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**World Health Organization**

World Health Agency (WHO) is the specialized agency of the United Nations. The agency was established in April 1948. The Headquarter of the WHO is located in Geneva, Switzerland. It is a member of the United Nations Development Group, and United Nations Economic and Social Council is the parent organization. In July 1946, sixty-one countries had signed the constitution of WHO(Group, 1998). Since its establishment, it has been playing an instrumental role in the paradigm of international public health. It has various offices in different countries that make sure to monitor the progress and issues of the organization. Funds are collected by the nations who sign for the establishment of the organization and are the member of it. Other nations can donate or get access to its benefits after the permission from World Health Assembly through voting.

**Origins**:

On 23 June 1851, the International Sanitary Conference was held(“Home,” n.d.). This conference became the first predecessor of the World Health Organization. During the first convention of international sanitary, cholera was addressed. It was approved and enforced at the 7th international sanitary conference.

In 1907, meeting between the government representatives in Rome stipulated the final decision about OIHP, i.e. Office international d’hygene publique. Permanent committee and secretariat were presented. Except the World War I, the committee met in 1908 for the first time and thereafter a year. After the First World War, The League of Nations was established. The constitution did not establish until April 1948. China and Brazil presented a proposal about the health organization for the whole world in 1945 (“How to Reform the Ailing World Health Organization,” n.d.). On 7 April 1948, and after World War II, WHO was potentially acknowledged after all the health organizations were absorbed by the United Nations.

**Budget**:

The program budget of the World Health Organization is an important instrument for the member states. Budget is used to manage and approve the goals and priorities of WHO. It provides targets and achievements to be fulfilled. Budget set outs the available resources to manage the tasks and for balancing the accountability of the organization. Initially, the budget set for the organization was five million U.S dollars in 1949 (France-Presse, 2018). During 2002-03, the budget of 842,654,000 dollars was approved for WHO by the World Health Assembly. With the passage of time, contribution and goals kept on accelerating. Therefore, the budget of the organization witnessed immense growth to successfully incorporate and meet the growing metrics of international health issues and provision. The budget in amount for 2018-19 is about 4,422 billion dollars.

**Structure:**

WHO is a member of the United Nations Development Group. Various regional offices are established at different locations all around the world. This regional division was made during 1949-52. The reason behind the establishment of the regional office is to maintain the need by decision making on a regional level. Every region has its own committee; they conduct a meeting once in a year and discuss all regional progress, procedures and problems. Besides, there exist the World Health Assembly and Executive Board and regional committees operate under the influence of these bodies. World Health Assembly works as the legislative body for WHO. Above all are the member states. Member states of WHO select the delegation for the World Health Assembly, who take important decision for WHO (Ruger & Yach, 2009). For the membership of the organization, all United Nations’ member states are eligible. Other states can only be a potential part after the approval through votes given by the World Health Assembly.

**Main Objectives:**

The main focus of the World Health Organization is to provide the maximum level of health and care. To achieve the objective, the WHO adheres to the provisions and statutes promulgated in the constitution. The organization is providing its services on international health as a directing and coordinating authority. It also gives assistance and guidance to the governments in the hour of crisis. During emergencies, it advances to offer necessary aid to the people but only after the acceptance of the government. The WHO makes sure to provide its services equally and the obligations are not dependent on the investment level of the member countries. The WHO ensures the best level health care to those who need it. Another objective of the WHO is to promote advancement of health through advancement of technology in health care and by promoting cooperation professional and scientific groups.

**Role:**

For the public health sector, the main role of the organization can be defined as; it monitors the health situation and focuses on the trends of health. It also acts as a leader in the case of a critical health issue and provides technical support (“WHO | World Health Assembly,” n.d.). It controls the standard of health by generating and promoting the norms and their implementation. Wealth Health Organization is playing a crucial role to control the HIV/AID, Tuberculosis, malaria, and other non-communicable diseases like reproductive or sexual health, issues related to aging and development, and substance abuse (Brown, Cueto, & Fee, 2006). The other important role of the organization includes the annual survey and reports. World Health Organization derives different health reports by arranging different surveys and assessment, keeping the records of health development is also included in the role (“What we do,” n.d.). Present Director General who is providing his services to World Health Organization is Tedros Adhanom. Every director general works on five year term. Tedros Adhanom stated his duty from 1st of July 2017 (“WHO ethics,” n.d.).

**A Critical Appraisal on the Need of Reforms**

The member states and the international bodies have asserted significance on the need of introducing potential changes in the structure of the WHO. The resources of the organization have struggled to meet the challenges assigned to it by the states. The rise of new global health threats as pandemic flu, HIV/AIDS and noncommunicable threats have stretched the lacunas embedded between the capabilities and mandate of the organization. The ventures of institutions, separately taken initiatives and partnerships have further challenged the delivery and mandate of the WHO. The Ebola epidemic was one of the prominent menaces which caused the sanctity and reverence of WHO to be compromised (Pittet, Allegranzi, Boyce, & Experts, 2009). Moreover, the paradigm of global health has transitioned into a multitasking community which incorporates a wide range of organizations with immense expertise. An article published in the Public Health journal stipulated that in one-third staff of the WHO, which were deemed professional, only half personnel are the medical experts, only 1.6% are social scientists and only 1.4% are lawyers (“WHO | Who we are,” n.d.).

**Potential Outsourcing**

The WHO ought to aim at outsourcing a number of its operations to the pertinent global agencies that are sustainable and delivering as per the evolving needs of the global health model. It will boost the operational management of the organization to an immense extent. For instance, the WHO will advance to successfully focus on a restricted number of core activities to harness competitive advantage (Group, 1998). The orchestration of the broader array of global stakeholders of health will assist the WHO to manifest the resources in fundamental activities. In essence, the WHO was never established on the primary principles of implementing the essential global health activities. The statute of the WHO comprises the practice of collaboration and coordination with the pertinent agencies to promote and assist the collective functionality. All these development resonate with the essential responsibility of offering leadership by outsourcing the key elements (“WHO | Collaborations and partnerships,” n.d.). However, these implementation tasks ought to align with the organizations whose principles lie at the very heart of implementation. The contemporary model of the WHO collaborating centers present an explicit illustration of the outsourcing of technical elements to the seasoned experts across the world by the utilization of the WHO imprimatur (Topping, 2019). Several empirical instances call for the need of outsourcing the operations to other potential agencies. The standard and technical settings are crucial in these circumstances. The Gates-funded Institute for Health Metrics and Evaluation, in the University of Washington, is acknowledged worldwide. They have contributed with extensive international research studies to become the pioneer of the diseases study in the world. A perspective can be established that it is the major ally of the WHO and both must assist the WHO under challenging times. However, the facts on grounds contradict the reality. The Department of Health Statistics and Informatics of the WHO conducts the research studies similar to the other discussed body. Both these organizations often face conflict in reaching a conclusion or stipulating the experiments or research (“WHO reforms for a healthy future: report by the Director-General,” n.d.). An intricate question is worth mentioning here. Does the international community and states require two giant organizations with the same global motives, goals and operations?

The response of the WHO on HIV is the other dominant area where the organizations endeavors overlapped with other agencies. It is imperative for the organization to establish a management unit within the higher ranks of the WHO to assess objectives and determine the need of outsourcing the crucial tasks. It will, irrefutably, take significant time and rational argument to convince the sitting government model as the member states.

**Sustainable and Predictable Structure of Financing**

The WHO is generally financed through the two streams. The member states have to pledge a certain amount of money based on the population and economy of each state. The second source is the voluntary contribution made for specific diseases(“WHO | Financial and Programmatic reports,” n.d.). To potentially improve the operational framework of the WHO, the overall budget ought to be at least doubled. The mandatory payments from the member states must comprise 55% of the budget within five years (“World Health Organization News – the latest from Al Jazeera,” n.d.). Moreover, the impact of the voluntary contributions needs to be assessed thoroughly based on the ventures, outcomes and delivery in critical circumstances. The voluntary contributions deprive the agency to set its own primary agenda. The global burden of disease rarely aligns with these voluntary funds. A strict check ought to be kept on the influence and activities of the donors as they are often willing to overlook the noncommunable diseases, mental illness and injuries (“World Health Organization global policy for improvement of oral health ‐ World Health Assembly 2007 - Petersen - 2008 - International Dental Journal - Wiley Online Library,” n.d.). The critical deliberation of these facts reveals that the system of voluntary contributions has made the WHO to function as a donor-driven organization. It must be revisited as the split of the budget is adversely affecting the budge effectiveness and competency to meet health challenges.

**Revamp the Regional Structure**

The regional structure should be revisited by empowering the director general to select the regional directors. The regional officers are independent bodies within the United Nations structure and possess control over country and regional personnel. Each region formulates separate budget and most of the contribution is made by the central budget. It casts adverse impacts on the smooth functioning of the organization. The internal financial capacities get depleted in true letter and spirits. In the crisis of Ebola, the key stakeholders confronted each other to gain and exercise control which hindered the international assistance (“WHO | Programme Budget Web Portal,” n.d.). Therefore, it is imperative fort the WHO to act and operate in a coherent manner. The regional director general must possess the power to monitor the workforce, resources and norm development and deployment in the global health emergency.

**Mitigation and Prevention of the Global Health Emergency**

The mandate of the organization should primarily focus on the prevention of the epidemics across the world. The establishment of a global health reserve workforce, comprising highly trained personnel, in a lower-income setting is significant to be deployed in case of global emergencies (Yach, 2016). Once a global health emergency is declared, the organization should establish a Contingency fund. Several committees have highlighted it but the organization has failed to respond prudently. In addition, it gives rise to the need of the international health fund. The long-term international health fund will not only assist the nations but also confront the emergencies. It will likely boost the economic and healthcare dimensions of the lower-income states.

**The intervention of the United States**

The fundamental debate about the contentious issue of debate manifests is not related to the structural constraints. Instead, the true reform will occur after the bold decision making of the stakeholders of the WHO. The member states generally shape the priorities and resources of the WHO. As the pioneer in the global health, the United States must act as the lead catalyst in the process. Nevertheless, the WHO must also advance to take the responsibility and change the rigid policies. If the stakeholders prefer not to reform the structural and institutional problems, the international comity of nations will never advance to believe the values and applications of the WHO. The bottom line is that the financing, governance and management of the WHO must be revisited as per the policies and the innovations discussed above.

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