# WHO: strengthening the road to renewal

Published **Online**
May 30, 2006

See **World Report** page 1805;
and **Obituary** page 1812

The sudden death of Lee Jong-wook leaves WHO in neither long-term confusion nor chaos. This stability, a tribute to Lee, is in stark contrast to past occasions when director-generals have departed in far more orderly circumstances. As we pointed out last week,[1] Lee successfully translated Gro Harlem Brundtland's health for development manifesto into a series of well-planned, often bold, yet incompletely executed initiatives that were beginning to revitalise WHO's mandate as a global public-health agency.

There have been genuine advances since Lee replaced Brundtland in 2003. But paying respect to these achievements should not prevent the posting of a critical report card about WHO's work. The Executive Board is now contemplating the process and timing by which a new director-general will be elected. Several able candidates, such as Julio Frenk, Peter Piot, and Francisco Songane, are already being mooted. The danger is that, in coming weeks, WHO's future will depend more on back-room political lobbying, bribery, and compromise—the usual process in the run up to an election at WHO—rather than a serious and transparent debate about the priorities the organisation faces in the coming decade. For the truth is that although Lee did much to capitalise on Brundtland's successes and to redress her deficiencies, WHO now needs an urgent course correction if it is to remain on an upward trajectory towards renewal. What corrections need to be made?

*1 MDG plus:* Lee continued Brundtland's commitment to the Millennium Development Goals (MDGs), a series of time-bound targets dominated by health, all to be met by 2015. These goals have certainly been valuable in orienting the world's attention to some of its key problems—poverty (MDG 1), child and newborn survival (MDG 4), maternal survival (MDG 5), and HIV/AIDS, tuberculosis, and malaria (MDG 6). The MDGs should remain the spine of political action for WHO's work on health and development. But what is missing from these Goals—eg, any mention of chronic illnesses, such as heart disease, cancer, and stroke—has damaged the overall credibility of the MDG programme. Three additional principles need to be added to reinforce and extend the reach of the Goals—equity, human rights, and sustainability.

By taking a vertical approach to disease and development, the architects of the MDGs cut out communities that do not neatly fall into simple categories of clinical diagnosis. One glaring example that we highlighted last week was the plight of 370 million indigenous peoples.[2] Another concerns sexual and reproductive health. A failure to be clear about equity as an objective in development has led to policies based on quick successes for those already close to a Goal and indifference to the deeper societal changes needed to help the least advantaged.[3]

The progressive realisation of human rights must also be a pillar of WHO's work. Currently, the agency has shied away from a strong rights-based approach to health. It is deemed too political, too invasive of member-states' sovereignty. Yet if the MDGs are the spine of WHO's work, human rights must be its moral skin. Every contact with WHO should stimulate a response that encompasses a rights-based element—whether it be organ trading in China, access to medicines in Africa, civil war in Iraq, provision of medical supplies in Palestine, or torture and abuse in the detention camp at Guantanamo Bay. WHO must be an activist for the intrinsic dignity and well-being of individuals worldwide. Without that coherent moral vision, the agency's public-health work will be little more than an abstract series of statistics.

Sustainability has largely been erased from the global conversation about health. Yet there are two connected problems that threaten the lives of millions in low-income countries and which remain almost completely neglected by those with the power to influence them—climate change and the looming energy crisis. These twin catastrophes will, as Christian Aid argued recently,[4] escalate the risks of drought and famine, provoking resource wars and disease epidemics. WHO has shrunk from a sustained campaign on sustainability, preferring to leave this important work to non-governmental organisations. Yet WHO's overarching mission will not come even close to being realised without a substantial, scientific engagement with the forces that imperil sustainable development.

*2 Voice:* WHO needs to upgrade its influence. By this, I do not mean superficially in terms of public relations. I mean that WHO needs to act systematically as an accountability instrument for the work of other institutions that have an impact on health—in particular, the World Bank, World Trade Organisation, the Global Fund to fight AIDS, Tuberculosis, and Malaria, the Global

WHO

The 59th World Health Assembly, 2006

Alliance for Vaccines and Immunisation (GAVI), and the US President's Emergency Plan for AIDS Relief. Why does it require a group of concerned scientists, writers, and policy analysts, for example,[5] to hold the World Bank accountable for its malaria programme? This should surely be the role of WHO, a role that it has long and conspicuously failed to fulfil.

WHO should also be a much stronger critic of, as well as friend to, its member states. WHO has been weak, even complacent, in its assessment of country capacity to manage a human outbreak of H5N1 avian influenza.[6] It has failed to support scientists working in countries in conflict (eg, Uganda) who are trying to study the human consequences of civil war. And it has failed to make the case for scaling-up financing for health. WHO's political networks have loosened since Brundtland left the agency. This loss of influence has been a source of grave frustration for many working in the organisation.

3 *Collaboration:* WHO cannot do everything; or, at least, it cannot do everything well. It needs to work harder, especially across the UN, to strengthen its initiatives through partnership. Part of its difficulty is the sheer complexity and multiplicity of UN agencies—a situation surely ripe for review, and culling, by a new UN Secretary-General. But WHO could do much more to make visible alliances—eg, with the Food and Agriculture Organisation (on hunger), UNESCO (on science), and the UN Development Programme (on poverty reduction).

One measure of its commitment to successful collaboration will be the Partnership for Maternal, Newborn, and Child Health (PMNCH), led by Francisco Songane. WHO and UNICEF have been central to the Partnership's launch. But the PMNCH is not GAVI; it does not have a vast fund of money to spend. Instead, the Partnership's success will depend on targeted country engagement, using the comparative advantages of both UNICEF and WHO to influence national policies and outcomes. The PMNCH is new and understandably fragile. It will need strong and sustained support from a new WHO director-general if it is to succeed. The Partnership created to underpin MDGs 4 and 5 is a litmus test of WHO's desire to collaborate—and succeed.

4 *Science:* Lee was a firm and effective advocate of science-based policy making at WHO. From clinical trial registration[7] to the upgraded Advisory Committee on Health Research, he did much to strengthen the use of reliable evidence in WHO's work. This commitment should not only continue, it must be extended still further. Three areas require immediate attention.

First, WHO's global strategy lacks scientific cohesion. The agency's priorities are determined by ruthless competition between rival factions in global health. Under Brundtland, malaria made its mark. But as the Roll Back Malaria programme faltered, so the agency's focus drifted to other areas. 3 years ago, child survival was largely ignored by WHO. Now it is central to its mission. But to decide WHO's priorities according to the muscle of an advocacy campaign is crazy. Instead, WHO needs to rededicate itself to research on health systems and burdens of disease. It must develop a mechanism of evidence-for-policy synthesis driven by the priorities this work identifies, akin to that used for child and newborn survival.[8] Only by systematically appraising the most reliable scientific evidence can WHO devise workable and respected strategies to advance health. Those strategies can then direct budget allocations. Presently, WHO's budget decisions are completely dissociated from its stated health priorities.

Second, WHO needs to introduce more consistent scientific standards into its published guidelines. The quality of its output is highly variable, usually suffering from poor planning, absent peer review, and a last minute rush to meet a publication deadline. This listless approach to its signature reports is well known internally, and is the subject of biting criticism by senior staff. Yet the agency's leadership refuses to recognise the problem, condemning WHO to endure an unjustified reputation for mediocrity.

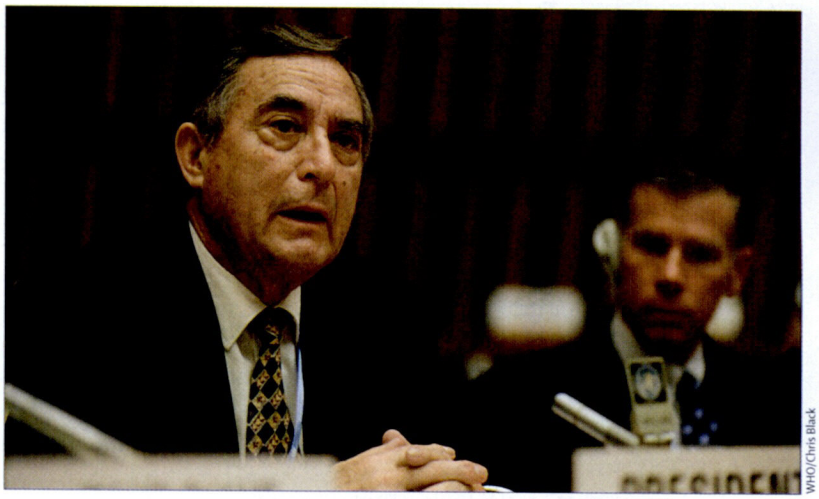
Third, WHO must work harder in all its clusters and departments to advance the capacity of science to inform policy at country level. As the recent UNESCO Science Report shows,[9] systems for scientific research are delicate and, in many regions, failing. The brain drain, an over-reliance on private-sector investment, poor incentives for research, gender inequities, lack of innovation, and weak national visions all contribute to putting science in jeopardy. WHO must be a much more articulate advocate for science across the organisation, especially in its regional offices, where the benefits of research need to be applied more effectively to the problems of the poor.

5 *Reform:* Lee saw merit in devolving WHO's resources to regions. While right in principle, it has been wrong in execution. Many regional and country offices simply do not have the capacity—or talent—to put greater resources to good use. And the consequences for WHO's Geneva headquarters have been that good programmes are being stretched beyond their ability to deliver. Devolution of money without a parallel upgrade in regional and country office performance has been an error. It has damaged morale and hurt WHO's core activities.

Indeed, WHO now needs to implement a much stronger programme of performance management. Many new initiatives at WHO, which carry considerable budgets, go un-audited and are widely known internally to be weak. Yet they continue unchecked. This lack of internal peer review blurs WHO's purpose, erodes the commitment of good staff, and allows below average performance to be unduly rewarded. Inadequate appraisal of WHO's work also blunts its reputation at global and country levels.

One regrettable incident immediately after Lee's death illustrates why WHO has a fundamental flaw in its governance. Some countries in the WHO Eastern Mediterranean Region acted in a distressingly unseemly way to advance their own interests, proposing that their regional director should become the acting director-general. This utterly self-interested intervention has caused rancour and resentment throughout the organisation. It raises the question: who runs WHO? It seems madness to have a global health agency with seven elected leaders (the director-general and six regional directors), each competing with one another for power and prominence. Only one person can run WHO: the director-general.

What kind of director-general does WHO need for the next 10 years? The agency must identify a person who will be respected politically and scientifically. The director-general must have policy experience and a record of managing a large and complex organisation. Perhaps most of all, he or she should be a superb communicator, a skill that has eluded the past three incumbents. Communication is not an optional extra. It is a central requirement if WHO is to set out a clear and substantive vision of how it will interpret the agency's mandate in a modern era.




WHO/Chris Black

The Executive Board elected its new Chairman, Dr F Antezana Aranibar of Bolivia

The world needs a strong and effective WHO. There are potential candidates for director-general who meet this exacting job description. The question is now whether WHO's Executive Board has the integrity, courage, and ambition to nominate the best person for the role—putting the interests of low-to-middle income nations before those of more powerful and self-serving member states.

*Richard Horton*
*The Lancet*, London NW1 7BY, UK

1 Editorial. Remembering Dr Lee. *Lancet* 2006; **367:** 1704.
2 Stephens C, Peter J, Nettleton C, Willis R. Disappearing, displaced, and undervalued: a call to action for indigenous peoples worldwide. *Lancet* (in press).
3 Gwatkin D. How much would poor people gain from faster progress towards the Millennium Development Goals for health. *Lancet* 2005; **365:** 813–17.
4 Christian Aid. The climate of poverty. London: Christian Aid, 2006.
5 Attaran A, Barnes KI, Bate R, et al. The World Bank: false financial and statistical accounts and medical malpractice in malaria treatment. *Lancet* 2006; published online April 25, 2006. DOI:10.1016/S0140-6736(06)68545-0.
6 Mounier-Jack S, Coker RJ. How prepared is Europe for pandemic influenza? Analysis of national plans. *Lancet* 2006; **367:** 1405–11.
7 Sim I, Chan A-W, Gulmezoglu AM, Evans T, Pang T. Clinical trial registration: transparency is the watchword. *Lancet* 2006; **367:** 1631–33.
8 Lawn JE, Cousens SN, Darmstadt GL, et al. 1 year after The Lancet Neonatal Survival Series–was the call for action heard? *Lancet* 2006; **367:** 1541–47.
9 UNESCO Science Report 2005. Paris: UNESCO Publishing, 2005.