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Fortress WHO: breaching the ramparts for health's sake

Every constitution expresses tension between vision (in the preamble) and organisational function (in the **remaining** articles). Apart from the inevitable gap between aspiration and performance, with time internal institutional needs become increasingly important and threaten to overshadow the purpose for which the organisation was established. Even if the original goals remain important and relevant, institutional integrity requires periodic **re-**examination to determine whether the organisation has strayed too far from its central purpose. This dynamic process is an essential part of remaining **true** to self.

Approaching its half-century, these challenges of organisational identity and **continued relevance**—confront the World Health Organization (WHO). However, the key issue is not how WHO will respond but whether it will respond at all. The existing leadership of WHO has adopted a **fortress** mentality, fighting bitterly to sustain the status quo and meanwhile allowing good will and opportunities for **revitalisation** to slip away. The Organization is demonstrably off course—untrue to **itself—and** consequently **suffering from** both a myriad of internal ailments and a loss of the intellectual coherence that is essential for global health leadership.

WHO's credibility and prestige are ultimately derived from respect for its **pre-eminent objective**—"the attainment by all people of the highest possible level of health". In the preamble to the WHO constitution, four central ideas underlie the grand **vision** of personal, national, and global health. First,

by defining health as "a state of complete physical, mental and social well-being", WHO profoundly enlarges its potential field of action. The second notion, which is equally radical, is that the "highest attainable standard" of health is declared a fundamental right of every human being, and that realisation of this right directly engages governments. Third, health is understood to be fundamentally **transnational**: global security and peace depend on progress and equity in health and on collective action. Finally, improved health requires public participation and informed public opinion.

These fundamental principles help to **clarify** how, beyond the manifestations of programmatic confusion, a leadership vacuum, and budgetary quandaries—has lost its way—and ultimately, how it may **regain** coherence, credibility, and relevance.

How does WHO come to be in such a sorry state, lacking a coherent strategy for promoting attainment of health for all—its central, global responsibility? For a start, WHO does not operate according to its own definition of health but remains dominated by a biomedical physically based concept of health in terms of disease, disability, and premature death. The mental and societal dimensions of health are virtually ignored. Another key factor is that WHO is slavishly in **thrall** to its Member States. Appropriate respect for national sovereignty has been overtaken by blind obeisance to narrow national **wishes—eg,** the desire to avoid embarrassment, as in admitting that an epidemic is

underway. The interface of health and **human rights** has been studiously ignored, **WHO** being fearful that **this** dangerous mix might contaminate the Organization with “political” considerations. That WHO has defined and limited its constituency to Ministers of Health reflects an outdated analysis of health and severely constrains capacity for action to promote and protect physical, mental, and social wellbeing. WHO is virtually hidden **from** the public; this opacity was blatantly apparent during the 1993 election **of the** Director-General, with its total absence of public **discussion** or awareness of candidates’ views. Further, WHO remains essentially **unaccountable—outside** inner governmental circles, who has any idea of its budget or priorities?

Meanwhile, the world has changed. The broad vision of WHO’s founders has been vindicated in the modern recognition of global health interdependence, in the **powerful** emerging consensus about health (and its underlying preconditions) as a right in the non-legal or moral sense, and in the importance of personal and community-based action for health. Concretely and symbolically, the HIV/AIDS pandemic and WHO’s response illustrate the gap between WHO’s stated goals and its current institutional reality. Confronting HIV/AIDS, WHO tried but was ultimately unable to **(a)** sustain its work with community and non-governmental **organisations; (b)** deal with human rights issues (first, as a tragic effect of the pandemic and later, when it **recognised** discrimination and other rights abuses as the **root cause of** vulnerability to the pandemic); **(c)** develop **a strategy to address the societal dimensions; (d)** sustain international **solidarity; or (e)** apply a truly global perspective to the **greatest lesson of all-global** vulnerability to emerging **diseases**.

Policies and programmes articulate a strategy, which itself must derive from a clear definition of the problem. A revitalisation of WHO requires a clear analysis of health and obstacles to health in the modern world. In the preamble to its founding document, WHO provides, Newton-like, the giants upon whose shoulders, it may now stand to see further. The preamble **recognises** the reality of global health interdependence, calls for individual, community, and national action, identifies societal factors as the main determinant of health status, and encourages work to ensure the fundamental conditions in which all people can achieve physical, mental, and social wellbeing. The same principles hold true **today** and provide the foundation for radical rethinking about WHO. The easy option would be to focus on individual failures or the **painfully obvious sources of corruption and mismanagement within the Organization.** That course must be resisted, since it would merely substitute tinkering for the necessary fundamental reform.

Three central actors must play their parts if WHO is to be saved. First, the official shareholders—the Member States—must assume their responsibility. Second, the informed public must be engaged, because its role in the modern world extends beyond representation by governments. Third, WHO itself (and the larger United Nations system of which it is **a** part) must be willing. If WHO did not already exist, it would have to be invented. Now, if global health and **“the** highest attainable standard of health for all” remain **a** vision worth working for, **WHO must be reinvented.**

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