New Zealand’s voice at the World Health Organization (WHO)

Frank Houghton

Many eyes are currently focused on the US, where Hillary Clinton and Donald Trump have begun the first in a series of live televised debates in the presidential race there. However, it is important not to overlook other elections with real potential to impact global health. The most important of these is undoubtedly the post of the Director-General of the World Health Organization (WHO).

The (second) term of the current incumbent, Dr Margaret Chan, expires on June 30 2017, and jockeying for the prime position is already underway. Historically there have been many accusations and assumptions of bribery and corruption in the process, although there is, to date at least, very little evidence to support such claims.1

In the past the World Health Assembly was simply presented with one candidate to endorse.2 This rubber-stamping exercise however, has now been replaced with a new system which rather bizarrely manages to combine influence and democracy, as well as transparency and secrecy. What is clear in the process is that, in the final round at least, the decision as to who will become Director-General of the WHO will be decided by a vote of all 194 WHO member nations.2

Following the deadline for proposed candidates in September 2016, there are now six nominees for the position of Director-General (see Table 1 for details).

Under the new rules governing the election process, up to five of these candidates may be shortlisted for interview by the Executive Board of the WHO in January 2017. Three of these candidates will then be chosen to go forward for a deciding vote by the World Health Assembly. Interestingly, at that point all 194 nations will have an equal vote, albeit a secret equal vote. Therefore this process “gives Niue, population of 1,612, an equal vote with China, population of 1.4 billion—and Lichtenstein, equal voting power with India, population 1.25 billion”.

So where does New Zealand stand in this process? New Zealand is fortunate in being just one of thirty-four nations represented on the Executive Board of the WHO. This Board will in effect whittle the field of six initial candidates down to three. New Zealand is represented there by Dr Stewart Jessamine, a Scotsman by birth. Dr Jessamine is Director of Public Health at the New Zealand Ministry of Health, and a member of the Executive Leadership Team there.3

Voting on traditional geo-political and cultural lines would presumably result in New Zealand supporting the UK’s candidate, Dr David Nabarro. However, it must be acknowledged that Dr Nabarro is in fact a highly experienced candidate with a wealth of relevant expertise and experience.4

Table 1: Candidates for the WHO Director-General post.2

<table>
<thead>
<tr>
<th>Country</th>
<th>Nominee</th>
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<tbody>
<tr>
<td>Ethiopia</td>
<td>Dr Tedros Adhanom Ghebreyesus</td>
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<tr>
<td>Italy</td>
<td>Dr Flavia Bustreo</td>
</tr>
<tr>
<td>France</td>
<td>Professor Philippe Douste-Blazy</td>
</tr>
<tr>
<td>UK</td>
<td>Dr David Nabarro</td>
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<tr>
<td>Pakistan</td>
<td>Dr Sania Nishtar</td>
</tr>
<tr>
<td>Hungary</td>
<td>Dr Miklós Szócska</td>
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The Government of Ethiopia has submitted the nomination of Dr Tedros Adhanom Ghebreyesus.
The Government of Italy has submitted the nomination of Dr Flavia Bustreo.
The Government of France has submitted the nomination of Professor Philippe Douste-Blazy.
The Government of the United Kingdom of Great Britain and Northern Ireland has submitted the nomination of Dr David Nabarro.
The Government of Pakistan has submitted the nomination of Dr Sania Nishtar.
The Government of Hungary has submitted the nomination of Dr Miklós Szócska.
might also be said perhaps that this once dogmatic allegiance is not as strong as it once was.5–6

Readers are undoubtedly familiar with political and ideological voting blocs, perhaps most notably at the UN,7 but also possibly within the European theatre.8–9 It is vitally important however, that the skills, knowledge and experience, including political adroitness of course, determine the next Director-General of the WHO, rather than rampant geo-political cronyism.

The WHO is suffering financially and politically from a lack of popular global support.1 Hopefully these ‘baby steps' towards full transparency in the electoral process should help restore confidence in both the process and the institution. In line with this therefore, health professionals in New Zealand should put prescriptive political geography aside and explore for themselves the relative merits of all of the candidates for the Director-General position. Based on their appraisal they should make their preferred choice known to the Ministry of Health (the Ministry operates a simple email address formula: Firstname_Lastname@moh.gov.nz).