# What is the Role of the World Health Organisation in the New Global Health Architecture?

## Introduction

The World Health Organisation (WHO) has long been positioned at the epicentre of global health issues; issues that transcend national borders and require concerted and coordinated effort from a multitude of actors in order to be addressed in an effective and efficient manner, with the primary objective of maintaining, promoting and restoring health in populations across the globe. Since its founding in 1948, WHO has become the leading directing and coordinating organisation within international health[1], and to the present day, continues to withhold its standing amongst the many health and non-health actors within the broad and dynamic field of global health. This title question proves significantly relevant during a period of monumental transition in the global health architectural structure, in which many new actors and powers are exerting influence in the health arena, and in doing so, threatening the very nature of international health initiatives with the continuing threat of fragmentation and issues related to an increasing plethora of both negative and positive powers[2].

Throughout the course of its lengthy and somewhat turbulent history, it has been necessary for WHO to continually adapt to the most demanding health issues facing populations in both the developing and developed world. The twentieth century saw WHO's involvement and leadership with regard to a number of high-profile communicable diseases, such as the smallpox eradication campaign and responding to the unprecedented HIV epidemic of the late 1980s and early 1990s[3]. During this current era in global health architecture however, in which communicable diseases are becoming increasingly more controlled in most regions throughout the world and non-communicable diseases are now causing the greatest morbidity and mortality, the WHO is facing a wider and more substantial range of challenges, exacerbated by the effects of an evidently globalised community[1]. It seems that the challenges are present on a much wider scale than disease itself, with factors such as the rise in the number of global health actors and the need for sustained governance threatening to harm health in the same way a pathogen is able to exert harm within a human system, requiring direct focus and intervention to restore and sustain well-being.

The specific roles of the WHO are abundant and widespread, from promoting best practice guidelines to coordinating effective responses to disease outbreaks and managing transnational health statistics to assess inequalities within key health indicators[4]. Indeed, both subtle and dramatic changes in global health priorities require multinational organisations such as the WHO to continually adapt their operations and procedures, ensuring preparedness for any health issue that may be on the horizon.

## Foundations of the World Health Organisation: Global Health Actors

The World Health Organisation, a dedicated United Nations (UN) agency, was formed on the basis that health is a fundamental human right, and that international health was seen to be essential for both peace and security in a post-warfare world[1]. It was strongly argued that complete international cooperation between all member states was essential for the success and solidarity of WHO. The WHO was very much a sole figure in the world of public health from the time of its formation to the late twentieth century, when global health was to undergo a dramatic revolution that has contributed to the complex and increasingly-fragmented architecture of today[5]. Until the 1980s, global health policy actors comprised of primarily UN institutions including WHO. This decade marked a notable change in global health governance however, with the increasing role of financial institutions, such as the World Bank. Public-private partnerships were formed as of the 1990s, as the economic downturn led to a decrease in development assistance from OECD countries. As a result, the twenty-first century was to experience a dramatic change in global health architecture, with multiple actors leading to a complex system of health governance[2].

## A New Global Health Architecture

The very proposal of an entirely 'new' global health architecture is a somewhat contested subject amongst authors[6]. Whilst some support the concept that the past decade has given rise to a new global health system, in which a multitude of different actors work both independently and in a coordinated manner, others believe that the current global health architecture cannot be considered a 'new' concept. Global health is a rapidly-changing and constantly-expanding field, with continual integration of actors and organisations, and therefore the very notion of a 'new' architecture may be contested. In other words, it could be suggested that the current health architecture was a result of decades of new and adapting methods of health governance, the formation of specific partnerships to address high-profile diseases *etc*, and therefore cannot be accepted as a 'new' concept, but an architecture created as a result of continual health developments in an increasingly-globalised world[7].

For the purpose of this essay however, the new global health architecture will be defined as follows:

*"The new global health architecture represents the change in the general global health system that has led to an increased number of actors, including multinational, bilateral and non-governmental organisations, leading to pertinent issues of health governance, leadership and funding, which need to be appropriately addressed in order to best manage and allocate resources on a global scale"*.

In addition, the new global health architecture includes the framework of diseases, of both high and low political priorities, which have arisen as a result of globalisation factors and the current economic situation. Certainly, it is difficult to encompass the entirety of current health-related issues into one definition and a narrow framework, however this definition provides a solid basis for discussion on where the WHO resides in relation to the new health architecture.

In terms of global health funding, WHO continues to contribute a large proportion of health funds, which have significantly increased in the past two decades due to new-found NGOs, philanthropic donors and so on[8]. Figure 1 highlights the sources of global health funding, from 1990 to 2010, indicating WHO's contribution amongst other leading global health actors. Funding is often indicative of the power of an organisation within the global health arena. Figure 1 also signifies the relatively new actors within international health and the substantial contributions these have made towards the overall budget. The Global Alliance for Vaccines and Immunization (GAVI) for example, which was founded in 2000, has progressively increased its contribution to health funding within the past decade[8]. Such diagrams may demonstrate the role and standing of WHO in relation to other key actors in the health environment.

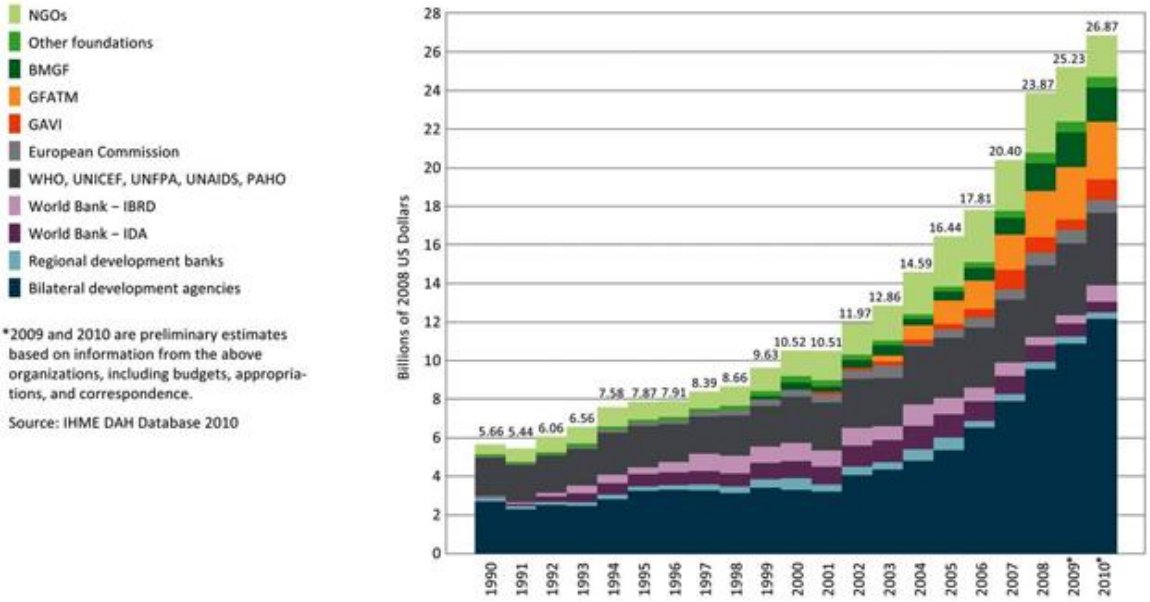


*Figure 1 – Total level of investment in global health funding, 1990-2010[8].*

## The World Health Organisation: An Institutional Reform

In late 2011, the World Health Organisation declared that a complete organisational reform was to take place, in order to make WHO "fit for purpose" in light of the unique health challenges facing the institution in the 21st century[1]. As explained by Margaret Chan (Director-General) in 2010, "WHO can no longer aim to direct and coordinate all of the activities and policies in multiple sectors that influence public health today"[1], but nevertheless, an internal reform is needed for WHO to remain at the pinnacle of global health leadership.

## Case Study: The Role of WHO in HIV/AIDS

Due to the very nature of the major worldwide epidemic that began in the 1980s and early 1990s, HIV/AIDS has long been high on the political agenda for many countries, attracting high levels of funding from a multitude of sources including WHO, bilateral agreements and specifically-dedicated non-governmental organisations[9]. Many foundations and programmes, for example the '*Global Fund to Fight HIV/AIDS, Malaria and Tuberculosis*' have arisen in recent decades to address this humanitarian crisis on an unprecedented level. This has resulted in a huge number of actors within the field of HIV treatment and intervention, which can account for the increase in fragmentation and the urgent need for effective coordination measures by a neutral player, but also the number of collaborations and the continued commitment of the private sector. HIV/AIDS represents one of the most complex global health webs or frameworks with regard to a specific disease, with the urgent rush for scale-up and treatment access often undermining the need for regulated and sustainable programmes at specific regional levels[9].

The WHO's role in relation to global HIV/AIDS prevention, treatment and care may be considered a transparent one[10]. A number of HIV guidelines have been issued since the disease was first recognised as being a monumental threat to worldwide population health, for example "Anti-retroviral therapy for HIV infection in adults and adolescents", which advises countries on treatment strategies and delivery[11]. Numerous programmes and initiatives have been devised by WHO in order to address this large-scale health problem, and many targets have been proposed in response to the Millennium Development Goal 6 (MDG-6), which primarily aims to address HIV/AIDS and malaria amongst other hugely-prevalent diseases. For example, WHO's "3 by 5" initiative aimed for 3 million eligible people to be receiving anti-retroviral treatment (ART) therapy by the end of 2005; a target that was not met until 2007[12], which raised pertinent questions over the role of WHO and the effectiveness of its HIV scale-up programme. Regardless, WHO has since devised a number of strategies in order to address the major challenges in distributing HIV treatment to the most vulnerable populations of countries with extremely limited health system capacity.

Within a complex arena of global health actors, including civil society, private and state actors, WHO has sought to collaborate with a number of institutions and organisations, all with the common objective of providing universal access to treatment for those who need it[13]. A current figure estimates that 10 million eligible people have no access to ART, which continues to threaten population health, and indeed the productivity of the population and the wider economy[9]. WHO has found a unique partnership with UNAIDS in recent years, and subsequent reports have introduced a set number of strategies that aim to address the challenges posed by providing "universal access by 2010"[12]. WHO's specific work in the HIV/AIDS epidemic is outlined in the plan "*The contribution of the World Health Organisation to scaling up towards universal access to HIV/AIDS prevention, treatment and care, 2006-2010*"[13]. The plan highlights five key strategies (Figure 2) that are to be undertaken in order to assist countries in scaling up HIV/AIDS prevention, care, treatment and support programmes, and also to address health system strengthening measures as a means of sustaining new-found and effective programmes.


*Figure 2 – The five strategic directions of the 'public health approach' that WHO is promoting for countries working towards the goal of universal access, as defined in "The contribution of the World Health Organisation to scaling up towards universal access to HIV/AIDS prevention, treatment and care, 2006-2010" plan*[13].

'*Treatment 2.0*' is a recent initiative set up by WHO in collaboration with UNAIDS; an initiative that aims to "catalyse the next phase of HIV treatment scale up through promoting innovation and efficiency gains"[11]. Major objectives of the initiative are for countries to harness the preventative benefit of anti-retroviral therapy, and to reach and sustain universal access to treatment[13]. The programme comprises five priority areas (Figure 3) that will enhance existing HIV/AIDS treatment and care programmes, with the aim of placing 15 million people on ART by 2015[12]. Treatment 2.0 principles include simplification, innovation, cost-effectiveness, efficiency, accessibility, affordability, decentralisation and integration[12]. The WHO/UNAIDS partnership is collaborating with a number of global partners and technical experts amongst other actors in order to implement this initiative in an effective manner. Only a select number of countries, including Malawi and China, have initiated the plan thus far, and the forthcoming years will see a number of evaluation studies published by WHO to assess the efficacy of the programme[12]. This particular aspect reflects one of WHO's most important regulatory roles, which is to constantly employ monitoring and surveillance systems in order to determine the health needs and determinants of populations, in addition to evaluating the efficacy of such intervention programmes.


*Figure 3 – The five interrelated priority work areas of Treatment 2.0, coordinated by WHO/UNAIDS*[12].

Collaboration between global health actors for specific diseases and health issues such as HIV/AIDS is undoubtedly crucial to the success of worldwide control and intervention programmes, however there remains both strengths and limitations of such global health partnerships. Figure 4 is indicative of the successful HIV/AIDS treatment and care programmes that have been implemented by organisations such as WHO in the last decade. As a result, over 6 million people are now receiving ART, however there are still millions not receiving any treatment at all; a challenge that continues to be actively addressed by coordinated global effort on all levels[9].

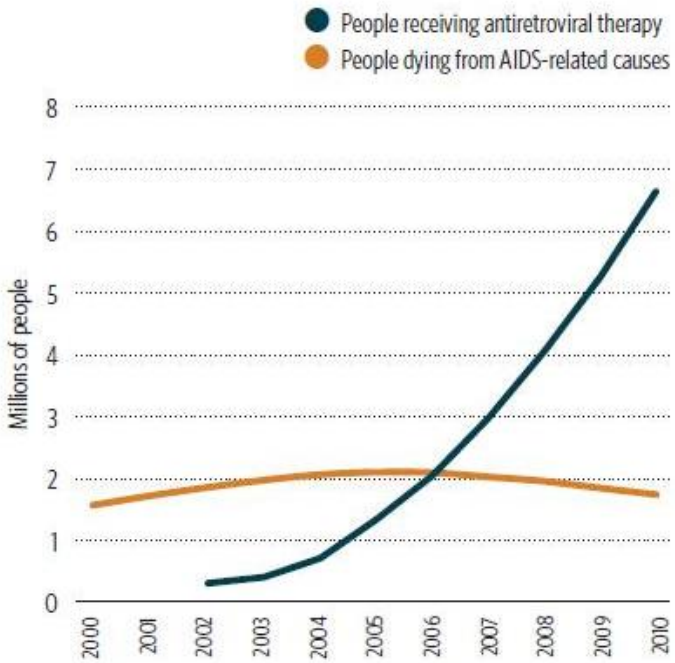

*Figure 4 – Number of people with access to antiretroviral therapy and the number of people dying from AIDS-related causes, low- and middle-income countries, 2000-2010[9].*

## Future of the WHO: The Need for Governance at an International Level

The specific case study on WHO's role in addressing the HIV/AIDS epidemic on a global scale has highlighted the importance of coordinated international health governance for the benefit of member states, national health systems, and perhaps most significantly, population health. It has been expressed by many authors that it is the duty of the WHO to fill the current 'void' in global health governance leadership, however there remains a degree of scepticism as to whether or not it is WHO that is best equipped to adopt this position within the current architecture[1]. The WHO Constitution names core functions, for example epidemiological and statistical services, the control of communicable disease on a global scale, and establishing international standards and norms, as essential to a world health information system[4]. Observed shifts in priorities in recent years however, has exposed a number of voids that have become subsequently occupied with other international health actors, such as the Center for Disease Control and Prevention (CDC), which now plays a major role in global health surveillance[4]. Whilst many believe that WHO remains necessary for such information systems and surveillance mechanisms, others debate that WHO's role in the future should be to coordinate existing actors, whilst setting norms and standards, yet not being in direct control of treatment programmes; a complete governance role should be adopted[4]. With regard to HIV/AIDS for instance, and taking into account the number of actors and financial commitments, a future WHO role could involve coordinating and convening actors to ensure collaborative work efforts that meet predefined standards[4]. Overall, the currently complex global health architecture, coupled with the level of reform being undertaken within WHO in the forthcoming years, has left the organisation in a relatively fragile and uncertain state.

## Conclusion

To conclude, there are many conflicting opinions as to WHO's role in the current and future global health architecture. Whilst some maintain that it will remain at the centre of global health activity as the major coordinating body, others view the WHO as being one organisation amongst a plethora of new global health institutions[1]. Some even believe the WHO to be an "out-dated" organisation within an increasingly-complex global health architecture, and that a new configuration is required in order to address the emerging health issues of the 21st century[1]. The case studies put forward in this essay however, demonstrate the capability and efficiency of WHO with regard to maintaining its essential core functions in implementing worldwide, yet country-specific health programmes. Overall, the WHO may be regarded as a multi-faceted UN organisation, deeply embedded into today's global health architecture, whilst maintaining the fundamental human right of "health for all" at the heart of its operation.

In today's society however, in which thousands of global health actors co-exist with varying implications, one may even question the very existence of a global health architecture[5].

## References


1. Kickbusch, I. *et al*. Addressing global health governance challenges through a new mechanism: The proposal for a committee C of the World Health Assembly. *Journal of Law, Medicine and Ethics*. [Online] 2010;38(3): 550-563. Available from: http://onlinelibrary.wiley.com/doi/10.1111/j.1748-720X.2010.00511.x/abstract [Accessed 30th January 2012].
2. Szlezak, N. *et al*. The Global Health System: Actors, Norms and Expectations in Transition. *PLoS Medicine*. [Online] 2010;7(1): 1-4. Available from: http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000183 [Accessed 30th January 2012].
3. World Health Organisation. *About WHO – Working for Health*. [Online] Available from: http://www.who.int/about/en/ [Accessed 30th January 2012].
4. Ruger, J. & Yach, D. The Global Role of the World Health Organisation. *Global Health Governance*. [Online] 2008;2(2). Available from: http://www.ghgj.org/Ruger%20and%20Yach_The%20Global%20Role%20of%20WHO.pdf [Accessed 30th January 2012].
5. Cohen, J. The New World of Global Health. *Science*. [Online] 2006;311(5758): 162-7. Available from: http://www.ncbi.nlm.nih.gov/pubmed/16410496 [Accessed 30th January 2012].
6. Ollila, E. Global health priorities – priorities of the wealthy? *Globalisation and Health*. [Online] 2005;1(6). Available from: http://www.globalizationandhealth.com/content/1/1/6 [Accessed 30th January 2012].
7. Huynen, M. *et al*. The health impacts of globalisation: a conceptual framework. *Globalisation and Health* [Online] 2005;1(14). Available from: http://www.globalizationandhealth.com/content/pdf/1744-8603-1-14.pdf [Accessed 30th January 2012].
8. Institute for Health Metrics and Evaluation. [Online] Available from: http://www.healthmetricsandevaluation.org/ [Accessed 30th January 2012].
9. World Health Organisation: HIV/AIDS. *Progress Report 2011: Global HIV/AIDS Response*. [Online] Available from: http://www.who.int/hiv/pub/progress_report2011/summary_en.pdf [Accessed 28th January 2012].
10. Cock, K. & Grubb, I. Towards universal access: WHO's role in HIV prevention, treatment and care. *Bulletin of the World Health Organisation*. [Online] 2006;84(7): 506. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2627398/ [Accessed 28th January 2012].
11. World Health Organisation. *HIV/AIDS*. [Online] Available from: http://www.who.int/hiv/en/ [Accessed 30th January 2012}.
12. World Health Organisation. *The Treatment 2.0 framework for action: catalysing the next phase of treatment, care and support*. [Online] Available from: http://www.who.int/hiv/pub/arv/treatment/en/index.html [Accessed 30th January 2012].
13. World Health Organisation. *WHO's Role in HIV/AIDS, Fact Sheet, 2007*. [Online] Available from: http://www.who.int/hiv/mediacentre/WHO%20role%20in%20HIV.pdf [Accessed 30th January 2012].
14. Hirnschall, G. & Schwartlander, B. Treatment 2.0: catalysing the next phase of scale-up. *The Lancet*. [Online] 2011;378(9787): 209-11. Available from: http://www.ncbi.nlm.nih.gov/pubmed/21353697 [Accessed 30th January 2012].