What Changed at the WHO?

2 June 2024

In the 1970's the World Health Organisation seemed to do good work towards public health particularly in developing countries and did not find it necessary to dictate rules and regulations on the developed world.

What changed?

In the 1970's, when my father was a contributor to a WHO publication on the standardisation of equipment aim at the control of the spread of Malaria, the WHO engaged in a wide range of such public health initiatives, especially in developing countries, but it did not engage in expanded mandates and global dictates.

Standardization Efforts

- **International Health Regulations (IHR)**: Even in the 1970s, the WHO was responsible for implementing and overseeing the International Health Regulations, which were first adopted in 1969. These regulations aimed to prevent the international spread of diseases and were an early form of global health governance.
- **Technical Standards and Guidelines**: The WHO developed and disseminated technical standards, guidelines, and recommendations for various health issues, including vaccinations, disease surveillance, and public health practices. These standards were crucial for harmonizing health practices across different countries.

Public Health Initiatives in the 1970s

- **Smallpox Eradication**: One of the WHO's most notable achievements in the 1970s was the successful global campaign to eradicate smallpox, which culminated in the declaration of eradication in 1980. This effort involved extensive coordination, vaccination campaigns, and surveillance activities across numerous countries.
- **Primary Health Care**: The 1978 Alma-Ata Declaration emphasized the

importance of primary health care, aiming to provide accessible and essential health services to all people. This declaration highlighted the WHO's commitment to improving health care infrastructure and services, particularly in developing countries.

- **Malaria and Tuberculosis Control**: The WHO continued its efforts to control and reduce the incidence of malaria and tuberculosis, particularly in endemic regions. These programs involved research, development of treatment protocols, and implementation of control measures.

Broader Scope Beyond Standardization

- **Health Education and Training**: The WHO was involved in educating health professionals and training health workers, particularly in low- and middle-income countries. These efforts aimed to build local capacity for addressing health issues.
- **Research and Development**: The organization supported and conducted research on various health problems, facilitating the development of new treatments, vaccines, and public health strategies.
- **Health Systems Strengthening**: The WHO worked to strengthen health systems, improve health infrastructure, and enhance the delivery of health services in many countries.

While the WHO's role in standardizing health practices and guidelines was a significant part of its activities in the 1970s, it was also deeply involved in on-the-ground public health initiatives, research, and health system strengthening, particularly in developing countries. Thus, while it functioned as a standardization committee in some respects, its broader mandate and activities extended well beyond this role.

Since the 1970's

The World Health Organization (WHO) has undergone significant changes in its approach and role since the 1970s due to several factors, including shifts in global health challenges, changes in political and economic contexts, and evolving expectations from member states. Here are some key factors that contributed to

these changes:

1. Globalization and Increased Interconnectedness

- **Increased Travel and Trade**: The rise in global travel and trade has made the spread of infectious diseases more rapid and widespread. The WHO has had to adopt a more global perspective to address health threats that can cross borders quickly, necessitating involvement in both developing and developed countries.
- **Global Health Security**: Events like the SARS outbreak in 2003, the H1N1 pandemic in 2009, and the COVID-19 pandemic highlighted the need for coordinated global responses and the importance of the WHO in setting international health regulations.

2. Emergence of New Health Threats

- **Chronic Diseases**: There has been a significant increase in non-communicable diseases (NCDs) such as heart disease, diabetes, and cancer. These diseases are prevalent in both developing and developed countries, prompting the WHO to develop guidelines and recommendations that apply globally.
- **Antimicrobial Resistance**: The rise of antimicrobial resistance is a global issue that affects all countries, leading the WHO to issue guidelines and policies aimed at both developing and developed nations.

3. Political and Economic Changes

- **Shift in Global Power Dynamics**: The rise of new economic powers and the changing political landscape have influenced the WHO's operations and priorities. The organization's focus has had to adapt to the interests and needs of a more diverse set of influential member states.
- **Funding and Influence**: The WHO's funding has increasingly come from voluntary contributions from member states and private donors, who may

have specific interests and priorities. This shift has sometimes led to criticisms that the WHO's agenda is influenced by the interests of its major donors.

4. Expanded Mandate and Responsibilities

- **International Health Regulations (IHR)**: The IHR, revised in 2005, expanded the WHO's mandate to include a broader range of health issues and to require member states to report certain disease outbreaks and public health events. This has increased the WHO's role in global health governance and its influence on national health policies.
- **Universal Health Coverage (UHC)**: The WHO has increasingly promoted the concept of UHC, which aims to ensure all people have access to needed health services. This has led to the development of global standards and recommendations that impact both developing and developed countries.

5. Health Inequities and Social Determinants of Health

- **Focus on Inequities**: The WHO has put greater emphasis on addressing health inequities and the social determinants of health. This broader focus necessitates involvement in a wide range of health issues affecting all countries, regardless of their development status.

6. Technological and Scientific Advancements

- **Data and Surveillance**: Advances in technology and data collection have enabled more comprehensive health surveillance and data sharing. The WHO utilizes this information to issue evidence-based guidelines and recommendations that apply globally.
- **Research and Innovation**: The pace of medical research and innovation has accelerated, requiring the WHO to continuously update its guidelines

and policies to reflect the latest scientific evidence.

In summary, the WHO’s role has evolved from primarily focusing on infectious diseases in developing countries to addressing a wide range of global health issues that affect all countries. This shift has been driven by globalization, new health challenges, political and economic changes, an expanded mandate, a focus on health inequities, and technological advancements. These factors have necessitated a more comprehensive and globally inclusive approach to public health.