Challenges and Priorities Ahead for the WHO's Incoming Director-General

Khalidha Nasiri, B.Sc.[1]

[1]Department of Psychology, York University

In May 2017, the 194 member states that make up the World Health Assembly will have met in Geneva, Switzerland to select the World Health Organization (WHO)'s new Director-General. This decision will impact the health of hundreds of millions of people around the world, and particularly those from developing nations. Each Director-General serves a five-year term, earns a salary of about $240,000 USD, and oversees the world public health agency's $4 billion budget.[1] The changing international political landscape and the selection of the next commander-in-chief at the WHO has brought into the spotlight the question of what the WHO's role will look like in the international public health arena moving forward. Margaret Chan, the current Director-General who obtained her medical degree from the University of Western Ontario in Canada, made the health of Africans and women the focus of her first term which began in 2006.[2] After she was elected for a second term in 2011, she pledged to work for universal health coverage, which she deemed "the single most powerful concept that public health has to offer."[3] Fast forward to 2017 and many are questioning whether the WHO holds the same clout as it did once upon a time. Chan's successor will have the job of challenging this perception. He or she needs to bring strong political leadership and priorities to the table to re-establish the WHO as a competent and accountable body.

The most recent test of Chan's leadership was the Ebola epidemic. Chan and the WHO were heavily criticized for their delayed response to the epidemic as it took them six months to declare Ebola as an international emergency.[1,4] The epidemic claimed thousands of lives and mainly affected Guinea, Sierra Leone, and Liberia. But the problem does not lie solely within the WHO. One must only look to the way the WHO is structured to see that the problems run deeper.

For one, as they say, *follow the money*. The WHO is funded through two main methods. The first is from core contributions, where each member state provides the WHO with a certain amount of money to go towards their core operations. This accounts for approximately 20% of their $4 billion budget. The remaining 80% comes from voluntary contributions, where countries provide the WHO with money targeted towards specific initiatives.[1] This money comes with strings attached and depends on the donor country's priorities, which is precisely where the problem lies. Every country has their own priorities, which mainly depends on their politics. This significantly restricts the WHO's ability to practice evidence-based decision-making and respond effectively to spontaneous global health emergencies, as we saw in the case of the Ebola epidemic. An issue that follows as a direct result of their financing structure is that global health interventions tend to be vertical rather than horizontal. That is, they tend to target specific diseases and issues rather than being holistic and targeting health systems. This is not a sustainable solution. There is also the question of accountability. How do we know what's working? Who determines the standards and criteria of a "successful" project? Who does the WHO report to? In most cases, it is the wealthy donor countries. This takes away the power of priority-setting from the poorer recipient countries who better know and understand the needs of their people. Consequently, there is a clear power differential in the global health aid structure that must be addressed. The global health arena is saturated with an ever-increasing number of actors and initiatives. The incoming Director-General will play the role of balancing the interests of this crowded field of stakeholders, from private actors to non-governmental organizations, with the interests of those in need.

There are also many instances, however, where the WHO has been quite successful. Once they declared Ebola to be an epidemic, they were able to significantly expedite the process of developing a vaccine to address the virus.[1] Other notable accomplishments of the WHO include establishing the framework convention on tobacco control in 2003, advancing a successful campaign towards the eradication of polio, decreasing maternal mortality rates, improving access to antiretroviral therapy for HIV/AIDS, and putting mental health on the global agenda.[1,5,6,7] Much of the WHO's successes are due to the agency's unique ability to quickly bring together multiple stakeholders and actors, from scientists to politicians to industry to public health officials. This is arguably the WHO's biggest strength, and is one that the incoming Director-General must capitalize on in order to achieve their priorities.

At the time of the May vote, there were three candidates vying to take on the WHO's top position, one each from Africa, Asia, and Europe: Tedros Adhanom Ghebreyesus of Ethiopia,

Corresponding Author:
Khalidha Nasiri
khalidha.nasiri@gmail.com

David Nabarro of the UK, and Sania Nishtar of Pakistan.[8] Tedros is a former minister of health and foreign affairs in Ethiopia, and the only candidate who is not a physician. He has the backing of the African Union, who believe it is time for someone from their region to take the helm. This gives him the potential vote of 54 countries, although he will still need the support of many other regions in order to win.[12] Tedros has made universal health coverage the major focus of his platform, while also emphasizing women, children, and adolescent health, health security, and health impacts of climate change.[13] This is important since it is well known that women and children often have unmet health needs due to lack of access. Equitable access to health care is also a key Canadian value which Canada aims to promote around the world. At home, we have seen the benefits of having universal health coverage, which ensures people are able to access health care based on need instead of income. Health Minister Jane Philpott, who voted on behalf of Canada in May, will ideally have considered each candidates' position on this matter when determining who she was going to vote for. It should also be noted that Tedros has been criticized by some in Ethiopia for his political party's involvement in suppressing dissent, although he has not been personally accused of participating.[16] On the other hand, as Minister of Health, he reportedly trained tens of thousands of female health workers, significantly increased the number of medical school graduates, and reduced child mortality by two-thirds, HIV infections by 90%, and malaria and tuberculosis mortality by 75% and 65%, respectively.[13]

David Nabarro has said that as Director-General, he will champion "people-centred" health policies, align the WHO with the Sustainable Development Goals (SDGs), and solidify the WHO's capacity for global disease outbreak prevention.[14] A physician himself, he has managed many of the United Nations agencies' responses to challenges including Ebola, malnutrition, food insecurity, avian flu, and cholera in Haiti.[14,16] He is widely considered as the frontrunner and many see the race as a runoff between him and Tedros. His commitment to delivering results on the SDGs and ensuring strong disease outbreak systems is commendable. However, whether he will be able to change the face of the WHO and create progress on universal health care remains unknown. Interestingly, he only mentions universal health coverage once in his written statement.[14] Nabarro was strongly backed by the British government and seemed to be favoured by Western countries, although none have publically endorsed him.

Sania Nishtar is a cardiologist who briefly served as Health Minister in the 2013 Pakistan caretaker government. In 1998, she founded a successful NGO called Heartfile with the goal of improving health systems, and has championed women, children, and adolescent health issues through her service on various WHO committees. She was the chair of the UN Secretary General's Independent Accountability Panel for the Global Strategy for Women's, Children's and Adolescents' Health and co-chair of the WHO Commission on Ending Childhood Obesity.[15] Nishtar's campaign platform highlights the importance of collaborative leadership and supporting countries to achieve the SDGs.[15] Although she lacks experience comparable to Tedros and Nabarro, who both have significant experience leading and managing national and international health and global disease response systems, it may not necessarily be a bad thing to have someone from outside the status quo at the helm.

Regardless of who is elected, they will all have to advance the principles of the SDGs, enhance the global emergency health response system, address sexual and reproductive health rights, and combat the rising threat of non-communicable diseases.[9] There have been consistent calls from NGOs and civil society that the new Director-General must be willing to stand up to commercial and donor interests and put human rights and public health first.[8] This comes from the striking reality that while scores were suffering from HIV/AIDS, pharmaceutical companies, donor countries, and the World Trade Organization were more concerned about protecting the intellectual property rights of drug manufacturers.[10,11] The persistence of inequalities in global health is also a concern. Women, immigrants, and ethnic and sexual minorities endure a disproportionate amount of discrimination and marginalization which has a direct impact on their ability to access health.[10] The WHO needs to empower both state and non-state actors to minimize these disparities. Lastly, the new Director-General should and must prioritize the task of working with stakeholders, including civil society organizations, to establish rigorous accountability and transparency mechanisms to ensure the right steps are being taken forward.

In an increasingly globalized and interconnected world, the WHO plays an instrumental role in influencing the public health agendas of nation states. It acts as a neutral third party that sets the norms and standards for various health measures and is a coordinating body for research and development. The WHO determines things such as which generic drugs are safe and how diseases are best treated. When the Ebola outbreak occurred, it was up to the WHO to provide guidelines for public health safety measures which most countries adopted. When Zika broke out, it was the WHO that provided guidelines to health care professionals and public health officials on how to advise women who wanted to get pregnant. They also launched the Zika Open platform that allowed critical research on the Zika virus to be accessible to researchers around the world in order to facilitate collaboration and learning.[17,18] In Canada, the WHO has pushed for the recognition of the growing epidemic of non-communicable diseases via the Public Health Agency of Canada's WHO Collaborating Centre on Chronic Non-Communicable Disease Policy.[19] The aim of this partnership is to work with national and international partners to increase knowledge of chronic disease policy, so that it can be translated into practical guidelines for how to advise and treat patients with chronic disease. Clearly, the incoming Director-General will play a vital role in influencing the direction of global health policy for years to come. Indeed, as our world changes, the challenges that physicians face in treatment and prevention will also change, and the WHO election is important as it will set the tone for how such changes should be dealt with.

Health is a political subject, and the WHO is not immune. Each member state has voted for Chan's successor according to their political motivations. What is important is that the

new Director-General learn from the WHO's past and remain committed to strong leadership rooted in human rights, accountability, and public health. The lives of millions of people depend on it.

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