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Editorials and Annotations

Editor's Note: A New Director for WHO

Public health the world over can greet with enthusiasm the endorsement by the World Health Assembly this month of Gro Harlem Brundtland as director of the World Health Organization (WHO). After several uninspiring years of stolid and layered bureaucracy, we can hope for fresh thought, imagination, competence, and commitment. Leading the organization back into its historic position of international leadership—one that only some of her predecessors have been able to sustain—will be a formidable task.

The contributions of Yach and Bettcher and George Silver's editorial, all in this issue, make clear the magnitude of the task. Dr. Brundtland is well equipped, however. Educated as a physician in Oslo, Norway, she received graduate training at the Harvard School of Public Health. After a career in government medical service, Dr. Brundtland became Norway's Minister of Environment and was elected Prime Minister in 1979, serving 3 terms.

We can expect Dr. Brundtland to give primacy to health as a goal for all countries. Indeed, she is quoted in *Lancet* as saying that she will "put health at the top of the political agenda."[1] Two other goals, she said, are "to help countries establish primary health care services available to all their citizens," and "to be better prepared to respond to emergencies." But the key to effectiveness may well be her intention to reform the management style of WHO and to make maximum use of its concentration of talent. To achieve that, she said, everyone must have a "clear and ambitious mandate."

Dr. Brundtland has obviously acquired, by experience and achievement in major arenas, a canny and much-needed political sense. We wish her well and look forward to the new regime. □

Mervyn Susser
Editor

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Editorial: International Health Services Need an Interorganizational Policy

In their articles in this issue, Yach and Bettcher[1,2] correctly point out the deficiencies in structural relationships within the World Health Organization (WHO). The authors state that these problems interfere with the WHO's working efficiency and recommend corrective steps. Eliminating hindrances to the internal efficiency of the organization and especially improving its budget are clearly necessary. On a larger canvas, other obstacles to international health operations require equally urgent attention. These obstacles particularly derive from the lack of coordinated policy and action among multiple international agencies with health responsibilities. To the dismay of the international community, even as limitation of resources cripples international health functions, world health objectives are jeopardized by discordances in administrative interaction. To facilitate the objectives set by the founders of the United Nations (UN) 50 years ago, sights must be directed toward the operations, directions, and management of all UN agencies responsible for health activities. These agencies must coordinate their

Editor's Note. See related articles by Yach and Bettcher (p 735) in this issue.

activities and cooperate to maximize the efficiency of international health work.

In the past, WHO has been looked to as the leader in the struggle to meet world health needs. It has alerted and advised the world's nations on epidemic diseases; helped design programs and plans for improving health status; assisted countries in setting standards and in developing health manpower; and encouraged policies for care of the special needs of mothers and children, the elderly, the mentally ill, and the disabled. In emergency situations, WHO sought to help countries meet unexpected demands.

More recently, WHO's leadership role has passed to the far wealthier and more influential World Bank, and the WHO mission has been dispersed among other UN agencies. The United Nations International Children's Emergency Fund (UNICEF) has made children's health needs its bailiwick. The United Nations Development Program, busy building an industrial infrastructure, may eventually aid in the development of a health system infrastructure—but not yet. The United Nations Family Planning Agency (UNFPA) is limited and constrained by controversy on abortion. Most recently, the responsibility for dealing with the worldwide epidemic of acquired immunodeficiency syndrome (AIDS) was taken from WHO and placed under the UN umbrella as UNAIDS. All agencies have their missions, missions that may and do include health functions, but nowhere within the UN structure does a supervisory or planning body exist for the health field to sort out responsibilities, to avoid duplication and competition, and to see that no program falls between the cracks.

Health crises persist in an uneasy world. Whole populations are wounded and crippled in ethnic slaughters or in civil wars, while families and communities suffer the continued ravages of poverty and starvation or of new and more lethal epidemic diseases. Impoverished and desperate countries look to the UN for help and support. Assistance, however, tends to be slow and sometimes belated, and it is often inadequate or incapable of meeting the needs of countries most at risk in the face of nonexistent infrastructures in their health and transport systems. UN agencies do what they can with restricted resources. Wealthier neighbors stir themselves to use UN agencies to maximum effect but always cautiously and with limited contributions. Within the UN, ancient alliances distort humanitarian action: ancient antagonisms fester, inhibiting compassion and impeding prompt, energetic responses.

The world faces increasing health needs, and concern grows over redundant demands. The responsible international organizations are in disarray, hamstrung by financial constraints and internal incompetencies, frustrated by turf wars and cross-national policies. The agreed levels of national contributions are far from generous, yet the wealthy donor countries (including the United States) are billions of dollars in arrears to the UN and its constituent health agencies. In addition, the individual UN health agencies follow narrow, segmented interests and compete with one another for public appreciation and funding.

The nature of the organizational structures that impede the functions of these agencies, and the disorder in their interaction that hobbles or dilutes their effectiveness, generally go unmarked. Yet, an analysis of their operational policies might improve their capabilities and economic efficiency and offset disparagement of their activities.

Some explorations of this type have been attempted in recent years. WHO, especially, has been the subject of extensive investigations. Siddiqui,[3] in his book *World Health and World Politics*, carefully documents the historic development of WHO from 1948 to 1985 and offers thoughtful insights on its operational effectiveness and its struggles to achieve policy objectives. Godlee,[4–7] in a series of articles in the *British Medical Journal*, examines the status quo of WHO operations in a more critical manner, finding less success and more failure in the various undertakings. More recently, a *British Medical Journal* article written by Lee et al.,[8] a team of international health policy students at the London School of Hygiene, offers an overall critical review of UN policy in the field, attacking the lack of coordination and assignment of "mandates" to the various UN agencies involved in health matters.

Siddiqui's text on WHO relates more to the examination and recommendations offered by Yach and Bettcher. Siddiqui is fairly optimistic about the approach introduced some years ago by former Director-General Halfdan Mahler, entitled "Health For All," which emphasizes general health improvement measures and bypasses the sectoral approach of disease by disease.

On the other hand, Godlee, also restricting herself to WHO, opposes the Mahler view because it fails to meet her standard of conformity with individual country needs. She believes that the WHO regional bloc system has not made progress in developing countries because its failure to focus on individual country needs frustrates rational action. In her opinion, WHO should be devoting its time and resources only to "work in the country." Thus, "from the meager resources that WHO makes available at country level, it is clear why country operations are the weakest link in an already weak chain of influence from Geneva to the people in its member state."[7]

Lee et al. are even more critical of WHO, but extend that criticism to the UN as the villain in the international health scene. They write, "Since 1945 at least five United Nations organizations have become substantially involved in international health activities . . . while formal mandates have been complementary, effective mandates have led to an unclear delineation of activities."[9] Others have been critical of the UN's failure to accommodate to the multiplicity of management problems it faces. In his book *Management Problems in the United Nations Organizations*, Beigbeder[9] criticizes staffing performance audit, and fiscal mismanagement, but he is chiefly concerned about "the fallacy that the development of poor countries can be achieved by a sectoral approach,' that is, by health agency efforts uncoordinated with or unsupported by economic, social and other policy efforts. Beigbeder approvingly quotes Maurice Bertrand: "An economic UN should be built side by side with a political UN."[10]

It is only fair to point out that the World Bank does not escape similar criticisms—from the political left and right. In the book *50 Years Is Enough*, edited by Danaher, Mohammed Yunus of Senegal is quoted: "The Bank staff living and working comfortably in the Washington area and venturing forth in luxury, with first-class flights and hotels, are out of touch with both the realities and the cause of poverty in the third world . . . bureaucrats talking to autocrats." In another book *Perpetuating Poverty*, in which the introduction is titled "The Dismal Legacy and the False Promises of Multilateral Aid," author Bandow and Vasquez[12] criticize the United States for keeping the World Bank a prisone of congressional politics. Brown[13] writes, in *The United States and the Politicization of the World Bank*, "The US still keeps its appointed Executive Director under closer governmental control than other Bank members think appropriate." And, he adds, "For the Bank, reality means dealing with political pressure from the US Congress."

The conclusion of the critical review by Lee et al.[9] asks the pertinent question: "How can the process of defining effective mandates be better carried out to optimize the use of resources for international health?" They point out that even the limited coordination efforts that do exist, such as scheduled joint agency meetings for policy exchange, go unused.

Advocates for all the agencies cry out to the great powers to meet their financial obligations, yet it is clear that without coordi-

nated purpose and plan, money alone would not fulfill expectations. At the heart of the difficulty is the failure of UN membership to recognize the coordination gap and to see that nations together must reach beyond national politics. The UN and its agencies, by their charters, are composed of government-appointed officials. Each agency head represents his or her country's interests along with the world's.

In the United States, representatives and senators have similar conflicts of interest, which often weaken legislation or skew it in favor of local interest rather than national interest. Resolution by some outside force, such as a nongovernmental agency with multinational support, is hardly likely to appeal to any Congress or Parliament that must appropriate the money. One need only remark the constant difficulties of the US Congress in appropriating the money to meet the obligations undertaken by our own government officials in the UN. Joint international action is bound to encounter problems of sovereignty.

On the other hand, it is not inconceivable that the UN could establish some type of coordinating structure. To do this, it would need not only to limit impediments that individual nations might raise against international health agency decisions, but also to prevent other agencies from circumventing those decisions. For instance, the US Congress, in a similar situation when members were unable to agree on military base closures, nonetheless allowed a bipartisan independent committee to be convened for this purpose. Harassed legislators were thereby protected from outraged constituents.

Coordination alone of activities by UN health agencies, even without added funds and within agreed-upon budgets, could overcome some of the present deficiencies of implementation. Conflicts that foil cooperative endeavor—for example, disagreements over rural vs urban development policy or between country representatives of WHO, UNICEF, and the World Bank—would be laid to rest. Perhaps even more limited approaches could be undertaken, with regional coordinating bodies rather than global efforts initially to point the way.

No single political change will suffice to mend all the holes in the net. In all likelihood, health ministries of poor countries will continue to be weak and ineffective, and as now, decisions will continue to rest with the ministries of commerce, treasury, and defense, where the major funding initiatives reside. Coordinating agency efforts could limit the power of other ministries in the health area. No international agency is likely to be allowed to compel compliance with international directives, of course. But countries that find their interests best served in cooperation may prefer their representatives to mute the emphasis on their national interest. Countries that have come to believe that they "own" the directorship of particular agencies may find that ownership has less impact and utility.

Health problems are embedded in the social problems of countries; therefore, UN agencies must recognize that they are interrelated in their objectives. According to Dr Miroslaw Wysocki of the UN's South East Asia regional office, as quoted by Godlee,[7] "The main determinants of health—poverty, education, and environmental degradation—are beyond WHO's reach." Moreover, change in the UN or in WHO alone cannot solve the problems of administration. As a *Lancet* editorialist[14] writes,

> 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.

Lee et al.[8] suggest, "What is needed is a joint review, similar to the International Health Conference of 1946, which led to the establishment of the WHO. . . ."

For the sake of alleviating the suffering, perhaps even of ensuring the survival, of billions of people dependent on effective international health aid, the influential governments in the UN need to take immediate steps to rescue the international health services through reform of the UN agencies that have health responsibilities. □

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