South Korean WHO veteran has tough act to follow

Dr Jong-Wook Lee, new director general of WHO, wants to take a fresh look at the organisation

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When Dr Jong-Wook Lee became the new director general of the World Health Organization in July, one of the first things he did was to recruit external consultants to help his team in the daunting task of making the agency work more efficiently.

After 20 years in the organisation—from 1983 as a leprosy expert in the South Pacific to more recent posts as head of WHO's global programme for vaccines and, in 2000, head of WHO's Stop TB programme—he said the time was ripe to take a fresh look at how WHO worked.

"Cynics say that a consultant borrows your watch and then tells you the time," Dr Lee, aged 58, said in an interview with the *BMJ*, adding, in his trademark self-effacing style: "But maybe from time to time we don't know what time it is and it is nice to be reminded."

Dr Lee surprised his staff recently by his choice of executive car—an environmentally friendly petrol-electric hybrid and not the traditional gas-guzzling limousine.

He has been at pains to make it clear to staff that he is open to suggestions on ways to improve their work.

It is his modest, sometimes self-deprecating, manner that has led critics to say that the South Korean, who graduated in medicine from Seoul University School of Medicine in 1971 and gained his Master of Public Health degree from the University of Hawaii in 1981, is too mild mannered for one of the most challenging jobs in global public health.

His predecessor, former Norwegian prime minister Gro Harlem Brundtland, is certainly a hard act to follow, who, with her uncompromising often brusque manner, helped to restore the agency's credibility after years of petty corruption and inefficiency. Some close aides say that Dr Lee's modesty is his strength.

Jim Yong Kim, a fellow

Korean and an expert on drug resistant tuberculosis, described how, shortly after Dr Lee became head of the Stop TB programme, he turned up unexpectedly at a working group meeting in Lima, Peru, where WHO was running a pilot project.

"He just sat at the back and listened. He's a very hands-on person who likes to be close to the field," Dr Kim said.

Colleagues say that Dr Lee was put in charge of the Stop TB programme without specific expertise in tuberculosis because he was regarded as a fixer who would sort out the programme, which was, as Dr Kim put it, "in a mess, with lots of in-fighting and backbiting." Dr Lee vowed to build on Dr Brundtland's achievements and dismissed claims that he would be less effective in raising funds—the lifeblood of WHO—because he is not as well connected as the former Norwegian prime minister. He said he had considered such claims but concluded that it was not her political connections

that brought in the money; rather it was the credibility that she built up for the once sidelined agency.

Dr Lee said that for this reason it was not a matter of launching an aggressive fundraising drive but showing "results in Geneva and in the field" so that as well as "poor people living in African villages" feeling some benefit, wealthy countries would also feel they were getting "value for their money."

He said this would mean achieving important goals. Two of these are to eradicate poliomyelitis by 2005 and to deliver antiretrovirals to three

said he had taken on board the issue "think global and act local"—summed up in a recent *BMJ* editorial (2003;326:1100-1)—but added that this was also an issue that had preoccupied him since his nomination in January. It was inevitable that he should attempt to revive Health for All, an initiative launched 25 years ago to strengthen primary health care in poor countries.

As the target date (2000) for the so called millennium development goals approached, WHO stopped talking about those goals because it realised that it was not going to meet them. Today Health for All is more topical than ever. Even with sufficient funding to buy antiretrovirals for patients with HIV and AIDS, it would be impossible to deliver the treatment due to drastic shortages of trained medical staff.

Vivid memories of the ravages of the Korean war and ensuing poverty in his homeland during the 1950s fired his passion to help the poorest of the poor. His first job was in a leper colony in a Korean coastal town where he felt a strong desire to help people with leprosy and their families.

It was there that Dr Lee met his future wife, Reiko, a Japanese Catholic who raised funds to buy food and deliver supplies to the leper colony. She was planning to become a Catholic nun, but they soon married and had a son. Unable to live together in either Korea or Japan because by that time relations between the two countries had deteriorated and neither would issue residence permits to the other's citizens, their only solution was to go abroad.

That was the trigger for Dr Lee's international career but also, for what he described as "fantastic years, the best years of my life," living in Fiji with his family and working as a leprosy expert.

The most challenging years have yet to come. Dr Lee recently outlined his priorities as meeting the millennium goals to improve primary health care in poor countries; to shift resources to serve countries more effectively; to run WHO more efficiently; to make WHO become more accountable, financially and in its work on the ground; and to strengthen human resources both in WHO and in member states. □