World Health Organization and more…

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When one encounters the term 'International Organizations' and is untrained in political science, it is easy to think of them as being large, well known, international non-governmental organizations. However, as I myself have come to learn, International Organizations are exactly the opposite. They are organizations established by governments of states to promote cooperation in areas of common interest at an international level. They are intergovernmental organisations.

In my training as a (medical) doctor, I have studied medical sciences. These medical sciences, which are part of natural sciences are very different from social sciences in many ways. A major difference is that medicine deals directly with the flesh – the material, physical, palpable human body – while social sciences study human behaviour, which is not palpable at all. With regards to medicine and the human body, one has to work with proven evidence (evidence-based medicine). The study and practice is more structured and clear in medicine. There is no room for guessing when one treats a patient (even though we, as humanity, are far from knowing all there is about the human body and health). In social sciences there is much more room for subjectiveness and far more variables out of our control or knowledge. It is easier to expect a certain bodily/physical response (based on previous studies and evidence) to a medical treatment than it is to expect a behavioural/social response to an action meant to influence such a response (even if previous studies and evidence are available). In other words, despite the fact that no human science is infallible, the physical is more stable than the social. In addition to this, in the medical field, all medical practice and treatment is universal. There is only one gold standard for all humans and there is no room for personal preference.

This is, I believe, a very strong point when looking at life and the world from a personal to an international level. Both the physical and the social reflect the same reality, but in different ways. And because they point to the same things, and none of us can escape our physical bodies, when we are in doubt about the social (how we should behave, what is the right thing to do for us and others, how far should we go with something, etc.) we can very safely go back and reflect/check the physical, especially our own physical, our own bodies. For example: if a person/a country/an international organization is in doubt regarding some laws, policies and/or practices about investing in ensuring there is fresh clean water for a certain population in a certain area (maybe it would be too expensive, or other investments would at first glance look more profitable, etc.), the way to eliminate the doubt is to look at oneself at a personal level and ask 'if I lived there, would I want fresh clean water? does having fresh clean water help me now in my life, in what I am doing? is fresh clean water good for my body and my health?'. If the answer is 'yes, fresh clean water is good for my personal body and health', then the doubt about investing in ensuring fresh clean water for other people such as I (with the same physical bodies) is gone. It becomes clear that investment in access to fresh clean water is a good thing – and it becomes clear what to do and what the priorities (behaviour) should be, starting from a personal level to the country level, to the highest international level. It is as simple as that.

The World Health Organization

The focus of this essay is not going in depth about the natural and social sciences and how the natural sciences help the social sciences. With the arguments above I want to point out the importance of the World Health Organization as an international organisation which focuses on health and healthcare, and also how different this organisation is from the others. Trading, money, laws, politics, etc. differ from country to country (even though there should be limits to

differences in these areas as well). Bodies are the same, health is the same, treatment is the same for everyone – they are universal. This alone is sufficient to justify the need and existence of an international organization such as the World Health Organization and for supporting it. "**WHO's unique status as a science- and evidence-based organization that sets globally applicable norms and standards makes it vital in a rapidly changing world**". (WHO, 2019)

The World Health Organisation (WHO) tries to help its Member States implement good policies through which everyone has an equal chance at a safe and healthy life. It coordinates the world's response to emergencies, promotes well-being, helps prevent disease, and helps expand access to healthcare. And it connects nations, people and partners to scientific evidence they can rely on. (WHO, n.d.)

When the UN was formed in 1945, states' representatives also discussed establishing a global health organization. In 1948 the World Health Organization was formed. (WHO Archived, n.d.)

There are 194 Member States, whose delegates meet every year in May for the World Health Assembly, which is the decision-making body, and "determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed programme budget". (WHO, n.d.) The agenda and the resolutions to be considered for the World Health Assembly are proposed by the Executive Board made up of "34 technically qualified members elected for three-year terms" (WHO, n.d.) who also nominate the Director-General (who is the chief technical and administrative officer) and oversee and facilitate the implementation of the decisions taken by the World Health Assembly. The Secretariat is made up of about 8000 staff consisting of health and other experts, and support staff, who work at the Geneva headquarters, in the 6 regional offices, and in the 150 country offices and other offices around the world.

The World Health Organization has a wide range of activities and initiatives: translating science for better health emergency preparedness, boosting climate-resilient water, sanitation and hygiene services, improved treatments for snakebite envenoming, supporting countries to advance health equity for persons with disabilities, addressing health inequities among people living in rural and remote areas, strengthening data on violence against women for action, and so forth. There is also a Global Programme of Work which was approved for 2019-2023 (another 5 year Global Programme of Work 2024-2028 should soon be published) which aimed to ensure healthy lives and promote well-being for all at all ages by having 1 billion more people benefitting from universal health coverage, 1 billion more people better protected from health emergencies, and 1 billion more people enjoying better health and well-being. (WHO, 2018)

As it is an International Organisation, I will analyse it using Fomerand's analytical model (Fomerand, 2010) to assess its role in development: the actorness is that of a facilitator of interstate cooperation; the decision making is made by the World Health Assembly with a simple majority (at least two-thirds present); from a policy output perspective it makes norms, it collects, creates, exchanges, and distributes science- and evidence-based knowledge, and it makes regulatory policies and promotes redistributive policies; its legitimacy is one of the strongest of all international organizations as "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States." (WHO, 1946)

In recent years, with the COVID-19 pandemic, the organisation has been much criticised for a slow and inadequate response to the crisis (Mullen, 2020), mostly by the USA, its primary sponsor. Because of this there are arguments that point towards the organisation losing part of its credibility and influence. (KFF, 2023)

The credibility and influence of the World Health Organization

As I am a (medical) doctor, I want to offer a different point of view as to how WHO is seen by the medical professionals. To them, the World Health Organisation has not lost credibility, nor its influence and I will argue why this is so, but keeping in mind this is still a subjective point of view as it has not yet proven by more objective studies, or at least I personally have not found any on this subject yet.

First, because the criticism arouse from the pandemic/emergency crises, I want to take a closer

look to what a crisis is from a medical perspective but to the understanding of non-medical readers. When an act of God such as a pandemic, or an earthquake, or floods, or other disasters happen, the medical routine of work is greatly disrupted (other fields are also disrupted, but the focus here is on the health/medical). Suddenly there is an extremely high influx of people with the same disease, or types of injuries that need help all at once in the same geographical area (or all around the world in a pandemic). These factors are very important: many people, same health problem, all in one area (or in the whole world – pandemic). Hospitals all have limited resources. It does not matter how well prepared they are for emergencies and crises, they still have limited resources. The wealthiest and best prepared hospitals in the world in the richest countries, still have limited resources. As prepared as one can be, eventually resources will end, space will be filled up (no more room in the hospitals). And not even one hospital in the world and not even one international organization in the world – the best prepared ones – can never be prepared for all possible emergencies and crises. Not one, not even all together, even if all worked perfectly together – no organization or institution/hospital or any combined entity – can ever be fully prepared for all possible crises and emergencies. We cannot be fully prepared for even one single possible emergency/crises of large proportions. We have limited resources and this will always be the reality when it comes to health and medical care. Even our own bodies have limited resources (e.g.: limited amount of blood). As there is a limit to what our bodies can take and still live even in perfect health, so there is a limit to what hospitals and international organizations such as WHO can take in crises and emergencies even with all preparedness for such events. And I understand the frustration that comes from state representatives. In social sciences it is easier to be blind to limitations. But in natural sciences, especially in medicine, one sees limitations all the time. When a patient is so ill, and medically we have done everything we could but there is still no cure for that person, still that person will die – a doctor sees his/her limitations there and the system's limitations. And it is heartbreaking, but this is the reality of life which we all must face. So, because there are physical limitations, state leaders and representatives need to consider them when they make certain expectations in the medical field and from health organizations. If in doubt, they should first look at their own human bodies.

Second, when it comes to medicine there will always be a need of science-based and evidence-based knowledge. This can change and improve (sometimes it can even regress), but nevertheless it will always be needed. History has shown us how practising medicine 'by the ear' is a very bad thing with fatal consequences for those seeking help in their illnesses. None of us want to be treated by an untrained person or by personal opinions. When we seek medical help we want to be sure that the person treating us is well trained (has solid evidence-based knowledge and skills) and that the treatment is a sure, proven treatment to succeed (at least by some percentage). This is why medicine and medical doctors and other medical professionals are very highly regulated. Every year doctors are obliged to participate in conferences and accumulate a certain number of points/credits so that they receive approval to practise in their profession the next year. Every five years these points and the doctors' activity are checked even more thoroughly so that they can be approved for the next year – so they continue to hold a license to practise. The need for science- and evidence-based knowledge in medicine is reason enough to see the importance of a global health organization. Medical doctors know this very well and that's why the World Health Organisation has not lost credibility, nor its influence with them. Non-medical people in powerful positions do not understand the depths and implications of practising medicine based on evidence. They should try to understand as much as they can, but more so they should listen to what their medical professionals are telling them and act accordingly. And again, probably the most profound way in which a non-medical person will understand that medicine needs to be based on evidence is when he/she needs medical treatment. The World Health Organization stands for and promotes universal science- and evidence-based medicine. This is very powerful and very, very much needed in medicine.

Third and last argument: because we all have the same human body with the same illnesses, because there will always be physical limitations to what we can do to help, because we all want and need health and well-being, because all medicine is universal and evidence-based in knowledge and practise, because we all need to be informed and apply the same proven, safe treatments – the need for a global health organization such as the World Health Organization will always be pertinent. The World Health Organization acts as an anchor for all medical professionals and gives a global and universal direction in practise

– which is exactly what medicine is supposed to be and do. So, even if it seems to the state leaders that this organization or others respond slower or not meeting their social sciences (political) expectations, in reality it is the opposite. The response is prompt, and wise, and doing the best that can be done in a crisis no one can ever be enough prepared for. The response and help is in the natural sciences. This domain has its own pace. An idea/demand comes in seconds, but the materialization of it takes days, years or more. The World Health Organization helps all medical professionals focus and practise medicine in the safest and most efficient way possible. We may take it for granted most of the time and not see how much it influences our work, but it is of utmost importance in what we, doctors and medical professionals, do. It anchors us all. So, non-medical people (leaders, journalists, etc.) can criticise – but for doctors, the World Health Organization is still very credible, very influential, and very much needed.

A good and very valuable initiative is the WHO Academy. It is "the World Health Organization's learning centre for anybody who strives to improve health. Now under development, the Academy will offer online and in-person courses to millions of health workers and others around the world. Each Academy learner will be guided on a personalised, lifelong journey towards achieving their learning goals and improving health in their communities." (WHO Academy, n.d.)

Medical doctors like learning/studying (obviously) and they have to keep learning and improving throughout their careers. A big drawback, especially in poorer countries (non-Western countries), is access to free or at least affordable updated medical information. This hinders their practise very much. Hopefully the WHO Academy will help all of us medical professionals in this area. It is certainly a much-needed endeavour.

Proposal for improvement of the functioning of the World Health Organization

Finally, I want to present my own proposals for the improvement of the World Health Organisation which can be closely linked to the WHO Academy, or they can be entirely different initiatives inside this organisation. My proposals can also become a foundation for one or more new international organisations or programmes, independent of WHO. In whatever way these proposals and ideas would transform into action is not so important as it is that they do become a reality and improve worldwide health care – for medical professionals and for patients.

My proposals are inspired from my own journey and struggling in life and in my medical training/career. They are subjective and are not yet proven to be effective or otherwise as they point to new, different ways of doing certain things. Being new and not applied yet, means we don't know how they work, if they work or if these ideas can even be applied in real practise. Even so, I believe we all need to constantly search for better ways of doing things where there is need for improvement, therefore new ideas should always be welcomed and considered.

Some very important notes about my proposals and ideas in this paper are as follows:

1. The ideas and proposals are free for anyone to use and try to put into practise. However, being free does not allow anyone else to make them their own. They can be freely used by anyone, but they belong to me and to whom inspired them. This means that if anyone uses these ideas and proposals they can do so without asking my permission, but they must state officially that these ideas and proposals belong to someone else and not to them personally. I prefer to remain anonymous, but it has to be officially and clearly stated that the ideas and proposals belong to someone else and are free to be used by anyone.
2. If anyone finds these ideas and proposals valuable and ventures in trying to apply them and they want/need my help in implementing them, I will help to the best of my abilities. However, my help needs to be officially and clearly asked for. I am satisfied with a helping position (adviser, counsellor, etc.) and I do not need to have authority to make the final decision. If we encounter problems, we deal with them together, and if we succeed, we succeed together – we share the burden and we share the credits. But it must be done in a proper official manner.
3. In case of any collaboration, failure to agree upon the truth in any matter is a legitimate reason for separation – not unifying in disagreement. Therefore I reserve the right to withdraw at any point, withdrawing my hands from the matter and not supporting the direction others take in trying to implement my ideas and proposals.

I have three main and general ideas and proposals. The scope of this paper is to present

them briefly and as such I will not go in detail into any of them. Furthermore, many new challenges can appear when one tries to implement them so the details are for other occasions.

First idea and proposal come from my own experience in studying for 10 months in the USA as an exchange student in my high school years and from working as a junior doctor in my specialty for 18 months in the UK. Studying and working in different systems than the ones in my own country had a very big impact on me. Both experiences changed my life and professional paradigms to the better. In both cases I found that in my own country and in the countries I travelled to there was a lack of understanding other cultures – of how others do things. I strongly believe travelling, and especially traveling for work, opens one's eyes to a broader world than our own personal bubble and brings beneficial changes in one's life and work. Therefore I propose a **permanent medical exchange programme for doctors** (and if this works, then for nurses also). This programme must have some specific rules to make it efficient:

- The exchange should be mandatory and sponsored by states and should be part of and during the doctors' training
- States and medical authorities should allow doctors in such programmes to touch/treat patients in the foreign country in according to their training and under supervision
- The total period of exchange should be at least 12 months and at most 18 months, with possibility of extending it to 24 months
- The exchange for all should be in 2 different countries (at most 3), one of which must be UK and the other in a poorer country than the one of origin (if doctors are from poor countries, then the second country of the exchange programme can be a richer country also)
  - UK has the Beveridge model for its healthcare system. This model is one of, if not the most, fair medical systems in the world when it comes to treating the masses.
  - The NHS (National Health Service) in the UK is the best medical service in the world. No medical system/service is perfect, but the NHS is the closest there is so far. I cannot prove these statements to be true or objective, but I dare anyone to prove me wrong.
  - In each country the exchange should be for at least 6 months for up to 9 months at the most, and there should be a rotation between 3 hospitals for each doctor.
- Doctors who finished their training should also be able to benefit from such an exchange programme, especially at the beginning of this programme.

The benefits from such a programme are large and many for everyone. I will not enter into anymore details in this paper.

Second idea and proposal come from my work experience in the UK as a junior doctor and the great need there is to prescribe medication safely. In my own country I always felt there is too little updated information on medication or it is/was inaccessible to me because of the high cost of obtaining it. In the UK I came in contact with and learned how to use the BNF – for free, just by being hired by a hospital. The BNF is the British National Formulary. It is in form of a book or as an app on the doctor's personal phone. It is updated every 6 months and there is a printed (book) BNF in each medical office in every hospital in the UK (which is changed with a new one every 6-12 months). This was mind-blowing to me when I worked there. Every country should have this and implement it exactly how the UK does. And if they already have it, and do the hard work for their own, I propose that **every country should translate the UK BNF (by a specialised team of medical professionals and linguists) and make it available to doctors just as the UK does**. It should be the BNF and not another book because of how things regarding the BNF are done in the UK – it is mandatory there, it is regular, everything is already in place and it works – we just need to extend it worldwide.

I realise there are costs and negotiations that need to take place mostly with the UK, but I strongly believe the UK is the leading country when it comes to health services, and we all need to learn from them. They are not perfect and have their own problems, but they have something different about doing things that gives a different perspective to outsiders who are wise enough to learn from them. Also, the UK doctors would much benefit from an exchange programme to see the struggles in other countries and to learn to value the NHS more, and not give up on it, because it is the best we all have. And, again, I can not prove these statements, but I dare anyone to prove me wrong.

Third and last ideas and proposals come from my struggles to have access (and understand) to free updated science-based and evidence-based information as a doctor and from the struggles doctors have in communicating medical

information (about patients) with each other when in different hospitals.

States should make it their priority to give doctors free access to science-based and evidence-based updated information. In many countries this exists, but in many it doesn't. The idea is that we need free access but also **we need teams in each specialty to regularly go through the new information, synthesize it for their colleagues, point out and even oversee the changes in practise it brings**. Doctors are very busy and it is difficult to stay and go through many studies and even more difficult to apply changes to practise by oneself. A team in each specialty focused just on this would be extremely beneficial. And **teams in all countries should be in contact with each other to make sure everyone receives, understands and applies the same information and practise**. Plus they can exchange information about struggles and experiences in practise.

Another thing states should make a priority is facilitating easy communication of medical information among doctors in different hospitals within the same country. Communication between doctors while at work is always a struggle, even in countries where systems are in place to facilitate communication. A focus on updating and facilitating communication between hospitals is very much needed, but I won't go into anymore details here.

One last thing countries should focus on and follow the example of the UK is **doing medical audits**. And for more information about these see the UK NHS.

These are my ideas and proposals. I hope they are wise enough and that, if applied well, they will bring improvement in healthcare to medical professionals and for patients.

The last thought for inspiration is: 'Doing good for the sake of Goodness'.

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