



# International Sugar Organization

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**EXECUTIVE DIRECTOR**

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## **New Director General World Health Organization**

The Secretariat would like to inform colleagues that Dr. Tedros Adhanom Ghebreyesus has been elected as the new Director-General of the "World Health Organization (WHO)". Please find attached the official press release as well as his vision of what he sees as priorities for his post.

Given that Ethiopia will assume the Chair of the ISO Council in 2018 we look forward to forging a close cooperation with WHO under his mandate.



## WHO's Director-General candidates: visions and priorities

A new Director-General of WHO will be selected in May, 2017. Richard Horton and Udani Samarasekera asked the six candidates competing for the position about their candidacy.

The forthcoming election of the next Director-General of WHO comes at a critical moment not only for the world's only multilateral health agency but also for the precarious trajectory of global health itself. WHO is often criticised for failing to live up to the expectations of the health community. Sometimes, as in the case of how the agency managed the early stages of the Ebola virus outbreak, that criticism is justified. But WHO plays a vital and successful, and frequently neglected, part in setting norms and standards for health in countries. It has a powerful convening role. And, should a Director-General choose to do so, the agency has unprecedented authority to offer leadership in health.

As the world enters a new era—that of the Sustainable Development

Goals—the Director-General has an essential voice in shaping the meaning of health in an era of human dislocation, pervasive inequality, mass migration, ecological degradation, climate change, war, and humanitarian crisis. Six excellent candidates for Director-General are standing. All have wide experience in health, as one would expect, but each offers a very different platform. Some candidates have formidable international experience in global health. Others have forged their reputations nationally. Some have strong technical credentials. Others offer political skills. Some come from countries that should be WHO's greatest concern. Others are from nations that are traditionally seen as donors. Some

have expertise in what might be considered the traditional agenda of global health (infectious diseases and women's and children's health). Others bring experience of newer concerns. This great diversity of candidates is a strength. It allows the Executive Board of WHO in January, 2017, and then the World Health Assembly in May, to select a candidate based on a clear diagnosis of the global predicament for health and the solutions needed. To help clarify their experience, visions, and ideas, we invited each candidate to offer a brief manifesto and to answer a series of ten questions to illuminate their positions on what we see as some priorities for the organisation.

*Richard Horton, Udani Samarasekera*

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### Tedros Adhanom Ghebreyesus Ethiopia



Photo courtesy of Dr. Tedros Adhanom

WHO has helped improve the health of people across the globe. More children live to celebrate their fifth birthdays, more women survive childbirth and have access to family planning, and significant progress has been made against infectious diseases.

Yet despite progress, daunting challenges lie ahead. Globalisation has made it easier for infectious pathogens to spark global pandemics that threaten lives and economic security. Antimicrobial resistance is rendering previously treatable diseases deadly. Ageing and unhealthy lifestyles are leading to non-communicable diseases, while injuries and health impacts of climate and environment change present a danger. Mass population movements also lead to global health challenges.

I envision a world in which everyone can lead healthy and productive lives, regardless of who they are or where they live. Achieving this vision and the Sustainable Development Goals requires a strong, revitalised WHO that is effectively managed, adequately resourced, results driven, and led with political acumen. We need a WHO that belongs to all of us equally, puts people first, and ensures health is at the centre of sustainable development efforts.

As Director-General of WHO, I would focus on five priorities:

(1) Transforming WHO into a more effective, transparent, and accountable agency that is independent, science and innovation based, responsive and harmonised, with a shared vision at the headquarters, regional, and country levels. WHO has to strike a balance between bold reform and organisational stability to deliver results;

(2) Advancing universal health coverage and ensuring all people can access the services they need without risk of impoverishment. This includes driving domestic resources for health, strengthening primary health care, and continuing to expand access to preventive services, diagnostics, and high-quality medicines for diseases like HIV, tuberculosis, malaria, diabetes, heart and chronic respiratory diseases, cancer, and mental health conditions;

(3) Strengthening the capacity of national authorities and local communities to detect, prevent, and

manage health emergencies, including antimicrobial resistance, and promote global health security;

(4) Putting the wellbeing of women, children, and adolescents at the centre of the global health and development agenda and positioning health on the gender equality agenda;

(5) Supporting national health authorities to better understand and address the health effects of climate and environmental change.

As Ethiopia's former Minister of Health and through my leadership at various global health initiatives, I have learned what it takes to create real and sustainable change. I led the revitalisation of weak health systems at Ethiopia's national and community levels; mobilised unprecedented human and financial resources; and catalysed large-scale responses to health emergencies. As Minister of Foreign Affairs, I have gained experience and skills in high-level political engagement, including with Heads of State, and played key roles in resolving conflicts and advancing regional integration. Last year, I helped find common ground between parties with polarised positions to forge the Addis Ababa Action Agenda for financing sustainable development.

My vision for WHO and for global health is ambitious, but achievable—and I am confident that I have the political and public health leadership skills, experience, and determination to deliver results.

### **(1) What would be your priorities as Director-General of WHO?**

Tackling the biggest health challenges of the 21st century will require innovative solutions that defy "business as usual." WHO will need to broaden and intensify its engagement with a wider range of stakeholders across the public, private, and civil society sectors. The agency should attract and retain global talent to make it more diverse and inclusive—and to ensure it has the expertise to lead from the front and the centre.

WHO must work with governments to build their national capacity for universal health coverage. Strong, resilient health systems—including infrastructure, workforce, and information systems—are essential to driving good health for all. It is through these systems that children are vaccinated, pregnant women receive antenatal care, and patients with HIV, tuberculosis, malaria, and other communicable diseases receive their treatments. It is also through these systems that diseases like heart and chronic respiratory diseases, diabetes, cancer, and mental health conditions can be prevented, detected early, and managed. WHO must also place women, children, and adolescents—alongside other vulnerable populations—at the centre of its work.

Finally, we must strengthen WHO's response to emerging threats, including disease outbreaks like Ebola, Middle East respiratory syndrome, and Zika, as well as the health effects of climate and environmental change. WHO must work to harmonise emergency responses across partners while bolstering front-line defences at the national and local levels.

### **(2) WHO cannot do everything. What should WHO not do?**

WHO should not consider other global health players as competitors and should not do what others can do better. There are many players working to improve public health globally across government, private sector, civil society, and academia—what I like to call the extended WHO family. The health issues of today—such as non-communicable diseases, antimicrobial resistance, and health security—must be addressed across all sectors, not just the health sector. All partners have a role to play. For its part, WHO should act as a leader and a convener, directing collective efforts toward shared goals, ensuring that everyone is playing to their strengths, and preventing duplication of efforts.

### **(3) What are the three biggest threats to the health of peoples across the world?**

In my opinion, the biggest immediate threat to health is inequitable access to basic health coverage around the world. An estimated 400 million people, many of them women and children, lack access to essential health services. Without ensuring this critical, basic level of coverage—including a strong health workforce and access to medicines—we cannot have a healthy and prosperous world.

Secondly, antimicrobial resistance and health emergencies, including infectious disease outbreaks, pose unprecedented threats. The Ebola crisis in west Africa showed us the dangers of being unprepared for such emergencies, and the Zika outbreak further highlights the need to invest in basic research on the human and environmental health nexus, better surveillance, and new vector control tools. Further, as the microbes that cause diseases like tuberculosis, malaria, syphilis, and gonorrhoea become increasingly resistant to current treatments, we move closer to a world in which we are no longer able to effectively treat everyday infections—threatening to set back a century of progress.

Thirdly, health impacts of climate and environmental change pose a long-term threat, including potential rises in communicable, non-communicable, and vector-borne diseases. Climate change and variations also impact many aspects of life that are inextricably linked to health, including food security, economic livelihoods, air safety, and water and sanitation systems.

### **(4) What would you do to tackle those threats?**

Through inclusive, engaging, and decisive leadership of WHO, I plan to address these threats by:

(1) Helping countries expand their health coverage and protect hard-won

gains—particularly as they tackle the dual burden of communicable and non-communicable diseases—and bolstering WHO's work to provide technical guidance. As countries identify unique strategies for strengthening their health systems, WHO should continue to provide technical support and guide national governments on building resilient health infrastructure, workforces, and information systems. While increasing our focus on emerging threats, including non-communicable diseases, health emergencies, and health impacts of climate and environmental change, we must also continue to improve maternal and child health and maintain a strong focus on HIV, tuberculosis, malaria, and eradication of polio;

(2) Ensuring strong, coordinated, and rapid global responses to health emergencies, including antimicrobial resistance. This includes working with countries to ensure the implementation of the International Health Regulations and strengthening WHO's capacity to lead and foster multisectoral collaboration. We must bolster our front-line defence against public health threats by supporting the development of robust health systems, particularly at the primary health-care and community levels, that can prevent disease outbreaks or identify them early, when they can most easily be contained. WHO must champion a "One Health" approach and work with partners across the human and animal health and environmental sectors to coordinate a much bolder global response to antimicrobial resistance. This begins with following up on the commitments Member States made at last month's United Nations General Assembly meeting on antimicrobial resistance. We must also ensure developing countries have access to the newest medicines as they are developed;

(3) Promoting evidence-based decision making and awareness for preventing, mitigating, and

responding to the health impacts of climate and environmental change. We must develop transformative new policies and innovations, as well as community-based and multisectoral approaches, to meet these emerging challenges. We must also ensure that efforts to better understand and combat the health effects of climate and environment change are well financed.

**(5) What does sustainable development mean to you, and how can WHO make the greatest contribution to the Sustainable Development Goals?**

Sustainable development is about making investments that help people lead healthy and productive lives and, in the long term, create well-functioning communities and robust economies. It cannot be achieved without good health. When people are healthy, they are productive, and entire families, communities, and nations thrive. I saw the ripple effect of good health first-hand when I was Minister of Health of Ethiopia. Even with limited resources, we invested in critical health infrastructure, expanded the health workforce, and initiated pioneering financing mechanisms. These reforms helped provide tens of millions of Ethiopians with access to health services, setting us on a path to achieve ambitious health—and broader development—targets and sustain and build on our successes for years to come.

I believe the world's commitment to sustainable development—enshrined in the Sustainable Development Goals (SDGs)—offers a unique opportunity to improve the lives of people everywhere. WHO must work alongside governments and regional organisations—in close collaboration with civil society, private sector, other UN agencies, donors, and other key stakeholders—to drive the implementation of the health objectives of the SDGs and help countries achieve their targets by 2030.

**(6) WHO lost credibility over its handling of the Ebola virus outbreak. What must WHO do to rebuild the trust of governments and their citizens?**

After the Ebola crisis, WHO launched serious reforms aimed at improving its ability to respond more rapidly and effectively to public health emergencies, whenever and wherever they may arise. I will implement those reforms with a sense of urgency to build confidence among governments and their citizens that we are committed to being the world's foremost technical and political leader on public health emergencies. I will focus on building systems that allow WHO to rapidly deploy resources and scale up to the appropriate level of response, as well as on creating flexible and reliable funding mechanisms to ensure that WHO's ability to pay never hinders its ability to respond. I will continue our work with governments to implement the International Health Regulations so health systems are in place to detect disease outbreaks early, when they are easiest to contain. With this focus on quick wins and medium-term and long-term results, I am confident that we can regain trust around the world.

**(7) Does WHO need further reform? If so, what reforms would you implement?**

To deliver results, we need a strong, effective WHO that works together at all levels—from Geneva to regional offices and national capitals to local communities. Reforming the organisation will require vigilance, adaptability, and continual reflection.

I am committed to reviewing and refining WHO's ongoing governance and managerial reforms. Striking a balance between reform and stability of the organisation, I will specifically focus on the following areas to deliver results: enhancing the predictability and flexibility of WHO's financing;

attracting and retaining the best talent from all parts of the world by creating an engaging and motivating environment; fostering innovation; and improving institutional effectiveness, transparency, and accountability. I will seek innovative partnerships with state and non-state actors, as I strongly believe that effectively tackling the health threats of our time requires united forces.

**(8) What are the biggest threats facing WHO in the next 5 years?**

**How will you address these threats?**

One of the biggest challenges the WHO faces is the lack of flexibility and predictability of its funding. The annual budget of the organisation is smaller than single medical centres in big economies, and much of its funding comes from voluntary, earmarked contributions. We must be more strategic with what has already been committed, with a focus on value for money, while also pursuing innovative financing solutions and dialogues with Member States and key non-state contributors. I will also establish an Inter-Ministerial Advisory Commission—composed of Ministers of Health, Finance and International Development—to solicit advice, innovative solutions, and recommendations on assessed financial contributions from Member States.

Another challenge is the difficulty of predicting health emergencies and public health threats and of ensuring the agency is prepared to mount rapid and appropriate responses to these threats. This is an area where WHO has begun implementing reforms, as evidenced by its new Health Emergencies Programme, which aims to help countries prepare for, prevent, respond to, and recover from emergencies quickly. I will implement and independently monitor this new programme, while engaging with new mechanisms like the recently established Global Health Crisis Taskforce.

In addition, WHO must attract and retain the best talent and determine the appropriate mechanisms for doing so inclusively. I plan to review, nurture, and refine WHO's ongoing governance and managerial reforms to create an engaging and motivating environment for staff. I will also bring my open-door approach to management to encourage transparency, communication, and collaboration across all levels of WHO.

**(9) Should WHO be a leader in health or should it only respond to the wishes of Member States?**

WHO has to do both. These roles are not mutually exclusive. WHO should respond to the requests of Member States based on their health priorities and needs. In addition, WHO and its Director General should also proactively put forward a vision that mobilises Member States and other stakeholders, including civil society and the private sector, to ensure the health of people everywhere.

**(10) What unique skills would you bring to the job of WHO Director-General?**

My career has given me a unique mix of political leadership experience and hands-on public health experience. Because I have worked at all levels—from the community to the highest levels of national and global governance—I understand the challenges faced at the local level and the changes that must be made at the national and global levels to address them and deliver results.

As Ethiopia's Minister of Health, I learned first-hand what it takes to revitalise a weak health system with limited resources. We created 3500 health centres and 16 000 health posts to improve access to basic health care across the country. We trained and deployed 38 000 health extension workers at the community level—a model that has been replicated in more than a dozen countries across Africa. We built 30 new medical schools, leading

to a 20-fold increase in the number of doctors trained each year. And we tackled stock-outs of essential medicines, transformed weak information systems and poor health data collection, increased country ownership of health programmes, and encouraged more effective donor harmonisation. Together, these successes helped Ethiopia dramatically expand access to health services and meet ambitious health targets. Notably, we reduced child mortality by two-thirds, maternal mortality by 69%, HIV infections by 90%, malaria mortality by 75%, and mortality from tuberculosis by 64%.

Through my engagement with global health initiatives, I have also gained invaluable experience in global health diplomacy. For example, as Chair of the Global Fund's board, I provided oversight on the organisation's comprehensive reform agenda. As Minister of Foreign Affairs, I brought together 193 UN Member States to agree to the Addis Ababa Action Agenda at the Third International Conference on Financing for Development in July, 2015. This was an historic milestone, forging a global partnership to achieve and finance the SDGs, including those related to health. In 2013, as Chair of the Executive Council of the African Union, I spearheaded the drafting of Agenda 2063, a global strategic framework aimed at accelerating Africa's economic, political, and social development through regional cooperation and solidarity. I also played a key role in resolving regional conflicts and overcoming political and cultural tensions that once impeded collaboration.

I am proud that my candidacy for WHO Director-General has been endorsed by the African Union. I am confident in my ability to lead WHO in a new era and serve as a champion for the health of all people, regardless of who they are or where they live.

## **WORLD HEALTH ASSEMBLY ELECTS DR TEDROS ADHANOM GHEBREYESUS AS NEW WHO DIRECTOR-GENERAL**

GENEVA | 23 May 2017 - Today the Members States of the World Health Organization (WHO) elected Dr Tedros Adhanom Ghebreyesus as the new Director-General of WHO.

Dr Tedros Adhanom Ghebreyesus was nominated by the Government of Ethiopia, and will begin his five-year term on 1 July 2017.

Prior to his election as WHO's next Director-General, Dr Tedros Adhanom Ghebreyesus served as Minister of Foreign Affairs, Ethiopia from 2012-2016 and as Minister of Health, Ethiopia from 2005-2012. He has also served as chair of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria; as chair of the Roll Back Malaria (RBM) Partnership Board, and as co-chair of the Board of the Partnership for Maternal, Newborn and Child Health.

As Minister of Health, Ethiopia, Dr Tedros Adhanom Ghebreyesus led a comprehensive reform effort of the country's health system, including the expansion of the country's health infrastructure, creating 3,500 health centres and 16,000 health posts; expanded the health workforce by 38,000 health extension workers; and initiated financing mechanisms to expand health insurance coverage. As Minister of Foreign Affairs, he led the effort to negotiate the Addis Ababa Action Agenda, in which 193 countries committed to the financing necessary to achieve the Sustainable Development Goals.

As Chair of the Global Fund and of RBM, Dr Tedros Adhanom Ghebreyesus secured record funding for the two organizations and created the Global Malaria Action Plan, which expanded RBM's reach beyond Africa to Asia and Latin America.

Dr Tedros Adhanom Ghebreyesus will succeed Dr Margaret Chan, who has been WHO's Director-General since 1 January 2007.

For more information about Dr Tedros Adhanom Ghebreyesus see <http://www.who.int/dg/dg-elect/en/>