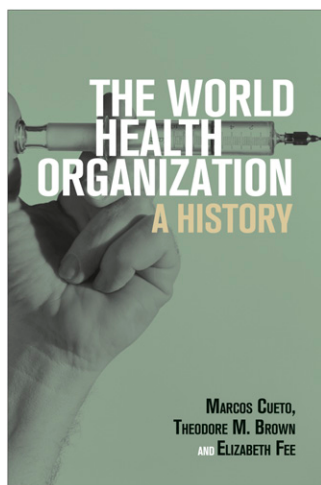


A Timely History: Examining the History of the World Health Organization to Frame the Future of Global Health Governance



The World Health Organization: A History

By Marcos Cueto, Theodore M. Brown, and Elizabeth Fee

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The World Health Organization (WHO) is leading an unprecedented pandemic response while facing relentless political attacks. Never before has the world been so reliant on WHO. Never before has WHO faced such existential challenges to its institutional authority. Responding to these contemporary attacks on WHO governance requires a detailed understanding of both the political history of international health and the technical evolution of public health, which have come together to position WHO at the center of the pandemic response.

The World Health Organization: A History provides a definitive analysis of WHO's turbulent political history at the forefront of global public health. Cueto et al., leading historical scholars of global health, devoted a decade of archival research to the development of this masterwork. The resulting narrative provides a crucial understanding of the past vision, dashed promises, and future hopes for WHO. Finding WHO today at a crossroads in global health governance, this historical research will provide a foundation for the next generation of global health.

OUT OF THE ASHES OF WAR

This analytic narrative begins with the early formation of international governance to confront infectious disease, with nations recognizing the need for collective regulatory action in facing public health challenges. Governments in Europe and the Americas developed the predecessor organizations that were transformed by scientific knowledge of disease transmission and merged into a single organization following World War II. The war revealed the brutality of a fractured world and raised a postwar imperative to bring nations together in a new world order through the United Nations, which set out to create a new international health organization.

WHO arose out of this hopeful aftermath of war, with nations establishing an independent United Nations specialized

agency that drew from the wartime efforts of the United Nations Relief and Rehabilitation Administration to overcome the political limitations of the League of Nations Health Organization.¹ The United States, leaving behind its isolationism in foreign policy, became a leading proponent of this multilateral health agency for postwar reconstruction, which combined the functions of previous organizations through centralized health expertise and international health diplomacy.

WHO's constitution presented a new vision for public health. Declaring "the highest attainable standard of health" to be "one of the fundamental rights of every human being," this rights-based foundation for health looked beyond medicine. Through an encompassing definition of health—"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"—the WHO constitution embraced the social medicine principle that "governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate *health and social measures*."²(preamble, emphasis added)

This groundbreaking framework envisioned a healthier world rising out of the ashes of war, with

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WHO proving its effectiveness against postwar epidemic threats and ensuring its technical legitimacy as the leading institution in international health.

COLD WAR POLITICS

Yet the political tensions of the Cold War, beginning almost immediately after WHO's founding, presented obstacles to multilateral health governance. Recognizing these obstacles in a crucial chapter on WHO's "start-up years," Cueto et al. examine international health debates between the Soviet Union and United States. These debates led to the withdrawal from WHO of the Soviet Union and its communist allies, who argued that WHO had become too closely aligned with the United States. The authors frame these challenges through a focus on WHO's leaders, a focus they continue throughout the book, seeing the WHO director-general as setting the political direction of the organization—shifting WHO between a sociomedical and biomedical approach to health.³

Without a political counterweight to the United States and its capitalist allies, WHO shifted its efforts to parallel Western funding, providing technical assistance to low-income countries as a means to minimize communist influence. These early international health efforts consequently suffered from a colonial mindset (to "civilize" impoverished nations, many of which were former colonies), a biomedical perspective (to advance health through technocratic efforts), and a vertical approach (to address individual diseases rather than a horizontal approach across underlying determinants of health). Where WHO's vertical

campaigns repeatedly failed (as Cueto et al. illustrate in the "boom and bust" of the Malaria Eradication Program), a Cold War détente opened a political path in the 1970s to achieve WHO's principal technological success: the eradication of smallpox.⁴

This triumph over disease depended as much on political cooperation as on biomedical technology, with international political support for social medicine proving essential to WHO's principal policy success: the 1978 Declaration of Alma-Ata. As colonized nations achieved independence and became WHO member states, these "new" states sought to advance horizontal public health systems as a basis to redress international health inequalities and thereby create a "new international health order."⁵ The Declaration of Alma-Ata heralded this revolutionary new order through primary health care, framing underlying health infrastructures in developing countries as a political imperative to realize the human right to health, health equity, and social justice.

In this focus on social medicine through primary health care, WHO found new relevance in guiding national health systems, but this relevance did not last long, swept aside by a global economic downturn at the end of the 1970s, the rise of the neoliberal development paradigm in the early 1980s, and the rapid return to vertical health initiatives under the guise of "selective primacy health care." WHO continued to lead nations through the early rights-based response to an escalating HIV/AIDS pandemic, but by the end of the 1980s, WHO was increasingly seen as bureaucratically inefficient,

organizationally corrupt, and institutionally irrelevant.

STAYING RELEVANT IN GLOBAL HEALTH

The end of the Cold War provided an opportunity to bring the world together again to advance global health, but increasing engagement with the health harms of globalization served to fragment competing initiatives rather than solidify WHO authority. In responding to the global threats of a globalizing world, other institutions sought a leadership role in global health, with the rise of UNAIDS (Joint United Nations Programme on HIV and AIDS) to coordinate the HIV/AIDS pandemic response, UNICEF (United Nations Children's Fund) to lead child survival efforts, and the World Bank to fund global health initiatives. Amid attacks on WHO's leadership from its member states—which increasingly turned to bilateral assistance, new partnerships, and neoliberal policies—WHO sought to refashion itself to stay relevant in the expanding "global health governance" landscape.⁶

Cueto et al. describe the 1990s as a period of new challenges for WHO, but their focus on the top-down decisions of the WHO director-general overlooks the progressive rise of bottom-up advocacy through social movements. With global health efforts increasingly driven by economic institutions, the authors see neoliberal development as a threat to WHO leadership. However, these same forces also galvanized civil society activism. Outside WHO, advocates are fighting for human rights in global health, and in earlier chapters of the book, the authors recognize these burgeoning

rights-based movements to access essential medicines and to realize sexual and reproductive rights.

Advocates catalyzed WHO's sociomedical approach to health, reshaping WHO efforts to confront an altered political context. Competing health partnerships sought technocratic vertical interventions and neoliberal development policies; yet, even as these new institutions threatened WHO's preeminent role in global health, WHO sought to expand its own partnerships to advance horizontal initiatives for the health of the most marginalized. WHO sought to reestablish its leadership—no longer as the preeminent actor in global health governance but as a steady voice to guide a crowded global health landscape. Exercising this normative authority in the early years of the 21st century, WHO advanced policy efforts to address social determinants of health, codify international law for tobacco control, and coordinate infectious disease efforts, facilitating collective action to achieve common goals.

FACING ITS GREATEST CHALLENGE

This renewed leadership has been channeled into a new vision of health through universal health coverage. The notion of universal health coverage—drawn from past efforts to establish primary health care and outlined in the work of the Commission on Social Determinants of Health—included the idea of social reforms to reduce health disparities. With WHO holding its first public campaign for director-general in 2017, member states elected a director-general who prioritized universal health coverage as the path to

realize the human right to health.⁷ After 70 years, WHO was finding its global voice in advocating a sociomedical approach to global health governance, yet it has faced new political challenges with the rise of populist nationalism.

Rising nationalism has presented an existential threat to WHO as it faces its greatest challenge, achieving global solidarity in the COVID-19 response. With populist governments unprepared for COVID-19, the hopes of a fractured world turn to WHO to bring nations together to face this common threat. However, following from its direct assistance in Ebola epidemics, questions have arisen regarding WHO's technical authority and political capacity in leading this unprecedented pandemic response. WHO has arrived at the most consequential moment in its history—with the future of global governance, multilateral cooperation, and millions of lives at stake. It is crucial to understand WHO's past leadership to recognize its essential future.

The World Health Organization: A History assesses the political path that WHO has taken to arrive at the vanguard of global health governance. Commemorating WHO's 70th anniversary, this historical narrative, overflowing with illustrative photographs, provides a sweeping understanding of global health diplomacy. Whereas early efforts to chronicle global health governance were commissioned by WHO, this independent academic analysis provides an objective assessment of WHO's limitations over the years. This critical analysis does not diminish WHO's importance but rather provides a richer understanding of the forces that have shaped WHO, including the external

political influence of its member states and the internal biomedical mindset of its organizational leadership. It will be crucial for WHO to free itself from both of these binds to chart its future and lead an increasingly divided world through this global health response. **AJPH**

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CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

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