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*A II. Rákóczi Ferenc Kárpátaljai Magyar Főiskola
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A KÖTET TANULMÁNYAIBAN ELŐFORDULÓ ÁLLÍTÁSOKÉRT MINDEN ESETBEN A SZERZŐ FELEL.



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THE ROLE OF THE WORLD HEALTH ORGANIZATION IN THE DEVELOPMENT OF THE INTERNATIONAL LEGAL SYSTEM AND INSTITUTIONAL DEVELOPMENT

IVETT SZOMBATI

Doctoral student, Széchenyi István University, Graduate School of Law and Political Science

The study examines the role of the World Health Organization as an international organisation and one of the specialized agencies of the United Nations, emphasizing the key moments of healthcare development, starting from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs). The study particularly focuses on the challenge of the present time and draws attention to the “three slowly-evolving catastrophes” which was one of the central topics of the World Health Assembly, held in Geneva in May, 2016.

The author, dr. Ivett Szombati graduated in 2007 from the Faculty of Law at Pázmány Péter Catholic University, then she had been working in Ruttikai – Marczell – Ruttikai Law Office for many years. Currently she is the third-year PhD student of the Faculty of Law at Széchenyi István University, Győr. Its area of research is the development of Healthcare Law, with a particular regard to consumer protection law.

ABSTRACT

A tanulmány az Egészségügyi Világszervezet, mint nemzetközi szervezet és mint az ENSZ egyik szakosított intézményének szerepét vizsgálja, a Millénniumi Fejlesztési Céloktól (MDGs) a Fenntartható Fejlesztési Célokig (SDGs) az egészségügyi fejlődés kulcsfontosságú mozzanatait kiemelve. A tanulmány kiemelten fókuszál a jelenkor kihívásaira, felhívja a figyelmet „a három lassan kibontakozó katasztrófára”, amely a 2016 májusában Genfben megrendezésre került Egészségügyi Világ Gyűlésen már a központi témák egyike volt.

A szerző dr. Szombati Ivett 2007-ben végzett a Pázmány Péter Katolikus Egyetem Állam- és Jogtudományi Karán, majd évekig a Ruttikai – Marczell – Ruttikai Ügyvédi irodában tevékenykedett, jelenleg a győri Széchenyi István Egyetem Állam- és Jogtudományi Karának III. éves phd hallgatója. Kutatási területe az Egészségügyi Jog fejlődése, különös tekintettel a fogyasztóvédelmi jogra.

THE SPECIALIZED AGENCIES OF THE UNITED NATIONS

The specialized agencies of the United Nations are international organisations with special power, established by intergovernmental agreements; basically, their work supplements the general political and professional activity of the United Nations in the most important areas, in respect of the tasks specified in Article 1 Paragraph 3 of the Charter of the UN. The general

feature of the specialized agencies is that their statutes are incorporated into interstate treaties, they are founded to perform special activities, furthermore, that they are in constant contractual relationship with the Economic and Social Council of the United Nations¹. It is typical for the specialized agencies that they have international legal personality within the framework

¹ András Blahó – Árpád Prandler: International Organisations and Institutions; Akadémia Publisher House, 2014; p. 204.

determined by their statutes, they perform special activities, under which they can conclude agreements with international organisations, the UN itself and with the Member States. The specialized agencies are the unique formations of the period after World War II, although some of them had worked already before 1945 (e.g. the International Labour Organisation, the ILO), which have become an equal member of the United Nations. Although from a professional aspect, each body carries out its tasks independently, as concerns political importance, there are differences between them. The worldwide tasks and work of central character is coordinated by the Economic and Social Council, which coordinates them with the worldwide sectoral activities of the specialized agencies. The agreements concluded by and between the Council and the specialized agencies declare the mutual representation opportunities at the meetings of each other, the exchange of information and publications and the coordination of the statistical, budgetary and technical services. The specialized institutions report to the Council on an annual basis. The budget of the specialized agencies is approved by the General Assembly.

THE CIRCUMSTANCES OF THE FOUNDING OF WHO

The International Health Bureau, as the predecessor of the World Health Organization (WHO) was established in 1908. It mostly collected and shared the relevant information with the state ministries responsible for healthcare. Then, in 1922 the Healthcare Committee and Healthcare Section of the League of Nations was founded in order to prevent diseases, in accordance with Article 23 of the Covenant. However, these bodies were not in full compliance with the Health Bureau, as the United States and some countries did not agree with them. Thus, the Secretary of the Healthcare Commission, Ludwik Rajchmann and the director of the Healthcare Section initiated a

healthcare program with the participation of the dissenting countries (e.g. Germany, USSR, USA). In addition to the provision of information, the Health Section played a connection role between the national health administration: e.g. it provided support to governments in technical assistance and informed the Health Council and the Board about all international public health issues, thus it was regarded as the most successful auxiliary body of the League of Nations.

In 1922, on the Warsaw Conference on Health, plans were made in connection with the control of the spread of contagious diseases, which concerned, amongst others, but not limited to Africa, the Eastern Mediterranean countries and the Far East. Not long after, the Eastern Epidemiological Information Office was established in Singapore, the State Serum Institute was founded in Copenhagen and the National Institute for Medical Research was founded in London, thus many vaccines have become standardized worldwide, such as: against diphtheria, tetanus and tuberculosis.

After the termination of the League of Nations, the Health Organization was transformed into the World Health Organization. The World Health Organization is still the managing and coordinating body of the UN in charge of health. The necessity of setting up an international healthcare organisation occurred already at the San Francisco conference that established the United Nations, then the Member States signed the Constitution of the WHO in July, 1946. The Charter entered into force on 7 April, 1948, therefore it became the World Health Day. Who signed an agreement also with the Pan-American Health Organisation, founded at the beginning of the century and covering the American continent, thus, at the beginning, it has become its regional office. Currently, the number of member states is 194, and the headquarters

are located in Geneva. In Hungary, its statute was enacted, i.e. ratified by Act XII of 1948.

THE FUNCTIONAL AREAS OF WHO

Since its foundation, the WHO plays a leading role in global healthcare issues, develops the agenda of healthcare research, establishes healthcare norms and standards, provides technical assistance to countries and monitors and evaluates healthcare trends. Its main objective is to ensure the highest possible level of health to all people, and according to its charter, health is the state of complete physical, mental and social welfare and not only the absence of diseases. Its goal is not only to prevent diseases and their spread but also to raise the health standard of people, which aim is defined also by the preamble. Due to the differences between health standards of the various countries, to achieve those objectives, however, is not easy and is a task involving daily challenges.

The program of WHO includes six main areas:

1. Promotion of health development: development of the health of primarily the poor and vulnerable social groups, prevention and treatment of chronic diseases and combating tropical diseases.
2. Improvement of health security: actions against healthcare hazards and risks which originate, for example, from urbanization, environmental pollution, food production and trade or the inappropriate production of antibiotics.
3. Strengthening of healthcare systems: improvement of primarily the access to health care. Target areas: provision of adequately qualified healthcare personnel of sufficient number, sufficient funding, a system suitable for the collection of vital statistics and access to the proper technologies and essential medicaments.

4. Promotion of research, information and evidence-based health policy.
5. Reinforcement of partnerships: with other bodies of the United Nations and other international organisations, donors, the civil society and the private sector.
6. Performance development: the WHO participates in reforms that serve the development of efficiency and effectiveness, both at international level and within the specific countries.²

Since the 1950's, the WHO has started to fight more seriously against the special public diseases (e.g. malaria, smallpox, cholera, HIV/AIDS). The global eradication of smallpox is regarded as one of the greatest achievements of the organisation; it was achieved in 1980, after an international vaccination campaign.

From the very beginning, the world organisation has always placed a great emphasis on the support for and coordination of scientific research, such as the support of HIV/AIDS or cancer research, and after a time, it has extended its research work to the identification and examination of the global, accelerated environmental damages, too. The organization's work is characterized by advisory and technical assistance. The WHO supports the national healthcare organisations by the training provided to doctors and medical staff. It tries to support its Member States also by the supply of medical and laboratory equipment. It performs outstanding activities in the field of pharmaceutical industry and pharmaceutical manufacturing, and by performing the control of the effects of drugs, it enables the rapid withdrawal of drug formulations - containing dangerous substances - from the market, while operating an information service, as well.³

² www.who.org

³ Herencsár-Schottner-Vasali: Introduction to the world

According to its Charter, it aims to achieve the highest possible level of health for all nations; however, such a goal cannot be achieved by limited means. There are two important reasons for the fact that the work of the International World Organisation is supported by all governments: one of them is that in respect of healthcare, generally it is about threatening factors against which only international action can be taken effectively, and the other one is that in the poor countries, most of the diseases and epidemics could be overcome by appropriate medical equipment and the appropriate transfer of healthcare and practical knowledge.

FROM THE MILLENNIUM DEVELOPMENT GOALS (MDGs) TO SUSTAINABLE DEVELOPMENT GOALS (SDGs)

On 8 December, 2015 the WHO announced the new comprehensive analysis of the post-2000 global healthcare trends and the survey on the challenges of the next 15 years. The report titled *Health in 2015: from MDGs to SDGs* identifies the key drivers of healthcare development declared in the Millennium Development Goals (MDGs) of the United Nations, furthermore, it outlines the activities that need to be put to the forefront by the countries and the international community to meet the new Sustainable Development Goals (SDGs) which entered into force on 1 January, 2016. The 17 Sustainable Development Goals (SDGs) are more comprehensive and ambitious than the 8 Millennium Development Goals (MDGs) and cover a program that is relevant to each person of all countries and “does not leave anybody to lag behind”. The new program plan requires the management of all three – economic, social and environmental – dimensions of sustainable development in an integrated way.

of international institutions and organisations, King Sigismund College; Budapest, 2006; p. 68-69.

Almost all Sustainable Development Goals (SDGs) are directly related to health or indirectly serves health. One of the goals (SDG3) expresses exactly that regardless of age, healthy life and prosperity must be ensured to everyone. The 13 objectives are the enhanced version of Millennium Development Goals (MDGs), putting new emphasis on noncommunicable diseases and the implementation of general healthcare. Although a number of global indicators - set out in the health-related Millennium Development Goals - could not be achieved, the overall end result is nevertheless considered to be significant. Over the past 15 years, we could see a greater reduction in developing countries in child and maternal mortality and a progress in the fight against HIV, tuberculosis and malaria. The following can be regarded as the main factors of success: doubling of the global financing of healthcare, establishment of new financing mechanisms and partnerships and the critical responsibility of the civil society in the treatment of diseases (e.g. HIV/AIDS). In every country, the investments in research led to the increased use of new inventions (e.g. the application of antiretroviral therapy in the treatment of HIV, insecticide-treated bed nets to prevent malaria).

The WHO report includes the latest data and detailed analyses related to the key areas identified in the health-related Sustainable Development Goals (SDGs):

- reproductivity, the health of mothers, newborns and adults;
- infectious diseases, including HIV, tuberculosis, malaria, hepatitis, and the rare tropical diseases;
- noncommunicable diseases (NCDs), and within them: heart disease, cancer and diabetes;

- mental health and substance use, including also the harmful use of narcotics and alcohol;
- injuries and violence;
- universal healthcare.

By way of the brief description of 34 different healthcare topics, the report presents the trends, the results achieved so far, the reasons for the success; furthermore, the challenges and strategic priorities in order to improve health in different areas. These brief descriptions concern many areas, ranging from air pollution through hepatitis to injuries suffered during road accidents. In the report, the WHO examines also how the healthcare contributes to the other 16 Sustainable Development Goals (SDGs), which benefits can it derive from them and the WHO deals also with some new issues, such as the impact of technological and environmental changes on global healthcare.

The health-related objectives of Sustainable Development Goals (SDGs) are closely linked to the main priorities of the 2014-2019 work program of WHO. The Member States have already agreed on the major part of objectives on the World Health Assembly. As an example, one could mention the global, voluntary objective for the prevention and control of noncommunicable diseases, about which a decision was brought in 2013 and which is closely related to the 3.4 SDG objective, which envisages the reduction of the number of premature deaths - which can be linked to non-infectious diseases - with one-third, by 2030. The governing bodies of the WHO will play a critical role in the monitoring and review of the performance of the healthcare-related Sustainable Development Goals (SDGs).

With its partner organisations, the WHO works to create cooperation (Health Data

Collaborative) in the management of healthcare data, which is aimed at the support of countries in building out better healthcare data systems. The early product of this global cooperation is the so called “WHO Global Reference List of 100 Core Indicators”, which was published at the beginning of 2016 and which is already used as a guideline in many countries.⁴

THE “THREE SLOW-ONSET CATASTROPHES”

The 69th World Health Assembly was held between 23 and 28 May, 2016 in Geneva, Switzerland. On 23 May, in her opening speech, the Director-General, Dr. Margaret Chan drew attention to three slowly-evolving catastrophes that threaten the recently achieved global healthcare results: she mentioned the threats caused by the climate change, the antimicrobial resistance and the increase of non-communicable diseases. “These are not natural catastrophes. These are catastrophes generated by people that have been created by policies preferring economic benefits to the care about human lives and the well-being of the planet that feeds them.” As an example, she pointed out that we continue to use the fossil fuels - supplying the economy with energy - and advertise unhealthy food and soft drinks that their negative impacts have been revealed.⁵

Margaret Chan warned that world slowly achieves the critical point where the slowly-evolving catastrophes become irreversible, and as she said: “From among the health threats, only a few can be still regarded as local.” – This applied, for example, to the fact that a food can easily contain ingredients from any part of the world, or that the refugee crisis of the Middle East had a significant

⁴ From MDGs to SDGs, WHO launches new report, <http://www.who.int/mediacentre/news/releases/2015/mdg-sdg-report/en/>

⁵ Director-General, <http://www.who.int/dg/en/>

mpact on Europe, or the outbreak of Ebola which paralyzed the world, together with the unexpected appearance of the Zika virus in South America, after being “dormant” for 6 decades in another continent.

Chan offsets the ominous presentation of threats by calling on the Assembly to recognize the latest significant achievements: “Public healthcare is constantly struggling with keeping diseases under control, changing lifestyles and finding enough money to implement these and other tasks...”

Chan referred to the results achieved in the period of the Millennium Development Goals (MDGs), among others, to the fact that 19 thousand less children die every day, maternal mortality reduced with 44 percent and 85 percent of those suffering from tuberculosis are successfully cured. She found additional incentives in the latest results, such as, as the first one in the world, Cuba managed to terminate the transmission of HIV from mother to child and reduce the number of illnesses caused by the Guinea worm, which occurred only twice that year. As another example, she mentioned that over the past two years, Africa was free of major polio cases and the successful transition to a bivalent polio vaccination took place in 155 countries.

Chan talked also about the changes of healthcare assessment: “Today, people consider healthcare otherwise. It is not perceived as the exhaustor of resources but an investment, which is a huge achievement.”

Later on, Chan talked about the current yellow fever epidemic that has reached the capital of Angola and the Democratic Republic of Congo. She said that this could happen despite the fact that vaccination against yellow fever has existed since 1937. The total preventability of the outbreak of the epidemic draws attention to the deficiencies of the world then it is about

fight against infectious diseases. Chan formulated the following serious warning: “What we see today increasingly seems to be a dramatic strengthening of the risk of appearing and re-appearing infectious diseases. The world is not prepared to cope with it.”⁶

THE REGIONAL OFFICES OF WHO

The Regional Committees of the WHO consist of the experts of specific geographic regions and their task is to facilitate the local-level implementation of the programs developed by the central bodies of the WHO.

The WHO operates 6 regional offices: WHO African Regional Office (headquarters: Brazzaville, Congo), WHO American Regional Office (headquarters: Washington, USA), WHO Eastern Mediterranean Regional Office (headquarters: Cairo, Egypt), WHO Regional Office for Europe (headquarters: Copenhagen, Denmark), WHO South East Asia Regional Office (headquarters: New Delhi, India) and WHO Western Pacific Regional Office (headquarters: Manila, Philippines).

The WHO Regional Office for Europe (WHO/Europe) incorporates 53 countries and covers the giant geographical area from the Atlantic Ocean to the Pacific Ocean. Its staff consists of public health, scientific experts and practitioners who work in the main office, 5 professional centers located in Copenhagen and in the local offices of the 29 Member States.⁷ (From 1 February, 2010 the position of the European regional director of WHO is fulfilled by Zsuzsanna Jakab; she started her second five-year mandate in February, 2015).⁸

⁶ Brian W. Simpson: Margaret Chan's 3 Slo-Mo Disasters, 23 May 2016, <http://www.globalhealthnow.org/news/margaret-chan-s-3-slo-mo-disasters>

⁷ WHO Regional Office for Europe, <http://www.euro.who.int/en/about-us/organization>

⁸ Regional Director, <http://www.euro.who.int/en/about-us/regional-director>

“We work in the European region that incorporates 53 countries, from the western coast of Greenland to the Pacific coast of the Russian Federation, from the Mediterranean Sea to the Baltic Sea. Due to its size, the region is characterized by the incredible diversity of people and their healthcare situation, but the goal of the member states is common, that is: to ensure as good health situation of citizens as possible. It is not easy to achieve this goal and we face a number of challenges. The differences between countries and within the countries - in respect of income levels, opportunities and the situation in healthcare - are now greater than ever recently. Nowadays, in the region, the biggest challenge for the development of healthcare are meant by - amongst others - the noncommunicable diseases (NCDs), such as the cardiovascular diseases, cancer, obesity and alcohol consumption, furthermore, the natural catastrophes and the health damage caused by environmental degradation. In addition to this, diseases, such as HIV/AIDS and drug-resistant tuberculosis (MDR-TB) have remained an unsolved problem, and all this is further aggravated by the increased probability of wider and faster spread of these diseases, as a result of globalization and climate change. No single or simple intervention will guarantee the management of these challenges. The solution of every healthcare problem requires joint efforts from all government sectors, international organisations, experts, the civil society and individuals.”⁹

The 53 European Member States adopted a new policy framework plan titled Health 2020, to support the healthcare and welfare programs of governments and societies. One

of the key objectives of the program is the management healthcare inequalities, furthermore, the provision of greater social justice and involvement to vulnerable people.

Health 2020 is a well-applicable and practical frame program of the professional policy that creates an opportunity for the countries to learn together and to share professional knowledge and experience. It recognizes that each country is unique, thus, in order to achieve the common goals, it acts in different ways, uses different interfaces and approaches, but remain united in respect of the objective.

Nowadays, the complex system of global and regional forces means a challenge to people's health and the factors determining it. Despite the fact that nowadays more people have the opportunity to enjoy better health than ever, no country can afford to take advantage of opportunities from innovation, isolated by others and to change or resolve the challenges concerning health and well-being. The future prosperity of the specific countries and the whole region depends on how much we will be willing and able to grasp the new opportunities which facilitate the health and well-being of the current and future generations.

According to the above, the main priority areas of Health 2020 are the following:

- Priority no. 1: Investment in health with lifelong approach and the support for people in achieving this;
- Priority no. 2: Solving Europe's greatest healthcare challenges (non-infectious and infectious diseases);
- Priority no. 3: People-centered healthcare systems, public healthcare capacities and preparedness for emergencies, strengthening of their monitoring and management;

⁹ Zsuzsanna Jakab, WHO Regional Director for Europe: WHO/Europe: Working for a healthier future, In: The World Health Organization in the European Region, http://www.euro.who.int/__data/assets/pdf_file/0020/215660/The-World-Health-Organization-in-the-European-Region-Eng.pdf?ua=1

- Priority no. 4: Creation of resistant communities and supportive environments.¹⁰

THE EUROPE 2020 PROGRAM OF THE EUROPEAN COMMISSION AND THE HEALTH 2020

Europe 2020 – For a healthier European Union

The support for good health is a dominant element of the 10-year economic growth strategy of the EU, the so called Europe 2020. To put it more precisely, health policy is important from the aspect of objectives formulated for the intelligent and inclusive growth of Europe 2020, as:

- the provision of a longer healthy and active life has a positive impact on productivity and competitiveness;
- innovation can help to make the healthcare sector more sustainable and in finding new treatments to the various healthcare situations;
- the healthcare sector plays an important role in the development of professional skills and the generation of new jobs, as in the EU, healthcare employs one out of every 10 most qualified workers;
- in the next 20 years - according to estimates - the number of people aged 65 and above will increase with 45%, therefore the funding of increasing healthcare expenses and the provision of a dignified and independent life to the aging society become placed into the centre of political debates.

From among the seven main initiatives of EU 2020, the following four ones are the most relevant in terms of public health:

- Innovative Union
- The Digital Agenda for Europe
- The agenda for new skills and jobs
- European platform against poverty and social exclusion¹¹

¹⁰ WHO (2013): Health 2020: A European policy framework and strategy for the 21st century, pp. 1-22., http://beslenme.gov.tr/content/files/yayinlar/dis_yayinlar/health_2020.pdf

¹¹ European Commission: Europe 2020 – for a healthier EU, http://ec.europa.eu/health/europe_2020_en.htm

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Адреса редакції:
90202 Берегове, пл. Кошута, 6,
Закарпатський угорський інститут ім. Ф. Ракоці II
Тел.: (03141) 4-24-35
E-mail: kiado@kmf.uz.ua