

WHO's Director-General candidates respond

The Lancet put six testing questions to the 13 candidates nominated to be the next WHO Director-General, with the aim of teasing out tangible differences between their manifestos. The exercise has revealed an interesting array of priorities and values. Hannah Brown surveys the responses.

Question 1 The complexity of international actors—both multilateral and bilateral—in health is now enormous. Given this crowded arena, is the place of WHO redundant? If not, why?

The deliberately provocative tone of this question prompted a strong reaction from most candidates: they all insist WHO is more relevant in global health now than ever, thanks to the high profile of health on the global political stage—a fact Margaret Chan (China) believes is testament to WHO's success. This changing environment is, according to Pekka Puska (Finland), a tremendous opportunity. But is WHO ready to capitalise on this enthusiasm for health?

Alfred Palacio González (Ecuador) thinks the multilateralism of WHO—which, like most other UN agencies, has almost 200 member states—means it is the only body that can muster the unity needed among member states and governments to guarantee high levels of health worldwide. WHO is fortunate to have the confidence of governments, points out Bernard Kouchner (France), who believes that this endorsement means the agency is in a unique position to push forward its objectives. Chan believes WHO's record

of marshalling technical expertise fast is what makes WHO unique and essential in global health. "No other international or national agency can get to an outbreak scene within 24 hours", she says.

So what sort of strategy should WHO implement to ensure it adapts to the changing health environment? David Gunnarsson (Iceland) is certain that nothing more is needed than for WHO to maintain its current position as the leading technical agency. Other candidates have more reforming views. Elena Salgado Méndez (Spain) believes WHO's role as coordinator of partnerships is key. To be an effective leader in health, she suggests WHO should take on the role of assessing the decision-making processes of private foundations when they veer into international health issues. Kouchner rightly warns that the increasing number of donors and funders could skew financial distributions "away from the most pressing priorities in health", so he believes WHO must focus on the

strengthening of health systems and solving the crisis in human resources for health.

Julio Frenk (Mexico) alone highlights the important role cash-strapped WHO can have in helping developing countries attract and make use of the extra money that comes with increasing pluralism in global health. Acknowledging that WHO does not, and never will, have the money to provide developing countries with all the help they need, he thinks WHO should make sure it is in a position to: advocate for increased financing for health; to assist developing countries in attracting money; and to use its small budget to catalyse innovation.

Both Chan and Frenk agree that the best way of ensuring WHO's unique position is to make sure it focuses on activities that it is uniquely well-suited to perform and to prioritise the health problems no one else is tackling. "If ever the world needed WHO, this is the time", says Tomris Türmen (Turkey).



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Question 2 WHO Director-Generals have often started their terms with an accelerated agenda for the first 100 days, launching initiatives that will characterise their priorities in office. What would you do in your first 100 days?

For some candidates, the first 100 days in office as WHO Director-General will not be viewed as qualitatively different to the rest of their term; for others, the first couple of months are a key time for articulating principles that will govern future strategy. And here the candidates have very different ideas.

Ensuring continuity of the work begun by the late Lee Jong-wook is a high priority for Salgado Méndez, Shigeru Omi (Japan), and Puska. Gunnarsson agrees, explaining that it is important to avoid change for change's sake: "we should not spend much of our time on mending bones that are not broken", he says.

Pascoal Mocumbi (Mozambique) also believes it is important to respect initiatives that have been set up in the past: "WHO doesn't start in 2006", he says.

So what of specific plans? Gunnarsson says he will seek input from all levels within and outside WHO to work out a strategy for realising his

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priorities. Palacio González, however, mindful of WHO's enormity in size and complexity, thinks most of his first 100 days will need to be spent learning about WHO's structure, its operations, and its needs. Omi believes the first 100 days are "not the time to hastily assemble any major new initiatives". He plans to focus on putting together a strong leadership team and on initiating dialogues with major WHO partners. Chan, who shares Omi's inside knowledge of WHO, echoes his concern: "You cannot hastily effect lasting and meaningful change in a little over three months", she says. She believes the time would be best used to articulate her manifesto vision and listen to those around her.

Kazem Behbehani (Kuwait) and Kouchner both agree the first 100 days are about taking stock. Behbehani emphasises the need to clarify "where we are, where we are going" as well as identifying available resources, potential difficulties, and the needs of member states that are currently not being adequately addressed. This

strategy, he believes, will result in a "clear-cut direction to move forward". Kouchner adds a second phase to his 100-day plan, which would include developing a road map for the future ensuring that WHO can facilitate the transition towards universal health coverage. For Mocumbi, making WHO's staff feel valued is the top priority for the first 3 months.

Many candidates also pledged to make clear their ongoing priorities during their first weeks in office. Chan points out that many of the large decisions regarding WHO's priorities over the next decade have already been dictated by member states though the 11th General Programme of Work, adopted at this year's World Health Assembly. However, most candidates told *The Lancet* they want to prioritise the Millennium Development Goals, communicable diseases, including HIV/AIDS, tuberculosis and malaria, and health systems strengthening among their plans for the future.

Salgado Méndez also promised to intensify work on gender discrimin-

ation and child health. Karam Karam (Lebanon) and Puska both expressed a desire to reinvigorate WHO and motivate staff. Türmen would establish a public-health approach to young people's health. Gunnarsson wants to develop closer cooperation with the media, while Nay Htun (Burma) sees a strengthened implementation plan for the 2006/07 programme budget as among his first tasks.

Dramatic reform of WHO through an aggressive programme of decentralisation is what Palacio González believes is needed first. In a similar vein, Omi would delegate more authority to regional directors, while shaping the organisation "into a more modern and flexible one". However, it is Frenk's "Diagonal Health Systems Initiative" that seems the most innovative suggestion for a first project as Director-General. He describes the idea as "a cross-cutting effort to strengthen health systems", which will draw together major disease-specific initiatives in WHO and other partner organisations.

Question 3 What should WHO not do?

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There is one thing on which all the candidates agree: WHO should never put commercial or political interests before health. But there is far less consensus on what else should be excluded from WHO's remit.

On the issue of national autonomy, Türmen asserts WHO should never "be a supranational entity" and must respect countries' sovereignty. Both Salgado Méndez and Frenk say WHO should play no part in activities that usually come under the responsibility of national governments. According to Salgado Méndez, this means not evaluating the national health systems. But Frenk instead thinks the exclusion should apply only to service delivery. For Puska, WHO should simply try not to do work others do better.

Frenk agrees, adding that the agency should not engage in turf wars or duplicate efforts of others. Another of Frenk's list of forbidden activities is the "direct generation of new scientific knowledge", which he says is best done by universities and research institutes. For Htun, the only rule is that "WHO should not deviate from its core functions and the pursuit of excellence".

Gunnarsson is pragmatic in his assertion that the WHO's responsibilities include only issues that directly concern health. By contrast, Omi is adamant that WHO "should not attempt to pursue its mandates in ivory-tower isolation". Kouchner, too, feels that WHO should collaborate outside its traditional sphere of influence, including

embracing non-governmental organisations and the private sector. Behbehani echoes this sentiment in his statement that "WHO cannot do everything, nor can it act alone". Kouchner believes the main danger for WHO is spreading itself too thinly with its limited budget, a worry echoed by Chan. It should not become a funding agency, but secure funds from others to implement its programme of work, explains Kouchner.

For Karam, the question is about principles: "WHO should never retire from being the custodian of health worldwide", he says Mocumbi, while he disagrees with *The Lancet's* question, adds a thoughtful plea: that WHO should not replicate the mistakes of its past in the future.

Question 4 There are many examples of how special interests block or damagingly influence WHO policy. What mechanism will you put in place to protect WHO's scientific and policy independence?

WHO has diverse roles worldwide and all the candidates accept that this means the agency must closely collaborate with private organisations and political groups. That WHO's independence should be preserved is a given. But what specific actions could improve the way policies are decided and decisions taken?

Aside from enforcement of WHO's existing policies and mechanisms, which several candidates mention as key to transparency in areas where potential conflicts exist, some novel suggestions were put forward. Palacio González believes that boosting the democratic integrity of WHO through decentralisation is key to resisting pressure from interest groups. He also thinks that coordination with, and funding from, non-governmental organisations and foundations would relieve WHO of some of the political pressure it has suffered in the past and give it the independence to

work on its own health priorities. Salgado Méndez, by contrast, insists top managerial style is key to the organisation's effectiveness.

Puska and Karam believe that WHO's independence can be ensured through transparent discussion and open exchange of ideas, whereas Behbehani emphasises the importance of following the policies and decisions made by WHO's governing bodies. Chan has a firm belief that a well-articulated corporate strategy gives the organisation some protection against pressure from interest groups. But she also emphasises the importance of upholding WHO's tradition of evidence-based practice. Htun would expand participation, consultations, and public awareness to avoid the adverse influence of special-interest groups, while Türmen is keen to emphasise that the buck would stop with her: "I will be personally accountable", she says.

Frenk believes reliance on external networks of expertise formed by leading academic institutions should safeguard the scientific integrity of WHO, but he wants to ensure that no member state has undue influence by recruiting a "cabinet" that is representative of the international nature of the agency.

Kouchner speaks from experience of other UN posts in which he was put under pressure from member states to alter his agenda. He suggests that WHO's Executive Board should set up a commission on Ethics and Human Rights in International Health with the mandate of overseeing the role of WHO in critical domains which may give rise to undue influence by interest groups and member states. This commission, according to Kouchner, would be expected to produce an annual report to the Executive Board and the World Health Assembly.



Question 5 WHO has sometimes prioritised the sensibilities of governments over the wellbeing of their peoples. How would you ensure that WHO is accountable to the citizens of countries, as well as to their leaders?

The concept of accountability to individual citizens seems to have diverse meanings for the candidates. Some believe it is simply a question of sticking to WHO's mandate. For others, it is about communication and transparency.

As an intergovernmental agency, one of WHO's basic responsibilities is to respond to the demands of member-state governments. And because in democratic societies governments are supposed to be accountable to their citizens, Salgado Méndez notes that *The Lancet's* question should not, in theory, need to be asked. Mocumbi is clear that WHO's responsibilities are to governments first, and not to individuals. He doesn't believe

governments deliberately undermine the wellbeing of their people; however, he concedes that there may be cases in which governments neglect important health problems because of deficient technical capacity. These deficiencies are what WHO should address, he says.

Gunnarsson, too, believes the answer lies in sticking to the principles enshrined in WHO's constitution, being as transparent as possible in decision-making, and maintaining good relations with the media and general public is crucial. However, other candidates acknowledge that balancing the priorities of governments and the health needs of peoples is not always that simple.

Karam recognises that WHO's responsibility is primarily humane and asserts that it must never forget that people are the target of its messages about health. Strict adherence to rigorous scientific standards should give WHO the moral authority to ensure its judgments and decisions are accepted by local communities, says Frenk. He believes involving international civil society is also important to further accountability because these organisations articulate the priorities and needs of smaller communities, but that WHO must also be an advocate for people who cannot speak for themselves. Behbehani also takes this stance, but in a different way. He sees eHealth

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and eLearning initiatives as a way to bring international health initiatives closer to individuals.

Palacio González's conviction that decentralisation is an urgent priority at WHO underlies his support of "citizens' initiatives" right down at the community level, from which a network of city health officials will receive and transfer information to WHO. He believes accountability could be ensured by WHO's regional offices being open to input and feedback from the local communities they serve. They should also launch information campaigns so that local populations are fully aware of and understand their activities and programmes, he suggests. Omi is another advocate of decentralisation. He, like Htun, believes strengthened

country representation should help WHO form ties with other institutions and groups, including civil-society organisations. However, he thinks the best way for WHO to show it is accountable is to "have the right people on the ground" to implement relevant and necessary programmes.

For Chan and Kouchner, accountability is all about communication. Dissemination of information to both professionals and the public is inadequate at WHO at the moment, they believe, but there are opportunities for improvement.

Kouchner pledges to place "a special emphasis" on reaching out to people, particularly women and vulnerable communities, who have poor access to health information

and therefore little opportunity to influence health policy and decision making. He also thinks WHO should urge national health authorities to collaborate with patient associations and associations of health professionals to tie them more closely to the communities they serve. Taking the issue of information and accountability further, Chan cites the important example of the revised International Health Regulations, which are due to come into force in June 2007. This agreement gives WHO new powers to act even if member states conceal outbreaks of communicable diseases. This, she believes, will allow WHO to be directly accountable, not just to the citizens of an individual country, but to the international community at large.

Question 6 Politics is crucial in determining health outcomes. How would you ensure that WHO extends its influence over international and local political decisions that are relevant to health?

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Health is moving up the international political agenda, thanks to the high profile of health threats such as SARS and avian influenza, and the serious consequences for health of natural disasters such as tsunamis and earthquakes. But does that mean WHO is also gaining greater recognition and influence?

Chan thinks WHO has already made important moves towards increasing its political impact. She pledges to champion the 2005 Bangkok Charter for Health Promotion in a Globalised World, which calls on WHO to embrace "strong political action, broad participation, and sustained advocacy". Although, as Behbehani cautions, WHO must make sure it can move with the times to keep pace of changing political priorities. Palacio González—who attributes the change in attitudes to health to a broad recognition that health is not a luxury, but a human right—believes that WHO can influence important decisions simply by keeping close contacts

with governments. Gunnarsson and Salgado Méndez support the view that WHO needs to be in continuous dialogue with political leaders to influence politics in a constructive way. And Omi and Frenk believe WHO should extend its regular contacts to the heads of multilateral and non-governmental organisations to make sure it can influence all kinds of decisions in health. But, says Frenk, it is important to think of politics "in the good sense of the word": the capacity to reach out to groups with differing views, to balance claims, and to negotiate solutions.

"WHO should be political without becoming politicised. There is a fine line there that should not be crossed", warns Kouchner. He believes WHO's role is to ensure that political decision-making bodies have the information they need to make good decisions and to make sure all potential health impacts of policy changes are spelt out. This will require new skills that are largely

lacking in WHO at this time, he says.

Htun believes making better use of the 32-member Executive Board is WHO's ticket to greater influence. Puska, however, thinks recent health crises, including SARS and avian influenza, have demonstrated how well regarded and listened to WHO already is. WHO must "have the courage to stand up and defend health in all circumstances", he says. But in order to make sure the agency maintains its strong voice, he believes the highest possible technical standards are essential. Mocumbi agrees that WHO's influence will come from technical rigor alone. "The history of the last six decades have shown that every time WHO leadership was firmly anchored in scientific evidence and technological development, and every time the staff showed technical and scientific competence, WHO has been able to assure a leadership role in health matters to the entire international community."