

# WHO Paradoxes in Emergency Operations: The Dilemma of a UN Specialized Agency

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## ABSTRACT

The past two decades have witnessed a major shift in humanitarian operations to respond to more internal conflicts instead of the traditional cross-border wars. Over the recent years, two major shifts have taken place within the WHO to orient toward response to emergencies, namely the introduction of the Humanitarian Reform and the Cluster Approach in 2005 and the introduction of the Emergency Response Framework (ERF). The financing of the agency in humanitarian operations is adding emerging elements to the WHO operations, especially because of the constantly higher contribution from non-state- and state- funding agencies. Pending issues include aspects like health strategy, conflict analysis, legal issues of aid delivery, impartiality in delivering services, and other aspects and needs.

**Key Words:** emergency preparedness, emergency responders, health policy

The World Health Organization (WHO), according to its constitution, is the global guardian of the public health and the UN agency responsible for attainment by all people of the highest possible level of health.<sup>1</sup> Technical assistance and “aid” provision is entirely bound by and upon request and approval of governments.

The past 2 decades witnessed a major shift in humanitarian operations to respond to more internal conflicts instead of the traditional cross-border wars. It became very complicated to fill the approach drawn by the WHO constitution. Internal conflicts are often characterized by what so-called non-state actors and sometimes militias classified as terrorist organizations. In many cases, these non-state actors/militias are controlling most of the country and its health system for long periods of time.

As a global guardian of public health, 2 major shifts took place that still trouble the strategic thinking and the implementation of WHO operations. The first shift was the introduction of the Humanitarian Reform and the Cluster Approach<sup>2</sup> in 2005 as the working model for coordination of humanitarian response. The WHO was assigned the role of Global Health Cluster Lead at country and higher level. Even though the clusters are meant to be a forum for coordination of work implemented by all actors and, in many cases, led by governments and/or non-state actors, there is an obligation of cluster lead agencies to facilitate neutral leadership. Health cluster is no exception – the neutrality of WHO leadership vis-à-vis supporting recognized government, despite their role in management

of the country health system, can pose a challenge to the organization.

The second important shift was the introduction of the Emergency Response Framework,<sup>3</sup> in the wake of the first Ebola outbreak in West Africa. The document importance is embedded in the fact that it ends the debate within the agency on whether the agency should be a norms and guidance setting to a fully operational agency in emergencies with a specific set of functions which should be fulfilled from establishing coordination to direct implementation of activities when needed.

These 2 shifts imply that the agency is now much more involved in health system management and operations in almost all emergencies globally in different forms and capacities.

The financing of the agency in humanitarian operations is adding an emerging element to WHO operations. When the constitution of the WHO was presented, the main source of funding to the organization activities was done through the assessed contribution (AC) of the Member States (MS). Nowadays, the AC by MS represent less than 20% of the agency funding,<sup>4</sup> which places the agency under the pressure of governments and non-state- and state-funding agencies, potentially pushing the agency away from its role of responding uniquely to governments.

The establishment of the World Health Emergency program was a clear endorsement for the agency to be operational on the ground, with a more concrete

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package of services and deliverables expected. However, issues like health strategy, conflict analysis, legal issues of aid delivery, impartiality in delivering services, and other aspects need to be included in a more flexible and accommodating constitution for a better response by the agency.

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### Conflict of Interest Statement

The authors have no conflicts of interest to declare.

### Author Contributions

OAM and SB contributed equally to conceive the idea and draft the manuscript.

### REFERENCES

1. World Health Organization. *Basic Documents*, forty-fifth edition, supplement. Constitution of the World Health Organization (WHO). October 2006. [https://www.who.int/governance/eb/who\\_constitution\\_en.pdf](https://www.who.int/governance/eb/who_constitution_en.pdf). Accessed May 11, 2020.
2. Inter-Agency Standing Committee. IASC guidance note on using the cluster approach to strengthen humanitarian response. November 24, 2006. <https://interagencystandingcommittee.org/working-group/documents-public/iasc-guidance-note-using-cluster-approach-strengthen-humanitarian>. Accessed May 11, 2020.
3. World Health Organization. Emergency response framework (ERF), 2nd ed. 2017. <https://www.who.int/hac/about/erf/en/>. Accessed May 11, 2020.
4. Kaiser Family Foundation (KFF). Coronavirus (COVID-19). The U.S. Government and the World Health Organization. April 16, 2020. <https://www.kff.org/global-health-policy/fact-sheet/the-u-s-government-and-the-world-health-organization/>. Accessed May 11, 2020.