

The Brief Study on Role for the World Health Organizations

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ABSTRACT: *"Constitution specifies that fitness as not necessarily the absence of illness or infirmity, but the states for full physic, emotional, & communal health. WHO, ECOSOC-related parent organization is the major speaker for the common family system of the United Nations? It has also consciously and symbiotically engaged in the past and present to strengthen international public health and to intervene in humanitarian crises with regard to health and well-being issues. It is not possible at the present time to underestimate its complementary position in West Asia, Africa, America, South and South-East Asia with other relevant foreign and domestic actors such as the ICRC, UNCERF, UNDAC, EM-DAT and NDMA. The world health environment of the 21st century needs an effective global approach to global trades, travels, knowledge, human right, idea & diseases. A fresh world's fitness era was most complex, involving variety for main players & calls for most commitment, priority and investment coordination. Inside their central globe's role for establishing, controlling, & enforcing standards of worldwide & standards and organising multiple stakeholders toward shared aims, World Health Organizations (WHO) play crucial part for world-wide health and disease domination. Global governance for fitness needs WHOM leadership & a successful execution of the main global functions of WHO to make health stakeholders more efficient, but it may be impeded by the activities and allocating the budget from core global functions to accomplish this global goal.*

KEYWORDS: *Health Promotion, Health Emergencies Programme, Responsibilities, World Health Organizations.*

INTRODUCTION

At an establishment for a Constitutional for a World Health Organizations inside 1948, their goal was "to achieve the highest standard of health for all citizens." The 22 constitutional roles included serving as the 'Director and Coordinator on International Health Work' in assisting governments to develop health facilities in different ways, developing standards in a number of health fields, introducing 'conventions, agreements & regulations as well as guidelines on international health issues' and stimulating them. The goal was very detailed. The role of the WHO as a leading and organizing body has been questioned, starting with the World Bank's involvement in the health sector in the 1980s and accelerating inside a previous decade and a development for the no. of new global health initiatives. New programs were developed, financed and operating outside the WHO as partnerships with allocated funding and autonomous governance mechanisms inside the WHO [1]. WHO core funding has stagnated and relies on largely allocated contributions from governments and later foundations that reflect their specific views on world health needs and raise questions about the relationship with the priorities established by all Member States via WHO's governance structures? Global health has changed the political, economic, governing and cultural landscape.

Some new programs were established to resolve particular disease concerns, including UNAIDS (the Joint United Nations HIV/AIDS Programme), a Global Funds for Combat AIDS, Tuberculosis & Malaria (the Global Funds) & UNITAID, and GAVI Alliances (formerly a Global Alliances to Vaccines and Immunizations). Many collaborations include public/private drug creation projects like a Medicine of Malaria Program/Neglected Disease Initiatives. Non-governmental organizations have also established and launched

new global WHO-based projects, such as the Stop TB Collaboration or the Roll Back Malaria, but with an at times uneasily linked core WHO programmes. Characteristic of these latest projects is the participation of new private, NGO and charitable entities outside governments, unlike the WHO. The balance between national governments and other players, including the WHO, has been altered via new sources of funding, notably the Bill & Gates Foundation. This raises the issue of how WHO is positioned as regard to financing and implementing organizations, as various national and foreign players in public health. In relation to these other actors, what is the proper function of WHO? In this much more dynamic and fractured health context, what are concrete expressions of WHO's responsibility as a 'management and coordination authority?' As an Intergovernmental Body, how can WHO effectively participate in the field of 'public health' operate not only with donors and implementers but with private players, NGOs and civilian society in general? Exactly since the calculated contributions of Member States make up approximately 22-27% of WHO funding, 76-81% of WHO's research is focused on voluntary donations, typically distributed for different purposes. The emergence not only of new players and processes but also of new health concerns, values, politics, and political dynamics has potentially undermined the authority, legitimacy, capability and access to resources of the WHO [2]. Director-General Margaret Chan began a fresh initiative in 2010 to change the way the company operates. The need for a WHO to better tackle the current global health problems is expressed by the urgency of many international health issues – old and emerging, such as rising inequality, the increasing influence of non-communicable diseases and the danger of pandemics. There have been many changes in the environment and in the world's wellbeing since 1948. It is not the all-consuming nightmare that the planet was trying to escape from when the WHO was created that now forms part of history. The global economy and technological capacities have grown beyond the imaginations of many. The political climate has also shifted. It came and went the Iron Curtain. Western economies have undergone exponential – now fainting – growth. The rapidly rising economies of developing countries today threaten their economic and political supremacy.

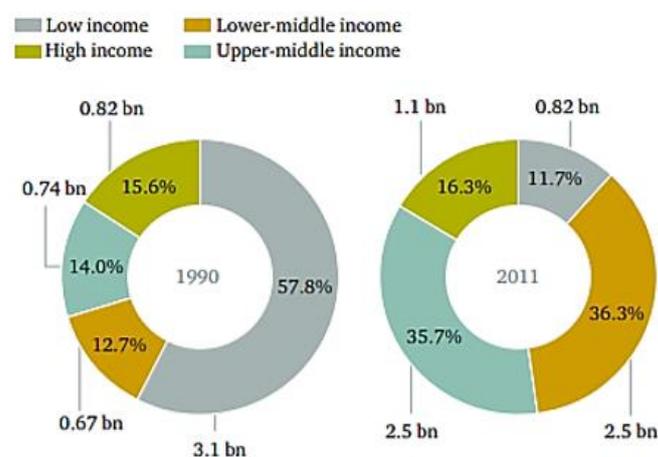


Figure 1: Demonstrate the Drastic Shifts in the Global Economic Situation 1990

There is thus corresponding confusion as to how global institutions will adapt to such a different environment reflecting the post-war status quo. Figure 1 captures the drastic changes in the world's economic status since 1990. In addition, the planet – including global health – has struggled to cope with the perceived risks to global health & safety, from climate change, population development, degradation of the environment to the spread of communicable and non-communicable diseases, migration and rising globalization-related disparities and inadequate impediments. Such risks also occur in other fields and include problems that are new and prominent to health professionals.

RESPONSIBILITIES AND FUNCTIONS OF WHO

The roles and duties of WHO include assisting governments for health care facilities; the development and maintenance of managerial & practical service like epidemiological & statistical service; incentives for disease prevention; improvement of housing, residential buildings, sanitation and working conditions and other environmental hygiene aspects; encouraging scientific cooperation. Three distinct elements of WHO's

activities are: The International Health Assembly, the Management Board and the Secretariat. It meets every year with the participation of health ministers from its 194 member states, and was a supreme decision taking bodies [3]. WHO is genuinely worldwide health organization that tracks the health of individual countries in the world and is taking steps to improve the health of the global community. In order to ensure that professional collaboration between Member States is free from the political concerns of the UN itself, the founding parents for UN intentionally sets away the networking at specialist organizations by its own assembly. Though, it didn't always work this way [4]. WHO cannot entirely escape the political tensions in the professional bodies and the debates of the Assembly have often reflected current political developments?

The distributed structures for the WHO is further a more and less politics' dimensions. The regional centres, better representing national desires, are committed to many of the services. The regional directors will, on the other hand, operate individually as elected officials – and often operate [5]. This provided the illusion that many WHO's live. However, given that regional director is elected, the conditions for re-election must be taken into account. Provided that regional director select country's leader into its region, personnel dynamic are unique inside the UN structure in the administration of WHO. There is clear national influence over country offices and members of the WHO countries have restricted powers or scope for the implementation of the programs.

STRUCTURE DETAILS

The head office of WHO is based in Geneva. The World Health Organization has 194 Member States and 2 non-UN members, like all the United Nations Members States with an exception for Liechtenstein, Niue & the Cook Island. Territory are not UN Member's State can associate, if approved by vote of the Assembly: Puerto Rico & Tokelau were Associates Member States, like Associate Member (by complete details still constrained participations & voting right). Observer status is also open to entities: for example, the Holy See (Vatican City) is a Palestinian Liberation Organizations. World Health Assemblies, a high decision taking system for WHO, is elected by WHO Member States. According to the WHO website, "other countries may be admitted to the World Health Assembly whenever its request is accepted through simpler major voting." All United Nations members are entitled to participate in the WHO membership process. Each year in May, the WHO Assembly meets. The Assembly shall consider an economic plans at the Company, review & approve a planned program budgets, for addition naming Director-General each 5 year. Assembly elects Executive Board for three-year terms 34 members, theoretically eligible in the health sector [6]. The primary function of the Board is to enforce, inform and promote the decisions and policies of the Assembly in general.

The WHO receives support from member countries and donors. WHO has worked more collaboratively in recent years; currently there are about 80 such collaborations with non-governmental organizations & medicinal industries & foundation including Bills & Melinda Gate & Rockefeller foundations? WHO volunteers are now higher than assessed contributions (double fees) from the 194 Member States by countries & native government, foundation & NGO, another UN organization & private sectors. Six WHO regional offices enjoy remarkable autonomy, uncharacteristic of the United Nations Organization. Each regional office will be headed by the RD who will be elected to one at time renewables 5 year terms by Regional Committee. The term for RD-elected person was forwarded for WHO Boards of Director at Geneva for confirming an appointments. Rarely, there confirmation from the selected Regional Directors.

Every WHO Regional Committee shall be composed of all the heads of health departments in all the countries that make up the region. Regional Committees also handle for defining guideline in order to implement a fitness & another plans accepted through World Health Assemblies in a region, as well as of the election of the Regional Directors. Regional Committees are development study boards to WHO's acts in a region too[1]. WHO Head for its country, indeed, is the Regional Director. The RD is responsible for overseeing and/or supervising a team of healthcare professionals and other specialists in the regional centre. The RD shall be also the director supervisory body for every head for WHO's country office, called WHO members, in between a region — simultaneously with WHO Director General.

1. *The Regional Offices*

Below is the list of regional offices: AFRO Regional Office, based in Brazzaville, Republic of the Congo. Here is the list of regional offices. By an exceptions for Sudan, Egypt, Tunisia, Arab Jamahiriya, Libyan & Morocco belonging with EMRO, AFRO comprises mainly Africa. The European Regional Offices of Europe (EURO) by headquarter inside Copenhagen at Denmark; the South-East Asian Regional Office (SEARO) by headquarter at New Delhi, India; and the Offices of South Asia (SEARO) by headquarter at New Delhi, India. (SEARO represents North-Korea), with headquarters in Cairo, Egypt; Eastern Mediterranean Field Office (EMRO).EMRO includes countries in Africa not included in the AFRO, and particularly in the Maghreb, as well as Middle East states; the Western Pacific regional office (WPRO), with headquarters in the Philippines and its Headquarter at Manila[6]. WPRO includes each Asian non-SEARO and EMRO countries and all Oceania nations. The Pan American Health Organization (PAHO) is also known as WPRO (South Korea) and AMRO, by headquarter at Washington, D.C., USA. PAHO was, with remote, a major self-governing for six regional office, which precedes a creation of the WHO.

2. *Country Offices*

In all its regions World Health Organizations operate 147 countries & liaison office. For general, an existence for the national bureau was focused on the need identified by the Member State. Within the capital, there will be a country office of the WHO, often supplemented by satellite office at the province or sub-region. The diplomatic rank inside given nations is same as that of Ambassador Extraordinary and Plenipotentiary, with proper privileges and immunities. The WR (similar to the members of the other United Nations agencies) is, as a de facto ambassador in most countries, and/or de jure, is regarded as an ambassador [7]. In its place for being the Ambassador to another independent nation, the World Recovery Organization (WR) serves as a senior civil servant for the UN who functions as an ambassador to the country in which it is accredited.

Country offices consists WR, many health & other experts & support staff, globally & locally both. WHO Country Offices are primarily responsible for being the primary health and pharmaceutical policy consultant of the government there. International coordination organizations serve almost the same function as national offices, but normally to a lesser degree. They also occur in countries that need a full-service country office, but which do not have the biggest health system failures. Liaison bureaux shall be headed without diplomatic immunity through the liaison officers that is a national of the given nation.

3. *Recruitment*

World Health Organizations, a United Nation entity, 7 like share with other agencies the centre for shared peoples plan. A Company has over 8,500 employees with around 7,000 of them representing the secretariat itself. Today, the WHO organised into 8 division dealing with infectious disease, non-communicable disease & mental fitness, families & social wellbeing, growth by sustainable method & fitness environment, fitness technologies & pharmaceutical, & expansion policies.

The given division supports four pillar for the WHO: global direction on wellbeing, global expansion and enhanced health standard, collaboration by government to reinforce country-wise fitness systems & the implementation by advanced wellness technology, data, & standard[8]. Other WHO goals include government health service support; health policy, goods and services development; and health determinants activities such as nutrition and food safety.

The WHO operates in about 150 nations, as mentioned previously, by 6 regional office globally & country office. The World Health Assembly comprises members of over 190 countries and provides budget and policy oversight for the organization. "WHO aims at achieving the highest quality of health for all people" as described inside their Constitutions like a leading & co-ordinating specialist into the field of global fitness care [9]. It aims at improving people's lives and reducing the burden of sickness and poverty as well as providing effective health care for all citizens. In order to improve the consumptions for fruit & vegetable globally & discourages the utilization of tobacco, WHO also conducted numerous medical initiatives for adding them to their works on diseases eradication.

THE REFORM OF WORLD HEALTH ORGANISATION

Since 2010, WHO has been at the centre of a series of reforms debated by the Member States under the leadership of Director-General, Dr Margaret Chan, to tackle the increasingly complex challenges in health in the XXI century. Such changes involve three components: programs and setting goals, accountability and accountability. The programmatic change involves prioritization and a strengthened model of technological implementation. The goals need to be clearly identified and discussed, on the one hand, transparently and focus ally [10]. On the other, to ensure successful and efficient implementation and avoid an overcommitted and over-reaching organization, aligner resources, whether technological or financial, are necessary.

The Program Budget 2014-15 was taken and further established with program goals with consistent results and sufficient funding under the Program Budget 2016-17. Program goals were established. The chain of results for the 2016-17 program budget also has been improved through the creation of organizational performance metrics relevant to observable health outcomes. The reform of the governance aims to clarify and strengthen the Organization's positioning in an effort to ensure greater coherence between the many global health players involved. That can be achieved by strengthening corporate governance processes and involving external stakeholders more effectively.

The management reform aims to enhance the capacity of How to produce the best performance, through the recruitment and retention of the best talent and the utilization of the capital entrusted to the company. In order to address the needs at all three levels of the organization, various modifications in human resources, based on the human resources approach have been implemented. Additional steps have been taken to enhance accountability, transparency and internal controls and to improve assessment, information management and communications.

CHALLENGES AND ACCOMPLISHMENTS

Inside a second half 20th century, the wellbeing of world improved dramatically, with rapid economic growth and scientific advances without precedent or provided that practical collaboration for their member state, the WHO played a very central role in defining health policy. From 48 years in 1955, life expectancy increased to 69 in 1985. The child mortality rate decreased over the same period from 148 per 1 000 living births to less than 59 per 1000 live births. In many of the most populated nations, population growth has slowed significantly. The ancient mark, Smallpox, has disappeared. Many accomplishments include lice-borne typhoid and yeast regulation. Polio and guinea worms are about to be removed entirely. There are also many other transmissible and tropical diseases in retreat. The possibility of virtually eliminating IDD, the central reason of brain's damages in youngster child, was evident with universal salt iodination too. But in many parts of the world, total poverty still spreads. There are growing disparities between and within countries in health and wealth. The benefits of modern medical research are over one billion people. There is no clean water for one in five people worldwide. 13 million deaths worldwide, most of these in developed countries, occur in infectious diseases alone. 70% poor were ladies, and risk for the hopeful mom dying from childbirth inside global poor nation was 500 time higher to its equivalent for the wealthier region. Over feeding & pollutions led to deep climate change which has an impacts over an atmosphere & human fitness [11]. Globalizing commerce and the commercialization of cigarettes, alcoholic drinks, high-fat food and unhealthy lifestyles have been dramatically increased.

WHO 's strategic importance as a UN specialist health agency is acquired worldwide authority and guaranteed a core place by its numerous programs and policies at the global, regional and national levels and by its humanitarian mission? While it can be considered the world's leading health organization, it has no significant effect on health. As several global corporations and world-wide institution, comprising World Bank & an International Monetary Funds, are profoundly affected by the WHO's public health. Moreover, some of these institutions, in particular the Bank, now play a leading role in health policy in direct competition with the WHO [12]. The rise in neo-liberal economy and its subsequent assaults on multilateralism led by the United

States have created a new and challenging climate for WHO work, which is lacking ineffective response to the organization, desperate for money and often poorly controlled.

CONCLUSION

The discussion of the development of the WHO and its reform efforts encompasses a broad range of issues relating to governance, structure, strategies, goals, finance and managing. An aim for providing important history & past context with present WHO reforms debates. Like defined overhead, present reforms method in the WHO admirably comprehensive for numerous methods so there were numerous possible avenue to reforms which were not completely address for understandable reasons. There are no concerns about the role of the WHO on the international health system as it has developed, nor about the need for a more comprehensive reform of WHO governance, management and funding systems that is presently imagined. this is not clear, so, is current reforming effort are enough for allow an organizations for achieve their ability. Centre in WHO's role is international regulatory co-operation. It consist of a legitimate structure which enshrine the moral objective, enables the global members committent & offer elasticity & answerability. In this way, the wide ranges for legislative, technical &, increase, operational framework & resource are proper placed for promoting the sharing of information & datasets among country's fitness regulator, to motivate fitness researches & to develop standard & practices through a variety of legal and policy instruments. The role of the WHO representatives in handling the health crises is also of utmost importance and the variety of local WHO Secretariat offices ensures that they are responsive to chronic and acute domestic conditions.

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