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Reimagining WHO: leadership and action for a new Director-General

Lawrence O Gostin, Eric A Friedman

Three candidates to be the next WHO Director-General remain: Tedros Adhanom Ghebreyesus, David Nabarro, and Sania Nishtar. The World Health Assembly's ultimate choice will lead an organisation facing daunting internal and external challenges, from its own funding shortfalls to antimicrobial resistance and immense health inequities. The new Director-General must transform WHO into a 21st century institution guided by the right to health. Topping the incoming Director-General's agenda will be a host of growing threats—risks to global health security, antimicrobial resistance, non-communicable diseases, and climate change—but also the transformative potential of the Sustainable Development Goals, including their universal health coverage target. Throughout, the next Director-General should emphasise equality, including through national health equity strategies and, more boldly still, advancing the Framework Convention on Global Health. Success in these areas will require a reinvigorated WHO, with sustainable financing, greater multisector engagement, enhanced accountability and transparency, and strengthened normative leadership. WHO must also evolve its governance to become far more welcoming of civil society and communities. To create the foundation for these transformative changes, the Director-General will need to focus first on gaining political support. This entails improving accountability and transparency to gain member state trust, and enabling meaningful civil society participation in WHO's governance and standing up for the right to health to gain civil society support. Ultimately, in the face of a global environment marked by heightened nationalism and xenophobia, member states must empower the next Director-General to enable WHO to be a bulwark for health and human rights, serving as an inspiring contra-example to today's destructive politics, demonstrating that the community of nations are indeed stronger together.

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Introduction

The WHO Executive Board has narrowed the field for Director-General to three candidates (table, appendix p 2). Electing an empowered global health leader has never been more important. The world faces daunting health challenges, but WHO's weak response to Ebola undermined trust, and its governance model remains stuck in the last century. International cooperation and investment are sorely needed, but nationalistic populism hostile to globalisation is taking hold in many of the world's most powerful countries. Yet with peril there is promise. Global health is rising to the highest political levels, from UN summits on non-communicable diseases, antimicrobial resistance, and HIV/AIDS to the Sustainable Development Goals' crowning promise of universal health coverage.

The new Director-General must transform WHO into the 21st century institution the global health system sorely needs, reimagining the organisation as agile, open, and accountable throughout its operations. Success will require credibility with civil society, diplomatic skills to engage other sectors and secure compromises from states with diverging national interests, political acumen to persuade governments to act as stakeholders in WHO's success, and scientific expertise to ensure high quality technical advice (appendix p 3).

Action agenda

The new Director-General should set an action agenda, with clear benchmarks, ongoing monitoring, and rigorous evaluation of progress (appendix p 4).

Global health security

Global health security will probably top WHO's agenda. The new Director-General must convince states to fund WHO emergency operations, build core capacities, and comply with International Health Regulations norms. Global health security extends to antimicrobial resistance, already taking 700 000 lives every year.³ WHO's response requires cooperation among complementary regimes⁴ and innovative financing, including the Global Antibiotic Research and Development Facility, to stimulate research.⁵ With USD\$16 billion every 10 years, market entry reward systems could support 15 new drugs—a modest security dividend for a pipeline of effective therapeutic countermeasures.³

Universal health coverage

Health system strengthening is integral across priorities as diverse as HIV/AIDS, child and maternal mortality, non-communicable diseases, and domestic violence. To achieve International Health Regulations capacities, WHO created the joint external evaluation tool.⁶ To build human resources, it published a global strategy.⁷ Its framework on integrated, people-centred health services^{8,9} extends matrices of health system effectiveness to empowerment, equity, participation, accountability, and cross-sector collaboration. The task now is to ensure these norms catalyse action.

WHO's own capacity to support national health systems remains weak despite their centrality, with most resources earmarked for specific diseases or programmes. International health assistance and domestic funding often follow similar patterns. WHO's leader must

See Online for appendix

	Tedros Adhanom Ghebreyesus	David Nabarro	Sania Nishtar
Nomination country	Ethiopia	UK	Pakistan
Current position	Minister of Foreign Affairs, Ethiopia	Special Adviser to UN Secretary-General on the 2030 Agenda for Sustainable Development and Climate Change	<ul style="list-style-type: none"> • Founder and President, Heartfile • Co-Chair, WHO Commission on Ending Childhood Obesity
Selected previous positions	<ul style="list-style-type: none"> • Chair, Global Fund to Fight AIDS, TB and Malaria • Minister of Health, Ethiopia 	<ul style="list-style-type: none"> • Assistant Secretary-General, UN system senior coordinator for Avian and Human Influenza • Executive Director, WHO Roll Back Malaria • Special Envoy of UN Secretary-General on Ebola 	<ul style="list-style-type: none"> • Federal Minister, Education and Training, Science and Technology, Information Technology and Telecom, Pakistan • Chair, GAVI's Independent Evaluation Committee
Strengths	<ul style="list-style-type: none"> • Successful fund-raising and experience mobilising support • Political and diplomatic leadership • Health governance experience from a developing country 	<ul style="list-style-type: none"> • Experience working with non-government organisations and communities • Familiarity with UN agencies • Expertise on SDGs and global health security 	<ul style="list-style-type: none"> • Combination of leadership experiences across government, civil society, and international organisations, along with technical expertise • Sensitivity to cultural, social, religious, and political differences
Priorities	<ul style="list-style-type: none"> • Increasing WHO's accountability and encouraging partnerships with stakeholders • Mobilising domestic resources for universal health coverage • Strengthening WHO's response to emerging health threats • Placing vulnerable populations at the centre of WHO's work 	<ul style="list-style-type: none"> • Aligning health with the SDGs • Enhancing WHO's outbreak and health emergencies capacities • Engaging multi-stakeholders to create trust and cooperation • Advancing people-centered health policies 	<ul style="list-style-type: none"> • Accelerating WHO reforms on accountability, transparency, and effectiveness • Strengthening WHO work on climate-health interaction • Effectively supporting member states to achieve SDGs • Strengthening actions on global public goods in health
Action highlights	<ul style="list-style-type: none"> • Establishing an Inter-Ministerial Advisory Commission to include experts and politicians from multiple sectors to develop innovative financing solutions • Open-door policy to encourage transparency, communication, and collaboration • Supporting the Global Health Crisis Taskforce and Health Emergencies Programme 	<ul style="list-style-type: none"> • Using the 2030 Agenda for Sustainable Development as the instrument to transform health for all • Mobilising stakeholders to achieve each priority • Enabling WHO staff to develop collective capabilities to serve as technical leaders that contribute to better lives for all • Increasing attention to community caregivers 	<ul style="list-style-type: none"> • Ensuring value-for-money through efficient and cost-effective working, and sufficient budget through innovative financing, assessed contributions, and solidarity financing • Breaking silos between headquarters and regional and country offices • Initiating WHO-wide independent evaluation and institutionalising capacity for forecasting emerging threats • Forging strategic partnerships to overcome health sector corruption • Augmenting WHO capacity to provide health system stewardship
<small>PMNCH=Partnership for Maternal, Newborn and Child Health. SDG=Sustainable Development Goal. NCD=non-communicable disease. Information taken from WHO² and Horton and Samarasekera³.</small>			
Table: WHO Director-General candidate chart			

advocate for financing health systems that respond to the full gamut of health needs, from promotion and prevention to treatment, rehabilitation, and palliative care. To secure medicines, the Director-General should champion the UN High-Level Panel on Access to Medicines' recommendations.¹⁰ Furthermore, universal health coverage requires health workers; the UN high-level commission on health employment created momentum for action the Director-General must seize.¹¹

Non-communicable diseases

Non-communicable diseases are the leading cause of death in developing countries. The next Director-General must include drugs that are high cost but also high value in WHO's essential medicines list, ensuring their affordability. Regulating food, tobacco, alcohol, air pollution, and zoning could markedly reduce non-communicable diseases. WHO must build its evidence base, share lessons (on policies'

effects and political pathways), and strengthen legal norms. The next Director-General could set a bold target of comprehensive non-communicable disease regulations in all countries within a decade, including full Framework Convention on Tobacco Control implementation, WHO "best buys" for evidence-based interventions, and tight pollution controls.¹² As attention shifts to non-communicable diseases, the Director-General must defend long-standing priorities (eg, HIV/AIDS, tuberculosis, and maternal and child mortality), while raising the profile of long-neglected hazards (eg, mental health, injuries, and gender-based violence).

Climate change

The health effects of climate change are prodigious.¹³ The Paris Agreement, which explicitly recognises the right to health, represented a political watershed.¹⁴ However, only 2% of the climate adaptation fund for the world's

poorest countries focuses on health.¹⁵ WHO's work plan on climate change and health¹⁶ has not been a high priority. Key WHO actions would share good practices, implement cutting-edge technical guidance (on reducing health sector emissions), and build political will for health adaptation. With outdoor and indoor air pollution causing more than 7 million deaths every year,^{17,18} the world's health leader must become an environmental leader.

A fair share for all

The Director-General should become a global advocate for equity, captured in the Sustainable Development Goals' core value "no one is left behind" (appendix p 7).¹⁹ They should drive policies toward closing the equity gap with rights-based benchmarks, disaggregated data, research and development directed towards the health needs of the poor, mental health services, and universal health coverage prioritising vulnerable populations including immigrants.

National health equity strategies must be developed, through inclusive participatory processes and with budgeted action plans.^{20,21} The next Director-General should join with UN Secretary-General António Guterres to host a UN Special Session on Health Equality.²² Even more boldly, the next Director-General should heed the call of former UN Secretary-General Ban Ki-moon to "recognise the value of a comprehensive framework convention on global health".²³ Based on the right to health, the Framework Convention would enhance accountability, reduce marginalisation, and mobilise financing.²⁴

Building a 21st century WHO

A reinvented WHO requires five building blocks (figure).

Sustainable financing

WHO is caught in a dysfunctional cycle: member states' loss of trust impedes sustainable financing, while underperformance due to a paucity of resources further erodes confidence. Existing resources are wholly incommensurate with WHO's worldwide mandate, and earmarks limit the Director-General's control over the organisation's budget.²⁵

The Director-General should push for higher mandatory assessments. In view of political resistance,²⁶ sustainable financing is sorely needed—for example, a voluntary financing pool without earmarks to augment budgetary control, funding from non-traditional sources (eg, middle-income states), and innovative financing (eg, levies on airfares, financial transactions, or sweetened beverages). A high-level commission of health, finance, and development ministers should provide guidance.^{27,28}

Inclusive participation

Newer global health entities (the Global Fund, GAVI, and UNITAID) include civil society as full partners. UNAIDS provides affected communities governing board status,

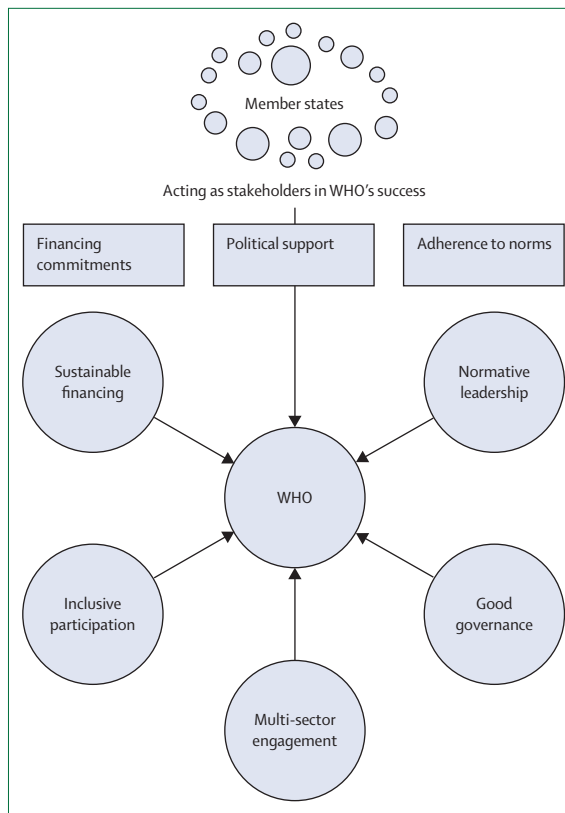


Figure: Reimagining WHO, five building blocks and member states acting as stakeholders

albeit non-voting. WHO, however, retains state-centric governance. Yet civil society can bring fresh ideas, powerfully advocate for WHO priorities, give voice to the marginalised, and hold states and WHO accountable.

WHO's Framework for Engagement with Non-State Actors should have brought community participation to the centre of WHO.²⁹ However, it fails to alter the basic structure of civil society participation. WHO requires "official relations" status for non-state actors to participate in governance meetings, but necessitates international scope or membership, precluding community groups. Human rights standards include "participation of the population in all health-related decision-making at the community, national and international levels."³⁰

Multi-sector engagement

Although the conditions in which people are "born, grow, live, work, and age" cause appalling premature loss of life,³¹ social determinants of health remain at WHO's margins. Its small social determinants of health team doesn't even appear on WHO's organisational chart,³² and the social determinants comprise less than 1% of the organisation's budget.²⁵ The next Director-General should create a social determinants of health department, while diversifying staff competencies to enhance WHO's work beyond the health sector.

Regular multi-sector ministerial meetings and innovative tools (eg, webinars) can build national capacities. Outputs could include right to health impact assessments and action across sectors, including agriculture, trade, and climate change.

Good governance

External evaluations rank WHO low in effectiveness, organisational learning, transparency, and accountability.^{33–35} The current Director-General has sought to instil accountability. The programme budget's "results chain" links Secretariat outputs to outcomes.²⁵ Furthermore, WHO is integrating a comprehensive risk framework into its performance-based management process.³⁶ The organisation's new independent performance evaluation programme warrants support.

Member state support of WHO plans of action, strategies, and codes is crucially important. The Director-General could establish an accountability framework, beginning with state self-assessments and WHO's own data and moving towards external evaluations, with country results made public.

Normative leadership

WHO's normative functions are central to its global health leadership. Above, we suggest normative opportunities, such as national health equity strategies and right to health impact assessments. WHO has negotiated the Framework Convention on Tobacco Control, the International Health Regulations, and Pandemic Influenza Preparedness Framework,³⁷ which offers a model for equitable access to vaccines and treatments.³⁸ Binding law has unique normative power to hold actors to account and fight for health within competing international regimes. The Director-General should support transformative international instruments to achieve equity, participation, multi-sector engagement, financing, and accountability.²⁴

Political support: the first focus

The next Director-General will face an environment hostile to WHO's cherished values. Political movements distrustful of international institutions and treaties threaten the solidarity upon which global health depends. Heightened nationalism and xenophobia erect barriers to universal health coverage, and widespread inequality undermines justice and an ethos of shared destiny.²² Making the Director-General's task more difficult still, member states continue to withhold the means for WHO's success. Further, WHO lacks bottom-up support from civil society, which could be a crucial partner in securing political commitment. Transformative leadership demands regaining member state confidence in WHO and earning civil society buy-in.

Transparency and accountability, highlighted in WHO's financing dialogue,²⁶ is fundamental for restoring credibility.³⁹ Good governance requires the following reforms: real-time monitoring of performance gaps;²⁸

annual, multi-stakeholder, transparent assessments of WHO performance at regional and country level,⁴⁰ including community perspectives; enhanced transparency for Director-General and Regional Director elections; a permanent Inspector General's office;³⁹ a freedom of information policy;³⁹ and a committee to assess WHO's conformance with key recommendations of post-Ebola commissions.

WHO will never gain civil society support without increasing their voice in WHO's priorities and actions. Previous proposals to engage civil society have not received support.^{41,42} The Director-General should convene civil society and community members to propose new pathways for "meaningful participation" and "accountable representation."⁴³ Participation in governance could be broadened through regional and local hearings and web-based input. While initial actions must fit within WHO's constitution, the Assembly should be open to amending its founding document to reflect powerful 21st century governance norms. Embracing the right to health through the Framework Convention on Global Health would galvanise civil society. The Director-General should defend the rights of women, including sexual and reproductive rights, and marginalised populations.⁴⁴ Although this strategy risks antagonising some states, it would deepen overall political commitment and foster civil society trust.

WHO can become a 21st century model of effectiveness, inclusiveness, and accountability, standing up for the right to health. With strong leadership, reinvigorated member state commitment, and meaningful civil society participation, WHO can serve as an inspiring counter-example to today's destructive politics, showing that the community of nations are indeed stronger together.

Contributors

LOG and EAF contributed equally to this report.

Declaration of interests

LOG is Director of the WHO Collaborating Center on Public Health Law and Human Rights. The authors declare no other competing interests.

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