CHHATRAPATI SHAHU JI MAHARAJ SCHOOL OF HEALTH SCIENCES

TOPIC: WORLD HEALTH ORGANISATION DR.ANAMIKA DIXIT



WORLD HEALTH ORGANIZATION



The World Health Organization is a specialized agency of the United Nations responsible for international public health. The WHO Constitution states its main objective as "the attainment by all peoples of the highest possible level of health".

Headquarters: Geneva, Switzerland

Founded: 7 April 1948

Budget: \$7.96 billion (2020-2021)

Abbreviation: WHO

Customer service: 011 6656 4800

Founders: United States, United Kingdom, Brazil, Turkey, Mexico, MORE

Parent organization: United Nations

Head: Tedros adhanom

ROLE OF WHO

The WHO has played a leading role in several public health achievements, most notably the eradication of smallpox, the near-eradication of polio, and the development of an Ebola vaccine. Its current priorities include communicable diseases, particularly HIV/AIDS, Ebola, COVID-19, malaria and tuberculosis; noncommunicable diseases such as heart disease and cancer; healthy diet, nutrition, and food security; occupational health; and substance abuse. Its World Health Assembly, the agency's decision-making body, elects and advises an executive board made up of 34 health specialists. It selects the director-general, sets goals and priorities, and approves the budget and activities. The current directorgeneral is Tedros Adhanom Ghebreyesus of Ethiopia.

Work of WHO

WHO works worldwide to promote health, keep the world safe, and serve the vulnerable. Our goal is to ensure that a billion more people have universal health coverage, to protect a billion more people from health emergencies, and provide a further billion people with better health and well-being.

- For universal health coverage, we:
- focus on primary health care to improve access to quality essential services
- work towards sustainable financing and financial protection
- improve access to essential medicines and health products
- train the health workforce and advise on labour policies
- support people's participation in national health policies
- improve monitoring, data and information.

For health emergencies, we:

- prepare for emergencies by identifying, mitigating and managing risks
- prevent emergencies and support development of tools necessary during outbreaks
- detect and respond to acute health emergencies
- support delivery of essential health services in fragile settings.

For health and well-being we:

- address social determinants
- promote intersectoral approaches for health
- prioritize health in all policies and healthy settings.

> Through our work, we address:

- human capital across the life-course
- noncommunicable diseases prevention
- mental health promotion
- climate change in small island developing states
- antimicrobial resistance
- elimination and eradication of high-impact communicable diseases.
- Regions
- Africa
- Americas
- Eastern Mediterranean

Four strategic priorities of WHO in India

Strategic Priority 1: Accelerate progress on UHC

- 1. Implementing Ayushman Bharat: Health and Wellness Centres and hospital insurance scheme
- 2. Monitoring and evaluation of health sector performance
- 3. Improving access to priority health services such as immunizations, maternal and child health, tuberculosis, hepatitis
- 4. Digital health ecosystem
- 5. Eliminating neglected tropical diseases and control of vaccine-preventable and vector-borne diseases

STRAREGIC PRIORITY 2

Strategic Priority 2: Promote health and wellness by addressing determinants of health

- 1. Noncommunicable diseases (NCDs) action plan roll-out
- 2. Environmental health, including air pollution
- 3. Mental health promotion and suicide prevention
- 4. Nutrition and food safety
- 5. Road safety
- 6. Tobacco control
- 7. Integration of NCD and environmental risk factors in the digital health information platform

STRATEGIC PRIORITY 3

Strategic Priority 3: Better protect the population against health emergencies

- 1. Disease surveillance and outbreak detection and response, including International Health Regulation
- 2. Roll-out of integrated disease surveillance programme using the real-time integrated health information platform (IHIP)
- 3. Preparedness for, and response to all, emergencies
- 4. Containment of antimicrobial resistance

STARTEGIC PRIORITY 4

Strategic Priority 4: Enhance India's global leadership in health

- 1. Improving access to medical products of assured quality made in India
- 2. Development and information sharing of innovations in health practices and technologies including IHIP
- 3. Strengthening India's leadership in digital health

WHO India Country Cooperation Strategy 2019-2023: A Time of Transition

'The WHO India Country Cooperation Strategy 2019-2023: A Time of Transition' has been jointly developed by the Ministry of Health and Family Welfare (MoH&FW) of the Government of India (GoI) and the WHO Country Office for India. The Country Cooperation Strategy (CCS), provides a strategic roadmap for WHO to work with the GoI towards achieving its health sector goals, improving the health of its population and bringing in transformative changes in the health sector.

The India CCS is one of the first that fully aligns itself with the newly adopted WHO 13th General Programme of Work and its 'triple billion' targets, the Sustainable Development Goals and the WHO South-East Asia Region's eight Flagship Priorities. The CCS also captures the work of the United Nations Sustainable Development Framework for 2018-2022.

The CCS outlines how WHO can support the MoHFW and allied Ministries to drive impact at the country level. The CCS builds on other key strategic policy documents including India's National Health Policy 2017, the many pathbreaking initiatives India has introduced — from Ayushman Bharat to its National Viral Hepatitis Control Programme and promotion of digital health amongst others.

This CCS not only builds upon the work that WHO has been supporting out in the last several years, but also expands to address complex challenges-such as the prevention of NCDs, the control of antimicrobial resistance (AMR), the reduction of air pollution, and the prevention and treatment of mental illnesses — WHO will further expand its collaboration with a broader set of government sectors and other stakeholders beyond health, under the overall guidance of the MoHFW, as well as continue to work collaboratively with other United Nations (UN) agencies and international partners.

WHO's technical support to the Government of India will fall under the following four strategic priorities to contribute India's health agenda:

The period of this CCS is expected to bring rapid and significant changes to India's health sector and to improve access to quality health care, especially to the vulnerable and underserved populations.

WHO India Country Cooperation Strategy 2019-2023: A Time of Transition



WHO and India

- India became a party to the WHO on 12 January 1948.
- Regional office for South East Asia is located in New Delhi.
- Smallpox

In 1967 the total number of smallpox cases recorded in India accounted for nearly 65% of all cases in the world. Of this 26,225 cases died, giving a grim picture of the relentless fight that lay ahead. In 1967, the WHO launched the Intensified Smallpox Eradication Programme. With a coordinated effort by Indian government with the World Health Organization (WHO), smallpox was eradicated in 1977.

THANKYOU FOR WATCHING