

What can we expect from the leadership of the recently elected World Health Organization Director-General, Dr Tedros?

On 23 May 2017, the World Health Assembly (WHA) elected a new Director-General (DG) to replace the outgoing Dr Margaret Chan. From a shortlist of three candidates, members of the WHA elected Dr Tedros Adhanom Ghebreyesus to lead the premier United Nations (UN) organisation on global health.

As has been widely reported, the World Health Organization (WHO) faces a series of critical challenges with which the new DG will be confronted, including reforming the institution to make it relevant to global health in the 21st century, attracting the necessary resources, etc. (see for example Horton^[1]).

Ahead of the election, the authors of the recently published *Textbook of Global Health*^[2] asked all three shortlisted candidates to respond to the following four questions:

1. How seriously will you take the societal determinants of health, and what specific actions will you lead in this regard?
2. How will you ensure that non-state actors do not capture the WHO and thereby neuter the role of UN member states in decision-making?
3. What specific novel policies will you propose to improve health equity and strengthen health outcomes in low- and middle-income countries (LMICs)?
4. What specific plans do you have to counter the climate change denialists, given the wealth of data on the negative impact of climate change on health?

We published, with a short commentary, the responses of the three candidates prior to the elections.^[3] Here we provide the elected candidate's responses. There are great expectations from Dr Tedros, and he has a huge task ahead. Given that Tedros is the first African candidate to be elected as WHO DG, African health professionals, practitioners and activists have a special responsibility in ensuring that he succeeds in reforming the WHO in favour of health equity and social justice, and in improving health status, especially for the poor and the marginalised.

How seriously will you take the societal determinants of health, and what specific actions will you lead in this regard?

I will take the social determinants of health very seriously if elected DG of the WHO, because without acknowledging and addressing these issues, we won't solve health challenges at their roots. I will specifically address these first by working at all levels to break the silos down between our development objectives. At the international level, I will work to position the WHO as a leader in building strong partnerships across UN organisations. I will engage key regional and sub-regional groups to build the political leadership necessary to create multisectoral approaches. At the country level, I will also advocate for strong commitments to health not only from health ministries, but also finance, social and planning, among others. Where programmes have been effective at addressing the social determinants of health, the WHO can draw out evidence-based best practices and ensure they are shared

regionally and globally. Lastly, as I have throughout my career, I will focus especially on the needs of vulnerable groups and those disproportionately affected by the social determinants of health. These include migrant, displaced and disabled individuals, people living in rural, urban slum and low-income areas, and other marginalised populations.

How will you ensure that non-state actors do not capture the WHO and thereby neuter the role of UN member states in decision-making?

The growing number of non-state actors around the WHO provides both an opportunity and a challenge. The opportunity lies in bringing diverse perspectives and skills to bear on some of the world's greatest health challenges through partnership and collaboration. However, the WHO is the global leader for developing norms, standards and guidelines. This normative work must be firewalled from the wide variety of non-state actors that today need to be engaged in the programmatic work in order to fully address health issues. Having this in mind, the WHO's Framework for Engagement of Non-State Actors (FENSA) is a welcome step towards strengthening partnerships between the WHO and non-state actors, including civil society. If elected, I will work toward FENSA's full implementation in pursuit of effective partnership with all stakeholders. In addition, where we do form partnerships, we must operate on the principle of complementarity, but not be afraid to challenge partners, for example to ensure that their work is evidence-based and responsive to countries' needs.

What specific novel policies will you propose to improve health equity and strengthen health outcomes in LMICs?

If I am elected, my top priority will be achieving universal health-care (UHC) that is equitable and affordable for all. I am convinced that UHC, with financial protection and strong primary healthcare linked to community engagement, is the key to give us a world where everyone can lead healthy and productive lives regardless of who they are or where they live. It can also help us address public health emergencies and give us a safer world because a strong health system becomes our first line of defence to detect, monitor and respond to health emergencies. Achieving universal healthcare, of course, is an ambitious goal, and it is one which will require strong country-level ownership. To get there, I will work to raise the issue of UHC to the highest political levels, championing UHC as essential for the political agenda of every nation and as a basic right of every individual. I will work to unlock earmarked funding and mobilise new resources to achieve these goals. And I will lead a WHO 2 that looks to form deep partnerships with countries and regions to design and implement UHC approaches that are right for their unique contexts.

What specific plans do you have to counter the climate change denialists, given the wealth of data on the negative impact of climate change on health?

On this issue, we need to first start with the facts – that climate and environmental change are real and unfortunately are having and will continue to have a negative impact on health. That evidence-driven reality is why I included climate change as one of my five top priorities if elected to become DG. This is an issue I was fortunate to have been able to work on with Ethiopia's late Prime Minister, Meles Zenawi, who was a vocal champion and wanted to ensure that Ethiopia was a part of the solution, despite contributing nothing to the problem. Ethiopia now depends predominantly on renewable energy to reduce carbon emissions and is planting seven billion seedlings a year to trap carbon. Within these efforts, I advocated for mitigation strategies in addition to adaptation strategies, so we can prevent further environmental and climate change. The WHO also has an opportunity to be a part of the solution and should become a vocal advocate for mitigation strategies. It can champion global and regional coalitions which promote capacity building within countries around these strategies. It can advocate for increased financial allocations at the global, regional and national levels through active engagement with climate financing instruments, donors and national governments. It can work to strengthen country governments' ability to understand and use climate

services and information for health policy, planning and research. And it can promote sustainability within the health sector itself, championing the use of renewable energy sources.

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