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# MISSION AND VISION OF THE WORLD HEALTH ORGANIZATION OF THE UNITED NATIONS (WHO) – *ALL FOR ONE, HEALTH FOR ALL*

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*Abstract*: The World Health Organization was established in the aftermath of the Second World War as one of the organizations under the auspices of the United Nations. According to its constitution, it was designed to achieve the highest possible level of health for all people. In this paper, the author will present the history and the structure of the WHO, meaning its organs and its competence. Also, the power of the WHO in the previous two years has been thoroughly discussed due to the coronavirus and the global pandemic. The transformation of the existing international legal order is inevitable and, therefore, the paper will also discuss the potential for reform when it comes to this organization.

*Keywords:* World Health Organization, international organizations, United Nations, reform.

## THE ORIGINS OF THE WHO

The World Health Organization (WHO) was established in 1948. But its history dates back to a century before or even a few more. The earliest form of cooperation was made with the goal of controlling epidemic diseases, such as the Plague of Athens in 430 BC, the Black Death or bubonic plague in the 14th century, and the exchange of several infectious diseases between the West and the East in 1492 (Lee, 2014, p. 504). During the 19th century, it

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seemed that the situation was becoming more serious. More precisely, in the middle of the 18th century, there was the first international exhibition in London dedicated to technical skills. The exhibition was made possible due to fast transport. But that fast transport also made cholera spread in Europe. It led to the first forms of international organization in Europe. The first form of organization was the Superior Counsel of Health (*Conseil Supérieur de Santé*), established in Constantinople in 1838. It was established by a decree of the Ottoman Sultan, but most of its members were delegates of foreign forces, mostly Western European ones. Cholera was the main reason the International Sanitary Conference was held in Paris in 1851. The second one was in 1859 in Paris, then in 1866 in Constantinople, 1869 in Vienna, 1885 in Rome, 1892 in Venice, 1893 in Dresden, 1894 in Paris, and 1897 in Venice. The focus was on preventing contagious diseases, primarily cholera and plague (Blešić, 2021, p. 272). In 1907, the first permanent body was established. It was called the *Office International d'Hygiène Publique* (OIHP) and its task was to collect and report epidemiological data from member states. Soon after that, and after the influenza pandemic that followed the end of the Great War, the League of Nations decided to form the League of Nations Health Organization (LNHO) in 1920. It has shown a larger, more organized, and better-coordinated organization is needed. In London in 1920, the International Health Conference was held, and it was settled that this organization would work in parallel with the OIHP. That was the case until the end of the Second World War (Chavan, Tewari, Khedkar & Bhatt, 2016, p. 585). Even though it had the will and desire to expand cooperation in this area, it was interrupted by the withdrawal of the United States of America from the League of Nations (Lee, 2014, p. 504). On the other hand, at a similar time on the American continent, the regional International Sanitary Bureau was formed in 1902 and renamed to the Pan American Sanitary Bureau in 1923. The US Public Health Service was not satisfied with the International Sanitary Conferences because they believed they had a strong European focus. In the beginning, it only focused on collecting epidemiological data and exchanging information, but, later on, it initiated a yellow fever eradication program (Lee, 2014, p. 504). The fact that the US did not participate in the League of Nations had a great influence on the results of this organization. These early forms of the organization actually had only one task – to protect the European forces from the diseases spreading from the unprivileged nations (Blešić, 2021, p. 273).

After the Second World War, states that won established the United Nations. In this organization, the delegation of Brazil was the first one to suggest including the term "health" in the UN Charter, and afterwards, the

delegations of Brazil and China suggested organizing the International Health Conference (Blešić, 2021, pp. 273-274). On February 15, 1946, the Economic and Social Council of the UN instructed the Secretary-General to convoke such a conference. A Technical Preparatory Committee met in Paris from March 18 to April 5, 1946, and that is when they made proposals for the Constitution (History of WHO). The International Health Conference was held in New York in June 1946. It was attended by all 51 members of the UN and 10 non-member states, the Allied Control Authorities for Germany, Japan, and Korea, and observers from some UN bodies. The conference lasted for four and a half weeks, from June 19 until July 22, 1946. It ended up with the agreement on a constitution, a protocol for the termination of the OIHP, and the setting up of a temporary body until the WHO is established. The preamble and Article 69 of the Constitution of the WHO provide that the WHO is a specialized agency of the UN. Even though the conference ended in 1946, it was not until 1948 that the WHO began to work. The reason for this two-year delay is that the Cold War was ongoing, along with the debates about the role of the United Nations. The preamble of the Constitution of the WHO says that the basic principles on which the WHO is founded are that "health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" and that "governments have a responsibility for the health of their peoples, which can be fulfilled only by the provision of adequate health and social measures" (WHO, 1946). That precise part of the Constitution was a trigger for the view of the Western hemisphere countries that these principles were equated with the rise of Communism. The tension between a social medicine approach to health and the approach that puts its focus on surveillance and control of diseases continued to exist (Lee, 2014, p. 505). Finally, the WHO was established on April 7, 1948. Its official seat is in Geneva (Switzerland). This date is celebrated every year as World Health Day.

## THE WHO TODAY

The structure of the WHO is mainly described in the Constitution. On a global level, the main bodies are the World Health Assembly, the Executive Board, and the Secretariat. The Secretariat is led by the Director-General (WHO, 1946, Article 9). Apart from that, there is a decentralized regional structure and national offices around the world (Novičić, 2021, p. 112). The World Health Assembly is composed of delegates representing the members, and they meet in regular annual sessions and, if necessary, in special sessions. Its main functions are to determine the policies of the WHO,

to name the members that are going to designate a person to serve on the Board, appoint the Director-General, monitor the work of the Board and the Director-General, review and approve the budget of the WHO, promote and conduct research in the field of health by the establishment of its own institutions or by cooperation with official or non-official institutions of any member with the consent of its government, and so on. The World Health Assembly has the authority to adopt conventions with a two-thirds vote that are under the competence of the WHO when it comes to sanitary and quarantine requirements, nomenclatures with respect to diseases, causes of death and public health practices, standards with respect to diagnostic procedures for international use, standards with respect to the safety, purity and potency of biological, pharmaceutical and similar products moving in international commerce, and advertising and labeling of biological, pharmaceutical, and similar products moving in international commerce. This organ can also make recommendations to the members with respect to any matter within the competence of the WHO (WHO, 1946, Articles 10, 13, 18, 19, 21, 23). The first Health Assembly opened in Geneva on June 24, 1948, with delegations from 53 out of 55 member states (History of WHO). The WHO more often exercises its normative authority through "soft" power, rather than through "hard" law, mostly in the form of recommendations. Even though the soft law is not legally binding, it has a great influence that is mostly political (Gostin, Sridhar & Hougendbler, 2015, p. 2). Soft law norms lack coercion. In the regulatory area, the biggest achievement of the WHO is the Framework Convention on Tobacco Control, which was adopted in 2003 and entered into force in 2005. It is one of the most widely embraced treaties in UN history. Despite that, the number of smokers still continues to rise globally. To this date, it remains the only convention brought in by the WHO. The second main organ is the Executive Board, and it acts as the executive organ of the Health Assembly. Its thirty-four members are elected by the members that the Health Assembly elects, bearing in mind an equitable geographical distribution. That chosen person must be technically qualified in the field of health. They are elected for three years, with the possibility of re-election. The Board meets at least twice a year. Its functions, among others, are to give effect to the decisions and policies that the Health Assembly creates; advise the Health Assembly; study all the questions within its competence; take emergency measures within the functions and financial recourses of the WHO; and deal with events requiring immediate action (WHO, 1946, Articles 24, 25, 26, 28). The Secretariat comprises the Director-General and technical and administrative staff. The Director-General is appointed by the Health Assembly on the

nomination of the Board and he is *ex officio* Secretary of the Health Assembly, Board and all commissions and committees of the Organization. He may have direct access to various departments of members, such as their health administrations and national health organizations. He is responsible for submitting financial statements and budget estimates to the Board. The Director-General appoints the staff of the Secretariat, when he should also pay attention to geographical equality (WHO, 1946, Articles 30, 31, 32, 34, 35). As already mentioned, the WHO has six regional offices. They are in the African region, the region of the Americas, the Southeast Asia region, the European region, the Eastern Mediterranean region, and the Western Pacific region. The offices are in Cairo, Copenhagen, Brazzaville, New Delhi, Manila, and Washington. The region of the Americas is embodied within the Pan American Health Organization. Each of the regional offices is recognized as a separate unit. They have committees that are constituted of delegates from the health ministries of that region's member states. Each committee has a regional director appointed for 5 years. Each state has a WHO representative (Chavan, Tewari, Khedkar & Bhatt, 2016, p. 586). The list of achievements of the WHO is long. Ever since 1948, the year when the WHO began its work, the WHO has made the International Classification of Diseases that has become the international standard used for clinical and epidemiological purposes. From 1952 to 1964, Jonas Salk developed the first successful polio vaccine, and in 1967, the first heart transplant was conducted. In 1970, the WHO launched the Expanded Programme of Research, Development and Research Training in Human Reproduction with a focus on fertility regulation and birth-control methods. In 1974, the resolution to create the Expanded Programme of Immunization was adopted. The goal was to make all basic vaccines possible and attainable for children around the world. In 1977, the first essential medicine list was established, and in 1978, there was the International Conference on Primary Health Care in Kazakhstan. This conference was important because it set the historic goal for the WHO – "Health for All". In 1980, the WHO was successful in the eradication of smallpox, while in 1983, the Institute Pasteur in France identified the human immunodeficiency virus (HIV), the etiological pathogen for the acquired immunodeficiency syndrome (AIDS). In 1988, the Global Polio Eradication Initiative was launched, and in 1990, the WHO launched several programs against lifestyle diseases: cancer, cardiovascular disease, and diabetes, and began promoting a healthy lifestyle. In 2003, the WHO recognized severe acute respiratory syndrome, known as SARS. The SARS epidemic was brought under control. In 2004, the Global Strategy on Diet, Physical Activity and Health was adopted, and

in 2005, the International Health Regulations were revised. It is a legally binding instrument with the goal of protecting the world from new diseases and threats to public health. In 2009, there was a pandemic with the H1N1 influenza virus, and vaccines were approved for use only three months after the pandemic had begun (Chavan, Tewari, Khedkar & Bhatt, 2016, p. 588). Also, between 1990 and 2012, the under-five mortality rate declined by 47%, which was an impressive achievement but still not enough to reach the Millennial Development Goals target of a reduction by two-thirds in the child mortality rate between 1990 and 2015. The maternal mortality ratio was almost halved between 1990 and 2010, but still did not reach the Millennial Development Goal of a reduction by three-quarters. The success is notable in malaria deaths and mortality due to tuberculosis. The number of people newly infected with HIV fell from 3.4 million to 2.3 million in the period from 2001 to 2012. The number of deaths fell from 2.3 million in 2005 to 1.6 million in 2012 (Chatham House, 2014, p. 1-2). The goal of this paper is not to discuss the coronavirus and all its implications and consequences. Still, it is not possible to write about the WHO without, even briefly, touching upon the COVID-19 pandemic. In December 2019, in Wuhan, China, a respiratory infection occurred; we later found out that it was a coronavirus. On March 11, 2020, the pandemic was officially declared by the WHO. The critics pointed to the WHO in this period were that it was late to declare the global health emergency situation and that it did not support states enough in restrictions on travelling to China until February 2020. One of the most commonly heard critics was also that the WHO was "China-centric" (Kataria & Kumari, 2020, pp. 10-13). The actions related to dealing with the pandemic were based on the International Health Regulations, a document made in 2005. These Regulations were the result of the fight against the SARS epidemic and were supposed to help with pandemics in the future. But this was not the case during the COVID-19 pandemic. As a matter of fact, many authors saw only the problems, such as the lack of using the International Health Regulations at the beginning of the pandemic, when things might have been done differently (Blešić, 2021, pp. 278-280).

## THE POTENTIAL REFORMS

The COVID-19 pandemic has caused a crisis with great impact and consequences, and the question of whether the world and the international community are ready to tackle it arises (Blešić, 2021a, p. 169). Ever since the 1990s, even before this pandemic, there have been critics and talk about

potential reform of the WHO. There are many critics that appear to be attributed to the WHO, such as the fact that it is "too politicized, too bureaucratic, too dominated by medical staff seeking medical solutions to what are often social and economic problems, too timid in approaching controversial issues, too overstretched and too slow to adapt to change" (Chatham House, 2014, p. viii). The question of how the WHO does manage to tackle the problems in economic and social sectors since it is an agency where mostly health professionals work, was part of the agenda of the mentioned conference in 1978 in Kazakhstan. This was when the WHO's "Health for All" policy emerged, and later on, many conferences had this in their title or subtitle. Even though this felt like a way of dealing with social issues, it turned out to be unsuccessful since the WHO did not really commit any substantial resources to this task. The same was noticed in topics such as the environment, the impact of intellectual property rights on pharmaceutical innovation, and the relationship between trade and health (Chatham House, 2014, pp. 2-3). The potential reform may lead to facing this often-mentioned critic: medical experts do dominate the WHO. The staff are mainly doctors, epidemiologists, scientists, and managers. In order to achieve the goal of "Health for All", it might be necessary to expand the staff. This is a basis for an argument that, having only medical and technical staff, the WHO does not use or need international law. But, the medical-technical ethos, as Fidler describes them, was developed due to the scientific progress against infectious diseases, so international law only had indirect relevance in that period (Fidler, 1998, pp- 1099-1101). Fidler notices that the "Health for All in the 21st Century" indicates that the WHO should begin to develop international health law more actively. There are various fields of international health law that need to be codified and regulated, but attention should also be paid to the connection between health law and international trade law, human rights law, environmental law, intellectual property law, and so on (Fidler, 1998, pp. 1109-1110). The major problem for the WHO is funding. After the International Health Conference in New York, the Economic and Social Council suggested to the General Assembly of the UN the resolution about the WHO. During the discussion on November 26, 1946, Mr. Medvedev, a delegate of the Ukrainian Soviet Socialist Republic, said that he thought that the UN should not finance the WHO but only the governments of the member states. This was supported by Eleanor Roosevelt, the delegate of the US, and Mr. Wat, the delegate of Australia, so the suggestion was adopted (Blešić, 2021, p. 276). But the reality is different. Namely, the governments stagnated with the funding, so then the voluntary contributions were the only source of money. The Bill & Melinda Gates

Foundation has become the biggest voluntary contributor to the WHO. That is the main reason why, in 2010, the WHO Director-General, Margaret Chan, wanted a reform. The following years were filled with discussions primarily on two issues: how to align the priorities of the WHO with the available money and how to ensure better stability in financing so that the planning can be more effective. These two issues have raised a new set of questions. These included how and to what extent the WHO should address the broader social and economic determinants of health, what constitutes good partnership at the global and country levels, what constitutes effective country support, and how the WHO can be more consistent and effective in the field of technical collaboration (Chatham House, 2014, p. 4). In 2012, the World Health Assembly and Executive Board defined three reform objectives, which were the result of Margaret Chan's reform suggestions. Those objectives are improved health outcomes, greater coherence in global health, and pursuing excellence (Gostin, Sridhar & Hougendbler, 2015, p. 4). The financing of the international legal office of the WHO should come from its regular budget, with the possibility of using extra-budgetary funds from state sources. This is the proposal that Fidler gave. Private foundations should also support the WHO via direct operating funds or by funding fellowships for international lawyers to work with the WHO (Fidler, 1998, p. 1113). The WHO faces some fundamental critics, as noticed by various authors. Some of them are that it is a servant to the member states, in a sense that the member states elect the Director-General, make the work plan, approve the budget, and overall have control of the organization. If we compare the global health needs with its resources, we can see that the national health budgets are vaster. The problem of funding has already been brought up, but there is also weak governance. Some authors believe that the WHO lacks some critical institutional structures and that non-state actors should participate more. Excessive regionalization appears to be a weak spot for the WHO since it can make the WHO's ability to speak unanimously less possible (Gostin, Sridhar & Hougendbler, 2015, p. 2). The critics arise in the area of legal activity as well. The WHO Constitution provides the organization with authority that has not been used very often. More precisely, the first time that the WHO started a process under Article 19 was in 1996, when the World Health Assembly instructed the Director-General to provide an international framework convention for tobacco control, and the second time was when the International Health Regulations were adopted (Fidler, 1998, p. 1089). This criticism can be connected with the one about the experts in the WHO. If the staff were extended not only to include

medical experts but also legal experts, we might expect greater results in the legal activity.

## CONCLUSIONS

Ever since the foundation of the WHO in 1948, the world and international community have drastically changed. The world went from being bipolar, and in the Cold War, to a multipolar world with many economic and technical advantages. With that, there is an uncertainty about how global institutions can adapt to a world that is different than it was at the time they were created. The mentioned "One Health for All" approach is not a new concept, but it is a concept that is still not accomplished. The fragmented policy making and financing have made it almost impossible, but COVID-19 has shown the significance of this approach (Report of the Pan-European Commission on Health and Sustainable Development, 2021, p. 2). The Pan-European Commission on Health and Sustainable Development: Rethinking Policy Priorities in the Light of Pandemics is an independent and interdisciplinary group of leaders, and it was summoned by the WHO Regional Director for Europe and with the endorsement of the Director-General of the WHO in late 2020 (Report of the Pan-European Commission on Health and Sustainable Development, 2021, p. 9). For almost two decades, governments all over the world have been committed to the principle of "Health in All Policies". The Ministries of health, economy, agriculture, employment, education, and the environment are making their decisions following this concept (Report of the Pan-European Commission on Health and Sustainable Development, 2021, p. 10). On April 7, 2022, on World Health Day, the Director-General of the WHO, Dr Tedros Adhanom Ghebreyesus, announced a new global initiative. It is called "Peace for Health and Health for Peace". Its main goal is to show a relationship between health and security, encouraged by the events occurring in Ukraine (Ghebreyesus, 2022). The Independent Panel for Pandemic Preparedness and Response began its work in September 2020 and submitted its main report, "COVID-19: Make it the Last Pandemic", to the World Health Assembly in May 2021. The World Health Assembly requested the Director-General of the WHO to initiate a review of the international health response to COVID-19 that will be impartial, independent, and comprehensive. The panel has been working on the review since September 2020. This report contained the Panel's findings and recommendations for action to fight the pandemic and to ensure that no more pandemic has such consequences. This panel saw a need for stronger leadership and better coordination at the

national, regional, and international levels; investment in preparedness; an improved system for surveillance and alert at a speed that can combat viruses; authority given to WHO to publish information and to dispatch expert missions immediately; a pre-negotiated platform able to produce vaccines, diagnostics, therapeutics, and supplies; and access to financial resources for investments in preparedness. The Panel called on the member states to request the United Nations Secretary-General to convene a special session of the United Nations General Assembly to reach agreement on the reforms (The Independent Panel for Pandemic Preparedness & Response, 2021, p. 45). On March 30, 2022, the WHO published "Strategic preparedness, readiness, and response – Plan to end the global COVID-19 emergency in 2022". It is a publication that discussed previous ways of tackling COVID-19 and there are suggestions on future steps (WHO, 2022). The seventy-fourth World Health Assembly was held between May 24 and May 31, 2021. The theme was ending the pandemic and preventing the next by building together a healthier, safer, and fairer world. The seventy-fifth will be between May 22 and May 28, 2022. The provisional agenda shows that the topics are, among other things, focused on the reform of the International Health Regulations from 2005 in order to prevent such pandemics as COVID-19 (WHO, Seventy-fifth World Health Assembly, 2022). These previous paragraphs go in favor of the argument that the WHO is already doing many things in order to change itself. The word "reform" always carries with it a strong and serious tone, so states and international organizations are often scared. The reform of the WHO seems inevitable from this point of view, just as the reform of other international organizations has become an objective necessity. We cannot accept the system functioning the same as it did in the 1940s. The new provisional agenda for the session of the World Health Assembly scheduled for May 2022 says that the WHO has plans to reform the International Health Regulations in order to prevent another pandemic of this size from happening, which is also a good thing. From a traditional point of view, I do see a future in international organizations and do not expect them to disappear. They do need to go in step with the times, and that is something I notice the WHO is lately trying to achieve. That is the only way that "*All for One, Health for All*" can be achieved.

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