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# GLOBAL HEALTH LEADERSHIP

## ELECTING THE WHO DIRECTOR-GENERAL

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THE GRADUATE INSTITUTE GENEVA

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# ABBREVIATIONS

| | |
|---|---|
| AMR | Antimicrobial Resistance |
| DG | Director-General |
| EB | Executive Board |
| FCTC | WHO Framework Convention for Tobacco Control |
| FENSA | WHO Framework of Engagement with Non-State Actors |
| GFATM | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| IHR | International Health Regulations |
| NCDs | Non-Communicable Diseases |
| SDGs | Sustainable Development Goals |
| TB | Tuberculosis |
| WHA | World Health Assembly |
| WHO | World Health Organization |
| UN | United Nations |
| UNGA | United Nations General Assembly |
| UNAIDS | The Joint United Nations Programme on HIV/AIDS |

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# EXECUTIVE SUMMARY

"Global Health Leadership" is critical because effective leadership in governing the global health domain can significantly improve people's health and lives. The Director-General of the World Health Organization has a special, powerful and important role as a global health leader and in face of high expectations from many different stakeholders. WHO recently introduced a new process for appointing its Director-General which culminated in an election by its entire membership in May 2017.

This report assesses the extent to which the new election process for WHO supports the identification of leadership qualities of the candidates for Director-General by discussing its openness, transparency, inclusiveness, fairness and legitimacy. It examines the consequences and impacts of the new elements in the campaign process, the significance of the change in decision-making processes, as well as the broader implications for WHO of this more politicised election. Based on the analysis, it argues that, the most valuable change to improving the campaign process, would be the addition of an independent election monitoring body.

The delicate balance between WHO as a political and technical organisation is most reflected in its leadership. However, as health and the election of the WHO DG become ever more politicised, this could have the potential to derail the election process in the future, especially with the changing global political landscape and the increasing media interest and social media involvement. It is therefore of critical importance to design a transparent and accountable election process that maximises the search of leadership qualities and strengthens the leadership space of the Director-General, while also protects the unity of the organisation.

**Key Words**

Global health, global governance, leadership, election, Director-General, WHO, UN, international organisations

# THE GLOBAL HEALTH LEADERSHIP PROJECT

At the 70th World Health Assembly in May 2017, Member States of the World Health Organization elected its new Director-General through a new process. It has been considered as one of the most important election of the year[1] due to high political attention on health following the Ebola outbreak, as well as the beginning of a new era of sustainable development and the SDGs. Consequently, the expectations of the new WHO Director-General's leadership are very high.

The Global Health Centre at the Graduate Institute of International and Development Studies in Geneva, with the support of The Rockefeller Foundation, has sought to contribute to a more open and inclusive selection process, and explore the political leadership required to lead the World Health Organization. This project, entitled "What Defines Global Health Leadership in the 21st Century", has included the following activities:

1. a roundtable with renowned global health leaders on 30 September 2016 in Oxford, in partnership with the Blavatnik School of Government, to discuss the leadership qualities required for the Director-General;
2. a public forum on 3 November 2016 in London, in association with the Centre on Global Health Security of Chatham House, to allow non-governmental stakeholders to pose questions to the six DG candidates;
3. a moderated discussion between the three DG nominees on 6 March 2017 in Geneva at the Graduate Institute, in cooperation with the Centre on Global Health Security Chatham House, The Rockefeller Foundation and the United Nations Foundation.

Fig 1: timeline showing GHC activities during the election process

Several articles and blogs connected to the project were published in this period. This final report of the project draws from them as it examines the WHO DG election through the lens of global health leadership. It is written after a review of the wide range of materials and resources generated by this election, including commentaries, analyses, of WHO and the DG election itself; campaign materials of the candidates; advocacy materials from civil society; opinions on social media platforms; in addition to observation of various candidates' forums (see annex for selected relevant materials). This report includes several anonymous quotes from the roundtable in Oxford, but its text reflects the views only of the authors.

It addresses the following questions:

1. What is global health leadership? What are the key leadership challenges for the WHO Director-General?
2. What is new in this election process? To what extent do the new elements in the process support the identification of leadership qualities, and strengthen the leadership space of the DG?
3. What are the implications of this election in terms of the governance of the organisation?
4. How can WHO further improve its election process to promote leadership?

It is not within the scope of this report to conduct a comprehensive evaluation of the DG election, since the work will be taken forward by the evaluation management group set up by the Executive Board of WHO at its 141st session[2]. Nevertheless, this report does seek to offer some recommendations for improving the process to promote global health leadership based on the analysis in it. It also hopes to invigorate a more political debate on leadership in global health and action towards improving the appointment process of global health leaders in other global health organisations and at the regional level of the World Health Organization.

# 1. HOW DO WE UNDERSTAND GLOBAL HEALTH LEADERSHIP?

## EFFECTIVE LEADERSHIP IN GOVERNING GLOBAL HEALTH

"Global Health Leadership" is a concept that has become increasingly popular. It is being used in speeches and headlines; [3] featured as the subject of academic analysis; [4] and included in global health programmes conducted by prestigious academic institutions. [5] There have been attempts to explore global health leadership, [6] but there is still a lack of consensus of what it actually means. In political science, leadership is increasingly understood to be "the activity of mobilising the community to tackle tough problems" and to prepare for ongoing uncertainty, which is highly dependent on the political context. [7] There are two important dimensions: first, it refers to a practice rather than a position; and second, it addresses political challenges that cannot be solved purely with technical expertise - both are critical for how WHO works.

> "Global Health Leadership" can be interpreted as the practice of mobilising the institution and its stakeholders to go through a constant process of learning and adaptation to ensure that health is high on the political agenda and to enable effective health action.

If governing the complex global health domain requires actions on the global forces and global flows that determine the health of people, [8] "Global Health Leadership" can be interpreted as the practice of mobilising the institution and its stakeholders to go through a constant process of learning and adaptation to ensure that health is high on the political agenda and to enable effective health action. That requires changes in norms, values and behaviours through exercising leadership. The opportunity to lead on global health is clearly not limited to the Director-General of the World Health Organization, but the world's top health diplomat has gained additional legitimacy by now being elected by its entire membership.

*"Ultimately the DG is a purely political position, while substantive knowledge and experiences can provide credibility and insight for decision-making."*

The WHO Director-General has the personal power to declare a public health emergency of international concern (PHEIC) as laid down in the International Health Regulations (IHR). The DG of WHO is not only in contact with ministers of health, but also has regular exchanges with the UN Secretary General, heads of state/government, political leaders, heads of other international organisations, heads of development banks and many other key players in the UN system, civil society and the

private sector. The DG heads a complex organisation of 8000 staff working at three different levels (global, regional and country) with a budget of about 2 billion per annum. Its unique power lies in setting norms and standards which in turn has considerable impact on the global economy and on the investments and profits of multi-national companies. [9]

Good leadership at international organisations is a prerequisite for effective global governance, but at the same time it is constrained by bureaucratic forces from its senior management, political forces from its Member States, as well as other socioeconomic forces from external stakeholders. [10] What is the leadership role of the DG, and what are the political requirements to address the complex challenges in governing the global health domain? At the beginning of this election process, the Global Health Centre and the Blavatnik School of Government in Oxford brought together a group of renowned global health leaders to explore this question.

At the roundtable there was a worry that most countries and other global health stakeholders tend to underestimate the extreme complexity of leading WHO. The biggest challenge of any intergovernmental organisations is the mutually exclusive interest of its members, who need to be dragged, pushed, seduced and cajoled into collective action. While it is important to create a public persona and infuse leadership with meaning, there is a clear understanding that there are no heroes/heroines or miracles in the reality of global governance.

*"Good leadership exist both on the ground and at the highest level. Those qualities do not necessarily come from the leader, but from the whole team."*

Far too often, the importance of charisma in leadership is overstated compared to subtle political skills and teamwork. The job of the DG requires constant negotiations within and beyond the organisation, including the engagement with the plethora of new actors that have an impact on global health. Most prominent are therefore the ability to read and analyse the situation at hand, to shape context and narrative, to broker consensus based on a vision and an interpretation of WHO's mandate, and to convince those that have to make trade-offs to not stall the process. [11] Even if an extraordinary person fulfilled the expectation of "a hybrid of Bernie Sanders, Obama, Pope Francis, Joanne Liu and Margaret Chan" [12], or a visionary and principled leader like Ghandi [13], they still have to be supported by a highly professional team that can read the signs, present scenarios for action and drive implementation.

*"It is important to locate leadership as an individual competency in a broader context. In some situations charisma override skills, but that is not desirable."*

Box 1: Five leadership characteristics required for international organisations [14]

(1) Brokering consensus based on a vision and an interpretation of the organisation's mandate;
(2) Securing the budget and expanding core resources for the organisation;
(3) Delivering results set out to be achieved;
(4) Recruiting the right staff and maintaining staff morale;
(5) Applying and enforcing organisational ethics, including transparency and accountability standards.

## GLOBAL HEALTH LEADERSHIP IN THE CONTEXT

"Who is the best DG in the history of WHO?" - moderators asked the three DG nominees at the first-ever public debate in Geneva organised by the Global Health Centre. Some observers were not satisfied with their responses, [15] but what needs to be recognised is the fact that leadership has to be located in a specific context. WHO saw many breakthroughs and setbacks in its history dependent on many different factors. The two leaders that are usually seen to have made the most difference are Halfdan Mahler and Gro Harlem Brundtland. Their impact on the organisation and its work has gone far beyond their term of office and is there to this day. They have shown that leadership is required to protect the independent goals of the organisation, especially in the midst of exogenous pressures within difficult political contexts, but on the other hand they also exemplify how different leaders and strategies are required at different points in time to face a specific global political environment. [16]

When DG Halfdan Mahler took office in 1973 in the Cold War era, he successfully advanced his health priorities by conveying the moral values of social justice and channelling the strong political current of the New International Economic Order into the Declaration of Alma-Ata. He implemented his vison for "Health for All" and primary health care by drawing heavily on the WHO's mandate of "the attainment of all peoples of the highest possible level of health". However, he was not able to adapt to the changing political environment related to the rise of neoliberalism and did not change course when the policies and programmes he had fought so hard for were no longer fit. [17]

Faced with the neoliberal ideas prevailing at the turn of the century, DG Gro Harlem Brundtland reacted with political acumen by reformulating economic principles to defend WHO's values, priorities and agenda. She had a clear vision to restore WHO's role as a leader in global health. [18] During her single term she brokered two seminal international agreements: the revised International Health Regulations (IHR) and the Framework Convention for Tobacco Control (FCTC). This was WHO's

response to globalisation and increased interdependence in health. Nonetheless, she was unable to mobilise her staff who gradually felt dissatisfied under her leadership. [19] Many Member States were also increasingly critical of such a forceful DG and there are still different interpretations of why she did not run for a second term. [20]

*"On some issues, the DG needs to have the courage to say: 'this is in the interest of the public'."*

Since then global health has increasingly entered the political arena. When HIV/AIDS was first discussed in New York in 2000, few would have expected that it would be followed by regular health discussions at the UNGA. Indeed in 2018, three health issues - NCDs, AMR, and TB - are up for debate and decisions. This shift in the locus of governance to new political spaces concerned with geopolitics, economics and security is paired with a shift in the processes of governance in which a dynamic range of political and policy interests are negotiated by an increasingly dense network of alliances and coalitions. [21] Today, as the "global guardian of public health" [22], the DG will have to promote an agenda that ensures health and wellbeing of everyone in a political environment that has been described as a "revolt in the name of national sovereignty", in which part of the world is feeling disconnected and rejects globalisation. [23]

*"Once trust is established, countries tend to give leaders of international organisations significant freedom to operate. That license to operate has to be earned through political subtlety beyond consensus."*

While it is important to focus on the leadership of the WHO Director-General, which has a significant impact on the health and wellbeing of the global population, it is equally important to look at the processes and structures that support good leadership. In this regard, the recent election process of the new Director-General has been critical because it involved all Members States of WHO at the 70th World Health Assembly; this allows the full membership to hold the person accountable. In theory, a more exhaustive, inclusive and meritocratic process increases the chances of identifying global health leadership qualities amongst the candidates. [24] The legitimacy and policy space gained from this political election is therefore as important as the formal authoritative power to which this top position is entitled, granted by the WHO Constitution. The following section will evaluate whether and, if so, how the new election process supports the identification of leadership qualities and - through its decision process - strengthens the leadership space of the DG.

*Table 1: Background of DGs in the history of WHO*

| Term of office | Name of DG | Key positions held |
|---|---|---|
| 1948-1953 | Dr Brock Chisholm | Deputy Minister of Health of Canada; Executive Secretary of the WHO Interim Commission |
| 1953-1973 | Dr Marcolino Candau | Assistant Director-General of the WHO Region of the Americas and Assistant Director-General of Advisory Services at WHO |
| 1973-1988 | Dr Halfdan Mahler | Director of Project Systems Analysis and Assistant Director-General for the Division of Strengthening Health Services and the Division of Family Health at WHO |
| 1988-1998 | Dr Hiroshi Nakajima | Regional Director for the WHO Western Pacific Region |
| 1998-2003 | Dr Gro Harlem Brundtland | Prime Minister of Norway; formerly Minister of the Environment |
| 2003-2006 | Dr Jong-wook Lee | Director of the Stop TB Department at WHO |
| 2006-2007 | Dr Anders Nordström | Interim Executive Director for GFATM; Assistant Director-General for General Management at WHO |
| 2007-2017 | Dr Margaret Chan | Assistant Director-General for Communicable Diseases at WHO, Director of Health in Hong Kong |
| 2017-present | Dr Tedros Adhanom Ghebreyesus | Minister of Foreign Affairs of Ethiopia; formerly Minister of Health |

* Dr Gro Harlem Brundtland and Dr Tedros Adhanom Ghebreyesus did not work at the WHO Secretariat before being elected as its DG. Dr Tedros is also the first DG who is not trained as a medical doctor. Dr Anders Nordström served as acting DG of WHO.

# 2. A NEW ELECTION PROCESS FOR WHO

For a post that in 70 years has been held by candidates from the Americas, East Asia and Europe, the key driver behind the reform of the WHO election process was to break the "African-leadership glass ceiling" [25]. The new process is the outcome of tough political negotiations period between 2011 and 2013, with the aim to agree on a selection procedure that would balance out the "big power domination" present in the previous system.

Member States agreed that election of the WHO Director-General should take into account of the principle of equitable geographical representation, but refused to accept geographical rotation. The major difference in the election process was the change from a completely closed procedure at the Executive Board to a two-stage process: a shortlist of maximum three candidates is to be nominated by the 34 members at the Executive Board in January, to be followed by a vote four months later at the World Health Assembly by all 194 Member States of the organisation. The vote in both cases is still conducted by secret ballot.

This change lengthens the formal campaign period from six to now 13 months (for the three final candidates). It encourages candidates to run a very public campaign as if they were running for a presidential election, even though the appointment of an executive head of an international organisation is a political decision taken by sovereign states which takes into account many different factors, some of which are not related to the candidates and their qualifications. A code of conduct [26] (see annex for key requirements) had been put in place to protect the integrity of the election. This has also been adopted by the regional offices for the Western Pacific [27] and Europe [28] for the election procedure of their Regional Directors.

Key factors of the code are the aim for transparency, a focus on the qualities of candidates, a more level playing field, and a fairer political decision taken by the entire membership. It is not designed to be a popular election - but in the era of social media candidates were debated and challenged by a broad range of interlocutors. The question that arose is: to what extent was the process focused on the leadership qualities of the candidates?

*Box 2: Job criteria for the WHO Director-General*

Under resolution WHA65.15[29] the candidates nominated by the board should fulfil the following criteria, while underscoring the paramount importance of professional qualifications and integrity and the need to pay due regard to equitable geographical representation, as well as gender balance:

(1) A strong technical background in a health field, including experience in public health
(2) Exposure to, and extensive experience in, international health
(3) Demonstrable leadership skills and experience
(4) Excellent communication and advocacy skills
(5) Demonstrable competence in organisational management
(6) Sensitivity to cultural, social, and political differences
(7) Strong commitment to the mission and objectives of WHO
(8) Good health conditions required of all staff members of the organisation
(9) Sufficient skill in at least one of the official working languages of the Executive Board and the Health Assembly

## INCREASED EXPOSURE FOR ALL CANDIDATES

The new election process was designed to offer more exposure to all candidates: this clearly worked. With a longer campaign process, candidates had much more interactions with Member States (the electorate), as well as other non-State stakeholders and the public. While candidates of course visited countries and had many bilateral meetings, a great part of the campaign took place in the public domain, especially through academic institutions, think-tanks, civil society organisations, and the media.

*Table 2: Candidates for WHO Director-General*

| **Name** | **Country of origin** | **Immediate job before running for the DG** |
|---|---|---|
| Tedros Adhanom Ghebreyesus | Ethiopia | Minister of Foreign Affairs, Ethiopia |
| Flavia Bustreo | Italy | Assistant Director-General, Family, Women's and Children's Health, World Health Organization |
| Philippe Douste-Blazy | France | Under-Secretary-General and Special Adviser to the Secretary-General of the United Nations on Innovative Financing for Development |
| David Nabarro | United Kingdom | Special Adviser to the United Nations Secretary-General on the 2030 Agenda for Sustainable Development and Climate Change |
| Sania Nishtar | Pakistan | Founder and President, Heartfile |
| Miklós Szócska | Hungary | Founder, Associate Professor and Director of Health Services Management Training Centre, Semmelweis University, Budapest, Hungary |

## CAMPAIGNING IN THE PUBLIC DOMAIN

In addition to the WHO Regional Committees, the increased interactions, particularly the public discussions and forums, gave opportunities to all candidates, not only those from countries with more campaign resources, to present their programmes and explain why they were the right person to lead. They were informative, respectful, and civil; the candidates were able to describe how they would lead the organisation, and allowed many different actors to meet them in person and directly assess them. In January 2017, the Executive Board nominated three candidates with a diverse background of experiences, who came from Ethiopia, Pakistan, and the United Kingdom. The group included one woman and two from regions that had not yet provided a Director-General and did fulfil the expectation of diversity that Member States expected from the reform.

However, despite their numerous interactions with the public, observers found it difficult to differentiate the platforms of the candidates.[30] Indeed, there was little doubt that campaign materials and responses to interviews were carefully crafted, and arguments in public debates were cautiously designed to not upset any Member States. This is obviously due to the nature of the election.

Appointing the executive head of international organisations is different from national elections in which political parties position themselves by strong differentiation. If anything, the buzz created around the individual qualities of the candidates pushed the highly political nature of the election process into the background.

Still, some differences could be identified when the candidates and their responses were carefully examined. For instance, an analysis mapped the platforms of the candidates against the health-related targets in the UN 2030 Agenda for Sustainable Development and the principles it underlined, highlighting the differences between candidates as well as some common issues that had been left behind.[31] Another analysis explained the differences between the positions of candidates on a patient-centred R&D agreement.[32] More probing by civil society organisations could have perhaps contributed to a stronger and more differentiated view on the positioning of candidates.

What might be frustrating for observers - especially journalists - is the necessity, within the context of a UN organisation, of a balanced and responsible approach that allows candidates to convince the public and the Member States that they are better than the others, while avoiding polarisation between them and the countries that supported them, so that the organisation would not be divided after the election. In particular, the short transition period requires of the new DG to have countries on side from day one.

The most difficult question remains the trade-off between more exposure to all candidates and a significantly shortened transition period. Another factor is the immense physical and mental strain on candidates in such a long campaign process. A better balance between a 13-month campaign process and a five-week transition is necessary.

*Box 3: The first public discussion among DG candidates in Geneva*

One part of the election process was - as described by a renowned global health commentator[33] - a historic debate among the three DG nominees organised by the Global Health Centre at the Graduate Institute in Geneva. It was attended by diverse stakeholders, including both State and non-State representatives; featured an online open call for questions; and saw a lively and dynamic debate among the three DG nominees.

This debate was designated to examine the political leadership and diplomacy required in global health – how the candidates approach power to ensure the health of the global

*Photo: GHC / S. Deshapriya*

population. The moderators, Andrew Jack, Head of Curated Content and Editor at the Financial Times, and Diah Saminarsih, Special Adviser to the Minister of Health of Indonesia, explored how the candidates envisage leading WHO, how they plan to engage with different stakeholders, and how they address the political and commercial determinants of health – drawing on their visions, experiences, and skills.

Key issues explored included ways to promote inter-sectoral cooperation to address the impact of climate change on health; their views on engaging the private sector, philanthropy and civil society; their strategies for the funding of the work of WHO and sustainable investments in financing for global health and development; as well as their thoughts on the skills required in the new leadership team. While it was very different from a presidential debate in which candidates try their best to undermine each other, the feedback from many of the audience was that, for the first time in the election process, they were able to tell the differences between the three candidates.

More than 500 people attended the event in Geneva and more than 1700 people watched the live webcast, which was made available in English, French and Spanish. The live and online audience tweeted for close to 1000 times during the event and the hashtag #WHODG used for the event trended in Switzerland. The candidates' debate was an important milestone in the history of global health towards a more open and transparent selection of the WHO DG. It was the first of its kind and opened further opportunities in the future.

## MEDIA INVOLVEMENT AND PUBLIC OPINION

An immediate consequence of opening up the process concerns the role of media, which was more involved in this election because of a more open process. There were complaints in the past that the Director-General was not giving enough attention to journalists.[34] The press meeting with the DG candidates after the nomination by the Executive Board, which was new in the election process, was a departure from that practice. All three candidates also indicated their interests in engaging with the media.

Indeed, the role of major media outlets, with which candidates had different degrees of engagement, was more extensive than before and deserves careful review. The analyses and portrayals of the candidates were not always focused on a better understanding of their abilities to exercise global health leadership. For instance, the discussion of a candidate's family background has little to do with the role of the DG. Sometimes, oversimplified portrayals of candidates, such as being a "frontline warrior", while easy to digest, might also have detracted attention from other skills, such as diplomacy.[35]

The social media has been playing an increasingly important role in recent elections all around the world, and it was not an exception for the WHO election. All six candidates engaged with the public through the social media, with various degrees of activity.[36] However, the importance of political leadership seemed to be underplayed in those online discussions, many of which were related to the issues that the candidates had chosen to put forward as their priorities. By the same token, the platform allowed criticisms and challenges on their qualifications and track records. Obviously the candidate that came from the most political background - having been a minister - was also challenged the most in relation to positions of his government and his own role. There was no mechanism to track the veracity of some of the commentaries.

It is hard to judge whether the way that candidates and their ability to lead were portrayed in the media had any impact on the foreign policy positions of governments. There is of course also no way to influence bias towards a candidate in the media. Yet, one would hope to see improvements in relation to a gender perspective.[37]

## A MORE INCLUSIVE AND PARTICIPATORY PROCESS

Despite the quest for "more leadership" from WHO and its Director-General, it would be illusory to understand leadership as a top-down, unilateral practice. To protect and promote health, the "resilient leader with a transformative vision"[38] has to mobilise global health stakeholders to achieve that goal. Indeed, one of the major effects of increased exposure of candidates was the opportunity for

the broad global health constituents to interact with them, which was a process that could strengthen the leadership space of the DG.

While the governance of WHO remains a Member States-driven process, the participation of non-State stakeholders in the campaign process brought in more diverse opinions. Civil society organisations highlighted issues that are of importance to people of the nations, to whom some would argue that the DG is accountable at the end of the day. The more exhaustive campaign process was, to some extent, an informal public consultation for candidates and an opportunity for learning. As Dr Tedros Adhanom Ghebreyesus said in his acceptance speech: *"The transparency and inclusiveness of the process and the unprecedented engagement by stakeholders from every sector and region has been very very remarkable… And I believe that has really changed me in a big way"*.[39] It remains to be seen how those key issues that emerged will be addressed by the new WHO administration.

## FAIRNESS AND TRANSPARENCY?

Transparency of campaign activities was a challenge in the election process. The use of social media, to some extent, aided transparency as some candidates were active in showing where they campaigned, whom they met, as well as hints about what they discussed with Member States and non-State stakeholders, especially in the final stages of the campaign. It was not as easy as it should be to identify campaign teams and practices that enhance transparency should be encouraged.
The greatest challenge in the process remains the financial support to candidates. During the election process, four out of the six candidates, including all three final nominees, published related materials (see annex for further information). While peer pressure did create incentives for candidates to do so, which is one of the requirements in the code of conduct, their level of disclosure varied. What was noticeable is that disparities in terms of financial and logistical support did become more obvious over time, especially in the final weeks before the election.

No code can balance out the role power and money plays in elections. There is also an inherent difficulty to track campaign finances, since support to a candidate can be expressed in different ways. This makes it difficult to segregate financial flows or in-kind resources directed exclusively to support a candidate's campaign, or other means of support, such as through foreign policy and development cooperation. The public dimension of the process did help towards a more level playing field in the election, and gave all candidates high visibility and multiple platforms for their campaigns.

## SECRET VOTING: TO PROTECT WHOM FROM WHAT?

Despite all these new features that have introduced some degree of openness and transparency, the vote in this election, including the shortlisting and nomination at the EB and the final election at the WHA, was conducted by secret ballots. Some commentators have suggested that this might lead to higher chances of corruption. [40] Yet, the practice of secret voting is universal in the appointment of executive heads in the UN system. The same rule applies to the election of the members of the Human Rights Council and the non-permanent members of the Security Council.

The main argument for open voting is that public officials are not voting as private citizens and they should be held accountable to their heads of state/government and their citizens. [41,42] In theory, it prevents pressure from being exerted on the delegates who cast votes. On the other hand, it might have the effect of legitimising votes trading between governments, since market imperfection is resolved when the outcome can be verified. In other words, it shifts the process to an open political negotiation between governments. By contrast, secret ballots are seen to protect those who cast votes from coercion or other influences, including from their own government, but there is no guarantee that their voting preferences would be more merit-based. This is not a straightforward choice, and is perhaps not the most important part of the election that needs to be changed. The most important issue is that the elected DG can count on all Member States to move forward once the election has taken place.

## DEMOCRATISING GLOBAL POLITICS: GREATER LEGITIMACY AND ACCOUNTABILITY?

The final election in this new process was taken by the entire membership of the organisation. [43] It was designed to be a fairer decision-making process than one that is made by the 34 countries that sit on the Executive Board. In principle, that means that the elected person can have a high legitimacy. The change in the voter base from 34 to 194 also means that the power of each country to influence the result increases, as well as that of well-organised regional or political groupings, but it does not necessarily mean that the election is less susceptible to influence by major powers or other external geopolitical considerations. The more inclusive and representative decision-making process was reflected in the campaign strategies of candidates. By default, they were required to reach out to many smaller countries, including island states, which are usually less influential in global politics but hold a significant number of votes. In addition to major capitals, candidates also travelled to small island states. Two candidates highlighted the importance of island states in the final statement before the voting took place. There was an opinion that the result of the WHO election "represents a vote against big power domination and machinations" [44], although a more in-depth political analysis will be required to confirm this claim.

The result was important for the organisation since Dr Tedros was elected by a large majority of 133 votes. Looking at the most recent elections, one can see the stark difference in numbers when elections were done by the Executive Board but also the very tight margins by which candidates won the position of the DG. In theory, this strong political support should offer the DG legitimacy and a clear mandate to lead, and to turn the election platform into action. This will have to be confirmed by the effectiveness of leadership. In the short term, the adoption of a new programme of work and the financing of the organisation, especially voluntary contributions, will be an indicator of the trust and confidence in the institution under the new administration. In the longer term, it is the translation of political expectation into impact in countries and through collective action that will define the success of his leadership.

*Table 3: Election/re-election of recent WHO Director-Generals*

| Year | Name of DG | Country of origin | Final number of votes received | Number of EB members | Number of WHA members |
|---|---|---|---|---|---|
| 1988 | Dr Hiroshi Nakajima [45] | Japan | 17 | 31 | 166 |
| 1993 | Dr Hiroshi Nakajima [46] | Japan | 18 | 31 | 181 |
| 1998 | Dr Gro Harlem Brundtland [47] | Norway | 18 | 32 | 191 |
| 2003 | Dr Jong-wook Lee [48] | Republic of Korea | 17 | 32 | 192 |
| 2006 | Dr Margaret Chan [49] | China | 24 | 34 | 193 |
| 2012 | Dr Margaret Chan [50] | China | N/A (no contender) | 34 | 194 |
| 2017 | Dr Tedros Adhanom Ghebreyesus [51] | Ethiopia | 133 | 34 | 194 |

* In 2017, Dr Tedros Adhanom Ghebreyesus was elected by the World Health Assembly with the new election procedure. Previous DGs were elected by the Executive Board and appointed at the World Health Assembly.

# 3. BROADER IMPLICATIONS FROM THE ELECTION

## THE INCREASING POLITICISATION OF WHO'S ELECTION OVER TIME

One might wonder why, before the election of Dr Tedros, all DGs came only from three WHO regions in the 70-year history of the organisation. Initially, the selection of the DG was the appointment of its technical head by technical experts - a decision which was then supported politically by the World Health Assembly. Members of the Executive Board used to serve as independent health experts rather than government representatives. This design should ensure that decisions are based on scientific evidence and technical reasons rather than politics. In practice, that had changed over time, and DG Brundtland's reform made board members official representatives of their governments.[52] The history and process in the Executive Board explains a lot why it was difficult for Africa to maintain unity and organise a majority.

Initially, there were also no term limits. Until 1988, there were only three DGs, including DG Candau's 20-year term of office and DG Mahler's 15-year term of office. According to some observers, historically, most representatives at the board had voted based on the merits of the candidates,[53] this changed through the very political process which led to the election of DG Hiroshi Nakajima.

The appointment of the first Asian DG from Japan was referred to as "the end of Anglo-Saxon hegemony"[54], and politics drove the appointment of its executive head. DG Mahler was disenchanted and made the following observations: *"Senior staff have become the pawns of power politics... Heads of state who have taken little interest in health or in WHO the past are now trying to mobilise other heads of state individually or in groups to support their candidate for the most senior staff position."*[55] Subsequently there were suggestions that personal corruption[56], increase in official development assistance, foreign policy deals or other external geopolitical considerations[57] were being factored into WHO elections.

At the beginning of this election process, a previous report of this project has argued that the DG election will be ever more political.[58] It came as a surprise that there were only six candidates nominated by their Member States in this election, in contrast to 13 candidates the previous time around in 2006 and nine candidates in 2003. One factor surely was that there was an unspoken agreement in the political environment that it was high time for an African DG. Another factor was that WHO had for some years been heavily criticised for not fulfilling its potential and was maybe not attractive for top level leaders at this point in time. There was therefore great nervousness as

to whom the African countries would put forward, and the early endorsement of Dr Tedros by the African Union created political pressure for African states to stay united behind one candidate. [59]

One important change that came into effect in 1996 was to limit the Director-General's office to a five-year term that could only be renewed once. [60] When DG Margaret Chan was re-appointed under the old election rules, the WHO secretariat received no nominations other than the incumbent in a 4-month window. [61] It remains to be seen how this plays out under the new rules of the game. The new election procedure and its heavy burden on countries and candidates can lead to different consequences. If countries are reasonably satisfied with the performance of the DG, they might move towards a more or less automatic re-election process. If there are other candidates, then it will be unclear what impact the long election period will have on the incumbent, especially if they also run. This might push the organisation to limit the office of the Director-General to a single seven-year term, which will arguably bolster the independence and autonomy of the Director-General. [62]

## WHO REFORM: WHERE WE STAND AND WHERE TO GO?

Even before the programmatic, managerial and governance reform initiated by DG Margaret Chan in 2011 and the subsequent emergency reform driven by the Ebola outbreak, reforms have been part of the daily life of WHO. The irony, from the lessons learnt in international organisations, is that the imperative to rationalise global bureaucracies for becoming more goal-oriented and more efficient tend to become bureaucratised itself, often associated with new problems being created. [63] It should be remembered that reform is not an answer to all the problems. It is a means to an end rather than an end in itself. It cannot replace leadership.

*"Reform is not an answer to all the problems.*
*It is a means to an end rather than an end in itself."*

The result of this election has given the WHO DG the legitimacy and unique opportunity to affect change and to have Member States recommit to their organisation. While the debate concerning the role, the governance, and the balance between the normative, technical and operational functions of WHO continues, [64] they will find a new interpretation by the new DG and will be debated by the Member States as they respond to the new General Programme of Work.

*"A new leader who comes in will have the opportunity*
*to reset relationships with those power clusters."*

# 4. IMPROVING THE WHO ELECTION

This election was special because it was a first, and Member States wanted to get it right. Recently, the practice of public hearings and straw polls in the new process for the UN Secretary-General election has been generally applauded; [65] while concerns have been expressed in relation to transparency and legitimacy in the appointment of executive heads of other organisations. The Global Fund [66] is a case in point, so is the World Bank. [67] WHO is now a forerunner of transparency when it comes to the appointment of executive head, but it remains to be seen what impact this will have on other international organisations in their future appointments of executive heads.

The outcome of this election shows that the new WHO Director-General was elected by a strong majority of its universal membership, which should offer greater legitimacy and accountability. However, it is also important to keep in mind that a very different outcome is possible. Had it been a split membership and a thin majority, it would have weakened the organisation as a whole and the Director-General in particular, also vis-a-vis the Regional Directors.

The WHO governing bodies will revisit the election process: the Executive Board decided to establish an evaluation management group. WHO also decided to conduct a web-based survey to solicit feedback from all interested stakeholders in support of an evaluation that is open to all Member States, but unfortunately the discussion of the findings at the 142nd Executive Board will take place in a closed meeting. [68]

As WHO refines the process and the rules, it must not only look back but also consider scenarios of what is to be expected in the future. It must address the concerns raised around the short period of transition that a new DG has and the impact the long election process will have on a sitting DG, especially if they are candidates. The long campaign period, especially the extensive amount of individual country visits, could also be a drain on some candidates and countries, although it is understandable why both candidates and countries would not want to do without them. The short transition period is not desirable for the leadership change of the organisation. The current two-stage selection procedure depends on the timing of the WHO governing bodies' meetings, but this could be adjusted.

The interaction with candidates also merits considerations. Member States should review whether the modalities of the candidates' forum and the password-protected web forum were effective in

assessing the candidates. The very formalised interview and the long list of questions put to the six candidates were apparently of restricted value. Moreover, there could be more standardised way of interaction with candidates: the public dialogues could be more structured and coordinated, so that the questions and answers of the candidates can give them opportunity for more in-depth answers as well as give a feel for their political acumen. For instance, there could be a series of in-depth debates on key global health topics, organised in conjunction with other health conferences and regional meetings. Still, many of the political and diplomatic qualities a WHO DG might need - including the leadership skills to challenge Member States - cannot be assessed through technical debates.

The most valuable addition to the process would be an independent election monitoring body, comprised of reputational individuals who are trusted by DG candidates, Member States and the broad global health constituency. It would be put in place as the process starts, watch it carefully, handle complaints and undertake inquiries for any alleged breaches of ethical conduct brought forward during the process; after the process it would issue recommendations. It would serve as a soft mechanism, yet stronger than peer pressure, to encourage compliance with the code of conduct and watch over the fairness of the political processes of the election. [69] Ultimately that could increase the credibility and legitimacy of the election.

The delicate balance between WHO as a political and technical organisation is most reflected in its leadership. However, as health and the election of the WHO DG become ever more politicised, this could have the potential to derail the election process in future, especially with the changing global political landscape and the increasing media interest and social media involvement. It is therefore of critical importance to design a transparent and accountable election process that maximises the search of leadership qualities and strengthens the leadership space of the Director-General, while also protects the unity of the organisation.

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# ANNEX: RELEVANT MATERIALS

| *Livestreamed forums with DG candidates* | | |
|---|---|---|
| **Event** | **Details** | **Link** |
| WHO Director-General candidates forum, 1-2 November 2016, Geneva (available in all WHO official languages) | Convened by WHO; participation opened to all WHO Member States and Associate Members; webcast live on WHO website. Individual presentation by each candidate followed by Q&As (questions drawn by lot by the Board Chair). | Tedros Adhanom Ghebreyesus: http://bit.ly/WHO-DGforum-TA<br>Flavia Bustreo: http://bit.ly/WHO-DGforum-FB<br>Philippe Douste-Blazy: http://bit.ly/WHO-DGforum-PD<br>David Nabarro: http://bit.ly/WHO-DGforum-DN<br>Sania Nishtar: http://bit.ly/WHO-DGforum-SN<br>Mikós Szcóska: http://bit.ly/WHO-DGforum-MS |
| Question Time: Electing the Next Director-General of the World Health Organization, 3 November 2016, London (available in English) | Public forum held by the Centre on Global Health Security at Chatham House in association with the Global Health Centre at the Graduate Institute in Geneva. Short presentations by each of the six DG candidates, followed by Q&As with the moderator, as well as questions selected from the live and Twitter audience. | http://bit.ly/Chatham-House-DG-event |
| OMS: Les grands enjeux de la santé mondiale, 10 February 2017, Paris (available in French) | Public conference organised by SciencesPo Paris on 10 February 2017. Q&As with the three final DG candidates individually, followed by a short discussion. | http://bit.ly/SciencesPo-DG-event |
| Political Leadership for Global Health, 6 March 2017, Geneva (available in English, French and Spanish) | Public forum organised by the Global Health Centre at the Graduate Institute in Geneva, in cooperation with the Centre on Global Health Security at Chatham House, The Rockefeller Foundation and the United Nations Foundation. Discussion with the moderators based on questions developed by the Global Health Centre and received from an open call for questions on Twitter. | http://bit.ly/GHC-DG-event |

| *Selected interviews, Q&As and correspondence with and speeches of DG candidates* | | | |
|---|---|---|---|
| **Title** | | **Link** | **Date Published** |
| Lancet's Q&A with the six DG candidates | | http://bit.ly/Lancet-DG | 13 October 2017 |
| Interview with the six DG candidates by Women Deliver | | http://bit.ly/Women-Deliver-interview | 5 December 2016 |
| BMJ's interview with the six candidates (interviewed by Fiona Godlee and Suerie Moon) | | | |
| | Tedros Adhanom Ghebreyesus | http://bit.ly/BMJ-TA-interview | 19 January 2017 |
| | Flavia Bustreo | http://bit.ly/BMJ-FB-interview | 9 December 2016 |
| | Philippe Douste-Blazy | http://bit.ly/BMJ-PD-interview | 9 December 2016 |
| | David Nabarro | http://bit.ly/BMJ-DN-interview | 9 December 2016 |
| | Sania Nishtar | http://bit.ly/BMJ-SN-interview | 9 December 2016 |
| | Mikós Szcóska | http://bit.ly/BMJ-MS-interview | 9 December 2016 |
| Correspondence on research and development in the Lancet | | | |
| | Open letter from Barber et al. | http://bit.ly/Barber-et-al-2016 | 9 December 2016 |
| | Tedros Adhanom Ghebreyesus | http://bit.ly/Lancet-RD-TA | 18 January 2017 |
| | Flavia Bustreo | http://bit.ly/Lancet-RD-FB | 18 January 2017 |
| | Philippe Douste-Blazy | http://bit.ly/Lancet-RD-PD | 18 January 2017 |
| | David Nabarro | http://bit.ly/Lancet-RD-DN | 23 January 2017 |
| | Sania Nishtar | http://bit.ly/Lancet-RD-SN | 18 January 2017 |
| | Mikós Szcóska | http://bit.ly/Lancet-RD-MS | 18 January 2017 |
| Questions from the Geneva Global Health Hub (one candidate responded) | | http://bit.ly/G2H2-DG | 12 January 2017 |
| Devex's Q&A with the six DG candidates | | | |
| | Tedros Adhanom Ghebreyesus | http://bit.ly/Devex-QA-TA | 19 January 2017 |
| | Flavia Bustreo | http://bit.ly/Devex-QA-FB | 13 January 2017 |
| | Philippe Douste-Blazy | http://bit.ly/Devex-QA-PD | 16 January 2017 |
| | David Nabarro | http://bit.ly/Devex-QA-DN | 17 January 2017 |
| | Sania Nishtar | http://bit.ly/Devex-QA-SN | 18 January 2017 |
| | Mikós Szcóska | http://bit.ly/Devex-QA-MS | 19 January 2017 |

| *Selected interviews, Q&As and correspondence with and speeches of DG candidates* | | | |
|---|---|---|---|
| **Title** | | **Link** | **Date Published** |
| Virtual press briefings by the three DG candidates after the nomination by the WHO EB | | | |
| | Tedros Adhanom Ghebreyesus | http://bit.ly/EB140-TA | 26 January 2017 |
| | David Nabarro | http://bit.ly/EB140-DN | 26 January 2017 |
| | Sania Nishtar | http://bit.ly/EB140-SN | 26 January 2017 |
| Interview with the three final DG candidates by the Health and Human rights Journal | | http://bit.ly/HHRJ-DG-interview | 26 April 2017 |
| Correspondence on FENSA in the Lancet | | | |
| | Open letter from Brown et al. | http://bit.ly/Brown-et-al-2017 | 27 April 2017 |
| | David Nabarro | http://bit.ly/Lancet-FENSA-DN | 18 May 2017 |
| | Sania Nishtar | http://bit.ly/Lancet-FENSA-SN | 9 May 2017 |
| Interview with the three final DG candidates by the AMR Times | | http://bit.ly/AMR-Times-interview | 1 May 2017 |
| Interview with the three final DG candidates by Anne-Emanuelle Birn, Yogan Pillay, and Timothy H. Holtz, published on the PLoS blog | | http://bit.ly/PLoS-DG-QA | 4 May 2017 |
| Interview with the three final DG candidates by UNAIDS | | http://bit.ly/UNAIDS-interview | 10 May 2017 |
| Blog posts at the BMJ Opinion by the three final DG candidates | | | |
| | Tedros Adhanom Ghebreyesus | http://bit.ly/BMJ-TA | 19 May 2017 |
| | David Nabarro | http://bit.ly/BMJ-DN | 19 May 2017 |
| | Sania Nishtar | http://bit.ly/BMJ-SN | 19 May 2017 |
| Speech of the three final DG candidates before the election at WHA | | | |
| | Tedros Adhanom Ghebreyesus | http://bit.ly/WHA70-speech-TA | 23 May 2017 |
| | David Nabarro | http://bit.ly/WHA70-speech-DN | 23 May 2017 |
| | Sania Nishtar | http://bit.ly/WHA70-speech-SN | 23 May 2017 |
| Acceptance speech by then WHO DG-elect Tedros Adhanom Ghrebeyesus | | http://bit.ly/WHA70-DGelect-speech | 23 May 2017 |
| Virtual press briefing by then WHO DG-elect Tedros Adhanom Ghrebeyesus | | http://bit.ly/WHA70-DGelect-pressbriefing | 24 May 2017 |

*Other information about the DG candidates*

| Candidates | | Link |
|---|---|---|
| Tedros Adhanom Ghebreyesus | | |
| | Information on campaign activities and finance | http://bit.ly/Campaign-TA |
| | Curriculum vitae and written statement submitted to WHO | http://bit.ly/DGelection-CV-TA |
| | Campaign website | http://www.drtedros.com |
| | Twitter account | http://twitter.com/DrTedros |
| Flavia Bustreo | | |
| | Curriculum vitae and written statement submitted to WHO | http://bit.ly/DGelection-CV-FB |
| | Campaign website | http://www.flaviabustreo.com |
| | Twitter account | http://twitter.com/FlaviaBustreo |
| Philippe Douste-Blazy | | |
| | Curriculum vitae and written statement submitted to WHO | http://bit.ly/DGelection-CV-PD |
| | Twitter account | http://twitter.com/pdousteblazy |
| David Nabarro | | |
| | Information on campaign activities and finance | http://bit.ly/Campaign-DN |
| | Curriculum vitae and written statement submitted to WHO | http://bit.ly/DGelection-CV-DN |
| | Campaign website | http://davidnabarro.info |
| | Twitter account | http://twitter.com/davidnabarro |
| Sania Nishtar | | |
| | Information on campaign activities and finance | http://bit.ly/Campaign-SN |
| | Curriculum vitae and written statement submitted to WHO | http://bit.ly/DGelection-CV-SN |
| | Campaign website | http://www.sanianishtar.info |
| | Twitter account | http://twitter.com/SaniaNishtar |
| Miklós Szócska | | |
| | Information on campaign activities and finance | http://bit.ly/Campaign-MS |
| | Curriculum vitae and written statement submitted to WHO | http://bit.ly/DGelection-CV-MS |
| | Twitter account | http://twitter.com/DrMiklosSzocska |

* All the materials in this annex were last accessed on 8 November 2017. Inaccessible websites are not included.

## *Main requirements for electoral campaign in the Code of Conduct*

The code of conducted adopted by Member States in resolution WHA66.18 is a political understanding reached by Member States that recommends desirable behaviour of countries and candidates with regard to the election in order to increase the fairness, credibility, openness and transparency of the process and thus its legitimacy. The following are the key requirements for the conduct of the electoral campaign:

B.II.2 All Member States and candidates should encourage and promote communication and cooperation among one another during the entire election process. Member States and candidates should act in good faith bearing in mind the shared objectives of promoting equity, openness, transparency and fairness throughout the election process.

B.II.3 All Member States and candidates should consider disclosing their campaign activities (for example, hosting of meetings, workshops and visits) and communicate them to the Secretariat. Information so disclosed will be posted on a dedicated page of the WHO web site.

B.II.4 Member States and candidates should refer to one another with respect; no Member State or candidate should at any time disrupt or impede the campaign activities of other candidates. Nor should any Member State or any candidate make any oral or written statement or other representation that could be deemed slanderous or libellous.

B.II.5 Member States and candidates should refrain from improperly influencing the election process, by, for example, granting or accepting financial or other benefits as a quid pro quo for the support of a candidate, or by promising such benefits.

B.II.6 Member States and candidates should not make promises or commitments in favour of, or accept instructions from, any person or entity, public or private, and should avoid any other similar action, when that could undermine, or be perceived as undermining, the integrity of the election process.

B.II.7 Member States proposing persons for the post of Director-General should consider disclosing grants or aid funding to other Member States during the previous two years in order to ensure full transparency and mutual confidence among Member States.

B.II.8 Member States that have proposed persons for the post of Director-General should facilitate meetings between their candidate and other Member States, if so requested. Wherever possible, meetings between candidates and Member States should be arranged on the occasion of conferences or other events involving different Member States rather than through bilateral visits.

B.II.9 Travel by candidates to Member States to promote their candidature should be limited in order to avoid excessive expenditure that could lead to inequality among Member States and candidates. In this connection, Member States and candidates should consider using as much as possible existing mechanisms (sessions of the regional committees, Executive Board and Health Assembly) for meetings and other promotional activities linked to the electoral campaign.

B.II.10 Candidates, whether internal or external, should not combine their official travel with campaigning activities. Electoral promotion or propaganda under the guise of technical meetings or similar events should be avoided.

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