

Health for all: Health for WHO(m)?

As we observe World Health Day (7th April) we also celebrate 75 years since the World Health Organization (WHO) was founded. The mantra then was 'health for all' and is embedded in the WHO's constitution as a fundamental human right to enjoy the highest attainable standard of health without distinction of race, religion, political belief, economic or social condition. It is as true today as it was in 1948 but remains tragically out of reach for the majority of the world's population.

That isn't to say that the WHO hasn't been without some remarkable achievements; notably of course, the eradication of smallpox, a disease responsible for an estimated 300 million deaths between 1900 and 1980. And the elimination of Polio and guinea-worm are now tantalisingly close. Other mass vaccination programmes have followed, including a new and promising [vaccine against malaria](#), which will be truly game changing for the majority world.

WHO's role in setting policies and guidelines is unparalleled, and from HAI's perspective, the introduction of the concept of Essential Medicines (those that satisfy the priority health care needs of a population) stands tall among them. National Essential Medicines Lists (EMLs) are closely related to the Rational Use of Medicines (RUM) which aims to ensure the right medicines, in the right dose, for the right amount of time and at the lowest cost to them and their community. Both concepts remain at the core of our work and we are in lock-step with the WHO on trying to make it happen.

But the 75 years of WHO is not without issues. Having worked with WHO over the course of our 42-year existence, HAI has witnessed some drastic changes in the way the WHO works, particularly at its main office in Geneva. In our view, first among those must be the excessive bureaucratisation that has taken place which serves to suffocate WHO's ability to act. Recalling the 'golden era' at WHO, there was an agile and determined grit to take on a health leadership role globally, shaking things up and making a difference, for example tobacco control, which has made a major impact on public health. However, as critics of bureaucratisation will point out, [Parkinson's law](#) and the [Peter principle](#) are only too obvious at the Member States' secretariat in Geneva.

Coupled with this is the formulaic and somewhat academic 'technicalisation' of so much of WHO's output, which appears to be fundamentally top-down and all too often is not contextualised by the beneficiaries. So, whilst grand action plans, strategies and road maps promise much and raise expectations, they are too often unachievable.

We have worked with some amazing individual staffers at WHO. I hesitate to call them maverick, but they were certainly not people who were keen to tow the

bureaucratic line, and were indeed prepared to take risks. It was with them that we really made progress on access to medicines, and I only hope that such dynamism can be once again injected into WHO's operating practice.

More recently, there has been an onerous, and some would say cynical move by WHO to limit, or even remove the voice of civil society from the global health debate. We have seen the removal of CSO side event sessions at the World Health Assembly (WHA), a narrowing of the space allocated to the voice of civil society in debates (now down to 60 seconds), a merging of sectors (e.g., private business interests and civil society now all called non-state actors) and the operationalisation of so-called 'constituency statements' at the WHA, which forces joint statements between actors, many of who have divergent interests.

It's not all bad, whilst we critique the WHO, we support and work with WHO whenever possible, but in the next 75 years please let this global jewel regain its lustre and live up to the expectations of the people it serves, and truly deliver on health for all.