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From Policy to Practice: WHO's Role in Shaping Global Health Agendas

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Abstract: *The World Health Organization (WHO) is the UN's health lighthouse, bringing together countries, partners, and people to promote health, protect the world, and assist those in need. WHO acts as a unifying force in the goal of universal well-being, steadfastly committed to empowering everyone, regardless of geography or circumstance, to attain optimal health outcomes. WHO works to improve health standards globally, protects communities from health risks, and assists those most in need via teamwork and unwavering commitment. To put it simply, WHO's long-term goal is to create a world in which everyone has access to the best possible health care and may flourish. With an emphasis on real-world instances of policy implementation, this article explores the complex role of the World Health Organization (WHO) in creating global health policy. WHO is an independent organization dedicated to promoting health justice and addressing global health emergencies, but it does so in a complicated geopolitical environment frequently influenced by powerful nations. This article examines how WHO balances the demands of global politics with its mission to protect health as a fundamental human right using a sophisticated theoretical framework that combines aspects of liberalism and realism. Specific examples highlight WHO is work in disease surveillance, immunization programs, and health promotion activities. Even though WHO is an independent body, the interests of powerful states often influence its decision-making processes, resulting in a delicate balance between aspirational goals and practical needs. This essay aims to provide a deeper understanding of WHO's crucial role in global health governance by examining its implications for achieving health equity globally through a critical lens rooted in liberalism and realism.*

Keywords: WHO, COVID-19, World Health Assembly (WHA), Noncommunicable diseases (NCDs)

Introduction

The World Health Organization (WHO), a specialized agency of the United Nations, is devoted to promoting global public health. It has 150 field offices worldwide and operates out of its Headquarters in Geneva, Switzerland. It also manages a network of six regional offices. Consolidating the resources and operations of the Office International 'Hygiene Publique in Paris and the League of Nations' Health Organization, the WHO was founded on April 7, 1948, and held its first meeting on July 24. One aspect was taking charge of the International Classification of Diseases (ICD). The WHO aims to advance global health and safety, especially for vulnerable groups. It collects data on global health challenges, establishes worldwide health standards, offers technical support to countries, and acts as a venue for

discussions on scientific and policy issues about health. Its primary publication, the World Health Report, provides in-depth analyses of global health issues.

The WHO has accomplished significant public health accomplishments throughout the years, including the creation of an Ebola vaccine, the eradication of smallpox, and significant progress in polio eradication. Its current priorities include fighting infectious diseases, including HIV/AIDS, Ebola, malaria, and tuberculosis, as well as noncommunicable diseases like cancer and heart conditions. Additionally, it prioritizes enhancing occupational health, preventing substance misuse, and guaranteeing access to nutritious food, healthy diets, and food security. The WHO regularly monitors public health threats, plans responses to medical emergencies, promotes global health and well-being, and fervently fights for universal health care coverage.

The 194 member states that comprise the World Health Assembly (WHA) are the foundation for WHO governance. The WHA chooses the director-general, who is presently Tedros Adhanom Ghebreyesus of Ethiopia, sets organizational goals and priorities, authorizes budgets and activities, and hires and advises a 34-member executive board of health specialists. The WHO's primary source of income is the assessed and voluntary contributions made by member states, with additional cash coming from private donors. The $6.83 billion approved budget for 2024–2025 demonstrates its unwavering dedication to furthering global health efforts.

By encouraging international cooperation, communication, and collaboration, the WHO's function as a coordinator of global health diplomacy initiatives is a prime example of liberalism. WHO promotes collaboration and solidarity among nations to address common health issues by facilitating international communication, cultivating alliances with civil society organizations and other stakeholders, and organizing global health programs like the International Health Regulations and the Global Vaccine Action Plan.

Objective of the Study:-

- To look into how the WHO has a significant influence on global government health policies.
- How To help nations improve health outcomes, the World Health Organization (WHO) has developed several technical policy packages:
- From Policy to Practice: Does WHO achieve its goals?

Research Question:-

- Has the World Health Organization succeeded in its purpose of being a global ambassador for global health?
- Are WHO policies effective in reducing global health issues?

Literature Review:-

In order to help implement and integrate the new WHO pharmacotherapy of hypertension guideline with other global and regional technical publications, a group of top public health, global health, clinical, and hypertension specialists prepared this health policy book. The text is also meant to serve as a resource for people who are lobbying legislators(Campbell et al., 2022). Healthcare systems that are ill-equipped to handle emergencies are far more likely to put their public health and medical staff in danger and be unable to provide care when things worsen. Even in industrialized nations, this can result in a staggering number of fatalities. The World Health Organization (WHO) has developed measures, standards, and methods to evaluate countries' disaster preparedness in response to the potential for global crises. The COVID-19 outbreak has barely affected Iran's healthcare system. Our study aimed to evaluate its readiness and reaction to the outbreak (Ghanbari et al., 2021).

WHO is divergent stance on the unhealthy commodities sectors that contribute to NCDs and has a track

record of obstructing national policy advancement is another source of controversy. As Article 5.3 of the FCTC requires, the agency maintains a rigorous policy of non-engagement with the tobacco industry. However, its Framework of Engagement with Non-State Actors (FENSA) has been characterized as an open door rather than a fence for other commercial actors such as the UPFI. The new official relations status that non-governmental groups, business associations, and charitable foundations (NGOs) can apply—gives them special access, such as the ability to attend meetings of WHO governing bodies, but is not a prerequisite for WHO to interact with a non-state actor. After four years of negotiations with Member States, FENSA was embraced by the corporate sector in 2016, but public health activists once more found it inadequate (Lauber et al., 2021).

The World Health Organization (WHO) chose antibiotic resistance as the theme for World Health Day 2011 in order to draw attention to a rising public health concern on a global scale. Every area of medicine and public health practice is at risk from antibiotic resistance. It makes controlling infectious diseases more difficult, puts improvements in health outcomes at risk by raising morbidity and mortality, and costs societies a lot of money. About 25,000 patients in the EU pass away every year from diseases brought on by specific multidrug-resistant bacteria, and the yearly expenses are estimated to be around 1.5 billion euros. One Infection caused by bacteria resistant to antibiotics in the United States of America costs the healthcare system more than USD 20 billion a year (Leung et al., 2011).

WHO Health Policy:-

With two main goals, the World Health Organization (WHO) plays a significant influence in influencing national health policies around the globe. First, it aims to address the underlying social and economic determinants of health by leading policies and initiatives that advance health equity and incorporate pro-poor, gender-responsive, and human rights-based approaches. Second, it aims to promote a better environment by putting primary prevention first and pushing for legislative changes in all areas to address the underlying causes of environmental health risks. WHO actively creates and promotes evidence-based instruments, guidelines, and standards to help member nations create successful health policies to accomplish these aims. It is also essential to monitor the application of the International Health Regulations, which guarantees a coordinated worldwide response to medical crises. Furthermore, WHO's publication of medical classifications, including the International Classification of Functioning, Disability, and Health (ICF), the International Statistical Classification of Diseases (ICD), and the International Classification of Health Interventions (ICHI), provides essential reference frameworks for the creation and application of health policy.

Additionally, WHO has played a major role in creating numerous international policy frameworks that support public health and well-being. The Framework Convention on Tobacco Control (2003), the International Code of Marketing of Breast-milk Substitutes (1981), and the Global Code of Practice on the International Recruitment of Health Personnel (2010) are noteworthy examples in order to guarantee access to necessary pharmaceuticals worldwide, WHO also keeps up with the WHO Model List of Essential Medicines and its pediatric equivalent. In the future, WHO is actively investigating the creation of an international convention on pandemic preparedness and prevention, demonstrating its steadfast dedication to tackling global health issues through all-encompassing policy initiatives.

Meanwhile, strong nations have a lot of influence over the policy-making process. Strong states impact the World Health Organization (WHO) in several areas, including resource allocation, policy priorities, and decision-making procedures; despite being an autonomous organization, WHO has to negotiate a challenging geopolitical environment where the objectives of strong states frequently influence global health initiatives. These real-world instances show how strong government influence appears within WHO. Strong governments frequently have a say in how funds and resources are distributed within WHO, especially if they have made significant financial contributions to the organization. For instance, as significant donors to WHO, nations like the US and China may have a say in financing choices and give preference to health projects or programs that serve their interests as a country. Disparities in the

distribution of resources may arise from this, with funds going disproportionately to projects supported by powerful donor nations, possibly overshadowing other important health goals. Strong governments have a major impact on WHO policy, determining which health concerns are given priority attention and funding. For example, countries with significant political and economic clout could push for the inclusion of particular health issues on WHO's agenda, such as noncommunicable illnesses, emerging infectious diseases, or global health security.

This may result in the prioritization of policies that represent the interests and inclinations of strong states, possibly ignoring urgent health issues that low-income nations or oppressed populations experience. Through diplomatic channels, powerful states may apply political pressure on WHO, affecting policy decisions and results. For instance, influential nations' diplomatic actions can influence the conversation on divisive health topics, including intellectual property rights, health equity, and access to necessary medications. Furthermore, strong nations may use their alliances and diplomatic ties to further their policy goals within WHO, winning over other members and influencing the course of global health governance.

Strong states may impact WHO's leadership and governance structure by appointing high-ranking employees or electing important officials. For example, political factors and diplomatic discussions among member states may impact the choice of the WHO Director-General, who has considerable authority and decision-making capacity. Similarly, strong nations may try to influence WHO's governing bodies, such as the World Health Assembly, by promoting advantageous resolutions or results to their countries.

WHO Policy Packages:-

To help nations improve health outcomes, the World Health Organization (WHO) has developed several technical policy packages:

1. ACTIVE: One of the most important policies of WhO is ACTIVE. With an emphasis on encouraging physical activity, this package seeks to combat sedentary lifestyles and motivate people to exercise frequently for better health and well-being.
2. HEARTS: WHO's second important policy is HEARTS. This package focuses on preventing and managing cardiovascular illnesses (CVDs) and provides strategies and interventions to lessen the burden of CVDs worldwide. The ailments include heart disease and stroke.
3. MPOWER: The most important WHO policy emphasizes tobacco control. The MPOWER package offers a wide range of strategies to reduce tobacco use, such as tracking tobacco use, shielding individuals from tobacco smoke, providing assistance in quitting, educating people about the risks associated with tobacco, and enforcing prohibitions on its use.
4. REPLACE: This package is all about changing lifestyles. Its goal is to remove trans fats from the world's food supply. The REPLACE package offers governments and food companies techniques and recommendations to eliminate trans fats from processed foods, which are known to raise the risk of heart disease and other health problems.
5. SAFER: It is related to the alcohol ban. The SAFER package, which focuses on alcohol control, provides evidence-based interventions to lessen alcohol abuse and its adverse social and health effects. The use of alcohol is dangerous for health. It places a strong emphasis on actions, including controlling the availability of alcohol, enforcing laws against drunk driving, and increasing public understanding of the dangers of alcohol.
6. SHAKE: The SHAKE package is an important WHO initiative devoted to salt reduction. It offers suggestions and tactics to lower salt consumption at the community level, motivating people to consume less salt and preventing hypertension and associated cardiovascular diseases.

These policy packages act as all-inclusive frameworks that nations can use to enact and carry out customized initiatives that target specific health issues, advancing public health globally.

Policy to Practice:-

The Global Status Report on Noncommunicable Diseases is a landmark report that discusses the underlying risk factors and determinants of chronic respiratory diseases, diabetes, cancer, and cardiovascular diseases and the widespread threat they pose. In 2008, these illnesses took an astounding 36 million lives, with a startlingly high proportion of deaths occurring before the age of 60, which is usually when productivity is at its highest. The rising incidence of these illnesses, especially in low- and middle-income countries, is highlighted in the paper. This thorough paper lays forth a plan for reversing this epidemic in addition to providing an assessment of the state of noncommunicable diseases today.

It promotes the broad implementation of evidence-based interventions targeted at reducing risk factors like tobacco use, poor eating habits, sedentary lifestyles, and excessive alcohol consumption. It also strengthens monitoring and surveillance initiatives on a national and international level. It also highlights the necessity of expanding access to affordable medical treatments intended to prevent complications, impairments, and early death.

Crucially, the study acts as a fundamental resource, offering a starting point for further trend monitoring and making it easier to evaluate Member States' efforts to address this growing challenge. It is a crucial part of the World Health Assembly-approved 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases (WHO, 2014).

1. ACTIVE:

Obesity Control

Significant action was taken by Member States at the 75th World Health Assembly in 2022 when they endorsed the WHO Acceleration Plan to Stop obesity and adopted new guidelines for managing and preventing obesity. The goal of this initiative is to encourage and facilitate concerted international efforts. Initiatives to improve health systems' ability to combat obesity are part of the plan as part of a larger strategy. This entails training primary care physicians and frontline healthcare professionals to improve their capacity to provide efficient services for managing and preventing obesity. Additionally, the plan incorporates pre-existing resources, including the WHO Academy Course and Advanced Training for Healthcare Providers and the WHO Universal Health Coverage Compendium.

The Clinical Services and Systems Unit, the Integrated Health Services Department, and the Nutrition and Food Safety Department worked together to establish the framework. The WHO European Regional Office for the Prevention and Control of Noncommunicable Diseases also significantly influenced its creation. The WHO's commitment to tackling obesity holistically—through capacity building, policy implementation, and intersectoral collaboration—is emphasized by this comprehensive framework. This framework seeks to address the complex issues raised by the worldwide obesity pandemic by coordinating with the key interventions listed in the WHO Acceleration Plan to Stop obesity. The prevalence of obesity has skyrocketed globally, overtaking infectious diseases and malnutrition as the main contributors to ill health.

Its substantial influence on public health is highlighted by its links to diabetes mellitus, coronary heart disease, some types of cancer, and sleep-related issues. Although a body mass index (BMI) of 30 kg/m^2 or greater is commonly used to characterize obesity, this metric ignores the negative consequences of intra-abdominal fat accumulation and the health hazards of even mild overweight. A combination of variables, such as genetic predisposition, the abundance of foods high in calories, and a decline in the need for physical activity in contemporary society, are to blame for the global obesity epidemic.

Obesity must be acknowledged as a global problem that threatens the health of the entire world, not only as a cosmetic issue affecting a select few. In order to address this complex issue, comprehensive strategies that include community engagement initiatives, regulatory changes, and public health

interventions aimed at encouraging healthier settings and behaviors are required. Indeed, obesity is a serious worldwide health issue that affects people and communities profoundly. The World Health Organization (WHO) has led several programs to fight obesity and promote healthy lives globally because it understands how urgent this problem is.

WHO's promotion of Body Mass Index (BMI) measurement and tracking is at the heart of its strategy. A person's BMI, which is calculated from their height and weight, is a crucial screening tool for determining whether they are at risk of being overweight or obese. WHO aims to raise awareness of the prevalence of obesity and the health risks it entails by highlighting the significance of routinely evaluating BMI. In addition to measuring BMI, WHO works to raise awareness of the underlying causes and consequences of obesity, focusing on adopting healthy habits. This means encouraging regular exercise, supporting a healthy diet, and avoiding consuming foods and drinks heavy in sugar, salt, and saturated fat.

Additionally, WHO works with governments, legislators, medical professionals, and other interested parties to develop and carry out population-level initiatives for managing and preventing obesity. These tactics include increasing the availability of nutritious meals, creating spaces that encourage physical exercise, controlling the promotion of unhealthy goods, and providing services for the prevention and treatment of obesity. All things considered, WHO's strategy for combating obesity is thorough and multidimensional, recognizing the complex interactions between various elements that contribute to this public health issue. WHO plays a crucial role in the worldwide fight against obesity and related health conditions by promoting evidence-based interventions, advocating for BMI measurement, and raising awareness (World Health Organization, 2000).

Case Study:-

1. Policy Development and Advocacy: Governments are essential in establishing conditions that encourage healthy living. The influence of governmental interventions on lowering harmful behaviors was demonstrated in 2014 when Mexico imposed a charge on sugary beverages, which resulted in a considerable fall in consumption.
2. Nutrition Education and understanding: Public health initiatives are crucial to increasing public understanding of the value of eating a balanced diet. Japan's "Metabo" law requires employers to measure their workers' waistlines, which raises awareness of obesity risk factors and encourages behavior modification.
3. Promotion of Physical Activity: Fighting obesity requires promoting regular physical activity. Colombia's "Ciclovía" program blocks traffic on Sundays and encourages social cohesiveness and physical activity by allowing locals to walk, run, or cycle freely.
4. Integration of Healthcare Systems: To support people, it is essential to incorporate obesity treatment and prevention within primary healthcare systems. To assist individuals in reaching and maintaining a healthy weight, the National Health Service (NHS) in the United Kingdom provides weight management services, such as support groups and counseling.
5. Multi-Sectoral Collaboration: An all-encompassing strategy for preventing obesity requires cooperation across sectors. Cross-sectoral collaboration is crucial, as demonstrated by Brazil's "Food and Nutrition Security" program, which involves several government agencies collaborating to guarantee access to nutritious foods and advance nutrition education.
6. Data Monitoring and Evaluation: To make well-informed decisions, obesity rates and the efficacy of interventions must be regularly monitored and evaluated. The "National Health Survey" in Australia gathers information on obesity and associated risk factors to track trends.

2. HEARTS

The leading cause of death worldwide, cardiovascular diseases (CVDs) are thought to take 17.9 million lives each year. Coronary heart disease, cerebrovascular disease, rheumatic heart disease, and other

illnesses that affect the heart and blood vessels fall under this group. Heart attacks and strokes are responsible for over four out of five deaths from CVD, with a third of these deaths occurring prematurely in those under the age of 70. By developing comprehensive global policies to reduce the incidence, morbidity, and mortality of cardiovascular diseases (CVDs), the WHO is crucial in assisting governments worldwide with their prevention, management, and monitoring.

These tactics cover a variety of interventions, such as initiatives to reduce risk factors, set care standards, increase the health system's ability to manage CVD and track disease trends to guide evidence-based policies at the national and international levels.

Certain activities, including tobacco smoking, eating a poor diet, drinking alcohol, and not exercising enough are important risk factors for CVDs. The development of CVDs is also greatly influenced by physiological variables, such as high blood pressure (hypertension), raised blood cholesterol, and elevated blood sugar or glucose levels. Age, economic inequality, and urbanization trends are some of the underlying social determinants and forces intimately linked to these risk variables. WHO seeks to develop an all-encompassing framework for managing the burden of CVDs by addressing behavioral and physiological risk factors and their more general societal causes. WHO works to put into practice efficient interventions that support cardiovascular health, lower risk factors, and eventually improve outcomes for people with CVDs and their communities by collaborating with governments, healthcare providers, and other stakeholders. Heart disease and stroke are primarily caused by unhealthy behaviors, with poor eating habits, sedentary lifestyles, tobacco use, and excessive alcohol use being major risk factors. Individuals may exhibit these behavioral characteristics, such as high blood pressure, higher blood lipid and glucose levels, and obesity or being overweight. These markers, known as "intermediate risk factors," can be measured in primary care settings. It is critical to comprehend and treat these modifiable risk factors in order to lessen the worldwide burden of CVDs. Comprehensive efforts to battle cardiovascular illnesses and enhance population health must include initiatives to promote healthy lifestyles, execute successful public health interventions, and improve access to preventive healthcare services. Researchers from Finland, Greece, Italy, Japan, the Netherlands, the United States, and Yugoslavia looked at 12,770 males between the ages of 40 and 59 as part of a global collaborative study on the epidemiology of coronary heart disease (CHD). These participants were reexamined five years later to evaluate changes in the incidence of CHD.

Among the conclusions, it was mentioned that coronary heart disease was responsible for 62 of the 125 deaths that occurred in the US during the five years. Similar to this, CHD was the cause of 38 out of 111 deaths in Finland and 16 out of 50 deaths in the Netherlands. On the other hand, the incidence was significantly lower for other categories, with CHD being responsible for about 1 in 8 deaths.

Surprisingly, the incidence of CHD did not significantly differ by geography within countries, except in rural Finland, where the eastern part had a significantly higher incidence than the western region. Notably, the observed population disparities in CHD incidence did not seem to be explained by variables like body fatness, relative body weight, or cigarette smoking. However, there was a propensity for the incidence of CHD to be linked to the levels of serum cholesterol, the prevalence of hypertension, and the consumption of saturated fats in the diet. The incidence of coronary heart disease was not found to be statistically correlated with habitual physical exercise, contrary to prior notions. Furthermore, there was no proof that the incidence of CHD was negatively correlated with that of any other illness.

These findings underscore the complexity of CHD epidemiology and the need for further research to better understand the multifactorial nature of this condition (Keys, 1970).

Case Studies:-

1. Australia: Strict tobacco control laws, such as plain packaging for tobacco products, are part of Australia's attempts to fight heart disease. A culture of fitness and well-being is also promoted

across the country via public health programs like the "Heart Foundation Walking" program, which promotes regular physical activity to prevent heart disease.

2. India: To increase knowledge about heart disease prevention, India has started extensive health education efforts. The Food Safety and Standards Authority of India (FSSAI)'s "Eat Right" campaign empowers people to make educated decisions about their health by highlighting the significance of embracing a healthy diet and lifestyle to lower the risk of heart disease.
3. United Kingdom: People with heart disease can receive screening, treatment, and rehabilitation programs from the National Health Service (NHS), which provides comprehensive cardiac care services. A healthy workforce is also a result of workplace wellness programs in the UK that encourage heart health among workers through exercise, wholesome eating choices, and assistance in quitting smoking.
4. New Zealand: To encourage heart health, the government of New Zealand prioritizes community-based programs. Through planned group walks, the "Heart Foundation Walking" program promotes regular physical activity, strengthens social relationships, and enhances cardiovascular health in various communities.
5. United States: Companies like Google prioritize worker well-being in the US by implementing extensive workplace wellness initiatives. These programs enable staff members to adopt heart-healthy behaviors and lower their risk of cardiovascular disease by providing fitness courses, nutritious food options, and smoking cessation services.
6. Sweden: Strong research and monitoring initiatives are part of Sweden's dedication to preventing heart disease. The nation's national cardiovascular disease registry gathers data on illness incidence, treatment outcomes, and risk factors, which helps policymakers successfully customize policies and enhance patient outcomes using evidence-based practices.

3. MPOWER

The Tobacco Free Initiative (TFI), based in the Department of Health Promotion at WHO headquarters in Geneva, Switzerland, is leading the global fight against tobacco use. TFI employees work closely with country and regional advisors who make up the TFI network to organize and carry out tobacco control initiatives worldwide. WHO supports policies and programs that respect fairness, human dignity, and non-discrimination in health through initiatives like the Framework Convention on Tobacco Control (FCTC) and the Global Strategy on Human Resources for Health.

WHO's regional offices in Africa, the Americas, the Eastern Mediterranean, Europe, South-East Asia, and the Western Pacific are home to tobacco control consultants. WHO country offices employ designated tobacco control personnel in nations experiencing significant tobacco epidemics. These regional and national colleagues work with WHO's liaison officers and country representatives to advance WHO's tobacco control agenda.

To lower the prevalence of tobacco use and exposure to tobacco smoke, WHO works with the WHO FCTC Secretariat and the governments of Member States to implement tobacco control measures specified in the WHO Framework Convention on Tobacco Control (WHO FCTC).

Implementing these policies can reduce the significant burden of disease and mortality linked to tobacco exposure or use. The WHO FCTC's recommended tobacco control methods include legislation, rules, administrative rulings, and enforcement or monitoring mechanisms. Governments and civil society may implement programs and population-based interventions to support these initiatives, while health systems and professionals may be involved in some of these decisions and actions.

MPOWER, a comprehensive set of technical measures and resources created to help nations execute particular WHO FCTC provisions, was announced by WHO in 2007. MPOWER seeks to increase nations' ability to successfully implement tobacco control laws. At their core, tobacco control initiatives follow a moral code that protects people's freedom, health, and life. The WHO FCTC recognizes the

importance of human rights principles in international accords like the Convention on the Elimination of All Forms of Discrimination Against Women, the Convention on the Rights of the Child, and the International Covenant on Economic, Social, and Cultural Rights.

With more than 170 Parties, the WHO Framework Convention on Tobacco Control (WHO FCTC) covers more than 85% of the world's population. The nations that have ratified the WHO FCTC and the European Union are subject to legal duties under the treaty, just like any other. Due to this momentum, many nations have developed and strengthened their tobacco control laws and implemented efficient enforcement systems. Countries can use best practice legislative and regulatory models from other countries, tailoring them to fit their national systems and requirements and the information offered within the WHO FCTC's standards. WHO and its partners have created a wealth of information on WHO websites and other platforms, giving nations the means to support their tobacco control initiatives. The following laws have been created to regulate tobacco.

(1) Blanke and Costa E. Silva, Tobacco Control Law: An Overview, WHO, 2004

(2) ANVISA's Resolutions and Rules are legally binding regulations with the same quality and force as laws, with penalties for breaking them. Law 9.782's Article 7 gives ANVISA extensive legislative power to enact health-related laws, including those about tobacco control.

(3) The adoption of comprehensive tobacco control methods is mandated by WHO FCTC Article 4.

It is often known that one of the best ways to reduce tobacco use is to raise the cost of tobacco products. Governments around the world, however, differ in how this strategy is adopted and how strong it is. In addition to price interventions, non-price strategies are essential for tobacco control. These strategies include limiting exposure to tobacco smoke at work, protecting people from it, and controlling tobacco products by determining their content and disclosing their additives. It is crucial to make sure that correct information regarding the risks associated with smoking is accessible and conveyed clearly.

Social marketing tactics call for restrictions on tobacco advertising and promotional activities, including sponsorship, while highlighting the significance of packaging and labeling in communicating health hazards. The focus of our symposium is smoking cessation programs, which are frequently overlooked in favor of other initiatives meant to lower demand for tobacco products despite the efficacy of price and non-price interventions. Achieving comprehensive and significant results requires acknowledging the importance of cessation programs and increasing their visibility in tobacco control campaigns.

Case Studies:-

1. Australia: The country has enacted several tobacco control measures, such as requiring products to be packaged plainly and significantly raising tobacco charges. These initiatives have been acknowledged globally as successful tobacco control tactics and have helped lower smoking rates.
2. Brazil: The country has implemented extensive tobacco control measures, such as legislation prohibiting smoking in public areas, stark health warnings on tobacco packages, and prohibitions on tobacco sponsorship, promotion, and advertising. These actions have contributed to a decrease in the nation's smoking prevalence and tobacco-related illnesses.
3. Thailand: Thailand has enacted strict tobacco control policies, such as smoke-free regulations, hefty tobacco levies, and conspicuous health warnings on tobacco products. Smoking rates have significantly decreased over time, and the nation has also implemented effective tobacco cessation programs.
4. Uruguay: Uruguay has been acknowledged as a world leader in tobacco control, enforcing laws prohibiting smoking in public areas, prohibiting tobacco advertising, promotion, and sponsorship, and placing graphic health warnings on tobacco products. The prevalence of smoking and tobacco-related illnesses has decreased nationwide as a result of these initiatives.

5. Turkey: Turkey has implemented extensive tobacco control measures, such as high tobacco pricing, smoke-free legislation, and prohibitions on tobacco sponsorship, promotion, and advertising. As a result of these policies, the nation's smoking rates and tobacco-related illnesses have significantly decreased.

4. REPLACE

Significant progress has been made since WHO's inaugural call 2018 for the global removal of industrially generated trans fats, with population coverage of best-practice trans fats elimination policies growing more than six times globally. High trans-fat consumption (>1% of total calorie intake) increases mortality and coronary heart disease risks. Countries can successfully prevent heart disease by banning trans-fat, which will lessen the significant financial burden of medical care and lost productivity. WHO supports nations in eradicating industrial Trans-fats permanently and acknowledges their successes.

WHO reiterates its commitment to assisting nations in their endeavors while recognizing their achievements and calls for swift action until 2025 to complete this effort. The REPLACE action package presents a strategy for removing industrially produced trans fats from the nation's food supplies. This bundle includes six modules and other online resources, along with a thorough technical document explaining the framework and justification for this integrated approach to trans fats removal.

How the word replace works

1. Examine Dietary Sources of Industrially-Produced Trans Fat: Determine the influence of industrially-produced trans-fat on public health by analyzing its sources in the food supply.
2. Encourage the Replacement of Industrially Produced Trans Fats: To enhance public health outcomes, promote the replacement of industrially produced trans fats with healthier fats and oils in food production processes.
3. Pass Laws or Enact Regulations: Pass laws or enact regulations to remove trans fats produced industrially from the food supply while maintaining adherence to global norms and regulations.
4. Evaluate and Track Trans Fat Content: To help guide policy choices and initiatives, periodically check the amount of trans fat in food products and track alterations in the population's consumption patterns.
5. Raise Awareness of Health Impacts: Use focused education campaigns and communication tactics to inform legislators, food manufacturers, suppliers, and the general public about the harmful health impacts of consuming trans-fat.
6. Enforce Regulation Compliance: To protect public health, enforce policies and regulations to reduce or remove industrially produced trans-fat from the food supply by strengthening enforcement mechanisms.

Eliminating industrially manufactured trans-fat, which is present in partially hydrogenated oils, is acknowledged by the WHO as a successful and economical strategy for reducing cardiovascular disease. Every year, trans fat from industrial production is thought to be a contributing factor in over 540,000 fatalities globally. This substance is harmful even at low doses, increasing the risk of myocardial infarction and death and causing arterial obstructions. Additionally, new research points to a possible connection between consuming trans fats and other illnesses like type 2 diabetes(Ghebreyesus & Frieden, 2018).

Case Studies:-

1. Denmark: Denmark was one of the first nations to successfully remove trans fats manufactured industrially from its food supply. In 2003, the Danish government passed regulations limiting the use of trans fats in food products, which resulted in a notable decrease in the population's consumption of trans fats.

2. Canada: The country has laws restricting the amount of trans fats used in industrially produced food items. In 2018, Health Canada outlawed the primary source of trans fats in processed foods, partly hydrogenated oils (PHOs). This rule has improved public health outcomes and decreased the intake of trans fats.
3. United States: The US has taken action to lower trans fat consumption through public health campaigns and governmental actions. In 2015, the Food and Drug Administration (FDA) implemented a rule mandating food makers eliminate artificial trans fats from processed foods. As a result of this rule, Americans' consumption of trans fat has significantly decreased.
4. Chile: Chile has laws to remove trans fats made in factories from the food chain. In 2019, Chile's Ministry of Health announced a ban on the use of trans fats in packaged foods and restrictions on the amount of trans fat in imported and domestically produced goods. By lowering the risk of cardiovascular disease, this policy seeks to promote public health.

5. SAFER

Someone dies from alcohol-related causes every ten seconds. The SAFER program was launched in 2018 by WHO in collaboration with international partners. "SAFER" is an acronym for the five most economical strategies to reduce alcohol-related harm. By supporting the continued implementation of important WHO and UN frameworks, such as the Global Strategy to Reduce the Harmful Use of Alcohol, the Global Alcohol Action Plan, WHO's Global Action Plan for the Prevention and Control of NCDs, and the UN Sustainable Development Goals, particularly target 3.5, the initiative aims to assist Member States in reducing the harmful use of alcohol.

There is a lot of information about the extent of alcohol-related harm and practical ways to lessen it. WHO and the UN have made important decisions that prioritize alcohol globally and demand the adoption of practical remedies. Putting this commitment into practice is now essential. To prevent and reduce alcohol-related harm, SAFER will give priority to the most economical treatments, or "best buys," utilizing a variety of WHO methods and resources.

Strengthen limitations on the availability of alcohol: Reducing alcohol-related harm requires the implementation and enforcement of laws, policies, and programs that restrict commercial or public access to alcohol. These steps aid in limiting easy access to alcohol, especially for youth and other high-risk and vulnerable populations. Promote and implement actions to prevent drunk driving: Reducing the likelihood of alcohol-impaired driving events requires the implementation of strict drink-driving regulations and the enforcement of low blood alcohol concentration limits through the use of tools like random and sobriety checkpoints. Road traffic accidents and fatalities can be considerably decreased by strictly enforcing these regulations.

Provide screening, short-term interventions, and treatment: Healthcare providers are essential in helping people cut back on or stop drinking alcohol in order to lower health risks. Health services should provide efficient interventions such as screening, short-term treatments, and treatment for those needing assistance and their families. Enforce prohibitions or extensive limitations on alcohol-related sponsorship, advertising, and promotion: This is a very effective and economical way to limit these activities. Public health can be protected, and children, teenagers, and nondrinkers can be protected from the influence of alcohol-related marketing by enforcing these limits, especially on digital platforms.

Increase the cost of alcohol by implementing pricing controls and excise taxes: Among the most efficient and economical methods of alcohol, control include raising excise taxes on alcoholic beverages and enacting pricing regulations. Higher alcohol prices can reduce hazardous alcohol consumption and create cash for governments to offset the economic expenses associated with alcohol-related harm.

SAFER is made up of three essential parts that work together to support the global alcohol strategy and the delivery of WHO's "best buys":

1. A technical guidance package headed by the WHO: This part offers thorough technical advice on program and policy measures that effectively lower alcohol-related harm.
2. WHO/UN-led operational program: This operational effort, which focuses on country action, is jointly led by WHO and the UN and facilitates the implementation of the SAFER interventions at the national level.
3. A multi-stakeholder advocacy and communications campaign: This part seeks to increase support and awareness for SAFER through a multi-stakeholder advocacy and strategic communications campaign.

WHO Headquarters, regional, and country offices will coordinate and manage the Global SAFER project, while the corresponding Member States will supervise the implementation of the five SAFER interventions. Effective implementation will be ensured by cooperation with the UNDP and the UN Interagency Task Force on the Prevention and Control of NCDs and active participation from participating Member States and civil society organizations.

To engage and promote SAFER, civil society organizations, including Vital Strategies, the NCD Alliance, Movendi International, and the Global Alcohol Policy Alliance, are dedicated to coordinating their activities. The WHO Framework for Engagement with Non-State Actors will guide all SAFER activities, and partners are expected to act as ambassadors, supporting and advancing the project individually and collectively.

Case Studies:-

1. Technical assistance Package: WHO offers technical assistance on efficient program and policy interventions to lessen alcohol-related damage. This covers suggestions for taxing alcohol, limiting its supply, and launching public awareness initiatives.
1. For instance, Australia has enacted stringent laws on the marketing and promotion of alcohol, prohibiting its sponsorship at athletic events and prohibiting its promotion to minors.
2. Operational Program for Country Action: To execute SAFER interventions, WHO and the UN oversee an operational program focusing on country-level action. This entails working with governments, non-governmental organizations, and other interested parties to create and carry out national alcohol policies and initiatives. As an illustration, Scotland has implemented minimum unit pricing for alcohol, establishing a minimum cost per unit to lower alcohol-related harm and promote responsible consumption.
3. Multi-Stakeholder Communications and Advocacy Campaign: To increase awareness and rally support for SAFER, WHO has launched a multi-stakeholder communications and advocacy campaign. To do this, the project must be promoted in collaboration with advocacy groups, civil society organizations, and the media. As an illustration, New Zealand introduced the "Alcohol Action Plan" to lessen the harm caused by alcohol. This plan consists of community projects, public education campaigns, and assistance for those who are addicted to alcohol.
4. UNDP and WHO Coordination and Management: In cooperation with UNDP and other UN agencies, WHO Headquarters, regional offices, and country offices oversee and coordinate the Global SAFER program. This guarantees SAFER treatments are implemented and monitored effectively worldwide. As an illustration, Norway works with the UNDP and WHO to establish comprehensive alcohol policies that include steps to lower alcohol availability, raise alcohol taxation, and offer assistance to those who suffer from alcohol addiction
5. Cooperation with Civil Society Organizations: To coordinate efforts and advance SAFER, WHO collaborates with civil society organizations like the NCD Alliance, Movendi International, and the Global Alcohol Policy Alliance. As an illustration, Finland works with civil society organizations to carry out community-based treatments that try to lessen the harm caused by alcohol. These interventions include advocacy campaigns to increase knowledge about responsible drinking and support groups for those who are addicted to alcohol. With

examples of nations addressing this worldwide public health concern, these doable actions show WHO's all-encompassing approach to putting the SAFER initiative into practice and minimizing alcohol-related harm.

6. SHAKE

The World Health Organization (WHO) created the organized SHAKE strategy to help nations lower population-level salt intake. It stands for Knowledge, Environment, Adoption of Labeling and Marketing Standards, Surveillance, and Harness Industry. Each element is crucial to the salt reduction plan: The SHAKE package provides a thorough structure that includes all necessary components for creating an effective national salt reduction plan. It strongly emphasizes lobbying, collaboration, program leadership, and political commitment. The acronym SHAKE outlines the primary activity areas required for successful implementation:

1. Surveillance: Track and measure salt intake to evaluate results and guide interventions. This entails setting up reliable procedures for gathering and analyzing data in order to monitor population-level variations in salt intake
2. Harness Industry: Work with the food industry to encourage product reformulation and the creation of meals and foods with lower salt content. Interacting with producers and merchants is imperative to promoting the broad implementation of salt reduction strategies throughout the food supply chain.
3. Adopt Labeling and Marketing Standards: Establish guidelines for truthful food product labeling and marketing that inform customers about the amount of salt in products. This includes rules governing nutrition labeling and marketing strategies to help people make educated decisions about how much salt they consume.
4. Knowledge: Spread awareness and encourage people to make better decisions about their salt intake by educating and communicating with the public. This entails creating educational initiatives, making knowledge easily accessible, and encouraging behavioral changes with focused interventions
5. Environment: Establish conducive conditions that encourage a healthy diet and less salt consumption. This includes expanding access to nutritious food options, implementing policies to promote healthy eating habits in various contexts (such as communities, businesses, and schools), and cultivating alliances with pertinent stakeholders.

Case Studies:-

1. Surveillance: Regularly survey the population to determine salt intake levels by measuring sodium excretion in the urine and evaluating food intake. Use product labeling analysis and food composition databases to track variations in the salt content of processed foods. For instance, the National Diet and Nutrition Survey in the United Kingdom gathers information on salt consumption to track patterns and guide policies to reduce salt intake.
2. Harness Industry: Encourage product reformulation to contain less salt by setting salt reduction goals for food producers and retailers. Offer rewards or recognition to businesses that successfully lower the amount of salt in their goods. As an illustration, Australia's Product and Health Dialogue established voluntary salt reduction goals for several product categories in collaboration with industry stakeholders.
3. Adopt Labeling and Marketing Standards: Put laws requiring front-of-pack labeling indicating a high salt content. · Put limits on deceptive statements about salt content in food marketing and advertising. Example: Chile puts warning labels on packaged foods heavy in salt, sugar, and saturated fats, enabling customers to make educated decisions.
4. Knowledge: Develop educational campaigns to raise awareness about the health risks of excessive salt intake and provide practical tips for reducing salt consumption. Provide resources and tools for healthcare professionals to counsel patients on lowering salt intake. Example: New

Zealand's Heart Foundation runs public health campaigns and provides educational materials on reducing salt intake for consumers.

5. Environment: Implement regulations to foster settings that encourage a healthy diet, like expanding access to fresh produce in workplaces and schools. Implement salt reduction programs and encourage lower-salt food options in public facilities such as hospitals and jails. As an illustration, the National Nutrition Council of Finland encourages students to eat healthily in class by offering guidelines for school meals that include suggestions for using less salt while preparing food.

By implementing these real-world examples within each SHAKE framework component, countries can create complete salt reduction plans that improve public health outcomes and lower the prevalence of diseases linked to salt.

Conclusion:-

In summary, the World Health Organization (WHO) is a global health governance model that works relentlessly to close the gap between idealistic goals and practical realities. It is clear from real-world examples of how policies are implemented that WHO's strategy combines liberalism and realism. WHO works within a complicated geopolitical environment where the interests of powerful states exercise influence, even as it defends health as a fundamental human right, and works to put policies in place that promote justice and well-being for all.

WHO continues to be a successful organization committed to putting policy into action despite these obstacles. WHO's programs, from disease surveillance to immunization campaigns, show a practical strategy that handles political complications while adhering to its liberal universal access and health fairness principles. WHO is a ray of hope and progress in the fight for a safer and healthier future for everybody as it carries out its essential job in health promotion.

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