

New directions for WHO?

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Since its inception over 50 years ago, the World Health Organization (WHO) has earned trust and respect globally for its achievements as the lead agency for directing and coordinating international health work. Through technical cooperation and policy guidance, it promotes and coordinates international efforts to control major infectious diseases. The global eradication of smallpox and the imminent elimination of poliomyelitis are outstanding examples of its successful programmes. Less dramatic but also of great value are the Organization's activities in setting standards for vaccines and other biomedical products, and helping to define optimal strategies for disease control in various settings.

In spite of significant gains in classical areas of disease control, however, some of the common infectious diseases still plague many developing countries. Furthermore, there is the constant threat of the emergence of new infections like HIV/AIDS and the recrudescence of old ones such as tuberculosis, not to mention the new danger that smallpox and other infectious agents could be used as weapons of biological warfare or terrorism. As the traditional health problems decline, WHO is taking on the growing challenge of chronic diseases — cancers, cardiovascular diseases, diabetes, etc. — which have become increasingly prominent causes of morbidity and mortality.

WHO also makes significant contributions to the strengthening of health services. The Alma-Ata Conference in 1978, cosponsored with the United Nations Children's Fund (UNICEF), generated a global consensus about primary health care as the key to health development, establishing the principle of equity as a requirement of social justice and the ethical basis of health systems. In collaboration with other development partners, WHO helps governments to improve their health services. It contributed to the analysis that led to the publication of the World Development Report in 1993, in which the World Bank raised a number of issues about health policy and planning with particular reference to cost-effectiveness and value for money. Following up the report, WHO has been

refining methods for measuring the burden of disease and making financial analyses, using national health accounts. These new methods now feature in the process of health reform that many nations are currently undertaking with WHO's support.

Where will the Organization go from here? It already has a full agenda, straining its limited resources, but it cannot ignore new, pressing challenges to global health. WHO will need to continue to play its role in technical cooperation for the control of specific diseases as well as providing guidance on the development and reform of health systems. The World Health Report (WHR) for 2000 clearly marks a new departure for the Organization. Going beyond the theoretical analysis of health and disease, the report confronted the controversial issue of the performance of national health systems. Using a combination of eight measures, it ranked countries on the basis of the attainment and performance of their health services.

The publication generated fierce controversies, with critics challenging WHO on two main counts. Some questioned the quality of the data and the analytical methods on which WHO based its conclusions. WHO has since revised the methodologies to take into account the questions various critics raised. An independent scientific peer review group examined the revised proposals, making recommendations for further amendments to the methods for data collection and analysis.

Others raised a more generic question, suggesting that, in publishing the report including the rankings, WHO exceeded its mandate and infringed the sovereign rights of nations. The report obviously touched on very sensitive issues with regard not only to national pride but to the risk of unintended political repercussions at the national level. In the past, recognizing that it is not a supranational agency and that it lacks the authority to monitor and police the actions of its Member States against their will, WHO had studiously avoided making public criticisms of the performance of individual governments.

However, as a voluntary association of Member States committed to improving

global health, WHO has served as a forum for discussing and defining ways to enhance health development. At the World Health Assembly, Member States record their commitment to agreed methods and goals in the form of resolutions. WHR 2000 represented the pinnacle of this process of interaction and discussion, in that it sought to assess the reality of the situation in Member States beyond the rhetoric of Health Assembly debates. It attempted to determine how individual governments had applied knowledge and technologies, and how well their health services had performed in relation to available resources. It emphasized the stewardship role of governments in being accountable to the public in a transparent manner.

A clear path for WHO would be to continue the development of the process that WHR 2000 started, including further technical work to revise and validate the methods for assessing the critical functions of health systems such as would produce credible, widely acceptable results. The Organization should promote continuing debate about its role in monitoring the performance of health systems.

Eventually, this process could lead to a codification of the rights of citizens in relation to the health services. First and foremost, such a health rights code should emphasize openness and accountability. The new code should clearly establish access to health information as a right and should, for example, outlaw the actions of those government officials who deliberately suppress information about outbreaks of infectious diseases such as cholera and HIV/AIDS. It should make it easy for citizens to assess how well their national health systems are performing in relation to other countries at a similar level of development. The international community has in recent years determined that national sovereignty is not absolute on issues affecting the welfare and rights of citizens and that governments may be answerable for serious breaches of human rights. The code on health rights would complement other developments in human rights legislation, both in general and as it applies to the specific rights of children, women and other vulnerable groups. ■

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