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New hope for WHO?

Term limits and more formal application procedures may bring a change in leadership

Last week, the World Health Organisation took a step that could halt its otherwise apparently inexorable decline. At its annual meeting in Geneva, the organisation's governing body voted to introduce a limit to the number of terms of office its director general can serve, becoming the first major United Nations agency to do so. While exempting the current incumbent from the new two term limit, the carefully worded resolution clearly implies that Dr Hiroshi Nakajima, now halfway through his second term, will have to formally reapply for the post on an equal footing with other candidates. Many people within and outside WHO are hoping that this will ensure a change of leadership in 1998. But unless other action is taken, they are likely to be disappointed.

The need for new leadership is clear and urgent. WHO is now seriously in debt. By the end of last year unpaid contributions from member states had reached \$243m. To pay for its routine programmes, the organisation has borrowed its entire internal reserve of over \$175m. As well as losing valuable interest on this money, such internal borrowing reduces WHO's ability to respond to sudden demands for action.

Internal commentators emphasise that this is not a cash crisis but a crisis of financial management. While the director general cannot be held entirely responsible for the non-payment of contributions—almost all United Nations agencies are suffering in this way—he is responsible for the absence of policies to deal with the financial shortfall. While programmes continue to be cut without consultation, no cuts have been made in the expanded upper echelons of WHO's secretariat despite promises of reform in response to formal requests from the executive board in 1993.

In desperation a group of programme directors in Geneva recently presented Dr Nakajima with their own policy document, setting out a hierarchy of priorities for streamlining the organisation. This states that before any more technical programmes are cut the number of posts at or above assistant director general level should be reduced from nine to five and the number of high level directorships, which would include their own posts, should be reduced from 45 to not more than 20. Last week, member states expressed their own dismay at the extent of internal borrowing and the lack of progress with internal reform. Resolutions passed at the World Health Assembly called for the secretariat to produce clear policies by January next year to deal with both issues.

Until now Japan's support for Dr Nakajima has been unwavering. The Japanese government puts great store in having a Japanese national elected to lead a major international organisation. (The widely respected Mrs Sadako Ogata, head of the United Nations High Commission for Refugees, is no substitute since she is appointed rather than elected.) But exasperation with Dr Nakajima's leadership among staff and member states has finally made itself felt in the Japanese delegation. Earlier this year the major donors suspended regular meetings between Dr Nakajima and their ambassadors, which had been set up after his re-election to encourage and monitor change. The group of donors, chaired this year by

Britain, told the Japanese ambassador that no more high level meetings would take place unless Japan made concessions on limiting the term of office of the director general. The resolution passed last week was jointly signed by Britain and Japan and cosponsored by 65 other member states.

The resolution could presage a vital shift in Japan's attitude towards WHO. But on its own it will not ensure a change of leadership. New rules stipulate what experience and expertise applicants should have, including mastery of United Nations official languages. They also make clear that candidates will now be interviewed by the executive board. But they fall short of establishing an independent search committee. Instead, it seems that the executive board will fulfill this function, and there is little reason to expect that it will do so with any more independence than it showed in 1993. Although the board's 32 members are appointed to act in their individual capacities in the best interests of the organisation, few of them are truly independent of their national governments, which themselves have agendas well beyond the selection of WHO's director general.

The much needed change in leadership crucially depends on who else can be encouraged to come forward. The previous election in 1993 will not inspire potential candidates with confidence. Dr Nakajima's deputy, Dr Mohammed Abdelmoumène, was ousted from his post as soon as he made his candidacy known; and the only other candidate, Dr Ransome Kuti, failed to win a single vote, despite there being five members from his own region, Africa, on the executive board. A large field of potential applicants is clearly desirable, but too many candidates may split the vote and leave Dr Nakajima with a majority.

The ideal candidate would be an expert in international public health with vision, charisma, and managerial skills. He or she should come from a developing country since Japan might see any attempt to replace their man with one from the west as proof that the change was motivated purely by anti-Japanese feeling. Several such people exist, both within and outside the United Nations, and names are already being spoken around WHO. If such a candidate were to succeed he or she would need the full support of their own country and, by the time of the election in January 1998, the united support of most of the major donors. If, in addition, the Japanese government could be persuaded that its best interests no longer lay with Dr Nakajima, and if Dr Nakajima could be allowed to bow out with his honour intact, the chances for WHO's renaissance would seem fair.

Responsibility for change now rests squarely with WHO's member states. It is up to individual governments to seek out and encourage high calibre applicants. As in 1993, the final decision will reflect the advice given to members of the executive board by their governments, and as before, member states will get the director general they deserve. If they fail this time to bring about change, responsibility for the decline of WHO will be placed firmly at their door.

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