

The next Director-General of WHO

For the first time in this year's campaign for a new Director-General at WHO, *The Lancet* this week opens a debate between candidates about their vision for the world's most important health agency. We publish responses from nominees to questions about the role of WHO, their first 100 days in office, what WHO should not do, the agency's independence, the health of citizens as opposed to the needs of governments, and the increasing politicisation of global health. These questions help to draw out some stark differences between those seeking office. On the basis of their answers, together with the platforms they have so far set out, I try to answer the question WHO's Executive Board will have to address on Nov 6–8: who should be their next Director-General?

The 13 candidates offer very different manifestos. The confidence of their responses to questions—and the detail they provide—largely reflects their experience of global health issues and of WHO itself. For example, Alfredo Palacio (Ecuador) will spend his first 100 days listening and learning. Julio Frenk (Mexico), by contrast, will move quickly on initiatives to strengthen health systems, upgrade health security, and advance internal WHO reform.

Candidates have worked hard to carve out signature issues for their platforms. Kazem Behbehani (Kuwait) stresses the importance of health promotion. Margaret Chan (China) argues that primary health care still remains “the surest way to achieve sustainable health development—for all”. Frenk puts health systems at the centre of his campaign. Nay Htun (Burma) will leverage the Executive Board to influence national and international decision making. Bernard Kouchner (France) will create a Commission on Ethics and Human Rights in International Health, reporting annually. Shigeru Omi (Japan) will continue the programme of work begun by J-W Lee. Pekka Puska (Finland) will try to strengthen WHO's presence at country level. And Tomris Türmen will launch a new youth-friendly public-health initiative.

There are some surprises. Behbehani takes an almost exclusively individualistic approach to health. Chan says that she is not afraid to prioritise. A “full-menu” strategy for health is impossible she says (although she refuses to give specific pledges as to which

programmes she would back over others). Karam Karam (Lebanon) sees WHO as a damaged organisation in need of restored “faith, confidence, and vitality”. Kouchner calls WHO “weak and timid”. Pascoal Mocumbi (Mozambique) sees no conflict between the Director-General's responsibility to governments and their peoples, presumably ignoring the litany of human rights abuses that many governments perpetrate. Omi and Palacio plan to substantially decentralise programmes from WHO's headquarters in Geneva to Regional Directors and countries. Anyone familiar with the work of WHO will be alarmed at such commitments. Regional Office reform must take place before further resources are devolved from Geneva. Programmes run out of headquarters are already being jeopardised by J-W Lee's early efforts to decentralise. And Elena Salgado (Spain) claims that the evaluation of national health systems is the responsibility of governments, not WHO, dismissing one of the agency's major future priorities.

Yet the current approach to this Director-General election is the inverse of the way it should proceed. Before evaluating competing visions, the Executive Board must be sure that their preferred candidates have the right qualities for the job. These qualities fall into two broad categories—technical and

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Candidate	Global health experience	Evidence for policy-making	Country health systems*
Kazem Behbehani	+	+	–
Margaret Chan	++	+	–
Julio Frenk	+++	+++	+++
David Gunnarsson	++	+	–
Nay Htun	+	–	–
Karam Karam	+	+	++
Bernard Kouchner	++	+	–
Pascoal Mocumbi	+++	+	+++
Shigeru Omi	+++	++	–
Alfredo Palacio González	–	–	–
Pekka Puska	+++	+++	–
Elena Salgado Méndez	–	–	+
Tomris Türmen	+++	+++	–

*Low-income to middle-income country experience. Rating: +++=high level of experience; ++=moderate level of experience; +=slight experience only; –=no demonstrable experience.

Table: Technical strengths of candidates for post of Director-General of WHO

administrative. The table rates all 13 candidates according to three measures of technical competence, which should all be fulfilled if the Director-General is to meet the expectations of member states. First, does the candidate have substantial (5–10 years) experience of global health practice and/or research? Second, does the candidate have proven scientific capacity and competence, especially in translating evidence into policy? And third, does the candidate have direct experience of managing a health system in a low-income or middle-income country? By these measures, the field quickly narrows to a small group of perhaps no more than five individuals—Frenk, Karam, Mocumbi, Omi, and Puska.

Administrative skills also fall into three major groupings—high-level political experience; proven ability to run a complex organisation and to deliver results; and strong communication and advocacy skills. Again, five candidates emerge: Chan, Frenk, David Gunnarsson (Iceland), Kouchner, and Palacio. The division of experience among the 13 candidates now becomes clear. The field has some superb technical experts and a similar number of excellent administrators. WHO needs a Director-General with both sets of skills. Only one person so far emerges with these dual credentials.

It is at this point that vision begins to play a part. The candidates that have articulated the strongest and most compelling agendas are few: Behbehani (health promotion), Chan (primary health care), Frenk (health systems and health security), Kouchner (universal health coverage and human rights), Omi (surveillance), Palacio (decentralisation), Puska (country focus), and Türmen (youth). Previously, I have laid out aspects of a new agenda for WHO based on the belief that the agency has grown in strength and influence under the successive leaderships of Gro Harlem Brundtland and J-W Lee.¹ To capitalise on this progress, WHO must go beyond the Millennium Development Goals, incorporating chronic disease, sexual and reproductive health, equity, human rights, and sustainability into its work. WHO must improve its country influence, acting

as a stronger accountability instrument to measure country progress. WHO must develop more muscular partnerships. It must create a coherent scientific vision for its work. And finally, WHO must review its internal reforms, focusing much more on the performance management of its people and programmes. Only Frenk, Kouchner, and Puska come close to meeting these challenges.

The Executive Board of WHO has resolved (EB 97. R10) that the Director-General should have “a strong technical and public health background and extensive experience in international health”, “competency in organisational management”, and “proven historical evidence for public health leadership”. By these criteria, and by the technical, administrative, and programmatic measures set out above, the selection of WHO’s next Director-General is not as difficult as it might at first have seemed. Julio Frenk must surely be the objective front-runner for Director-General of WHO.

The reputation of the UN as a whole depends on election procedures at its constituent agencies that are transparent and accountable. The current WHO election process falls badly short of that standard. Ballots are secret, allowing various possibilities for corruption and horse trading. Nominating member states often try to buy votes. Some countries on the Executive Board offer their support to the candidate country that returns the biggest favour—eg, in foreign direct investment or future support for another UN position (such as Security Council membership).

The election for WHO’s Director-General in 2006 is a wonderful opportunity for the present Executive Board to put these past failures behind them. By choosing the best candidate according to ability and vision, they will only affirm WHO’s reputation and enhance its mandate.

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¹ Horton R. WHO: strengthening the road to renewal. *Lancet* 2006; **367**: 1793–95.