

In WHO's interest: the debate surrounding the 2003 election of the Director-General of WHO

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“WHO considers itself to be the world’s ministry of health, and as such the world’s six billion inhabitants, particularly those in low income countries, deserve better than seeing their “health minister” elected by a secret publicly unaccountable ballot of 32 faceless bureaucrats.”¹

A Martian, having completed his or her crash course on the state of 21st century Earth, and presented with the above quote, might ask—and rightly so—why those six billion inhabitants put up with the situation described. In an era of democracy, transparency, participation, and representation, surely a position as important as the world’s “health minister”—WHO’s Director-General—could not be decided by a secret ballot of 32 people whose agendas are unclear? Surely there would be a public outcry, and if not, would there not then be increased media coverage to draw attention to this democratic deficit?

The answer, sadly, is no. For when the 32-member executive board of the World Health Assembly met behind closed doors in Geneva in January, 2003, to select Lee Jong-wook as the next Director-General of WHO, the world’s media took little interest. Except, that is, for two UK-based general medical journals: *The Lancet* and the *BMJ*.

The Lancet in particular took a pro-active role in engaging in this election (to the extent that is possible with such a guarded affair) by launching a 6-month campaign of coverage, aimed at increasing debate around the process. The journal’s agenda of criticism and debate was driven by its editor, Richard Horton, and by his—and the editorial team’s—principles of social justice: to reduce inequalities in health between “North” (developed) and “South” (developing) countries, and to advocate for a return to Health for All in the 25th anniversary year of the historic Alma Ata Declaration.

The journal’s views, however, do not always match those of WHO’s more powerful donor members, notably the USA and the UK, and it is their political influence—under additional pressure from private sector lobbies such as tobacco, pharmaceutical, and soft drinks industries—which often seems to dominate WHO’s decisions. The 2003 Director-General election was no exception. Whether these differences are reconcilable is questionable; what is clear, however, is the need for more debate, co-operation, and participation of WHO’s many stakeholders.

This essay, based on the findings of a 10-week placement at *The Lancet* between January and March, 2003, will emphasise the need for greater debate among

all of WHO’s stakeholders, non-government organisations, citizens’ groups, business interests, and health professionals, and outline *The Lancet*’s involvement in highlighting that need.

When Gro Harlem Brundtland announced on Aug 23, 2002, her decision not to stand for a second term as Director-General of WHO, the international health community was shocked. The former Prime Minister of Norway had, during the previous 4 years, successfully managed to place health back on the global political agenda. For example, the landmark WHO report of the Commission on Macroeconomics and Health,² although itself controversial, captured the imaginations of politicians, economists and policy-makers alike by reasserting the link between improvement of health and increased economic development (and global security).

Brundtland also managed to tackle the challenges that globalisation presented to an increasingly fragmented global health landscape by creating new partnerships with the newly prominent players in civil society and among transnational corporations and the private sector. With these new partnerships, however, come new pressures as different agendas and vested interests are brought to the negotiating table. Indeed, this formed the main thrust of much of the criticism levelled at the WHO around the time of the election: that the organisation must not forget whose interests it is serving, namely most of the world’s population who are living in poverty and denied the right to health.

This more general concern is clearly justified when one looks at the ambiguous accountabilities of the executive board that elects the Director-General. Whereas the board once comprised “independent” academics and scientists (the idea being that they would make decisions for scientific and technical reasons and not political ones), Brundtland ended this charade (their independence was a sham since they were essentially government puppets)¹ by making board members official representatives of governments. The result is that some board members, such as the US representative, now have no public health background at all, and the process is still dominated by politics. Not only that, but the board itself is the least representative of all UN bodies, with 32 (16%) of 192 member states on the board at any one time.

The current election process could be argued to be in breach of the WHO Constitution, which states: “informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.”³ Furthermore, the UN Committee on Economic, Social and

Cultural Rights (CESCR) General Comment 14 states that, "A further important aspect [of the right to health] is the participation of the population in all health-related decision-making at the community, national and international levels."⁴ Is the election not then also in breach of people's right to health worldwide since participation and co-operation do not feature?

Many non-government organisations (NGOs) feel that their voice is particularly weak in the election process, and in discussions with WHO more generally. *The Lancet* did, however, provide a platform for several NGOs to voice their concerns. Their articles stressed the importance of "the right to health" and "health for all", as laid down in WHO's constitution. They insisted, in emotive language, that WHO must stand up to "the vested interests of the powerful few",⁵ and provide a "proper counterbalance to the interests of the pharmaceutical industry and wealthy member states".⁶

Yet WHO is unlikely to challenge wealthy member states for two reasons. First, WHO's regular country contributions have remained frozen for many years, which means that nearly two thirds of WHO's funding is now extrabudgetary, contingent on donor goodwill and national interest. Second, within the current world order, "Intellectual, moral and political leadership . . . is centred on consent to the ideas of political and economic neoliberalism."⁷ Since the USA is the only superpower in this world order, is the biggest donor to WHO, and since the current Bush Administration is "hostile to social and economic justice, and, in particular, to the right to health",⁸ it seems unlikely that the values extolled by *The Lancet* and by others will hold as much sway at WHO as those of the wealthy member states.

Unlikely, yes: impossible, no. WHO needs to attract more international attention. To do this, it must open itself up to public debate; allow and encourage more open comment from all range of sources; and perhaps even invite journalists to cover the next elections. These

will take place within the next 3 years, and hopefully by that time the election process itself will have changed. *The Lancet* and the *BMJ* argued that the weaknesses of the process are that it lacks transparency and accountability, and that it is not truly representative of the range of interests and needs of WHO's stakeholders. They suggest that voting should be opened up to all of WHO's 192 member states, or, ideally, that an electoral college be formed with representatives from a broad range of political and non-political backgrounds.¹ Furthermore, anybody should be allowed to stand for election to the position of Director-General, without having first to be nominated by their government.

These are just a few changes that Lee Jong-wook could implement in his first term in office. They would certainly go some way to narrowing the participation gap that exists at WHO, and would reaffirm Lee's intention, as set out in his campaign manifesto, to work in the interests of WHO's largest and most under-represented constituency: "to finally deliver on the promises to the poor that this world has so often failed to keep."

References

- 1 Yamey G, Abbasi K. Electing WHO's next leader. *BMJ* 2002; **325**: 1251–52.
- 2 WHO. Macroeconomics and health: investing in health for economic development. Geneva: World Health Organisation, 2001.
- 3 WHO. WHO Constitution. Geneva: World Health Organisation, 1946. <http://www.who.int/governance/en> (accessed Aug 27, 2004).
- 4 UN Committee on Economic, Social and Cultural Rights. The right of the highest attainable standard of health. CESCR, General Comment 14. Geneva, 2000.
- 5 Ford N, Piedagnel J-M. WHO must continue its work on access to medicines in developing countries. *Lancet* 2003; **361**: 3.
- 6 Bluestone K. Strengthening WHO's position should be a priority for new Director-General. *Lancet* 2003; **361**: 2.
- 7 Lee K, Zwi A. A Global Political Economy Approach to AIDS: Ideology, Interests and Implications. *New Polit Econ* 1996; **1**: 355–73.
- 8 Germain A. Addressing inequalities: the role for the new WHO Director General. *Lancet* 2003; **361**: 171–72.