



# Critical analysis of WHO's role in promoting health

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# The Ottawa Charter 1986



- ◆ Health promotion requires policy makers in all sectors and at all levels to be aware of the health consequences of their decisions...
- ◆ Healthy Public Policies

# The Bangkok Charter 2005

- ◆ effective global governance for health
- ◆ address the harmful effects of: trade, products, services, and marketing strategies
- ◆ health core responsibility for governments
- ◆ empowerment of civil society, critical consumers
- ◆ ethical and socially responsible behaviour of the corporate sector; government incentives and regulations.



# WHO Constitution

- ◆ The objective of the World Health Organization shall be the attainment by all people of the highest possible level of health
- ◆ WHO shall act as the directing and coordinating authority



# WHO's leadership and global health

- ◆ 1948-1988 - Development and leadership
- ◆ 1988-1998 - The dark years
- ◆ 1998-2003 - High profile and loss of drive
- ◆ 2003-2006 - Leading again to Health for All?

1948-1988

## Development and leadership

- ◆ 1948-1973 disease control and eradication (syphilis, malaria, smallpox), International sanitary regulations.
- ◆ 1973-1988 Halfdan Mahler DG
- ◆ Health for all by year 2000
- ◆ Alma Ata - Primary Health Care
- ◆ Ottawa Charter

# 1988-1998 The dark Years

- ◆ Neo-liberal policies
- ◆ Vertical approach - Selective PHC prevails
- ◆ Structural adjustment - Health Reforms
- ◆ WB leading donor in health

1998-2003

## High profile and loss of drive

- ◆ Gro Harlem Brundtland DG
- ◆ World Health Report 2000 - focus on Health Systems: intersectoral action, performance includes systems' equity
- ◆ Commission on Macroeconomics and Health
- ◆ Promotion of GPPP (GAVI, GFATM)
  - Vertical, quick-fix, lack of local ownership, technologically inappropriate, undermine local and global governance ...

1998-2003

## High profile and loss of drive

David Nabarro (DG's head of cabinet):

“We certainly need private financing. For the past decade governments' financial contributions have dwindled. The main sources of funding are the private sector and the financial markets. And since the American economy is the world's richest, we must make the WHO attractive to the United States and the financial markets

1998-2003

## High profile and loss of drive

- ◆ Health is back on global agenda
- ◆ The Framework Convention on Tobacco Control is endorsed by all member states
- ◆ WHO image and relevance is restored
  
- ◆ The global health agenda is not driven by WHO... one among many players

# 2003-2006 Leading again to Health for All?

- ◆ Increasing number and weight of GPPP.  
Role of WHO unsolved
- ◆ World Health Report 2003 health situation  
“raises urgent questions about justice”.  
Focus on values and practices of PHC and  
integrated approach.
- ◆ HIV/AIDS 3 (million) by (200) 5
- ◆ Commission on Social Determinants of  
Health

# WHO and health promotion: strengths

- ◆ Representation through universal membership
- ◆ Legitimacy from mandate
- ◆ Convening power
- ◆ Centre of global network
- ◆ Authority in setting standards and rules
- ◆ Unique position to gather information
- ◆ Capacity to advocate policies

# WHO and health promotion: strengths

- ◆ Advocacy for marginalised groups
- ◆ Providing evidence base for policy
- ◆ Promotion of agendas that are values and knowledge based
- ◆ Intersectoral programmes as healthy cities
- ◆ Bringing back health in global agenda
- ◆ Challenges to commercial interest which damage health...
  - “Much of this praise, however, has ritual air, run through rapidly as an appetiser to the main dish: strong criticism”

# Ottawa's pledges... were not maintained

- ◆ Healthy public policies, equity, control of pressures toward harmful products, trade & services; fight against resource depletion, unhealthy living conditions and nutritional habits
- ◆ Unrestricted economic growth irrespective of consequences human and environmental:
  - increased inequities; community participation purely rhetoric; efficiency of the system rather than impact on people's health.

# WHO and health promotion: weaknesses (1/2)

- ◆ WHO didn't lead the debate
- ◆ Selective, vertical, disease- rather than health-oriented approaches
- ◆ No capacity or will to coordinate global health action
- ◆ Encouraged deregulation (mushrooming of health GPPP) rather than leading sustainable processes at national level

# WHO and health promotion: weaknesses *(2/2)*

- ◆ Keener to collaboration with commercial sector, than civil society
- ◆ Lack of leadership in addressing the roots of health issues
- ◆ Logic and language largely bio-medical
- ◆ Donor driven (earmarked extra-budgetary funds)

# WHO and Bangkok Charter <sup>(1/2)</sup>

“WHO wholeheartedly supports the principles outlined in the draft Charter” (Lee J-W)

- ◆ Investing in health to reduce poverty
- ◆ Individual and global health security
- ◆ Universal coverage, gender equality health & human rights

# WHO and Bangkok Charter (2/2)

- ◆ Tackling determinants of health
- ◆ Strengthen health systems and equitable access
- ◆ Harnessing knowledge, science & technology
- ◆ Strengthen governance, leadership and accountability

WHO Programme of Work 2006-2015

# WHO and Bangkok Charter: opportunities (1/2)

- ◆ Health is high on the global health agenda
- ◆ Increasing consciousness and evidence about social and economical determinants of health
- ◆ 2006-2015 Programme of work delineates a way forward coherent with Health promotion

# WHO and Bangkok Charter: opportunities (2/2)

- ◆ Framework Convention of Tobacco Control an antecedent for WHO to provide leadership for coherent and effective development of International Health law
- ◆ Paris Declaration on Aid Effectiveness push for coordination, local ownership, harmonization, alignment, accountability
- ◆ New Director General



# Threats and challenges

Commitment remains rhetoric and most powerful decision-makers do not really care for:

- ◆ Social justice
- ◆ Full and universal enjoyment of human rights
- ◆ Protection of the environment
- ◆ Healthy public policies

Bellagio 2003: advising DG  
elected Lee Jong-wook about  
increasing WHO's accountability

- ◆ Increase credibility (be ready to do what you are saying you are going to do, and do it)
- ◆ Be honest and clear about WHO direct tasks and responsibilities (and limitations) vs. member countries responsibilities (i.e. commitment not followed by action)
- ◆ Support your proposals and advocacy with evidence and face challenge



## about increasing WHO's accountability

- ◆ At every level, look for allies as near as possible to “the people” and “the Peoples” (*grassroots*)
- ◆ Be sure to have “health believers” and “activists” on your side
- ◆ Look for wider participation and listen
- ◆ Worry about being accountable to “all the people” not only to those who are supposed or claim to represent them



A new DG for WHO ...  
and new leader for global health?  
Dr Chan: “making this world a healthier place”

To face the challenge WHO needs:

- ◆ “a noble system of ethical values”
- ◆ political courage
- ◆ Solid network of allies who share the same vision

# A new DG for WHO ... and new leader for global health? Dr Chan: “making this world a healthier place”

To face the challenge WHO needs:

- ◆ “a noble system of ethical values”
  - Dr Chan referred to it in her inaugural speech
- ◆ political courage
  - Dr Chan will have to demonstrate having it
- ◆ Solid network of allies who share the same vision
  - Dr Chan will have to build it with the right ones

To face the challenge WHO  
needs to decide to whom it  
wants to be accountable

