

New WHO leader should keep health of the poor at the heart of the political agenda

Gro Harlem Brundtland has successfully pushed health to the centre of the international political and economic arena, and raised the profile of gender equality. In doing so, she has succeeded in reversing the perceived slide in the relevance of WHO as the lead UN agency for global health. The new leader will need to continue down that path, but also address the gaps and unfinished business of the Brundtland era in a rapidly changing public health environment. The organisation remains vulnerable to diverse pressures through its easily manipulated funding arrangements.

The world needs strong moral and inspirational leadership that will uphold the health of poor people at the centre of WHO's values and at the heart of the international political agenda. Such leadership will enable the organisation to maintain a balance between the interests of the public and those of the private sector. The single most important recent criticism of WHO has been that its terms of engagement with the private sector have limited its ability to speak out on intellectual property rights policies.

Maintaining its independence is a critical issue for the credibility of WHO given the decreased role of the public sector in the face of the plethora of public-private partnerships and the increasing role of the private sector, including pharmaceutical companies, in health policy making.

Together with reaffirming the organisational core values, the new leader needs to set in motion a fundamental commitment by political leaders in both developed and developing countries for long-term financial and technical support to functioning and sustainable health services. The report of the Commission of Macroeconomics and Health estimates that US\$27 billion per year is needed in donors' grants to fund a basic package of health services in low-income countries compared with the current \$6 billion. The implications of this shortfall are clear.

WHO must persuade ministries of health and finance in developing countries, in addition to developed country donors, to mobilise resources for achieving agreed health outcomes. WHO's advocacy should also address the macro-level actors, including the International Monetary Fund, and insist that funding for

health is an important investment for economic growth as well as for global security. The inadequate international response to fighting HIV/AIDS demonstrates the lack of serious commitment to health of many governments in both developed and developing countries.

The WHO strategy should include evidence-based policies and interventions to tackle infectious diseases, chronic diseases, and risky environments with programmes that reinforce health outcomes. While disease-focused programmes could secure rapid achievements, these must not compromise the sustainable transformation of health systems, which will require an integrated approach and long-term support.

Global policies affecting the health of poor people go beyond health services. The new World Trade Organization agreement on Trade Related Aspects on Intellectual Property Rights (TRIPS) is threatening access to medicines in poor countries. Although WHO has a long history of effective leadership on medicines, the cutting edge advocacy in this area is being undertaken by non-governmental organisations. Although the Essential Drugs and Medicines Policy unit was one of the first to alert the development community to the relationship between TRIPS and health, the organisation has not been outspoken on the pre-eminence of patients' rights to access to medicines over commercial rights in a worsening global health crisis. The issue of access to medicines will be seen as a benchmark of WHO commitment to the interests of poor people.

For WHO to achieve the agreed public health goals of its member states, it needs better support. The WHO core budget drawn from members' contributions for 2002-03, is about £280 million (US\$450 million)—slightly above the budget of one London Primary Care Trust (Westminster) for the same period. Clearly this is not enough to carry on work on policy development, setting global norms and standards, providing much-needed country support, and advocating for health policies to benefit the poor.

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WHO should focus on improving health systems

Save the Children believes every child has the right to health. If this right is to be realised, all international policies (including economic, trade, and health policies) need to consider their effect on children. The new Director-General of WHO must view health as a right—with an understanding of both the current technical health issues and international trends. WHO must focus on strengthening health systems by supporting existing national capacity and assisting the effective implementation and monitoring of national development plans. The new Director-General must ensure that global priorities do not marginalise the most vulnerable. By understanding that private-public partnerships are not going to solve the major financing gap in health they will support international efforts to provide long-term solutions. WHO must return to the principles of primary health care of equity and participation—only then can we hope to achieve the Millennium Development Goals.

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