

World Health Organization

by **Wendy Braun**

Over the past 60 years the World Health Organization (WHO) has succeeded in improving the general standard of health around the world. The WHO is an international agency within the United Nations and is comprised of 192 countries. The World Health Assembly, a 34 member elected board, meets annually to determine new regulations and budgetary needs for the organization. Rights-based policy is integrated throughout the World Health Organization's programs. The WHO works with several entities, including non-governmental organizations, U.N. agencies and private organizations to achieve goals and implement new programs. Key topics for the WHO include gender rights, policy, and medical ethics. The Millennium Development Goals are a prime example of rights-based integration and universal collaboration that WHO strives to achieve, as these goals encompass the areas of poverty, education, environment, development and gender.

One priority is to improve women's rights through the promotion of gender equality and empowerment of women. Throughout the world, women are not given the same opportunities as men, and continue to be at an increased risk for HIV/AIDS infection. According to the WHO, women have a greater susceptibility to infection from HIV because of biological factors, gender roles, social behaviors and forced sex. In an effort to promote awareness and education, the World Health Organization has implemented programs such as Sixteen Days of Activism against gender-based violence and World AIDS Day.

U.N. policy intervention is an expanding effort throughout the world. To promote creative policy thinking, Secretary-General Kofi Annan created the High-level Panel on Threats, Challenges and Change in 2004. Under the Secretary-General's guidance, The World Health Organization works to improve policy that protects and improves people's well being. Though sovereignty continues to impact the progress of international human rights, the World Health Organization has been able to penetrate many of these barriers through intra-agency coordination.

Another example of successful policy intervention is the prohibition of unethical medical practices. To that end, the World Health Organization has utilized the Declaration of Helsinki and developed guidelines for research on human subjects. The basic principles include beneficence, non-maleficence, respect and justice. As medical research continues to allow for increased economic gains, developing countries are at a greater risk. The ethical guidelines are clear, but individual countries' interpretations have presented a challenge for the global community. The WHO provides training programs and capacity-building activities which improve understanding of ethical medical research.

The World Health Organization is also a leader in the effort to provide safe and equal rights to all citizens of the world. The challenge of state sovereignty is being penetrated by the WHO and collaborating organizations through international policy intervention, treaties and social pressures. In many cases there are no punishments for human rights violations. The WHO programs are utilizing local and international resources to combat many of the world's problems through rights-based approaches and policy interventions.

General Resources

S. R. Chunkath, Della, S. , Chotani, R. A. , Smyth, I. , Burns, K. , Hidayat, M. 2005. "Panel 2. 3: gender dimensions and human rights aspects to responses and recovery." *Prehospital and disaster medicine: the official journal of the National Association of EMS Physicians and the World Association for Emergency and Disaster Medicine in association with the Acute Care Foundation*. 20(6): 404.

Abstract: This is a summary of the presentations and discussion of the Gender Dimensions and Human Rights Aspects to Responses and Recovery of the Conference, Health Aspects of the Tsunami Disaster in Asia, convened by the World Health Organization (WHO) in Phuket, Thailand, 04-06 May 2005. The topics discussed included issues related to gender dimensions and human rights pertaining to the responses to the damage created by the Tsunami. It is presented in the following major sections: (1) gaps encountered and major issues; (2) limitations of response; (3) what could have been done better? and (4) recommendations.

N. ; Flores Daniels, W. ; Pannarunothai, S. ; Ndumbe, P. N. ; Bryant, J. H. ; Ngulube, T. J. ; Wang, Y. 2005. "An evidence-based approach to benchmarking the fairness of health-sector reform in developing countries." *Bulletin of the World Health Organization*. 83(7): 534.

Abstract: The Benchmarks of Fairness instrument is an evidence-based policy tool developed in generic form in 2000 for evaluating the effects of health-system reforms on equity, efficiency and accountability. By integrating measures of these effects on the central goal of fairness, the approach fills a gap that has hampered reform efforts for more than two decades. Over the past three years, projects in developing countries on three continents have adapted the generic version of these benchmarks for use at both national and subnational levels. Interdisciplinary teams of managers, providers, academics and advocates agree on the relevant criteria for assessing components of fairness and, depending on which aspects of reform they wish to evaluate, select appropriate indicators that rely on accessible information; they also agree on scoring rules for evaluating the diverse changes in the indicators. In contrast to a comprehensive index that aggregates all measured changes into a single evaluation or rank, the pattern of changes revealed by the benchmarks is used to inform policy deliberation about which aspects of the reforms have been successfully implemented, and it also allows for improvements to be made in the reforms. This approach permits useful evidence about reform to be gathered in settings where existing information is underused and where there is a weak information infrastructure. Brief descriptions of early results from Cameroon, Ecuador, Guatemala, Thailand and Zambia demonstrate that the method can produce results that are useful for policy and reveal the variety of purposes to which the approach can be put. Collaboration across sites can yield a catalogue of indicators that will facilitate further work.

World Health Organization. Ethics in Health research. http://whqlibdoc.who.int/emro/2004/9290213639_chap2.pdf.

This chapter outlines the ethical responsibilities for health researchers. The World Health Organization has created these guidelines because of the increasing awareness of individual human rights. The authors state why it is no longer acceptable to compromise an individual's welfare and respect in the pursuit of scientific gain.

Ethics of the WHO

World Medical Association. 1964. Declaration of Helsinki. <http://www.wma.net/e/policy/b3.htm>.

The World Medical Association (WMA) Declaration of Helsinki is a set of International guidelines that outlines ethical principles for medical research involving human subjects.

F. Baum. 2005. "Who cares about health for all in the 21st century?" *Journal of epidemiology and community health*. 59(9): 714.

Abstract: This paper regrets the retreat in the 1990s from a focus on health as a social good that results from good social policy. It highlights the importance of the People's Health Movement and the WHO Commission on the Social Determinants of Health as offering a chance to return to a more socially just quest for equity and health.

D. Birnbacher. 2005. "Human cloning and human dignity." *ReprodBiomedOnline*. 10 Suppl 1(50).

Abstract: Judging from the official documents dealing with the moral and legal aspects of human reproductive cloning, there seems to be a nearly worldwide consensus that reproductive cloning is incompatible with human dignity. The certainty of this judgment is, however, not matched by corresponding arguments. Is the incompatibility of reproductive cloning with human dignity an ultimate moral intuition closed to further argument? The paper considers several ways by which the intuition might be connected with more familiar applications of the concept of human dignity, and argues that there is no such connection. It concludes that the central objections to human reproductive cloning are not objections relating to dignity but objections relating to risk, especially the risks imposed on children born in the course of testing the method's safety.

C. Chen. 2004. "Rebellion against the polio vaccine in Nigeria: implications for humanitarian policy." *AfrHealthSci*. 4(3): 205.

Abstract: Polio eradication has been top on the agenda of various international humanitarian organizations since 1988. Caused by a virus that enters through the mouth, poliomyelitis attacks the nervous system, and can lead to irreversible paralysis or death. Children under five years of age are most at risk. The oral polio vaccine, OPV, is administered as a drop often on a lump of sugar placed in the child's mouth. Given multiple times, the vaccine may protect a child for life. In this essay, the Nigerian scenario serves as a case study of community involvement and trust in international humanitarian policy. The underlying causes of the rebellion and its long-term impact on immunization programs in the region as well around the world are of interest and relevance to students, teachers and practitioners of public health.

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Lawrence O. Gostin David P. Fidler. "The New International Health Regulations: An Historic Development for International Law and Public Health." *The Journal of Law, Medicine & Ethics*. 35(4): 85-94.

Discusses the evolution of international health law. Excellent discussion of the relevance of international human rights law to international health law. Schematics of reporting and monitoring system.

A. Dhai. 2005. "Module five: implementation of ethics review." *Developing World Bioeth* . 5(1): 73.

Abstract: The objective of this module is to provide information on issues of concern for Research Ethics Committee members and investigators during the review process. The many guidelines on research ethics, including those from the South African Department of Health and the World Health Organisation, will be referred to extensively to educate you on the requirements of Research Ethics Committees. The evolution of the review process in South Africa will be detailed.

B. M. Dickens. 2005. "Interactions of law and ethics affecting reproductive choice." *Medicine and law*. 24(3): 549.

Abstract: Controversies affecting reproductive choice can often be resolved within interactions of legal and ethical decision-making. This paper addresses three topics, following the methodology presented in Reproductive Health and Human Rights: Integrating Medicine, Ethics, and Law, by R. J. Cook, B. M. Dickens and M. F. Fathalla (Oxford University Press, 2003). The book's 15 case studies each addresses medical, ethical, legal and human rights aspects, and structural approaches at clinical, healthcare system and societal levels. STERILIZATION: Individual self-determination supports legal and ethical rights of intellectually competent persons to sterilization. Sterilization of intellectually compromised persons was historically abused, causing reactions of excessively protective prohibition. ABORTION: Most developed countries have liberalized abortion legislation, thereby reducing abortion-related mortality and morbidity, but many developing countries retain repressive colonial laws. Over 95% of the estimated 20 million unsafe abortions annually occur in developing countries. COURT-ORDERED CAESAREAN DELIVERIES: A concern in developed countries is the willingness of some courts to order Caesarean procedures over competent women's objections.

T. Goodman. 2005. "Is there a right to health?" *The Journal of medicine and philosophy*. 30(6): 643.

Abstract: This article challenges the widespread contention-promoted by the World Health Organization, the U.N. Human Rights Commission, and certain non-governmental organizations-that health care should be

regarded as an individual human right. Like other “post-modern” rights, the asserted individual right to health care is a positive claim on the resources of others; it is unlimited by corresponding responsibilities, and it pertains exclusively to the individual. In fact, an individual human right to health, enforceable against either governments or corporations, does not currently exist in law. If established, such a right would portend a dramatic expansion of government control over health care, with negative consequences for efficiency and patient welfare. Voluntary efforts based on partnership, rather than the imposition of legal requirements, are the most productive means of expanding access to health care while preserving incentives for continued development of innovative health technologies.

Ana Maria Linares Parada Hernan Fuenzalida-Puelma, and Diana Serrano LaVetu. 1992. Ethics and law in the study of AIDS. Pan American Health Organization, Pan American Sanitary Bureau, Regional Office of the World Health Organization. http://publications.paho.org/english/moreinfo.cfm?Product_ID=277.

Abstract: This is a compilation of papers by notable experts in the fields of bioethics, law, and medicine. It expounds some of the ethical and legal dilemmas arising out of the epidemics of HIV infection and AIDS and proposes solutions that seek to ensure respect for fundamental human rights. The contents range from a detailed analysis of AIDS- and HIV-related legislation in Latin America and the Caribbean to thought-provoking discussions of both ethical issues (such as confidentiality and the allocation of scarce resources) and public health policy (such as restrictions on travel of HIV-infected persons and protection of workers with AIDS). The perspectives of doctors, nurses, and AIDS patients are also represented.

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K. A. Rao and A. Faundes. 2006. “Access to safe abortion within the limits of the law.” *Best PractResClinObstetGynaecol*.

Abstract: The World Health Organization defines unsafe abortion as a procedure for terminating an unintended pregnancy carried out by people lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both. The Programme of Action of the International Conference on Population and Development recommends that ‘In circumstances where abortion is not against the law, such abortion should be safe’. However, millions of women still risk their lives by undergoing unsafe abortion even if they comply with the law. This is a serious violation of women’s human rights, and obstetricians and gynaecologists have a fundamental role in breaking the administrative and procedural barriers to safe abortion. This chapter reviews the magnitude of the problem, its consequences for women’s health, the barriers to access to safe abortion, including its legal status, the effect of the law on the rate and the consequences of abortion, the human rights implications and the current evidence on methods to perform safe abortion. This chapter concludes with an analysis of what can be done to change the current situation.

C. Rueff Mdo. 2004. “Medical confidentiality and HIV/AIDS. Ethical-legal perspective.” *Acta Medica Portuguesa*. 17(6): 451.

Abstract: *This paper deals with the violation of professional confidentiality and with transmission of infection disease under the Portuguese legal framework, in the case of HIV/AIDS. Topics include: the conflict of interests and duties for the practitioner, and the difficulty of solving it. Shall the practitioner speak, or shall he/she keep silence when the HIV/AIDS patient refuses to say the truth to his/her sexual partner, with the consequent risk of transmission of infection disease? The point of view of the Human rights. The position of the World Health Organisation (WHO) and of the European Union (EU) in the fight against the discrimination of people affected by HIV/AIDS. The statements of the European Convention on Human Rights (ECHR) concerning the right to privacy and to non-discrimination (even for illness). Possibility of confrontation with the positions represented by: a) the opinion of the National Council of Ethics for the Sciences of Life (CNECV), of 23rd October 2000, required by the Order of the Practitioners; b) the opinion of the Portuguese legal experts; c) the Criminal Law and the Procedural Criminal Law; d) the cases of the English jurisprudence (High Courts). The ethics of responsibility, the crossing of the traditional principles of medicine, bioethics and law, as well as the reinforcing of the medical deontology and the implementing of a deontology of the patient as possible ways to be considered in order to find answers for the problems.*

- J. R. Williams. 2005. "UNESCO's proposed Declaration on Bioethics and Human Rights - a bland compromise." *Developing World Bioethics* . 5(3): 210.

Abstract: *According to the authors, the latest (June 2005) draft of UNESCO's proposed Universal Declaration on Bioethics and Human Rights is a major disappointment. The committee of government 'experts' that produced it made sure that it would not introduce any new obligations for States, and so the document simply restates existing agreements and lists desirable goals without specifying how they can be achieved. This article focuses on the shortcomings of the document as it would apply to health care. These shortcomings are evident in the document's scope, aims and principles. The conclusion is that if UNESCO still thinks that such a declaration is needed, it should produce either an ethical document addressed to individuals and groups, which would be primarily educational in nature, or a legal document addressed to States, which should not have the word 'ethics' in its title.*

Gender Dimensions to Health

- S. Chhabra. 2005. "Gender and sufferings." *Journal of obstetrics and gynecology (Tokyo, Japan)*. 25(8): 772.

Abstract: *The World Health Organization describes violence against women as the most pervasive yet least recognised human rights abuse which cuts across geographical, racial, social and economic boundaries in the world. In the present study of the 2000 women interviewed, nearly 50% reported having been physically assaulted. Age, education or socioeconomic status did not change anything but more women from nuclear families were assaulted (52%) compared with other group. Some 68% of women were assaulted by husbands and 7% by multiple perpetrators. The reasons for assault varied. Nearly 60% of those assaulted had informed someone and in around 65% of cases someone had tried to help, but in only 50% of those where help was offered, was the situation improved. The complex problem of gender violence needs to be remembered while providing healthcare because it is common. Women need to be aware of their rights and possible help. We need to progress towards a civilised society with gender equality and no violence.*

- S. R. Chunkath, Della, S. , Chotani, R. A. , Smyth, I. , Burns, K. , Hidayat, M. 2005. "Panel 2. 3: gender dimensions and human rights aspects to responses and recovery." *Prehospital and disaster*

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- R. J. Cook; B. M. Dickens and S. Thapa. 2005. "Caring for victims of sexual abuse." *International journal of gynecology and obstetrics: the official organ of the International Federation of Gynecology and Obstetrics.* 91(2): 194.

Abstract: Recognizing sexual abuse to be universal, in stable as well as disordered societies and directed predominantly but not only against younger women, this article first considers legal definitions of sexual abuse and the forensic evidence health care providers may be expected to gather. It explores the impact on victims of historic definitions of rape, and legal reforms to dispense with proof of sexual penetration. The WHO 2003 guidelines for medico-legal care for victims of sexual violence are noted, which emphasize the need for physical and psychological care of victims. The guidelines show that goals of treating victims and retaining forensic evidence can create a clinical dilemma. Ethical issues concern management of this dilemma, probing whether patients' psychological disturbance may have roots in past sexual abuse, and the conduct of appropriate research. It concludes that much sexual abuse is symptomatic of women's sexual subordination and disregard of their human rights.

- B. F. Dugassa. 2005. "Women's rights and health: the case of Oromo women in Ethiopia." *Health care for women international.* 26(2): 149.

Abstract: Human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), for which we have no cure or vaccination, is the major health problem in Ethiopia. This epidemic generally has affected poor communities and women. To contain this epidemic, the empowerment of women is essential. In fact, the current working definition of health by the World Health Organization (WHO) makes social well-being a part of everyday living, which is an essential dimension of the quality of life. The concept of quality of life means an opportunity to make choices and even change the situation one is in. Here, the concepts of health and human rights intersect, because of the quality of life requires freedom of choice, dignity and respect. Dignity, the right to access basic education and information, as well as the right to life are the major elements of human rights. It is for that purpose that health promotion is intended to enable people to increase their control over determinants of health and thereby improve their health. Women's involvement in outlining the agendas of health promotion is vital to achieve the desired goals. In this article I examine human rights violations in Ethiopia and the lost opportunities for Oromo women to make choices in life within the framework of the Universal Declarations of Human Rights (UDHR).

- B. Ganatra; M. Bygdeman; B. T. Phan; D. V. Nguyen and M. L. Vu. 2004. "From research to reality: the challenges of introducing medical abortion into service delivery in Vietnam." *Reproductive health matters.* 12(24 Suppl): 105.

Abstract: Following the inclusion of mifepristone + misoprostol for early pregnancy termination into the Vietnam National Reproductive Health Guidelines in 2002, a team from the Ministry of Health, World

Health Organization and Ipas assessed how best to move from clinical research to widespread public sector availability. After field visits to hospitals and discussions with stakeholders, the team endorsed the phased introduction of medical abortion alongside vacuum aspiration services to expand choice. They stressed the importance of patient-oriented information on what to expect as the abortion process takes place and the need for follow-up, also crucial in training of providers. Routine use of ultrasound to detect ectopic pregnancies or determine that abortion was complete was considered unnecessary. The mandated four-hour observation period following misoprostol administration could be reduced. The National Guidelines, appropriately conservative at the start of the programme, should be amenable to modification as experience grows. Introduction is not possible without a steady supply of drugs at affordable prices. Ways to reduce the high price of mifepristone and deal with provider expectations of extra allowances, as with surgical abortion, are needed. Making medical abortion a viable option for most Vietnamese women will require provision at commune-level clinics through mid-level providers, and with home use an option. Other challenges include use of misoprostol alone and regulating provision in the private sector.

Beverly J. McElmurry; Kathleen F. Norr; Randy Spreen Parker and World Health Organization. Global Network of WHO Collaborating Centres for Nursing/Midwifery Development. 1993. Women's health and development: a global challenge. Boston: Jones and Bartlett.

A compilation of reports presented at the fifth annual meeting of the Global Network, which met in Ferney-Voltaire, France.

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Organization World Health. 2006. WHO Multi-country Study on Women's Health and Domestic Violence against Women.

Abstract: Violence against women (VAW) has been identified as a major public health and human rights problem throughout the world, but a lack of reliable and comparable data on the root causes, magnitude, and consequences of the problem has been a major obstacle in the search for solutions. In 1997, in order to collect such data, WHO initiated the ground-breaking WHO Multi-Country Study on Women's Health and Domestic Violence Against Women.