

The WHO we want and the leadership WHO needs

A message from civil society

Member States of the World Health Organization (WHO) are about to elect a new Director General (DG) to lead the organisation in a world characterized by mounting challenges with profound health implications – political uncertainty, growing nationalism and shrinking democratic space, climate change from widespread pollution, wealth concentration and rising inequalities within and between countries, incoercible migration flows, structural violence, among others. The WHO Executive Board who met from 23 January to 1 February shortlisted three candidates, one of whom will be elected DG for the next five years, through a secret ballot at the upcoming World Health Assembly in May.

As civil society organizations (CSOs), we have no direct role in deciding who will lead the WHO into this uncertain future. Yet, we are fully aware that actions of the new DG will have an impact on everyone. This scenario makes the question as to **what criteria will determine the result of the vote** a compelling one. Will WHO Member States make their choice based on the public institutional needs of the organization and the merits of the candidate? Or will the *great game* of geopolitics and other policy interests and motives play a determining role?

WHO is at a crossroads: at stake are its credibility, legitimacy, and capacity to play the directing role in matters of international health. We call on governments to select the future DG based on objective consideration of the candidate's vision of the common good and the public interest. We ask member states to scrutinize each candidate's individual capacity to tackle the requirements of the organization. This means carefully screening the future Director General through the lens of public health, orientation towards global health equity, and ability to reclaim the role of the WHO as the principal authority to direct and coordinate global health.

The WHO we want

- ✓ **Has a strong and credible leadership in global health, takes a human rights-based approach, and promotes comprehensive primary care;**
- ✓ **Is a leading voice for *Health for All* among international and multilateral actors and takes a bold pro-public health stand** vis-à-vis potentially harmful actions pursued by other entities, such as in the field of Access to Essential Medicines and Intellectual Property Rights;
- ✓ **Is well governed across the three levels of the organization**, with clear and coherent processes of transversal interaction across relevant departments on specific topics, and with rigorous procedural transparency;
- ✓ **Sets priorities and decides on strategy implementation from a global public health perspective**, rather than being guided by individual donor interests and priorities.
- ✓ **Reinvigorates Member States' protagonism and commitment to public health**, including by providing sufficient non-earmarked contributions and adequately protecting the organization from the influence of private interests;

The civil society message "The WHO we want and the leadership WHO needs" has been drafted as a follow-up to the civil society strategy meeting "WHO Governance: Many open questions" on 21 January 2017.

The message and an initial list of endorsements were first published on 6 March 2017, the day of a discussion meeting with the WHO DG candidates at the Graduate Institute, Geneva.

The drafting and dissemination of the statement has been facilitated by G2H2, as a service to its members engaged in this process.

Initial endorsements

- ACT Health Promotion
- African Centre for Global Health and Social Transformation (ACHEST)
- Aidsfonds
- All India Drug Action Network
- Andalusian School of Public Health (EASP)
- Baby Milk Action IBFAN UK
- CEFEMINA / Feminist Centre for Information and Action - Regional Coordination for IBFAN LAC
- Centre for Health Science and Law (Canada)
- El Poder del Consumidor
- FIAN International
- First Steps Nutrition Trust
- Global Alcohol Policy Alliance (GAPA)

- ✓ **Has the capacity to play its fundamental norm setting role** by harnessing solid scientific and biomedical research and providing sound guidance to Member States in detecting potential health risks, using contextually effective tools and strategies;
- ✓ **Affirms the relevance of its status as the world's highest health authority and policy setting body**, using this unique prerogative through its resolutions and binding instruments to fulfil Article 19 of its Constitution. WHO must be prepared to support governments to implement key WHO decisions and priorities as binding legislation, and, where necessary, to stipulate that certain standards must prevail over trade rules or other commercial/financial interests;
- ✓ **Recognizes and embraces public-interest civil society organizations**, recognizing the value of their role in fulfilling Article 1 of its Constitution (the "attainment by all peoples of the highest possible level of health") in their interaction with Member States at various levels.

To this end, the new WHO DG must be

- ✓ **A strong and recognizable leader** with visionary ambition and sound public health expertise who keeps abreast of developments in bio-social-medical knowledge;
- ✓ **A public health champion** who can defend public health goals against conflicts of interest in all fora and to all audiences;
- ✓ **A diplomat** who can focus Member States' attention on the political, economic, social and environmental determinants of health, promote health justice, diversity, democracy, and accountability: thus promoting health as a fundamental right and a global common good;
- ✓ **A capable manager** who can introduce transversal initiatives and effective decision making processes across departments, and promoting trustworthiness, accountability and transparency at all levels. The new DG must be able to:
 - bring the WHO reform to fruition and restore institutional confidence in the organization;
 - provide leadership and guidance on behalf of the fundamental tenets of public health, rather than being guided by the priorities of member states or donors with superior financial power;
 - challenge Member States to address global public health challenges, and adopt appropriate public policies in all fields, independent of commercial or political interests.

We remain committed WHO supporters and advocates and see the time for profound WHO authority and leadership as now.

Absent such change, the WHO risks becoming irrelevant in coming decades. What will remain is the façade of a once grand space where, on close inspection, little of substance happens anymore. That is an avoidable tragedy for large and small states alike, signaling the end of meaningful global health rights and policies.

Online version: g2h2.org/posts/nextDG

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- Health Innovation in Practice (HIP)
 - Health Poverty Action
 - IBFAN-GIFA
 - IBFAN-NL / SBV (Stichting Babyvoeding)
 - IndependentWHO - Health and Nuclear Power
 - Initiativ Liewensufank (Luxembourg)
 - International Code Documentation Centre, Penang
 - Initiative for Health & Equity in Society (India)
 - IntraHealth International
 - IOGT International
 - Medact
 - medico international
 - mediCuba-Suisse
 - Medicus Mundi International. Network Health for All (MMI)
 - Medicus Mundi Italia
 - medicusmundi Spain
 - MEZIS
 - NGO Forum for Health
 - People's Health Movement
 - Positive Generation
 - Public Services International (PSI)
 - Society for International Development (SID)
 - Terre des hommes
 - The International HIV/AIDS Alliance
 - Third World Network
 - Wemos Foundation
 - World Federation of Public Health Associations (WFPHA)
- Status: 7 March 2017 (final)

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