

WN Guest editorial

World Nutrition Volume 6, Number 5, May 2015

Journal of the World Public Health Nutrition Association

Published monthly at www.wphna.org/worldnutrition/

World Health Organization Crises of command

The World Health Organization has big problems. This is the month of its World Health Assembly, held on 18-26 May at WHO headquarters in Geneva. I write here personally and also as from the People's Health Movement (PHM), which is dedicated to holding WHO to account in the public interest. Our latest [Global Health Watch](#) analyses many of the issues that now confront WHO. We at PHM stand for a strong, flexible, adequately and properly funded WHO, able to carry out its stated mandate. Our candid friendship is respected by many senior UN executives. We admire the work of WHO director-general Margaret Chan in pressing for universal primary health care, and also her statement, quoted more fully [in WN this month](#), that

Market power readily translates into political power. Few governments prioritize health over big business... I am deeply concerned by... efforts by industry to shape the public health policies and strategies that affect their products. When industry is involved in policy-making... the most effective control measures will be downplayed or left out entirely. This, too, is well documented, and dangerous.

Much of the more severe criticism levelled against WHO is not always fair. For instance, former WHO assistant director-general Jack Chow, in 'Is the WHO becoming irrelevant?' [in Foreign Affairs](#), may go too far in saying

The WHO – for 62 years the world's go-to agency on all public health matters - is today outmoded, underfunded, and overly politicized. In a world of rapid technological change, travel, and trade, the WHO moves with a bureaucracy's speed... Regional leadership posts are pursued as political prizes... For the WHO to be revived as the world's foremost health authority, it now needs intensive therapy itself.

The judgement of a 17 person panel including Larry Gostin, Sally Davies, Srinath Reddy and Fran Baum, summarised by Charles Clift in a [Chatham House report](#) published last year, is warmer:

Most members of the group...did not support the view that the WHO has been rendered largely redundant as a result of the proliferation of other national and international institutions with a role in promoting global health; rather the opposite. Now that the infrastructure of global health has become infinitely more complex than it was when the

WHO was founded in 1948 and an effective WHO is more important than ever. A revitalized WHO is equally important in order to address the new health challenges now confronting the world, not least that of tackling non-communicable diseases.

Elsewhere in *WN* this month, Anne-Emanuelle Birn shows that WHO is not only under-funded, but also overly influenced by funders insisting on their own agenda, chief of which is the Gates Foundation. But there are basic structural issues also. Conflict regarding the accountability of WHO's regional directors simmered below the surface during the special session of the WHO executive board on Ebola and during the board's regular meeting this January. At the end of the debate on WHO reform in January, Margaret Chan berated member states who suggested there is a problem regarding accountability of regional directors. This was ill-advised. There is a problem.

WHO regional directors have a split accountability, to both the director-general and through her to the executive board and World Health Assembly, and also separately to their regional committees and individual member states. At times of urgent crisis this arrangement does not work well. In an investigation of the WHO inadequate response to the Ebola crisis, [*Sarah Boseley in The Guardian*](#) uncovered a WHO internal document:

WHO's appointment system in Africa is also criticised in the document. Heads of WHO country offices in Africa are 'politically motivated appointments' made by the WHO regional director for Africa, Dr Luis Sambo, who does not answer to the agency's chief in Geneva, Dr Margaret Chan, it said. As Peter Piot, director of the London School of Hygiene and Tropical Medicine, told *The Guardian* last week: 'What should be [the] WHO's strongest regional office because of the enormity of the health challenges, is actually the weakest technically, and full of political appointees'.

WHO regional directors are appointed by member states in the region, and they are responsible for the national offices. The Chatham House report concludes:

Numerous external reports going back more than 20 years have identified key problems arising from the WHO's unique configuration of six regional offices, with directors elected by member states, and its extensive network of about 150 country offices. While these reports have recommended sometimes radical reforms, there has been hardly any response from the WHO and its member states. This is because the governance structures in WHO mean that there is a very strong interest in maintaining the status quo.

WHO needs more funds from member states. It needs the authority to spend most of the money it receives on work mandated by member states, and on work its own senior officials judge to be most urgent, important, and promising. This has special importance in the areas of nutrition and of chronic non-infectious diseases, which are almost hopelessly short of funds and people. In these respects WHO is now frustrated. The dysfunctional relationship between regional and country offices, and WHO in Geneva, must not be used as an excuse to starve WHO as a whole.

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