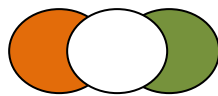


Post Graduate Certificate Course in Health System and Management - 2013



Module 1: Chapter 5

International Health Agencies



**Indian Association of Preventive and Social Medicine
Gujarat Chapter**

International Health Agencies

Learning objectives: At the end of this chapter the students will understand

1. The need of various health agencies
2. The types of health agencies & role played by them

INTRODUCTION

Inequalities and the health of nations

Almost the entire cost of health care in the developing world is borne by the developing countries themselves. According to two separate estimates, aid from international health organizations in the developed countries pays for less than 5% of the total health care costs in the developing world.

The estimates do not specify exactly what they include as health aid, but they probably omit the value of food relief and other health-related disaster relief, as well as money spent on water supply and sanitation projects, although these activities have important health benefits.

Of 6.3 billion people in the world, 2.3 billion live in the poorest countries (LICs), 2.6 billion live in lower-middle income countries (LMICs), and 333 million in upper-middle income countries (UMICs). About 972 million people live in HICs, rich in part because of their access to or ability to exploit resources, for example, oil, and food. Restated, over 80% of people live in nations with access to less than 20% of the world's wealth and productive capacity. More striking is that 2.5 billion of the world's poor collectively have less wealth than the world's richest 400 individuals. Such gross inequalities should challenge the world community.

Life Expectancy varies by more than 48 years among countries (Japan 81.5; Zambia 32.7), and 20 years or more within countries. Social factors influence the occurrence of most forms of disease and lie at the root of health inequalities. In response to this global challenge, WHO had launched a Commission on Social Determinants of Health (2005) to review evidence, raise societal debate, and recommend policies to improve the health of vulnerable people; the thrust was to transform public health knowledge into political action.

International Health Agencies

Health services in developing countries mostly reflect their own widely varying capacities. The international system plays an ancillary role, comprising four types of agency: **multilateral, bilateral, nongovernmental, and other.**

Multilateral Agencies

The term multilateral means that funding comes from multiple governments (as well as from non-governmental sources) and is distributed to many different countries. The major multilateral organizations are all part of the United Nations.

- The United Nations is made up of 192 countries from around the world. It is often called the UN.
- It was set up in 1945, after the Second World War, as a way of bringing people together and to avoid further wars.
- It started with 51 countries. The United Kingdom is one of the original members. Germany did not join until 1973.

The UN has 4 main purposes

- To keep peace throughout the world;
- To develop friendly relations among nations;
- To help nations work together to improve the lives of poor people, to conquer hunger, disease and illiteracy, and to encourage respect for each other's rights and freedoms;
- To be a centre for harmonizing the actions of nations to achieve these goals.

The **World Health Organization (WHO)** is the premier international health organization of the UN with its headquarters at Geneva. Technically it is an "intergovernmental agency related to the United Nations." WHO and other such intergovernmental agencies are "separate, autonomous organizations which, by special agreements, work with the UN and each other through the coordinating machinery of the Economic and Social Council." According to its constitution (1948) its principal goal is "the attainment by all peoples of the highest possible level of health."

WHO has three main divisions. The **governing body - the World Health Assembly**, meets once a year to approve the budget and decide on major matters of health policy. All the 200 or so member nations send delegations. The World Health Assembly elects 31 member nations to designate health experts for the **Executive Board**, which meets twice a year and serves as the liaison between the Assembly and the Secretariat, which carries on the day-to-day work of the WHO. **The Secretariat** has a staff of about 4,500, with 30% of the employees at headquarters in Geneva, 30% in six regional field offices, and 40% in individual countries, either as country-wide WHO representatives or as representatives of special WHO programs.

The principal work of WHO is directing and coordinating international health activities and supplying technical assistance to countries. It develops norms and standards, disseminates health information, promotes research, provides training in international

health, collects and analyzes epidemiologic data, and develops systems for monitoring and evaluating health programs.

The **Pan American Health Organization (PAHO)** serves as the regional field office for WHO in the Americas and, since it predates WHO, carries on some additional autonomous activities.

WHO has a biannual budget. Assessed contributions from the member nations constitute the regular budget. In recent years voluntary ("extrabudgetary") contributions - from governments and private philanthropies - have exceeded the regular budget. Donors may earmark voluntary contributions for special programs; WHO allocates assessed contributions. While this diversification protects WHO against unstable government funding, extrabudgetary support is mostly restricted to particular programs, which may influence or distort priorities.

Its noteworthy contribution is that, it spearheaded the global eradication of smallpox, accomplished in 1979. Similar initiatives for other conditions are underway.

Other multilateral agencies with health-related roles are **UNICEF, UNDP, WB, UNAIDS** (a separate agency since 1993, formerly the WHO Global Program on acquired immunodeficiency syndrome), **the Food and Agriculture Organization (FAO)**, **the United Nations Fund for Population Activities (UNFPA)**, **the Office of the UN High Commissioner for Refugees (UNHCR)**, and **the UN Fund for Drug Abuse Control (UNFDAC)**.

The **World Bank** is the other major "intergovernmental agency related to the UN" heavily involved in international health. The World Bank loans money to poor countries on advantageous terms not available in commercial markets that will lead to economic growth of that country (India's population project). The projects are usually concerned with electric power, roads, railway, agriculture, water supply, education, family planning, etc. health and environmental components have been added to many projects.

The **United Nations Children's Fund (UNICEF)** is a United Nations Programme headquartered in New York City, that provides long-term humanitarian and developmental assistance to children and mothers in developing countries. It is one of the members of the United Nations Development Group and its Executive Committee.

UNICEF was created by the United Nations General Assembly on December 11, 1946, to provide emergency food and healthcare to children in countries that had been devastated by World War II. In 1954, UNICEF became a permanent part of the United Nations System and its name was shortened from the original **United Nations**

International Children's Emergency Fund but it has continued to be known by the popular acronym based on this old name.

UNICEF relies on contributions from governments and private donors. Governments contribute two thirds of the organization's resources; private groups and some 6 million individuals contribute the rest through the National Committees. It is estimated that 91.8% of their revenue is distributed to Program Services. UNICEF's programs emphasize developing community-level services to promote the health and well-being of children. UNICEF was awarded the Nobel Peace Prize in 1965 and the Prince of Asturias Award of Concord in 2006.

Most of UNICEF's work is in the field, with staff in over 190 countries and territories. More than 200 country offices carry out UNICEF's mission through a program developed with host governments. Seventeen regional offices provide technical assistance to country offices as needed.

Overall management and administration of the organization takes place at its headquarters in New York. UNICEF's Supply Division is based in Copenhagen and serves as the primary point of distribution for such essential items as vaccines, antiretroviral medicines for children and mothers with HIV, nutritional supplements, emergency shelters, educational supplies, among others. A 36-member Executive Board establishes policies, approves programs and oversees administrative and financial plans. The Executive Board is made up of government representatives who are elected by the United Nations Economic and Social Council, usually for three-year terms.

UNICEF is an intergovernmental organization (IGO) and thus is accountable to those governments. UNICEF makes the world's most vulnerable children its top priority, so it devotes most of its resources to the poorest countries and to children younger than 5. UNICEF runs many of the child health programs in cooperation with WHO.

United Nation Development Programme (UNDP)

The UNDP projects cover virtually every economic and social sector – agriculture, industry, education and science, health, social welfare, etc. The member countries – rich and poor – of the United Nations meet annually and submitting proposal to the UNDP.

Focused areas

- Poverty Reduction & Millennium Development Goals
- Democratic Governance
- Environment & Energy for sustain development
- Crisis Prevention & Recovery

Functions – UNDP

- UNDP is at the centre of the UN's efforts to reduce global poverty.
- Chairs the United Nations Development Group (UNDG), which includes the UN's key players in international development.
- UNDP's network links and coordinates global and national efforts to achieve the Millennium Development Goals (MDGs),
- At the country level, UNDP plays two important roles, one as a partner for development work and the other as manager of the Resident Coordinator system.
- UNDP helps developing countries attract and use aid effectively.
- It encourages the protection of human rights and the empowerment of women.
- Coordinates the development activities of the United Nations.
- Plays a key role in helping to reform the UN as part of the United Nations Development Group (UNDG).

The United Nations Fund for Population Activities (UNFPA)

- Providing assistance to India since 1974.
- Funding national level schemes, area projects for intensive development of health and family welfare infrastructure and improvement in the availability of services in the rural areas
- To develop national capability for the manufacture of contraceptives,
- To develop population education programmers,
- To undertake organized sector projects,
- To strengthen programme management as well as to improve output of grass – root level health workers and
- Introduction of innovative approaches to family planning and MCH care

Food and Agriculture Organization (FAO)

Formed in 1945 with Headquarters in Rome, its prime concern is the increased production of food to keep pace with the ever-growing world population.

The chief aims of FAO are:

- to help nations raise living standards
- to improve nutrition of the people of all countries
- to increase the efficiency of farming, forestry and fisheries
- to better the condition of rural people and, through all these means,
- To widen the opportunity of all people for productive work.

The joint WHO/FAO expert committees have provided the basis for many cooperative activities – nutritional surveys, training courses, seminars and the coordination of research programmers on brucellosis and other zoonoses

Joint United Nations Programme on HIV/AIDS (UNAIDS)

UNAIDS, based in Geneva, was created in 1996 as the successor to WHO's Global Programme on AIDS. It is responsible for coordinating efforts to address HIV/AIDS across the U.N. system, consisting of 10 U.N. co-sponsors. UNAIDS activities include: mobilizing leadership and advocacy for effective action on the epidemic, providing strategic information and policies to guide global efforts, and monitoring and evaluating the response to the epidemic.

International Labor Organization (ILO)

Soon after the First World War, it was recognized that problems of industry, like disease, know no frontiers. In 1919, ILO was established as an affiliate of the league of Nations to improve the working and living conditions of the working population all over the world. The headquarters of ILO is in Geneva, Switzerland.

The primary goal of the ILO is to promote opportunities for women and men to obtain decent and productive work, in conditions of freedom, equity, security and human dignity.

Its main aims are

- To promote rights at work,
- Encourage decent employment opportunities,
- Enhance social protection and
- Strengthen dialogue on work-related issues.

The purposes of ILO are:

- ✓ To contribute to the establishment of lasting peace by promoting social justice
- ✓ To improve, through international action, labor conditions, and living standards
- ✓ To promote economic and social stability.

ILO is the only tripartite U.N. agency with government, employer, and worker representatives. This tripartite structure makes forum in which the governments and the social partners of the economy of its 183 Member States. They can freely and openly debate and elaborate labour standards and policies.

The International Labor Code is a collection of international minimum standards related to health, welfare, living and working conditions of workers allover the world. The ILO also provides assistance to organizations interested in the betterment of living and employment standards. There is a close collaboration between ILO and WHO in the field of health and labor.

Bilateral Agencies

In addition to supporting multilateral agencies, most industrialized nations also provide aid on a “country-to-country” basis, attempting to match a recipient’s needs with the donor’s objectives and capacity to assist, usually subject to political considerations. Smaller donors are geographically selective; for example, Australia emphasizes its Western-Pacific neighbors. Others emphasize their expertise; for example, the Netherlands supports water technologies. Some follow historical links; for example, France emphasizes its former colonies. Some both receive and donate international aid, for example, Cuba, and China. The United States links aid to democratic reforms and human rights, although restricting support for reproductive rights since 2001.

In 2004, only five countries met the UN target of contributing at least 0.7% of gross national product in official development assistance (ODA): Norway, Denmark, the Netherlands, Luxembourg, and Sweden. In contrast, the United States provided only 0.16%, and the U.K. 0.36%. Spain, Germany, France, Finland, Belgium, and the U.K. have pledged to reach the target by 2015. Donor countries often rely on their own expertise through competitive bidding to design, implement, and monitor projects funded under bilateral agreements, sometimes requiring that the donor’s own products and services be used. Thus, a significant proportion of aid budgets may be recycled within a donor’s economy. As each donor has its own motivation, priorities, and management style, competition and conflict can arise in some settings, revealing a need to improve donor coordination. It is critical that ODA is increased, effectively placed, and fairly counted, so as to help to build sustainable capacities for all the people of the world.

Some of the bilateral agencies functioning in India are USAID for malaria eradication, Family planning & Education; SIDA for RNTCP, DANIDA for NBCP.

International Nongovernmental Organizations

International nongovernmental organizations (NGOs) are increasingly active in development work as the inadequacies of bilateral and multilateral responses become more apparent. Sometimes known as “people to people” aid, their activities are mostly specific, for example, targeting trachoma, and cataract, while some are general, for example, aid for orphans. Supported mainly by voluntary subscriptions or donations, some NGOs also act under contract to governments or other agencies.

The largest NGO is the **International Red Cross and Red Crescent movement**, which has national counterparts within most countries. It is mandated under the Geneva Conventions to assist prisoners and civilians in armed conflicts, including visiting detainees and enabling them to communicate with the outside world, setting up surgical hospitals and emergency teams, rehabilitation of war-disabled persons, and providing independent information on prisoners and war victims.

Other well-known international NGOs are **Oxford Famine Relief (OXFAM)**, **CARE International**, **Save the Children International Alliance**, and **World Vision**. **Medecins Sans Frontieres (MSF, Doctors Without Borders)** was recently awarded the Nobel Peace prize (1999). Founded in France in 1971, MSF provides health aid to war victims, and assists in other health disasters and development initiatives. Smaller international NGOs also make highly valuable contributions, many operating within a country. Many exercise key advocacy roles, for example, to prevent violent conflicts, promoting gender equity. Despite good intentions, given sometimes conflicting priorities and mandates, and competition for resources, better coordination would help them become more effective.

Ford Foundation

- Has been active in the development of rural health services and family planning
 - Has helped India in the following projects
1. Orientation training centers :
 at Singur, Poonamalle and Najafgarh.
 The centers provide training courses in public health for medical and paramedical personnel from all over India
 2. Research – cum – action (RCA) projects :
 aimed at solving some of the basic problems in environmental sanitation, e. g., designing and construction of hand –flushed acceptable sanitary latrines in rural areas
 3. Pilot project in Rural health services, Gandhigram (Tamilnadu) –
 Among a rural population of 100,000 people, an attempt was made to develop and operate a coordinated type of health service which will provide a useful model for health administrators in the country
 4. Establishment of NIHAЕ :
 has supported the establishment of the National Institute of Health Administration and Education at Delhi. The Institute of provides a senior staff-college type training for health administrators.
 5. Calcutta water supply and drainage scheme :
 has helped in the preparation of a master plan for water supply, sewerage and drainage for the city of Calcutta in collaboration with other international agencies.
 6. Family planning programme :
 Supporting research in reproductive biology and in the family planning fellowship programmes.

CARE (Cooperative for Assistance and Relief Everywhere)

- Founded in North America in the wake of the second World War in the year 1945.
- One of the world's largest independent, non-profit, non-sectarian international relief and development organization.
- Provides emergency aid and long term development assistance.
- Began its operation in India in 1950.
- Till the end of 1980s, Primary objective of CARE – India was to provide food for children in the age group of 6 -11 years.
- From mid 1980s, CARE – India Focused food support in the ICDS programme and in development of programmes in the areas of health and income supplementation.
- CARE – India works in partnership with the Government of India, State Governments, NGOs etc.

It is Helping in the following projects:

1. Integrated Nutrition and Health Project;
 2. Better Health and Nutrition Project;
 3. Anaemia Control Project ;
 4. Improving Women's Health Project;
 5. Improved Health Care for adolescent Girl's Project;
 6. Child Survival Project;
 7. Improving Women's Reproductive Health and Family Spacing Project;
 8. Konkan Integrated Development Project etc
- In fiscal year 2010, CARE worked in 87 countries around the world, supporting 905 poverty-fighting projects to reach more than 82 million people, over half of whom are women.

Other Agencies

Both developed and developing country institutions, universities, laboratories, and consulting groups are active in bilateral initiatives, and some also work with multilateral agencies, for example, as WHO collaborating centers. Several philanthropic bodies contribute substantially to international health, for example, the **Bill and Melinda Gates Health-Care Planning, Organization, and Evaluation Foundation, Robert Wood Johnson Foundation, David and Lucille Packard Foundation, and Aga Khan Development Network.**