



OPINION

Indonesia has a key role in WHO assembly

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Philip Stevens and Nilanjan Banik

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The logo of the World Health Organization (WHO) is pictured on the facade of the WHO headquarters on October 24, 2017 in Geneva. (AFP/ Fabrice Coffrini)

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As one of the biggest Asian members of the World Health Organization (WHO), holding its annual assembly in Geneva this week, Indonesia shares a pivotal role in setting the global health agenda.

The WHO's work has never been more important to address serious and evolving international health threats. It is only a matter of time before there is another global influenza pandemic to match the devastating outbreak of 1918, and, as recent outbreaks of Ebola and Zika have shown, new and deadly diseases can emerge at any time.

As a UN organization to which almost every country in the world belongs, the WHO should make strengthening national health systems and coordinating defenses against transnational disease its priority. But it's often hard to know if the organization has any priority.

Superficial involvement in a ballooning number of health areas has made it a directionless, ineffective and inward-looking player in an increasingly crowded global health scene.

The WHO's tendency to do a lot poorly has seen it fail in its core business of leading international action on transnational disease outbreaks.

Take the organization's response to the West African Ebola crisis of 2014. An expert panel convened by Harvard Global Health Institute and the London School of Tropical Medicine criticized the WHO for its "catastrophic" delay in declaring a public health emergency.

The worry is that WHO will fail to handle the next inevitable global pandemic, leading to needless loss of life. This is particularly concerning for Indonesia, given that most of the recent influenza pandemics find their origin in Southeast Asia.

Funding is part of the problem: The WHO spent just 5.7 percent of its 2014-15 budget on disease outbreaks, a 50 percent drop on the previous two years.

The WHO's core budget, paid by member governments, fell from US\$579 million in 1990 to a feeble US\$465 million this year. To put this in context, this is only slightly more than a small African country like Uganda receives each year in foreign aid to fight only one disease – HIV.

The WHO has topped up its budget with project-based donations from countries and big charities, which now constitute 80 percent of its overall income. But that has cost the WHO its strategic independence.

Alongside global health staples like tropical diseases and immunization, the WHO now publishes recommendations on subjects from adolescent health and headaches to traffic safety and prisons.

Jeremy Farrar, director of the UK-based global health research charity the Wellcome Trust, argues the WHO is being undermined by its inability to focus on a few core issues

"It's so thinly stretched," he told Reuters. "There's arguably no organization on earth that could cover all those (topics) at sufficient depth to be authoritative."

This lack of focus and mission creep will be on full display at next week's World Health Assembly. Bizarrely, large parts of the agenda are dedicated to discussion of how to dilute the intellectual property (IP) protections that drive discovery of new health technologies.

Given the scale of today's global health challenges, it's not clear how repeating a tired debate about IP and access to medicines will help. The vast majority of treatments prescribed in both developing and developed countries are off-patent and therefore unaffected by IP rules, yet far too many still do not have reliable access to them.

The real reasons for this have been well known for decades. There are too few doctors at clinics, and a lack of social and health insurance to protect people from the cost of healthcare expenditures (something WHO itself implicitly recognizes in its efforts to promote universal healthcare). In many places, weak supply chains and poor infrastructure separate people from the treatments they need.

A narrow and divisive focus by WHO on IP may tick political boxes, but it does nothing to improve health and will only lead to more unproductive debate. It looks like a power grab by WHO staff to intervene in areas that are best left to national governments.

In 2017, former Ethiopian foreign minister Tedros Adhanom was elected as new Director-General on a mandate to reform and consolidate the WHO. Almost immediately, he appointed no fewer than 14 assistant director generals to oversee a huge number of program areas. This is not the work of a reformer.

This week is the first World Health Assembly under Tedros' leadership. Indonesia and other member states need to steady the ship. To maintain its relevance, WHO must get back to basics and do a few things well, not many things poorly. It must therefore unite nations around practical solutions, not divide them in pointless debates.

Philip Stevens is director of Geneva Network, a UK-based research organization focusing on international trade and health issues. Nilanjan Banik is professor at Bennett University, India.

Disclaimer: The opinions expressed in this article are those of the author and do not reflect the official stance of The Jakarta Post.

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WHO says Ebola outbreak has spread to DR Congo city

Agence France-Presse

Geneva, Switzerland | Thu, May 17, 2018 | 05:05 pm



In this handout photograph released by UNICEF on May 13, 2018, health workers are sprayed with chlorine after leaving an isolation ward with suspected Ebola patients at Bikoro Hospital - the epicenter of the latest Ebola outbreak in the Democratic Republic of Congo - on May 12, 2018, which has sealed off a ward to diagnose suspected Ebola patients and provide treatment. The outbreak in the region northeast of Kinshasa near the border with the Republic of Congo has so far killed 18 people around the town of Bikoro in Equateur province, according to the WHO. A report from the provincial council of ministers, seen by AFP, said there were (Agence France -Presse/MARK NAFTALIN / UNICEF)

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The Ebola outbreak in the Democratic Republic of Congo has spread to a city, the World Health Organization said Thursday, raising concern the deadly virus may prove tougher to contain.

"One new case of Ebola virus disease has been confirmed in Wangata, one of the three health zones of Mbandaka, a city of nearly 1.2 million people in Equateur Province in northwestern Democratic Republic of the Congo," the UN's health agency said in a statement.

The outbreak, publicly declared on May 8, had previously been reported in a rural area c Equateur that lies roughly 150 kilometres (93 miles) from Mbandaka.

"This is a concerning development," WHO director-general Tedros Adhanom Ghebreyesus said in the statement.

The agency said it was deploying around 30 experts to Mbandaka "to conduct surveillan in the city."

Forty-four cases have been reported in the outbreak so far, including three confirmed, 2 probable and 21 suspected, according to the WHO's tally.

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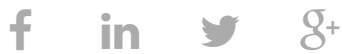


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