Recommenations for the New Director-General of the World Health Organization

In July 2017, Dr. Tedros Adhanom Ghebreyesus began his tenure as the new Director General (DG) of the World Health Organization (WHO). Prior to taking office, Global Health Council (GHC) and partners hosted a World Health Assembly (WHA70) side-event, “Priorities for the Next WHO Director General”, to discuss which items the new WHO DG should tackle, and how that leader should work with key partners and stakeholders, specifically civil society. From that event and with support from its members, GHC formulated the recommendations below for Dr. Tedros and team on how WHO can maximize its potential and outreach.

We stand behind leadership at WHO in driving an agenda for health and wellness worldwide. We believe civil society is critical to those efforts. We recommend the following steps as Dr. Tedros Adhanom Ghebreyesus begins his tenure.

1. Listen.
   Any good leader knows to listen first. In particular, Dr. Tedros needs to understand critical assumptions and opinions about WHO, and outstanding questions regarding its way forward. Only then can he respond meaningfully to internal and external concerns, and restore confidence in the institution. Listening also allows the new director-general to learn how best to leverage the contributions and talent of WHO staff and missions, as well as tailor initiatives and objectives that meet the needs of member states.

2. Be strategic.
   The leadership challenge at WHO is both short- and long-term. It is just as much about what one does today as what one does tomorrow. Dr. Tedros should immediately have conversations with staff and stakeholders that outline his vision for the organization, with the expectation that a roadmap will be delivered after a clearly defined amount of time. Ideally, he establishes a collective understanding regarding next steps. Then, takes action accordingly, prioritizing more pressing goals and activities on which WHO is most qualified to lead.

3. Know your strengths.
   There are issues and activities WHO must clearly take on. Conversely, the agency should leave some activities to other stakeholders. Dr. Tedros needs to make tough decisions about what the organization should and should not do with its limited resources and adopt a laser-focus on its highest and best use. (Ultimately, WHO and those it serves should be able to articulate and demonstrate its added value well.)

4. Maximize return on investments.
   Given WHO’s increasingly-limited resources, leadership must consistently develop and demonstrate value-for-dollar programs and campaigns. This, in turn, helps spur additional investments and enables the organization to unlock more capital for its important work. Dr. Tedros should invest wisely, exploring new avenues of funding that yield the most positive outcomes for the greatest population.

5. Track success. And failure.
   We heard often from previous leadership at WHO that what gets measured gets done. It is an age-old adage that rings true for the WHO of today as before. Dr. Tedros and his team should know when they are doing well so they can expand on successful results. It is just as important for them to know when that work is falling short of expectations so they can iterate accordingly, mitigate negative outcomes, and ensure accountability in the process.

6. Be transparent.
   A key ingredient to ensuring WHO’s success is restoring public trust in the agency. It is no secret that trust in the WHO has waned in recent years, with governments and civil society alike questioning its overall effectiveness. Dr. Tedros must face criticisms head-on, acknowledging shortcomings throughout the organization and outlining openly and transparently how he plans to course-correct and reconcile persistent challenges.

7. Expand agenda and partnerships.
   It will take many actors to realize the lofty goals of WHO. Therefore, it is critical to invite multiple stakeholders to the table in planning and implementing key initiatives. New champions yield new resources and perspectives that help advance the overall agenda in ways the agency sorely needs.

8. Think broadly.
   The SDG mandate provides an opportunity for WHO to be relevant beyond the health sector alone. World leaders have acknowledged the interconnectedness of development priorities and offered a framework of action for UN agencies and countries alike to partner across core objectives in pursuit of common goals. Dr. Tedros should ensure the agenda of WHO integrates social determinants and SDGs.

   WHO should lead the way in transforming the way people around the world view health and wellness. In a perfect world, key global health priorities, innovations, and investments are driven by WHO. The agency should guide where we should focus our efforts across both long-standing commitments or persistent problems and emerging or less-familiar priorities. Dr. Tedros should be mindful of and sustain this leadership role.

10. Always focus on the mission.
    Ultimately, there is a greater good that drives leadership and decision-making at WHO in a way that reflects its core purpose and mandate. That should serve as Dr. Tedros’ North Star throughout his tenure and be something he and his team come back to throughout the organization’s ups and downs. Only then can WHO ensure it is working in service to communities globally and have a meaningful impact.

11. Tell your story. (We will, too.)
    In general, people do not know WHO. They do not fully understand or appreciate its vast contributions and ultimate value to society. WHO should communicate how it improves the lives of people worldwide and why the public should care. Ideally, Dr. Tedros encourages PR campaigns that highlight WHO’s remarkable work and global health leadership.

The world needs the WHO to set global health policy and to listen to the health needs of the poor and most vulnerable.

The panel discussion “Priorities for the Next WHO Director-General” was moderated by Jennifer Healy, Dentons US LLP; Dr. Thomas E. Price, U.S. Secretary for Health and Human Services, served as the keynote speaker. The panelists were Jén Bragg, UNAIDS; Mark Dybul, The Global Fund to Fight AIDS, Tuberculosis and Malaria; John Flannery, GE Healthcare; Ashish Jha, Harvard Global Health Institute; and Loyce Pace, Global Health Council. Marian Wentworth, Management Sciences for Health, and Ronald Pervinenez, U.S. Pharmacopeial Convention, provided opening and closing remarks.