

EDITORIAL

Whither WHO?

After several years of steady decline, there is a glimmer of hope that WHO may be able to reverse its course. These hopes are pinned on its new Director General, Gro Harlem Brundtland, former Prime Minister of Norway, a country which enjoys a reputation for the assertive independence of its people and plentiful oil money. Dr Brundtland brings a lot of energy, a high level of commitment, and proven competence to her new role. Her chairing of International Commission on Environment and Development which resulted in the 'Brundtland Report' is a testimony of her concerns for global health issues as well as of her leadership and diplomatic abilities. But the task of reviving WHO which has been making itself increasingly inconsequential and irrelevant, is a challenge which will demand everything in her. We believe that she could be the right doctor to treat the ailments besetting WHO.

WHO was founded with much hope to help the world deal with its health problems. However, its mandate was ambiguous, providing to its leadership much leeway in setting its direction and developing its *modus operandi*. Over the years, WHO has developed itself into a quasi-technical body providing 'technical' advice to countries. To support this role, however, WHO neither created in-house capabilities to develop or advance new knowledge and technology, nor has it acquired the ability to finance such development at other sites. This was well and good for a while, until large bilateral and multilateral aid came into vogue. According to the dictum, "Those who control the purse, control the power", these donors started stealing the limelight from WHO, as countries started to pay more attention to the program officers of these donors, than to WHO 'experts'. But the Cold War saved WHO from losing its legitimacy altogether. The end of the Cold War resulted in increasing liberalization of international trade and commerce, and in the establishment of WTO and related bodies enjoying adjudicatory authority. In turn, these have further reduced the political importance of WHO. This is because WHO is neither a major donor of funds, nor is it in a position to exercise legal authority over the countries, nor can it set binding norms.

WHO also suffers from an acute pathology in its organizational culture which tends to equate activities with achievements, slogans with strategy, and rank with competence. Its ethos is marked by cynicism, cronyism and absence of accountability. Dr Brundtland seems to be well alive to these problems, and has taken recourse to reorganization to deal with them. Let us hope that this reorganization is not a mere rearrangement of furniture for personal aesthetic considerations, but a strategic move to get rid of deep-rooted organizational pathologies.

But the critical task is providing WHO with a direction. Despite the loss of stature and internal problems, WHO continues to enjoy respect, particularly in the Third World. In the absence of big money and any legal authority over countries' health affairs, this goodwill is WHO's primary asset. However, it will fritter away even this asset, if it continues in its ineffective role of providing technical advice, or tries to do too much and thus spread itself too thin. Guided by the principle of parsimony, its medium-term strategy should be to choose a role it can play effectively in its present circumstances, and at the same time do the good it was designed to do. We believe that this role is to be the 'Conscience of the Nations'. In other words, WHO should stop being the voice of bureaucrats and politicians; instead, it should start calling a spade a spade and representing the cause of health. In playing this role, it should focus attention on the many failings of the health systems: the poor health status of populations, inadequate investment in health services, lack of balance between and among services, fanciful service statistics, neglect of vulnerable populations (notably the poor, women and children), and misuse of resources, and pervasive corruption. This will enhance the moral authority of WHO, which, in turn, could bring a higher degree of legitimacy to its leadership role in health affairs in the eyes of other major actors.

Such a course will be a major role reversal for WHO, requiring major changes in the deep-rooted habits of many. It calls for a lot of political savvy, 'chutzpah' and sensitivity and skill in managing 'transition'. Dr Brundtland is reputed to possess much of the first two, but the key to the problem may be in the last. We wish her well and hope that in the coming years, the answer to the question 'Whither WHO?' will neither be 'Hither and thither', nor 'Withering away'.

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