

The role of world health organization in Universal health security

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Abstract—The World Health Organization (WHO), established in 1948 as a United Nations specialized agency, plays an important role in advancing Universal Health Security through proactive and reactive global public health strategies. WHO's contributions to Universal Health Coverage (UHC), defined as access to quality essential health services without financial hardship, amid escalating threats like pandemics (e.g., COVID-19), antimicrobial resistance, urbanization, and climate change impacts. Headquartered in Geneva with six regional offices, World Health Organization (WHO) coordinates through the World Health Assembly, Executive Board, and Secretariat, setting standards, monitoring trends, and providing technical assistance to 194 member states, including partnerships with India on disease control, traditional medicine, and digital health.

World Health Organization has concentrated on eradicating Small Pox, Polio reduction, Health Systems strengthening in low-income countries, and UHC progress. Service Coverage Index rose from 54 to 71 (2000-2023), with impoverishing out-of-pocket payments declining from 34% to 26% (2012-2022). WHO facilitated COVID-19 responses, essential medicines access, and initiatives like the India Country Cooperation Strategy (2019-2023) and Jamnagar Global Centre for Traditional Medicine are the key achievements that encompasses global Health Security. Challenges persist, including limited funding (reliant on assessed and voluntary contributions), bureaucratic delays (e.g., 2014-2016 Ebola response), political interference, transparency deficits, and emerging diseases, hindering SDG 3.8 targets by 2030. Drawing on literature from International Labor Organization (ILO), World Bank, and UHC Global Monitoring Report 2025, the analysis underscores needs for redefined objectives, binding pandemic treaties, increased PHC investments, and multi stake holder governance to foster equitable, resilient health systems. The aim of this article is to explore the role of World

Health Organization in Universal Health Security and objective is to evaluate World Health Organization's leadership in fostering Global Public Health Governance through Universal Health Coverage (UHC) and security measures against threats like pandemics and climate hazards.

WHO making efforts in Universal Health Coverage (UHC), set standards for essential services, monitor health trends, and provide technical assistance to member states for equitable access without financial hardship WHO main functions to encompass emergency coordination, research promotion, and capacity building, supporting Sustainable Development Goal 3.8 through primary health care (PHC) integration.

Index Terms—World Health Organization, International Labor Organization, Universal Health Coverage, Global Health Security, United Nations Organization, Intergovernmental Organizations

AIM AND OBJECTIVE:

AIM: The aim of this article is to explore the role of World Health Organization in Universal Health Security

OBJECTIVE: The objective of this article is to evaluate World Health Organization's leadership in fostering Global Public Health Governance through Universal Health Coverage (UHC).

I. INTRODUCTION:

Universal Health security is a broad term that represents Global Public Health Security both proactive and reactive to minimize the dangers and impact of acute public health events that endangers people's health across the globe without any difference between geographical regions and

international boundaries because Health is a universal subject and it cannot be discriminated by international boundaries. Each Country are a part of that Country like a region differs in terms of Public Health because Public Health depends upon geographical conditions, customs, religion, faith and habitant conditions and availability of basic health needs and medical health. All these things depend upon the cumulative factors like population growth, rapid urbanization, environment degradation, and the misuse of antimicrobials that are disturbing the equilibrium in the microbial world. In addition, with the existing diseases that are centuries old globally and new diseases that are cropping in like the covid-19 pandemic that has shattered the lives of many globally are some of the factors disrupting people's health and causing social and economic impacts. The recent pandemic globally that has affected all the countries with no exemption of advanced or undeveloped and underdeveloped because pandemic have no international barriers because their effect is universally same. These pandemics that are cropping in new forms that do not exist previously/not known to the public are not only causing millions of health impact but the economic growth, sustainability and adverse impact on trade and travel.

In this regard WHO, a specialized agency of United Nations is more responsible for International Public Health. The main aim of this International Organization is to coordinate responses to Health Emergencies, sets Global Health Standards and provides leadership on issues ranging from disease prevention to health equity and striving for healthier world to their member countries in particular and others who are not members of the Organization. In a way, WHO stands as a beacon of Global Health Governance by collective effort of member nations to address and combat pressing health challenges universally.

While going through the history of WHO, this International Organization was formed after World War 2 when the International Community recognized the need for a Global Health Organization to address health crisis that are the outcome of the wars of devastation. In this regard the United Nations Organization held an international conference in Sanfransico 1945 laid down the ground work for the establishment of a specialized agency of the United Nations Organization with its head quarters located in

Geneva, Switzer land. This World Organization namely WHO have got some important arms like a). World Health Assembly, b) Executive Board, c) Secretariat and six regional offices, each office is responsible for coordinating health related activities within its respective regions. These regional centers are located in Africa, America, South East Asia, Europe, Eastern Mediterranean and the Western Pacific.

As already mentioned above, Universal Health Activities/Coverage is to look after all the people globally to have access of full range of quality healthcare/health services they need when and where without financial hardship. This obligation covers essential health services from health promotion to prevention, treatment/procedures/rehabilitation and palliative care. To deliver such kind of services to the public that needs finance, strong will and availability of services, each country needs to have strong, efficient and equitable health systems that are deep rooted in the communities where they serve. In this regard, including India, which is a member of WHO, the Primary Health Centres/Care (PHC) is the most effective and cost efficient to reach the under privileged who have no access to the healthcare due to many reasons. In achieving Universal Healthcare and also to decide what is the basic need and cover on health-related matters of their populations and mainly the resources they have in their hand. Investing such parameters, the Primary Health Centres/Care (PHC) of each country have to plan out a basic structural need reflecting the needs of the public of their population and the resources that the government can enforce such needs. In the beginning, the Public Health Centres identify those needs on a priority basis and then address the same in an integrated way depending upon the resources so as to give to their public a robust and equipped health and care, workforce. In this regard, not only the government but also philanthropic institutions/societies/individuals can also contribute to bring an equitable environmental condition so that all the needy irrespective of caste, creed and religion can have same access to their health needs without any financial hurdles. This includes not only the awaiting public health systems but also unwarranted pandemics that are often peeping into the public health system of that country where access to public health is barest minimum.

This article emphasize on such matters that relates to Global Health Security, Universal Health Coverage within the boundaries framed by World Health Organization. Whatever may be the efforts made by the countries regarding health, the silver lining in India is this Country has given a prominent place in their constitution about public health, individual health etc. under Article 21 and such other provisions of the Constitution. Failure to respond to these articles by any individual or health care professional or health care providers, the Constitution also gave provision to punish the guilt with both civil and criminal through their judicial system.

II. LITERATURE REVIEW:

It is but necessary to define WHO, their objectives, working environment, the roles that the members countries have to play, the issues and challenges faced by the WHO but not the least, the criticism on WHO. World Health Organization as already mentioned, it was established in 1948 after World War 2 as a specialized agency of United Nations Organization (UNO) as the Global Authority on Public Health, connecting nations, partners and people to promote health, ensure safety and support the vulnerable. With its headquarters at Geneva in Switzerland takes a leading role in international efforts in disease prevention, control and elimination, while setting Global Healthcare Standards and providing health related technical assistance to member states.

In the beginning, World Health Organization that has concentrated on eradicating small pox, reducing polio cases, and strengthening health systems in undeveloped countries with low per capita income are some of the challenges faced and some of them WHO is able to eradicate/eliminate such drawbacks and facing adverse remarks and criticism from the member countries who are dissatisfied with its function. However, the advances made by the WHO and their efforts to fulfill their objectives are greater than the failures and the criticisms by the member states.

The objectives of WHO are,

- Lead global efforts to expand Universal Health Coverage.

- Emphasize activities aimed at disease prevention, control, and elimination, along with the promotion of overall health and well-being.
- Provide leadership on global health issues, set standards for public health, and provide technical assistance and support to countries.
- Collaborate with various partners, including other UN agencies, Governments, Civil Society Organizations, and the Private Sector.... Read more at: <https://vajiramandravi.com/upsc-exam/world-health-organisation>

Regarding funding of this Organization, there are two main resources such as,

- a. Assessed contributions (these are the dues countries to pay to be a member of the organization)
- b. Voluntary contributions: These voluntary contributions from the member states are from other partners like United Nations Organization, Intergovernmental Organizations, philanthropic foundations and philanthropic individuals.

The functions of WHO are

- Setting Global Health Standards and guidelines: The WHO help to build and ensure that medicines, vaccines, and even food products meet global safety and quality standards.
- Monitoring and assessing Global Health Trends: The WHO issues regular updates on emerging health threats and disease outbreaks to assist countries in preparedness and response efforts.
- Coordinating International Health responses: The WHO work with governments, other UN agencies, and international partners to coordinate global health responses to epidemics, disasters, and other health emergencies.
- Building health systems: The WHO assists countries in enhancing their health systems by improving access to essential medicines, training healthcare professionals, and developing robust health infrastructure.
- Conducting research and development: The WHO conducts and promotes research into global health issues, with a focus on finding solutions to health challenges affecting low- and middle-income countries
- Advocating for better health policies and funding: The WHO advocates for policies and

funding that prioritize global health issues and ensure that health is a central component of development agendas.

- Providing technical assistance and capacity building: The WHO provides technical assistance and capacity building to countries to help them develop and implement effective health policies and programs.... Read more at: <https://vajiramandravi.com/upsc-exam/world-health-organisation>

The main and significant responsibility of WHO and there is a track record of successful completion in providing/improving global health over the past several decades and the notable achievements that relates to Public Health Universally are,

- Control of communicable diseases: Like malaria, tuberculosis, HIV/AIDS, etc., through the development and promotion of evidence-based strategies and interventions.
- Health Systems Strengthening: The WHO plays an active role in strengthening health systems across low- and middle-income countries.
- Example: 'The WHO India Country Cooperation Strategy 2019–2023: A Time of Transition' provides a strategic roadmap for the WHO to work with India towards achieving its health sector goals.
- Essential medicines: It works to ensure access to essential medicines for all by guiding the selection, procurement, and use of essential medicines.
- Nutrition improvement: It strives to enhance global nutrition by offering guidance and support to countries in formulating and implementing national nutrition policies and programmes.
- Emergencies and disasters: It provide technical guidance and support to countries and coordinates the international response during emergencies and disasters.
- Examine: WHO provided timely updates and assistance during the COVID-19 pandemic.
- Mental health: It works to promote mental health and well-being and prevent and treat mental disorders by providing guidance and support to countries.
- WHO's Comprehensive Mental Health Action Plan 2013-2020

- Digital Health: It assists countries in harnessing digital technologies to enhance health outcomes.... Read more at: <https://vajiramandravi.com/upsc-exam/world-health-organisation>

India played an important role being a member of WHO in having a co-operative partnership in several areas of Public Health, and these areas are,

- a. Disease control and prevention in which India and WHO partners in implementing various disease control and preventive initiatives such as National Programme for Tuberculosis control, the national strategic plan for malaria eradication (2023-2027), and the National Program for HIV/AIDS control. WHO collaborated Jammu & Kashmir in India in 2021 to identify challenges that have led to vaccine hesitancy (covid-19) and conduct special vaccination drives to increase vaccination coverage.
- b. Providing technical assistance and support to help and reduce maternal and child mortality.
- c. WHO also collaborated with India to prevent and manage non communicable diseases such as diabetes, Cancer, Cardio-Vascular disorder etc.
- d. WHO is also working in partnership with India to promote the safe and effective use of traditional medicines that are predominant even today, the remote villages, forest areas and tribal regions? In this regard, WHO is working with hand-in-glove with Government of India and established WHO Global Centre for traditional medicines in Jamnagar of Gujarat State.
- e. WHO in partnership with India has started health research centre WHO is also working in partnership with India to promote and induce the power of Digital Technologies to improve health outcomes.

Though the World Health Organization is working hard in partnership with member countries for Universal Healthcare Promotion, it has got its own issues and challenges such as, a) Limited funding, b) Emergency of new diseases, c) Limited access to healthcare in many countries due to lack of healthcare infrastructure and resources and finally climate

change which is becoming a greater health hazard that increasingly affect the health of many people universally and WHO faces the challenge of dealing with health consequences of extreme weather events and health affects due to air, water, pollution. It is a well-known fact that every face will have a dark side and WHO is not an exception in this regard. The main criticism that is being laid on WHO are inefficiency and bureaucracy that WHO is facing in slow response to health crisis due to its bureaucratic structure and lack of resources. As an example, in this regard, during 2014-2016, Ebola outbreak in West Africa, WHO faced the criticism of delayed response and inefficiency in underestimating the outbreak.

Unlike other organizations, WHO is also facing political interference in its governance because of its vulnerability and this has surfaced during covid-19 pandemic from China which influenced the WHO to draw criticism against their country which is a nucleus of such outbreak.

WHO also faced criticism for lack of transparency in decision making process and operations which has surfaced while handling covid-19 pandemic and not disclosing about the origin of the virus finally WHO is also criticized for inadequate representation to give equal representation interests of the member states especially from developing nations. In spite of all these factors that are pro and against, it proved its metal in promoting Universal Healthcare by getting more funds and giving more representation to the member states during deliberations (transparency) and strengthening leadership and governance, creation of global framework for management of infectious diseases and pandemics, improved on focus and preparedness and finally a global surveillance system during health emergencies.

According to UHC, Global Monitoring Report 2025, "Health Service Coverage, measured by the Service Coverage Index (SCI) from 54-71 points between 2000 and 2023. The share of people experiencing financial hardship due to large and impoverishing out of pocket (OOP), health payments declined from 34% to 26% between 2012 to 2022."

This report also made an emphatic claim since 2000 by most countries irrespective levels and regions have made concurrent progress in expanding health service coverage and reducing the financial hardship that are associated with health costs and these two

indicators are the foundation of Universal Health Coverage – the global commitment that everyone, everywhere can access the care and need without financial hardship by 2030. This report cover so many aspects but the main opinion expressed is,

"Universal health coverage is the ultimate expression of the right to health, but this report shows that for billions of people who cannot access or afford the health services they need, that right remains out of reach," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "In the context of severe cuts to international aid, now is the time for countries to invest in their health systems, to protect the health of their people and economies. WHO is supporting them to do that."

The report also mentioned that Out of Pocket (OOP) health costs falls mostly on poorer people, it also effects better half segments of the population that allocate a large share of their budgets to health expenses, particularly in middle income countries where this group is growing. This report also mentions and it is noteworthy to mention here,

"Without faster progress, full-service coverage without financial hardship will remain out of reach for many; the Global SCI is projected to reach only 74 out of 100 by 2030 meaning nearly one in four people worldwide still facing financial hardship at the end of sustainable development goals."

Achieving the goal of UHC as mentioned by 2030 is primarily central to realizing the human right to health. These remaining five years from 2025 to 2030 this report underscores the critical role of political commitment in every country and community at large and mentions the following action plans that cover the following areas.

- ensure essential health care is free at the point of care for people living in poverty and vulnerable situations;
- expand public investments in Health Systems;
- address high out-of-pocket spending on medicines;
- accelerate access to essential NCD services, especially as the disease burden rises;
- strengthen primary health care to promote equity and efficiency; and
- Adopt multispectral approaches, recognizing that determinants of health and UHC drivers extend beyond the health sector.

The above main ingredients that are taken out from the report and are mentioned above is the report presented at the UHC, high-level forum jointly hosted by the Government of Japan, the World Bank group and WHO in Tokyo, Japan. In this meeting, the forum will also mark the official launch of the UHC knowledge hub in Tokyo, established by WHO and the World Bank group with the support of government of Japan.

The main aim of this Hub is,

“Offers capacity strengthening programs for ministries of health and finance to support health finance in the forms, that covers Universal Health Coverage, high level forum 2025.”

In this regard, it is most relevant to mention an article titled “Universal Health coverage as a global public health goal: the work of the International Labour” written by the luminaries who toiled hard in adducing most relevant material by Martin Gorsky, Professor, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, London-UK, Christopher Sirrs, Research fellow, Department of history, University of Warwick, Coventry-UK published in National Library of Medicine with due respects in acknowledging the same have mentioned the essence of that article which is relevant to the subject matter,

There is another organization launched in 1919 by name ILO (International Labor Organization) like WHO which started from Peace after World War I, Started as a peace settlement organization, for social reform arising from the labour movement and progressive liberalism and solidarism. Article 247 of the treaty of versailles enshrined these in a labour charter which promised inter alia, adequate wages, equal pay and fair considerations.

“Though it started as a Labour Settlement movement internationally with forty-two members initially that predominantly representd from western and eastern Europe. However, this International Labour Organization (ILO) re-routed its activities from Labour Welfare to write to health under social security. Taking into account this Organization activities, a) From 1925 to 1942, the rise of trans-national health security meaning sickness insurance appeared on the ILC agenda following the organizations initial focus on occupational health and there upon to agriculture that was adopted in 1927

subject to the additions with costs split between employers and employees (subject to national laws) of the state. In this changed model of adopting the benefits that include cash payment and medical care in which the insured was participating.”

The other phase in ILOs administrative reforms is between 1942 and 1952 the Universalist movement. In this the organization adopted the following with reference to the healthcare, a) the medical care service should cover all members of the community, whether or not they are gainfully occupied, b) where medical care is provided through a social insurance Service, all members of the community should have the right to care as insured persons, c) when medical care is provided through a public service, the provision of care should not depend on any qualifying conditions or a means test, and all beneficiaries should have an equal right to the care provided (ILO 1944).

“From 1952 to 1975 it is progressive gradualism: After these setbacks the ILOs Policy towards health security became one of progressive gradualism. This denotes limited advisory work in developing countries like pioneering comparative research with health systems performance and in the late 1960s another push to assert international standards through a convention. In this regard in 1960, nascent security systems began to figure in economic plan of emerging post-colonial nations. This gave opportunities for ILO advisors and consolidated office, thinking about health systems structures. Experience in low-income settings also laid bare the challenges involved the existing UHC beyond the advanced industrial economies.”

In the phase between 1975 to 1990 when Universalism in retreat the ILO is on the defensive. There are lots of global economic fluctuations has made the ILO to rethink about the health policy or Universal Health Security has taken a drastic change and some luminaries championed for Universal Primary Health Care to achieve health for all by 2000 and WHO has pledged to collaborate over the planning and organization of services (ILO 1970, P641). The outcome of these developments is mentioned,

“The classical Social Security Systems applied in some of the industrial countries may, in developing countries, tend to favor very limited population groups and thus lead to discrimination against the

majority Every country has to evolve its own methods, based on its own circumstances and judgments National, Non-Governmental Organizations should be encouraged External financing may take the forms of loans and grants from bilateral and multilateral sources (WHO, UNICEF, 1978, p.42-43)”

From 1990 to 2018, the change that occurred is cooperative to pluralism, in this; the ILO relinquished its distinctive role in globalizing models of UHC and aligned with the World Bank and WHO. Its acquiescence to pluralism in the healthcare economy allowed it to re-establish itself as a source of technical advice (ILO 1993, p.V-VI), the turn towards a pluralistic cooperative system was also spelled out by Gillion’s deputy Michael Cichon, “While social security can directly or indirectly subsidize health care delivery systems for uncovered persons, it cannot alone provide and finance comprehensive care for all in developing countries with a relatively small formal sector. The resulting contribution burden would simply be too big and the collection of contributions from the informal sector (has) often insurmountable administrative obstacles (Cichon, 1992a, p.15)”

To sum up all the above, with different changes at different stages with respect to UHC, the ILOs centenary year 2019 coincides with the UNs major push to advance UHC with the main players foods WHO and World Bank whose multivolume disease control priorities is the basis for designing the essential UHC package. Of late the ILOs role had become one of advice and exhortation defending a floor of basic standards, rather than advancing the higher ambition to which it one’s aspired.

Another article titled “the role of health systems for health security: a scoping review revealing the need for improved conceptual and practical linkages” written by Garrett Wallace Brown, Gemma Bridge, Jessica Martini, Jimyong Um, Owain D. Williams, Luc Bertrand Tsachoua Choupe, Natalia Rhodes, Zheng Jie Marc Ho, Stella Chungong and Nirmal Kandel published in Globalization and Health Journal Research Open access, the authors have cleverly mentioned the practical experiences that have cropped in and felt by number of nations and during and after covid-19 pandemic have brought out number of changes in line with the International Organizations but to suit their own state laws. The

authors rightly made out some exception essence of the subject matter which I feel it relevant to reproduce it here,

“The links between the health systems and health security are provided and they have given some recommendations for further in the subject matter such as, offering several investments and/or programs that could reliably lead to maximal gains from both a health system and a health security perspective and why these should be explored further.”

“Academically, the field of health systems has focused on non communicable diseases due to their impact on day-to-day health system capacities, whilst health security has focused on communicable diseases due to potential for such diseases to spread. However, there is an important relationship between health security and health system and non conceptual and practical links between notions of public health and security are historically prevalent”.

In their concluding remarks, they so advised that exposing key research gaps that require additional attention which if addressed would support the effective implementation of health systems for health security framework.

III. DISCUSSIONS AND ANALYSIS:

The subject matter was complex and complicated in nature even the International Organizations such as WHO, ILO and World Bank could not ascertain a framework for Universal Health Security because as already mentioned the communicable and non communicable diseases that are coming in and coming out and the recent pandemic of covid-19 that has shattered the economy of number of countries, the whole picture Universal Healthcare Security has to be revamped.

In this regard, though the International Organizations are doing their best to bring out a satisfactory formula for Universal Healthcare that can be accepted by all the member states still they could not come to a concrete conclusion. With constant upheaval World Power Centres always there are challenges with global health and till date no complete full proof planning to achieve Universal Healthcare could not be achieved 100%. In one of the articles, in which the author mentioned some of the points that are becoming hindrance block such as,

- a. Leadership in development and research
- b. Role in solving dispute among countries
- c. Providing resources for low performing regions
- d. Regulating International Health Laws
- e. Response to humanitarian crisis
- f. Communicating Global emergencies
- g. Influence of geopolitics on WHO
- h. Negotiating Intellectual Property for better access to medication etc.

are to be solved and a line of action can be drawn to the satisfaction of all member states.

In the wake of covid-19 pandemic there are number of reports, reviews and initiatives by many luminaries and countries in the UHC are put forth. However, the global response has been reduced by an alarming shortage of timely action and financial investment. However, the attempts and advances played by number of international organizations like WHO, ILO and World Bank helped make the case for global co-operation to counter public health threats. However, the drawback in these attempts they forgot to put their hand on the efforts largely neglected to consider how health systems function within countries. Health systems designed for UHC have shown to support communities more equitably through Primary Healthcare which is do not mainly but predominantly used in number of countries. The member states and luminaries in the field should think about that may crop in future pandemics like Covid-19 and prepare for the same to face it and plan out such mechanism in strengthening the health systems that simultaneously leverages Global Health Security, so that long terms resilience and equity. It is not one nation or one country or few individuals that can achieve but there is need for multi-stake holders and inclusive governance for pandemic preparedness and response through legal and policy mechanisms and also a binding mechanism such as a binding pandemic treaty that can be enforceable but not in advisory nature and for which the International Organizations such as WHO, ILO and World Bank should be given teeth. This needs the change/modification of objectives and functional planning of the Internationals Organizations as mentioned above that are involved in UHC. All these things can be done provided sufficient means and finance is available. Funds and common goods for

health are required to simultaneously advance Global Health Security and UHC. In all the countries while supporting the most marginalized people and communities through better investments that can support Primary Healthcare. To do all these things a high-level political commitment for health systems through effective health diplomacy and inclusive global leadership are essential for ensuring equity in all pandemic preparedness and response interventions. In this regard, it is worth mentioning that,

“The UN high level meeting on UHC and the UN high level meeting on pandemic prevention, preparedness and response should therefore serve as important, complementary milestones to ensure synergies between the goals of Global Health Security and UHC. To achieve all these things primarily it is necessary that a dedicated investment in health emergency architecture through Primary Healthcare Centres and a collective action to counter the false disagreements between Global Health Security and UHC.”

However, it is to put norms and advises but a practical implementation is not that much easy because diverse international environments in the health in member countries with respect to some regions that are bifurcated by developed, developing and underdeveloped. It is not enough to establish norms but the implementation part and understanding of the need of the norms, the understanding of the norms for UHC is a tough job.

All these depend upon to right to ensure health with such loss in all the States that have teethed to punish the guilt. However, in this regard, our Indian constitution provides such punishments and penalties in Medical Negligence, Malpractice Cases wherein if the healthcare providers and professionals show their negligence in providing health to all without any discrimination.

However, it is already mentioned above that, to solve such above highlighted issues there should be a research and finance to come out with a all-acceptable formula for rightly implementing UHC. However, in this regard, the WHO is found to be ineffective many of the parameters has evidenced from various reports brought out by the luminaries and researchers confirmed that,

“Feeble nature of the WHO in engendering goodwill. In a multi-pollard world, the WHO needs to be non

partisan and focusing on controlling outbreaks and promoting health and well being. There is a need for financial provisions and good governance in the leadership of World Health Organization. For this the World Health Organization must effectively manage global health security and public health diplomacy to create more value. For this, the aims and objectives of WHO must be redefined to match the aspirations of Global Citizens which is essential to tackle the issues of geo-politics and geo-economics aspects to implement various health programs, that is the need of the hour.

As mentioned by Mahatma Gandhi, father of nation of India,

“Health is wealth but not piece of Gold and Silver and a healthy nation is a wealthy nation”.

A country will prosper not with the wealth but with the health so that the nation will prosper only with the healthy citizens but not with invalid persons.”

IV. CONCLUSION:

Universal Health Coverage and Global Health Security are interdependent pillars of their resilient health systems. Universal Health Coverage ensures access to essential services without financial hardship and forms the foundation for Global Health Security by strengthening Primary Health Care (PHC) infrastructure, which supports communities during routine care and scales up for outbreaks like COVID-19. WHO's role in universal health security remains vital despite challenges, advocating reforms for equitable global health by redefining objectives, securing more funding, and empowering organizations like WHO with binding pandemic treaties to address geopolitics, bureaucracy, and emerging threats like climate change UHC and Global Health Security (GHS) must converge through Primary Health Care (PHC) investments, binding pandemic treaties, and empowered International Bodies such as WHO, ILO, World Bank) with enforceable mechanisms, not mere guidelines. Multi-stakeholder governance, health diplomacy, and political commitments via UN high-level meetings address implementation gaps, prioritizing free essential care for the vulnerable, reduced out-of-pocket costs, and PHC for equity and emergency scaling. Nations require dedicated funding for health emergency architecture and

research to bridge UHC-GHS synergies, with India's Article 21 exemplifying legal teeth for accountability.

A saying of Mahatma Gandhi, father of nation,
"Health is wealth but not piece of gold and silver; a healthy nation is a wealthy nation"

The piece asserts prosperity stems from healthy citizens, advocating redefined WHO objectives for non-partisan, resilient global health in a multi-polar world.

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