

DG election and global health leadership – Setting the scene: Commentaries, platforms and global health office holders

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This is a brief compilation of resources initially prepared for the roundtable “What defines Global Health Leadership in the 21st Century?” that took place on 30 September 2016. It consists of (I) selected recent commentaries on the WHO DG election process and the qualities required of the DG, (II) a comparison of the platforms of WHO DG candidates, and (III) an overview of the major global health leadership positions including their selection mechanisms and terms.

I. Selected commentaries on the WHO DG election

Mathias Bonk, independent Global Health Consultant and founder of Think Global Health

First of all a DG has to have a very good understanding of the role and mandate of the organisation as well as expertise in the fields of public health, international health and global health, medicine, and other related areas. Secondly he/she should be a visionary leader, a skilful diplomat, an excellent manager and in addition an inspiring speaker. Thirdly a successful DG should be able to identify and recruit an experienced, confident, and loyal senior management team. Fourthly, experience in working with or for WHO and other UN agencies as well as some of WHO’s other major cooperating partners (e.g. MSF) and donors (e.g. Bill and Melinda Gates Foundation) would certainly be very beneficial. Finally, the next DG has to be capable of leading WHO within the United Nations Sustainable Development Agenda influencing many health and health related decisions by member states and donors in the upcoming years. All in all WHO’s next DG certainly has to be a passionate advocate for the organisation and its staff.¹

Kristof Decoster, Editor of the International Health Policies (IHP) newsletter

It seems vital that the next WHO DG has a thorough understanding of the “real” enemy of global (and planetary) health. Neoliberalism, that is... The next WHO DG should internalize and radiate the new SDG wisdom that global health is truly ‘global’ now, applies to both North & South (which increasingly thus lose their meaning), and we’re all on the same boat (with exception of the 0.01 % perhaps).²

Jeremy Farrar, Director of Wellcome Trust

Whoever takes over from Chan has to inspire a sense that the organisation knows what it’s doing, inspire confidence in the member states, and inspire the best people to want to work there.³

¹ Mathias Bonk, "Who Will Become Who’s New Director General?," *BMJ Blogs* (2016), <http://blogs.bmj.com/bmj/2016/09/28/mathias-bonk-who-will-become-whos-new-director-general/>.

² Kristof Decoster, "The Next Who Dg: How About a Tough Cookie with a Bold Transformative Vision?," (2016), <http://www.internationalhealthpolicies.org/the-next-who-dg-how-about-a-tough-cookie-with-a-bold-transformative-vision/>.

³ Kate Kelland, "A Fighter for Global Health: Who Will Be Next to Lead the Who?," *Reuters Investigates* (2016), <http://www.reuters.com/investigates/special-report/health-who-leader/>.

Julio Frenk, President of the University of Miami

*It is perennially underfunded — starved. Without the Bill and Melinda Gates Foundation (the second largest contributor to the agency), I don't know what would happen to WHO. The only way the WHO can fulfil its mandate and do the job the world needs it to do is if countries agree to fund it properly. WHO is not going to be fixed, no matter how charismatic and effective a leader is elected, if the member states don't commit to the idea that this is the instrument for their collective action.*⁴

Laurie Garrett, Senior Fellow at the Council on Foreign Relations

Two changes needed: WHO election process must focus on secret balloting and campaign financing. There is no legitimate reason that World Health Assembly voting needs to be secret. Protecting governments' voting privacy offers no positive outcome — a government minister is not voting as a private citizen, but as an accountable representative of his head-of-state, cabinet and, ultimately, population. Financing of campaigns also ought to be transparent. The WHO Executive Board need not cap candidate spending, but it should demand full disclosure of all spending and support for candidates' travel, accommodations, entertainment, publicity, staff payroll, election consultants and other costs.^{5 6}

Lawrence Gostin, Professor of Global Health Law at Georgetown University and Director of WHO's collaborating center on public health law and human rights

*The next Director-General will need to be a strong individual with lots of political clout. Since Gro Brundtland that's been the track record. Brundtland is a former Norwegian prime minister who served as WHO Director-General from 1998 to 2003. You ask nicely, they say no, and you say "All right, I'll try something else." That's got to end. Because it's made WHO into the laughing stock of the world, when it should be the undisputed leader of global health.*⁷

David Heymann, Professor of Infectious Disease Epidemiology at the London School of Hygiene and Tropical Medicine, former Assistant Director-General for Health Security and Environment at WHO

*More important than where somebody comes from will be his or her style of leadership. In the past there have been two types of Director-Generals: "political leaders" who place their vision in front of member states and justify it with evidence, and "consensus leaders" who take their lead from member states. Right now WHO needs the former.*⁸

⁴ Helen Branswell, "World Health Organization Names Six Candidates Running for Director-General," *STAT* (2016), <https://www.statnews.com/2016/09/23/who-finalists/>.

⁵ Laurie Garrett, "Secret Vote on Who Bodes Ill for Future of Global Health," *Humanosphere* (2016), <http://www.humanosphere.org/world-politics/2016/05/secret-vote-on-who-bodes-ill-for-future-of-global-health/>.

⁶ Yanzong Huang, Laurie Garrett, and Michael Myers, *The Next Director-General of the World Health Organization*, podcast audio2016, <http://blogs.cfr.org/patrick/2016/07/14/podcast-the-next-director-general-of-the-world-health-organization/>.

⁷ Branswell.

⁸ Kai Kupferschmidt, "Four Men and Two Women Are Running for the Top Slot at the World Health Organization," *Science* (2016), <http://www.sciencemag.org/news/2016/09/four-men-and-two-women-are-running-top-slot-world-health-organization>.

Richard Horton, Editor-in-chief of The Lancet

*Much will depend on the WHO's next leader. The WHO needs a Director-General who can speak truth to power. If you have the right person, it's a fantastic opportunity; if you have the wrong person, then it's paralysis and failure.*⁹

Ashish Jha, Director of the Harvard Global Health Institute

*The next DG has a narrow window in which to change the narrative about the WHO. It has become an organisation that, when faced with real challenges, cannot perform. While Africa has openly backed Ethiopian candidate Tedros, the discussion over who should succeed Chan should focus less on "Whose turn is this?" and more on which candidate will most benefit the organisation. The world needs an effective WHO – there's no way around that. There are things only the WHO can do. Instead of thinking about creating entities that will fill in the gaps, it is in our interest to make sure the WHO can fill those gaps itself.*¹⁰

Iлона Kickbusch, Director, Global Health Centre, the Graduate Institute

*Who will get the job is hard to predict, especially because the election process has changed. The outcome will also be the result of behind-the-scenes dealing by the different member states. This is highly political and the foreign ministries of these countries will be very active over the next months. With other global health positions like leadership of the Joint United Nations Programme on HIV and AIDS and the Global Fund opening up in the near future, there is a bit of a carousel going on. The biggest risk may be the high expectations many people harbour. People think, if we vote for the right person now, all of WHO's problems can be solved. But that is unfair- the main decisions about the budget about the priorities are still decided by the member states.*¹¹

Margaret E. Kruk, Associate Professor of Global Health at the Harvard T.H. Chan School of Public Health

*WHO is both essential and hamstrung...the election of the Director-General should be a moment for member countries and other funders to reflect on whether they want an implementation agency for their favoured health agenda, or an independent institution with the intelligence, agility, and operational capacity to tackle the coming global health challenges.*¹²

Joanne Liu, International President, Médecins Sans Frontières

For me, the driving question is competence. I believe that there are some good, competent individuals in the WHO today, but in some areas the organization's competence is being questioned. Many would like a candidate who understands the health imperatives, who is prepared to do their best and confront the political powers, when necessary for health of the people. We need someone at the helm

⁹ Kelland.

¹⁰ Kate Hodal, "Who's Who? Six Candidates Named for Next World Health Organisation Chief," *The Guardian* (2016), <https://www.theguardian.com/global-development/2016/sep/23/world-health-organisation-director-general-six-candidates>.

¹¹ Kupferschmidt.

¹² PLOS Medicine Editors, "A Global Champion for Health—Who's Next?," *PLoS Med* 13, no. 6 (2016).

*who will restore trust, and inspire us. I hope the candidates we have will step up to the plate and inspire; that is what will encourage people to invest. We're starving for good leadership.*¹³

James Love, Director of Knowledge Ecology International

*WHO Member States should pick the candidate who can maintain independence from influence from corporate interests and manage the relationship with the Bill & Melinda Gates Foundation with dignity and wisdom.*¹⁴

Michael Myers, Managing Director of the Rockefeller Foundation

*We need someone who can work well with countries and bring them together around the common vision that transcends the traditional boundaries of health. Someone with the vision and someone who can carry out the vision is what the world needs but not just WHO.*¹⁵

Peter Sands, Senior Fellow at Harvard, former CEO of Standard Chartered

*More attention should be paid to the economic impacts of global health. The WHO and its leader would gain clout if they better highlighted the economic costs of poor health systems and infectious diseases. One way to get government ministers to take more notice of the WHO would be to publish objective assessments of each country's "public health core capabilities" – things such as disease surveillance, laboratory testing, and research capacity. Just as countries are influenced by reports on their economies by the International Monetary Fund and World Bank, WHO rankings could spur countries to improve their health systems.*¹⁶

Derek Yach, Senior Vice President of the Vitality Group, former Executive Director for Noncommunicable Diseases and Mental Health at WHO

*I am eager to see a new leadership formula, one that focuses less on experience in national public health policy and more on delivering global influence. With the right leader and right reform, this is an organisation with massive global potential.*¹⁷

¹³ Dayna Kerecman Myers, "Desperately Seeking Leadership: Msf's Joanne Liu on Who's Next Director-General," (2016), <https://www.globalhealthnow.org/2016-10/desperately-seeking-leadership-msfs-joanne-liu-whos-next-director-general>.

¹⁴ John Zarocostas, "Six Candidates Compete in Who Director-General Election," *Lancet* 388, no. 10052 (2016).

¹⁵ Huang, Garrett, and Myers.

¹⁶ Kelland.

¹⁷ Ibid.

II. Comparison of the platforms of WHO DG candidates¹⁸

Candidate	Vision	Priorities
Tedros Adhanom, Ethiopia	A strong, revitalised WHO that is effectively managed, adequately resourced, results driven, and led with political acumen. It belongs to everyone equally, puts people first, and ensures health is at the centre of sustainable development efforts.	<ol style="list-style-type: none"> 1. Transforming WHO into a more effective, transparent, coherent and accountable agency that is independent, science and innovation based, responsive and harmonised 2. Advancing universal health coverage and ensuring access 3. Strengthening the capacity of national and local actors on health emergencies and promote global health security 4. Putting the wellbeing of women, children, and adolescents at the centre of the global health and development agenda and positioning health on the gender equality agenda 5. Supporting national health authorities to better understand and address the health effects of climate and environmental change
Flavia Bustreo, Italy	These five words charged with meaning and power for global health will guide WHO's work: Equity, Rights, Responsiveness, Evidence, and Partnership.	<ol style="list-style-type: none"> 1. Drive progress towards achieving the health SDG as a cross-cutting driver of sustainable development 2. Expand universal health coverage for proven, evidence-based health interventions 3. Drive the reform of WHO to more effectively support Member States as they respond to health emergencies and outbreaks 4. Address the impact of climate change on the health of citizens 5. Prioritise the health of women, children, and young people 6. Maximise efforts to achieve equity using a human-rights-based approach in health and sustainable development
Philippe Douste-Blazy, France	Three goals for WHO: a reform agenda that allows WHO to function and raise funds more effectively; a strong culture of responsiveness; and consistent focus on results.	<ol style="list-style-type: none"> 1. Ensuring that WHO responds effectively to emerging and re-emerging infectious diseases 2. Tackling the unprecedented growth of noncommunicable diseases 3. Bolstering health systems to implement universal health coverage 4. Increasing the availability, affordability and access to essential medicines 5. Tackling the growing challenge of antimicrobial resistance
David Nabarro, UK	A robust, reliable, and responsive WHO to address an ever-growing avalanche of threats to health.	<ol style="list-style-type: none"> 1. Alignment with the Sustainable Development Goals (SDGs) 2. Transforming WHO to respond to outbreaks and health emergencies 3. Trusted engagement with Member States 4. Advancing people-centred health policies
Sania Nishtar, Pakistan	Lead WHO to reclaim its primacy and restore its position as the world's lead health agency, which has the ability to foster and sustain partnerships to achieve universal health coverage.	<ol style="list-style-type: none"> 1. Transparency and accountability in all areas of its work 2. Leadership for action 3. Operational readiness in outbreaks and emergencies 4. Country-relevant support to achieve the SDGs 5. Strengthened action on global public goods 6. Focus on health-climate interaction 7. Accelerated pace of reforms

¹⁸ Richard Horton and Udani Samarasekera, "Who's Director-General Candidates: Visions and Priorities," *Lancet* (2016).

- 8. Management for results
- 9. A culture of partnerships
- 10. New models for financing

Miklós Szócska,
Hungary

Close the gap that exists between theoretical solutions and failures in implementation; act in the present, be prepared for the unexpected, and plan and build for the future of health; make health a global political economic and financial priority.

- 1. Management of pandemics
- 2. Promote innovative economic models for generating resources
- 3. Fight against antimicrobial resistance (AMR)
- 4. Health human resources developments and balancing migration globally in coordinated partnership.
- 5. Promote innovation and technology in changing the trends regarding accessibility and equity
- 6. Development of public health systems parallel to and integrated in the establishment of new public administration
- 7. development of primary care and care coordination through cross-country learning and sharing good practices
- 8. Fighting non-communicable diseases (NCDs) globally
- 9. Partnerships and collaboration

III. Overview of major global health leadership positions

Organisation	Current leadership	Selection mechanism	Term	Supplementary information
WHO	Margaret Chan, DG, Hong Kong, China	New mechanism: nomination by EB and appointment by WHA	Selected in 2006 and will finish her second term on 30 <u>June 2017</u>	Education: MD at the University of Western Ontario, MSc (Public Health) at the National University of Singapore Career: 25 years at the Department of Health of Hong Kong
UNAIDS	Michel Sidibé, Executive Director, Mali	Appointment by UNSG upon the recommendations of the co-sponsors	Started office on 1 January 2009 (<u>Assuming</u> UNAIDS adopt four-year terms like other UN agencies, his current term will finish in <u>January 2017</u>)	Education: master's degree in economics, two Post-Master's Diplomas in Social Planning and Demography as well as in Development and Political Economy from the University of Clermont Career: Prior to his appointment he was the Director of Country and Regional support department for UNAIDS. He also spent 14 years at UNICEF before that.
GAVI	Seth Berkley, CEO, US	Appointment by the Board for a renewable term of four years	Became the third CEO of GAVI on 3 August 2011 (Term renewed in August 2015 until <u>August 2019</u>)	Education: MD at Brown University, Harvard-trained physician, CDC-trained epidemiologist Career: Previously the CEO of the International AIDS Vaccine Initiative (IAVI) for 15 years. Also worked at Rockefeller Foundation and CDC.
GFATM	Mark Dybul, Executive Director, US	Appointment by the Board for a term of four years	Took office on 21 January 2013 – expected to finish in <u>January 2017</u> .	Education: BA and MD at Georgetown University, fellowship in infectious diseases at the National Institute of Allergy and Infectious Diseases Career: founding architect of PEPFAR, US Global AIDS Coordinator
UNICEF	Anthony Lake, Executive Director, US	Appointment by UNSG in consultation with the Executive Board for a term of five year	Took office on 1 May 2010 becoming the 6 th Executive Director of UNICEF (Second term expected to end in <u>May 2020</u>)	Education: BA at Harvard, international economics at Cambridge, Ph.D. from the School of Public and International Affairs at Princeton Career: senior foreign policy adviser to the presidential campaign of Barack Obama, National Security Advisor (1993- 1997) under President Bill Clinton
UNFPA	Babatunde Osotimehin, Executive Director, Nigeria	Appointment by UNSG in consultation with the Executive Board	Took office on 1 January 2011 for a four-year term. Currently serving his second term, effective from 1 January 2015 through <u>31 December 2017</u> .	Education: MD at University of Ibadan, Nigeria, PhD in medicine at University of Birmingham Career: Minister of Health of Nigeria, Director-General of the Nigerian National Agency for the Control of AIDS, Chairman of the National Action Committee on AIDS (NACA), Project Manager at the World Bank for its HIV/AIDS programme

WB	Jim Yong Kim, President, Korea/US	Selection by the Board of Directors by a supermajority of 85% for a five-year renewable term	Appointment effective 1 July 2012 for five years until 1 July 2017 (Note: He is the only candidate in the election process for the next President of the Bank)	Education: BA at Brown University, MD and PhD in anthropology at Harvard Career: President of Dartmouth College, Professor at Harvard, Director at WHO HIV/AIDS Department
UN	Ban Ki-moon, Secretary-General, Korea	Appointment by the General Assembly upon the recommendation of the Security Council	Took office on 1 January 2007. Unanimously re-elected by the GA in June 2011 and will continue to serve until 31 December 2016 . (António Guterres appointed on 13 October to succeed Ban Ki-moon)	Education: BA in international relations at Seoul National University, MPA at Harvard Career: 37 years of service with the MOFA - last served as the Minister of Foreign Affairs and Trade
UNDP	Helen Clark, Administrator, NZ	Appointment by the SG and confirmed by the GA for a term of four years - cannot be more than two successive terms	Took office on 17 April 2009 and currently serving her second term (Term expected to end in April 2017)	Education: BA and MA at Auckland University Career: PM of New Zealand from 1999 to 2008 for three successive terms
UN WOMEN	Phumzile Mlambo- Ngcuka, Executive Director, South Africa	Appointment by the SG in consultation with member states, for a term of four years, with the possibility of renewal for one term	Took office on 19 August 2013 (First term expected to end in August 2017 , subject to renewal)	Education: BA at Lesotho, Master in Philosophy at Cape Town, PhD on education and technology at Warwick Career: Deputy Minister of Trade and Industry, Minister of Minerals and Energy, Deputy President of South Africa
BMGF	Susan Desmond- Hellmann, CEO, US		Assumed her role on 1 May 2014	Education: MD, MPH Career: cancer researcher at Bristol-Myers Squibb and Genentech, Chancellor of University of California, San Francisco

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Candidates' websites

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- Flavia Bustreo – website n.a. (as of 20 October 2016)
- Philippe Douste-Blazy - <http://www.dousteblazy.com/>
- David Nabarro - <http://www.davidnabarro.info/>
- Sania Nishtar - <http://www.sanianishtar.info/>
- Miklós Szócska - <http://www.szocska.info/>