leading international institution concerned with the affairs of human health, there is a however substantial weight to their guidance and declarations of Public Health Emergency of International Concern (PHEIC) such as a pandemic.

## **Achievements**

A notable success of the WHO has been the coordination of childhood vaccination programs and subsequent 1979 smallpox eradication, and 99% reduction of polio (WHO, 2022a). Other achievements include the 1977 Essential Medicines List which serves as a guide for hospital stocks (WHO, 2020) and the 2018 Essential Diagnostics List, annually updated to provide countries with information on medical tests (Waldrop et al., 2019).

The WHO also issues evidence-based guidelines across a breadth of areas in health and disease, and is overseen by the WHO Guidelines Review Committee who ensure their high methodological rigour, transparency, trustworthiness, and impact. Recent publications include guidelines covering self-care interventions for health and well-being and maternal and newborn care recommendations for a positive postnatal experience (WHO, 2022b & WHO, 2022c).

## **The WHO and pandemic response**

The WHO rose to prominence during the COVID-19 pandemic and its efforts to manage, support and issue guidance for the pandemic have received mixed reviews. An independent review of the global response to the COVID-19 pandemic was commissioned by the WHO in May 2020. The review highlights the global public health impacts of the pandemic. They estimate in addition to the 6 million deaths, 10 million more girls are at risk of early marriage; gender-based violence support service demand has increased five-fold; and 115-125 million people have been pushed into extreme poverty (WHO, 2019) (UNICEF, 2021). The review was critical of the WHO and global governments and their responsiveness to the emerging threat. They criticised both the WHO for not declaring a Public Health Emergency of International Concern (PHEIC) until 30<sup>th</sup> January, and international governments for waiting until March 2020 for decisive action (The Independent Panel, 2021). Importantly, they make a series of recommendations to prevent further PHEIC. These are illustrated in Figure 1.

**Insert Figure 1 here**

However, on July 23, 2022 the WHO declared Monkeypox a PHEIC, signifying the virus as an extraordinary event, and a threat to public health through international spread. The WHO Director-General Dr Tedros Adhanom Ghebreyesus implied that this declaration could lead to increased member state engagement with vaccine production and equitable vaccine and medicines distribution.

Insert Figure 2 here

### **The WHO and primary health care**

The WHO sees primary care as the foundation of a well-functioning universal healthcare system. Since the Declaration of Alma-Ata in 1978, where world leaders made a public commitment to making community-driven, quality healthcare accessible for all, the WHO has been leading global efforts to invest in and prioritise primary health care (PHC) (WHO, 1978). The WHO describes the focus on PHC at the current time to be critical for three reasons:

- '1. The features of PHC allow the health system to adapt and respond to a complex and rapidly changing world.
2. With its emphasis on promotion and prevention, addressing determinants, and a people-centred approach, PHC has proven to be a highly effective and efficient way to address the main causes of, and risk factors for, poor health, as well as for handling the emerging challenges that may threaten health in the future.
3. Universal Health Care and the health-related sustainable development goals can only be sustainably achieved with a stronger emphasis on PHC' (WHO & UNICEF, 2018).

The global burden of disease has shown a shift from short acute illness and high neonatal and child mortality, to a rise in non-communicable diseases, multimorbidity and increased recognition of the mental health burden (Global Burden of Disease 2019 Diseases and Injuries Collaborators, 2020). The WHO argues this shift needs to be matched with a multi-sectoral, multi-disciplinary, health-promotion and disease-preventing service. This is the role of universal primary care.

Whilst some of the objectives for primary care are perhaps less relevant for higher-income countries, the WHO warns against what they describe as the 'medicalisation of health at the expense of a broader preventive and whole-person approach' and introduction of user fees and privatisation. They also warn against the orientation of services towards a hospital-based curative system, at the expense of a community-based preventative care (Cueto, 2004). This is particularly relevant for the UK healthcare system, where increasing waiting lists may encourage those who can to seek private healthcare and risk creating a two-tier healthcare system (Anderson et al., 2022)

Looking at UK primary healthcare initiatives specifically, the WHO has been supportive of efforts to increase population health management in primary care, for example through the development of primary care networks. They suggest that a population approach can help identify and address social determinants of health in the community, can increase the

proactivity of the healthcare system and can aid the development of a multi-disciplinary team (Cerezo et al., 2021)

### **Current work and future directions**

The WHO has three ambitious priorities in their 2019-2023 programme of work, titled *Promote Health, Keep the World Safe, Serve the Vulnerable*, to achieve their noble objective of ensuring all people attain the highest level of health. These are:

- Provide health coverage to 1 billion more people;
- Protect 1 billion more people from health emergencies such as epidemics
- Ensure another 1 billion people enjoy better health and well-being, including protection from non-infectious diseases such as cancer (WHO, 2019).

Additionally, there are many ongoing and future planned healthcare initiatives led by the WHO. Below are some with particular relevance to global primary care.

### ***United Nations 2020s decade of healthy ageing***

In response to changing age demographics, the WHO has launched a healthy ageing campaign to encourage and support member states to reflect on ageism in their health systems and policies. The WHO will do this by creating a standardised assessment tool to measure ageism, create training resources and frameworks to aid member states ensure ageism is eliminated in policy and messaging, and support member states to promote accurate portrayal of ageing in the media (WHO, 2020).

### ***Eliminating cervical cancer by 2030***

In 2018 the WHO has launched the “90-70-90” strategy where they aim to support member states to achieve 90% of girls fully vaccinated with the HPV vaccine by the age of 15; 70% of women screened using a high-performance test by the age of 35, and again by the age of 45; and 90% of women with pre-cancer treated and 90% of women with invasive cancer managed by 2030 (WHO, 2020). Mathematical models suggest if these targets are reached, by 2030 this will prevent 300,000 deaths in low- and middle-income countries (Brisson et al., 2020).

### ***Global Antimicrobial Resistance and Use Surveillance System***

Global Antimicrobial Resistance and Use Surveillance System (GLASS) was launched in 2015 and was the first international collaboration to provide a standardised approach to the collection, analysis, interpretation and sharing of anti-microbial resistance patterns. GLASS also assists countries develop their capacity for testing and surveillance.

### **Key points**

- The WHO was founded after WW2 when there was consensus to found a global body with public health expertise that could coordinate efforts between nation states
- Notable achievements include smallpox eradication (1979), and near polio eradication
- The WHO has expertise in a range of priority public health areas including pandemic response, antimicrobial resistance, cancer, diagnostics and ageing.
- There was a mixed response to the WHO handling of the COVID-19 pandemic. Concerns raised include delay in labelling the virus as a public health concern of international concern.
- The WHO is very supportive of primary care and see it as the essential foundation of a well-functioning, universal health system.

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**Box 1: Role of the World Health Organization**

(a) to act as the directing and co-ordinating authority on international health work
(b) to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate
(c) to assist Governments, upon request, in strengthening health services
(d) to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments
(e) to provide or assist in providing, upon the request of the United Nations, health services and facilities to special groups, such as the peoples of trust territories
(f) to establish and maintain such administrative and technical services as may be required, including epidemiological and statistical services
(g) to stimulate and advance work to eradicate epidemic, endemic and other diseases
(h) to promote, in co-operation with other specialized agencies where necessary, the prevention of accidental injuries
(i) to promote, in co-operation with other specialized agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environmental hygiene
(j) to promote co-operation among scientific and professional groups which contribute to the advancement of health
(k) to propose conventions, agreements and regulations, and make recommendations with respect to international health matters and to perform such duties as may be assigned thereby to the Organization and are consistent with its objective
(l) to promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment
(m) to foster activities in the field of mental health, especially those affecting the harmony of human relations
(n) to promote and conduct research in the field of health
(o) to promote improved standards of teaching and training in the health, medical and related professions
p) to study and report on, in co-operation with other specialized agencies where necessary, administrative and social techniques affecting public health and medical care from preventive and curative points of view, including hospital services and social security
(q) to provide information, counsel and assistance in the field of health
(r) to assist in developing an informed public opinion among all peoples on matters of health
(s) to establish and revise as necessary international nomenclatures of

diseases, of causes of death and of public health practices
(t) to standardize diagnostic procedures as necessary
(u) to develop, establish and promote international standards with respect to food, biological, pharmaceutical and similar products
(v) generally to take all necessary action to attain the objective of the Organization

**Figure 1: Recommendations to prevent further pandemics**



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**Figure 2: Brian's rash**



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