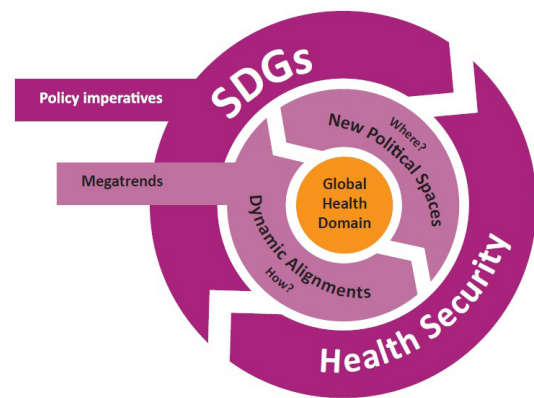


# New Directions in Governing the Global Health Domain: Leadership Challenges for WHO

The future of the World Health Organization (WHO) as a leader in global health, notably in addressing the two key challenges of our time - health security and health in the 2030 Agenda for Sustainable Development - will depend in large part on the ability of its new leadership to effectively navigate in this new, more fluid, less hierarchical governance environment. In this changed context, WHO can gain new relevance along three axes of global governance:

- a trusted normative authority and centre of excellence that works to position health as a central feature of the global political landscape where decisions on global health are taken by heads of state/government and other sectors;
- a reliable actor in prevention, preparedness and response to health crises; and
- a critical hub of network governance for the health dimension of the Sustainable Development Goals (SDGs) working as a facilitator to increase synergy and collaboration among all stakeholders in global health.



Policy imperatives and megatrends for governing the global health domain

## KEY GOVERNANCE MESSAGES:

1. **Threats to global health security remain one of the most powerful drivers of change in global health regimes:** the political attention to security responses post-Ebola and in relation to antimicrobial resistance must be used to position health firmly in «high» politics and to shape the debate in ways that move beyond a narrow security paradigm to promote resilience, sustainability, integration, equity and human security.
2. **The 2030 Agenda for Sustainable Development and the SDGs provide a powerful framework to advance the global health agenda with other key global governance actors:** the dynamics for new governance mechanisms at the global and country levels that acknowledge the relations between sectors and the changed relations between states and other actors must be used to position health prominently as contributing to human rights, equity, environmental challenges, sustainable production and consumption, economic impact and the broader determinants of wellbeing.
3. **WHO remains a distinctive and critical institution with a strong mandate for leadership, normative action and convening power, this now includes its new role in emergency response:** WHO needs strong political and financial support to develop its full potential and to play to its strengths in response to the challenges in the global health domain and beyond. A new Director-General must be a leader for health as a global public good, engage WHO in network governance and strengthen its convening power.
4. **The growing number of political bodies and institutions involved in governing the global health domain reflects an overall trend in global governance towards politicisation, flexibility and partnerships:** political support and financial resources will increasingly flow to strong alliances and flexible networks which have the determination and purpose to address political priorities, support the SDGs and invest in global public goods for health. The increasing role of the Global South will shift political influence, composition, priorities and approaches. WHO must become a more strategic organisation.
5. **Global health's complex dynamic system of hybrid structures, relationships and networks will continue to expand as new pressing issues emerge and new actors gain influence:** network governance requires investment in the SDGs, joint learning and high levels of accountability through independent scrutiny of outputs and institutional performance, and in the creation of hubs and platforms (including at the WHA) where learning and exchange takes place.
6. **Global health financing will be subject to major shifts in relation to sources, types and mechanisms of funding, balance between domestic and international funding and financing of global public goods.** One of the key challenges will be the shift from classic development aid to sustainable health investment strategies linked to determinants of health, institution building, systems such as UHC, and the financing of programmes for the poorest in emerging economies, as well as mobile populations.

# Political Leadership for Global Health: 10 Questions for WHO Director-General Candidates

Expectations of the next Director-General of the World Health Organization are high with health gaining increasing political attention from heads of state/government, political clubs, other ministries and a wide range of political actors. From the global health community there is an increasing interest in better understanding the political and commercial determinants of health and engaging in the processes that shape the political choices for or against health.

In response to the call for more transparency and accountability for the world's top public health diplomat, the new election process for the Director-General provides the opportunity for candidates to be interviewed by WHO Member

States, renowned medical journals and other non-governmental stakeholders. Most questions that have been posed to the candidates are quite technical - the Director-General candidates' responses have therefore also been more related to what WHO ought to do as a technical organisation.

However, the position of the Director-General is political and it is highly relevant how and why their individual political leadership will make a difference. Therefore, the Global Health Centre suggests the 10 following questions related to the political leadership of WHO:

1. Global health is gaining increasing political attention at the highest level - how will you position WHO as well as your own role in this increasingly politicised environment for health?
2. Health is perhaps one of the most obvious areas in which international cooperation and transnational action is needed. In an increasingly difficult political environment, how will you strengthen the countries' willingness to act collectively and to support global health organisations financially?
3. How will you engage heads of state/government in the role health can play in addressing the interface of global crisis and challenges, including climate change, fragile states, migration and violence? Will such concerns strengthen or dilute the role of WHO?
4. WHO as a key United Nations (UN) organisation has a commitment to implementing the Sustainable Development Goals (SDGs). How will you work with the rest of the UN system to address the wider determinants of health and enhance the relevance of health across the SDGs - aside from SDG 3? How can WHO best contribute to "leaving no one behind"?
5. Increasingly global health issues - for example AIDS, noncommunicable diseases, Ebola, antimicrobial resistance, access to medicines, health workforce - are being taken up by the UN Secretary-General or/and debated in the UN Security Council and UN General Assembly in New York. What does this mean for the work of the WHO? How will you make use of and shape the Geneva-New York interface?
6. The role of business in health is huge - the health economy is one of the largest sectors in the world and commercial actors have enormous impact on population health. How do you see the role of WHO in relation to the health economy and to business interests in health? How must the Director-General act in such an environment?
7. Most countries do not invest sufficiently in health - often because they lack the fiscal space. What issues and approaches will you take up with governments to enhance domestic spending to scale up sustainable approaches for universal health coverage? How will you work with finance ministers and development banks to take this agenda forward?
8. There is a global revolution occurring in information and communications technology and in relation to big data. What are the implications and opportunities in transforming WHO, health security and health systems with digital health? There are also extraordinary developments under way in medicine as well as in the field of artificial intelligence which challenge our understanding of what it means to be human. How should WHO address these issues?
9. The new context and the new challenge require WHO to work in new ways. How will you make the organisation fit for this new multi-polar, multisectoral environment? How will you engage the many other global health actors, especially civil society? What kind of staffing profile do you foresee?
10. What needs to be changed within WHO and the Director-General's cabinet to be better prepared for the challenges ahead? What support do you need to exercise leadership and foresight? What type of leadership will you exert?