WHO leadership race reaches final stages

WHO SPECIAL REPORT

Later this month, one of seven candidates will be nominated as the World Health Organisation's next director general. **Fiona Godlee** assesses the competition

After 10 years of declining international prestige and a slump in staff morale, the WHO has an opportunity to recast itself. Now in its 50th year, the organisation is in financial straits, uncertain about its place in the world, and, as the year 2000 approaches, hard pushed to rearticulate its distant promise of "Health for All." The *BMJ* invited the seven candidates to respond to questions about the future of the WHO. Five responses are given on the following pages.

George Alleyne (65) has been director of the WHO's American region since 1994. He declined to respond to our questions in writing, feeling that this would subvert the executive board's selection procedures. Through his West Indian origins and his 16 years working for the Pan American Health Organisation in Washington DC, he is on paper the candidate with the greatest potential to bridge the divide between developed and developing nations. His achievements include supporting the successful elimination of polio from the Americas. His long career within the WHO and his establishment credentials make it unlikely that he will champion radical reform of the organisation. The United States is believed to be backing him but, with no representative on the executive board this time

around, will be looking to influence others to vote for him.

Three of the other candidates also come from inside the WHO. Dr Ebrahim Samba (66) was the first to declare his candidacy. Born in the Gambia, he is the former head of the widely acclaimed Onchocerciasis Control Programme and has been the WHO's regional director for Africa since 1995. In the past two years, he is reported to have lead the region away from ineffective bureaucracy and petty corruption and to have reinvigorated the region's staff and finances. His chances of becoming director general are likely to be lessened by the recent appointment of three other Africans as heads of major international organisations. Of the four WHO insiders, he offers the greatest chance of reform.

Dr Uton Muchtar Rafei (62) from Indonesia has been director of the WHO's South East Asia region since 1994. He has broad experience in health and development at a national level and has championed decentralisation within the region. He is articulate and politically astute but lacks the gravitas of Dr Alleyne or the passion of Dr Samba. Of all the candidates he is least likely to institute major change. He has widespread support in and beyond Asia. Japan

Dr George Alleyne

Dr Fernando Antezana

in particular is likely to put its powerful influence behind him.

The fourth candidate from within the WHO is Dr Fernando Antezana (63), who earlier this year became deputy director general. He declined to reply to the *BMJ*'s questions.

The three other candidates all come from outside the WHO and perhaps offer greater

chance of reform. Dr Gro Harlem Brundtland (58) is a former prime minister of Norway and chaired the World Commission on Environment and Development, which is credited with developing the concept of sustainable development and led to the 1992 Earth Summit. She is an experienced politician with well established credentials in health and development. She has consulted widely about the future of the WHO and has broad support in Europe. But fear of her reformist zeal may limit her chances.

Dr Nafis Sadik (68) from Pakistan has been the executive director of the United Nations Population Fund since 1987, where she has championed the needs of women and their involvement in policy making at all levels. She has been a strong advocate for human rights and individual empowerment and has argued for an integrated approach to social development as the only sustainable route to universal health.

The final candidate is Dr Arif Batayneh (64), who has been Jordan's minister of health since 1991. (See p 4.) □

The selection process

Since the current director general, Hiroshi Nakajima, won his bid for re-election in 1993 amid allegations of vote rigging, the system for appointing his successor has been revised. But the new rules fall short of open and competitive recruitment. There is no independent search committee. Candidates are nominated by their countries. They must be experts in international health with a track record of managing complex organisations and mastery of the United Nations' official languages. The WHO's executive board will shortlist five of the seven candidates. These will then be interviewed by the board and asked to make a presentation. The final nomination will be announced on 27 January, for ratification in May by the WHO's governing body, the World Health Assembly, on which all 191 member states have a vote. The board's nominee has never yet been turned down by the assembly.

The 32 members of the executive board are mostly senior health ministers. They are appointed for a three year term to act as individuals in the best interests of the organisation rather than as representatives of their countries. But voting remains highly politicised. Board members may be pressurised to vote in a particular way by their own governments, the director of their region, or other countries, either with or without representation on the board, who have influence on their governments. In the past the outcome is considered to have had as much to do with the make up and allegiances of the board as with the merits of individual candidates. This time around the board consists of six African states, five Arab states, five countries from Latin America and the Caribbean, six countries from South East Asia and the Pacific rim, and 10 countries from Europe, North America, and Australasia. Of the major donors, Japan, Norway, and Britain currently have a presence on the board, but the United States does not.

Dr Aref Batayneh is the Jordanian minister of health and a clinical professor in obstetrics and gynaecology

WHO SPECIAL REPORT

What do you see as the major health challenges of the next five years, and how should the WHO address them?

New emerging diseases and problems resulting from a lack of equity created by the disparity in distribution of income within and among countries will constitute a major challenge. The continuously increasing cost of health services and health technology—which may be prohibitive for some countries—will also add to these challenges. The increasing occurrence of man-made and natural disasters; the degradation taking place in the environment; and the negative lifestyles, such as smoking, drug addiction, and violence, especially against women and children, will continue to constitute a major challenge for all health institutions and professionals.

A special think tank at the WHO's headquarters and regional offices should use the available staff, expertise, and resources within the WHO to monitor, analyse, and react to challenges. The WHO should be able to assume a normative role as well as helping disadvantaged countries build their health service infrastructure. The WHO should take action in cooperation with member states to increase its resources to monitor and reduce the negative effects of all these challenges.

Should the WHO be addressing the effects of socioeconomic factors on health, and if so, how?

The answer is yes, because health is directly affected by socioeconomic factors. It is part of the definition of health that a healthy person will have to have social, psychological, and physical wellbeing and have a productive life. Historically, it was possible to reduce the incidence of infectious diseases and tuberculosis long before the introduction of antibiotics. Also, the reduction in infant mortality is an example of the interaction of socioeconomic factors and therapeutic measures. The role of medical interventions was minimal compared with, for example, improvements in feeding, housing, and sanitation. The WHO should improve its efficiency and be a coordinator with other United Nations agencies,

Dr Batayneh wants more projects which have a socioeconomic impact

non-governmental organisations, and governments whenever an action pertaining to health is addressed. However, in certain instances the WHO needs to support institutional capacity building to disadvantaged countries and communities. The WHO can contribute to better health through establishing a democratic participatory approach where-by people will decide their health needs and work to address them, and through ensuring that all health plans are fully integrated and in harmony with socioeconomic development plans. The WHO can pilot projects that have both a health and socioeconomic impact, such as the healthy villages programmes. This experience can be disseminated, and countries can incorporate it eventually in their plans.

How should the WHO's activities best reflect the long term needs of individual countries rather than short term interests of donors?

- Strengthen countries' abilities to perform national needs assessment and prioritise and develop clear objectives and targets
- Encourage the countries to invest in meeting their targets and accept such support that will fall in line with their plans
- Orient international donors with the WHO's policies and

strategies and work to develop an international understanding in a form of a code of ethics that will guide donors to support countries' priorities

- Study, investigate, and address the reasons that certain donors have preferences for predetermined areas
- Encourage investment, within countries and among donors, in sustainable development, including appropriate staffing and technology; and promote long term planning.

Do you think constitutional reform of the WHO is needed, and what would you like to see changed?

Although the WHO's present constitution has proved its validity for almost half a century, I think that its validity should be investigated with a view to accommodating the principles of cost containment and cost efficiency. The WHO's constitution should permit the recruitment of the best skills worldwide.

How should the WHO respond to the current domination of international health by the World Bank?

I do not agree that the World Bank is dominating international health. The WHO should lead a normative role and limit its role in institutional capacity building

to few situations and countries. The World Bank is a financing body helping countries to build their basic minimal institutional capacities, contain the escalating cost, and economise on the use of high technology. This is in line with rational growth of healthcare systems. However, negative effects for recipient countries are inevitable. In such instances mechanisms to shield the poor, who are susceptible to such adverse effects, should be perceived and instituted. The WHO should encourage the World Bank to invest in health in accordance with people's needs. Health is too complex an issue to be claimed by one sector or agency; what is needed is an international harmonious partnership.

Over the past 10 years, the WHO has suffered a collapse of international prestige and internal morale. How would you restore faith in the WHO?

The WHO's image and prestige can be restored by taking positive and effective actions to meet deficiencies in areas of advocacy, management, public relations, and international and interagency cooperation. Financial credibility, leadership, and constitutional changes that ensure the recruitment of suitable, knowledgeable, and skilled staff are among the elements that need to be addressed to restore the WHO's image. The WHO should analyse all criticism and negative information related to the agency and address each one of them. The WHO's budget should not be influenced by fluctuations in political climates, thus giving its projects the needed sustainability and credibility.

Why are you the best person for the job?

Nobody has the right to claim that he is the best for a certain job. In this situation it will be unfair to the other candidates if I claim that I know all their potentials, abilities, and plans. However, I know myself, and I have clarity of mind and objectives. If I am elected as director general of the WHO, I will put in all my best, and use the best of others by inviting their contributions and collaboration. □

Dr Gro Harlem Brundtland is a former prime minister of Norway and has been a leading voice on the environment

WHO SPECIAL REPORT

What do you see as the major health challenges of the next five years, and how should the WHO address them?

We must promote equity in health care and never waiver in our pursuance of the highest attainable standard of health for all peoples. Today's gaps in health between geographical areas, social groups, races, and sexes must be narrowed, and women and children must be a major concern. To obtain more equity we must give priority to primary health care of good quality, which must be made available and affordable to all. Essential primary health care includes treatment by trained staff and availability of essential drugs. It comprises preventive and environmental health such as clean water, clean air, and sewage.

The WHO should develop its capacity to give guidance on health policy organisation and financing of health systems. Renewed weight must be given to anticipation and prevention of disease. The struggle against many communicable diseases is underfunded and must be raised on the political agenda. The WHO should also be in the forefront in setting standards, training, and research. It should be the lead agency with regard to countering new and re-emerging diseases, not least those connected with globalisation, changing lifestyles, and environmental problems. While the WHO itself does not command resources of a scale needed to solve these problems, it can help to develop critical solutions to country-specific problems, disseminate health standards, and take the lead in generating the international cooperation in health required for solving such problems that transcend borders and cannot be dealt with effectively by countries acting individually.

Should the WHO be addressing the effects of socioeconomic factors on health, and if so, how?

Poverty breeds ill health, and ill health leads to poverty. There are no investments in this world that yield higher profits than investment in people's health and education. With relatively cheap investment in these basic social services we could lift entire popu-

lations up the development ladder. In addition to the communicable diseases that already plague many countries, the growth in traffic accidents, environmental health problems, cancers, and cardiovascular disease, as well as diseases spreading as a result of international travel, will increase. These increases will challenge the ability of all countries to pay for health. This means that to remain a centre of excellence into the next century, the WHO must harness and expand its resources in the fields of public health management and economics.

How should the WHO's activities best reflect the long term needs of individual countries rather than the short term interests of donors?

A recent study of the executive board of the WHO found that 70% of the extrabudgetary funds went to the WHO's priority activities. This compared with 30% for the regular budget. Many donors have supported the WHO over many decades and also invest in research with very long term goals. On the other hand, all countries in the world have short as well as long term goals. I believe that the WHO can be a key forum for making sure that international resources are used according to the most effective mix of short and long term goals and that it can enhance its role as adviser to governments on health priorities.

Do you think constitutional reform of the WHO is needed, and what would you like to see changed?

The writers of the original constitution were far sighted and forward looking. However, a careful review of the constitution is an essential part of the reform process. The constitution should reflect the new and changing world. For example, there are now many more players in international health than when the WHO was established. Any change will require a broad consensus and comprehensive ratification procedures. Therefore, changes in the constitution must be seen in a longer term perspective. In the shorter term, one must continue improving the functioning of the WHO

within the framework of the existing constitution.

How should the WHO respond to the current domination of international health by the World Bank?

I believe that the World Bank would welcome a stronger role by the WHO. The bank as well as the WHO should be at the service of countries and work together with them. During my travels to most parts of the world, including many developing countries, I got the clear impression that the WHO and the World Bank are perceived to have defined and different roles. I perceive an emerging willingness to work towards common goals and would be looking forward to strengthening the WHO's relations with the World Bank. The bank's interest in international health is a great asset. Each organisation should respond to needs by doing what it does best. But we can coordinate our efforts even better based on the traditional division of work, where the WHO provides expertise.

Over the past 10 years, the WHO has suffered a collapse of international prestige and internal morale. How would you restore faith in the WHO?

Transparency and accountability are important foundations

for confidence. The WHO commands a lot of knowledge and talent and is capable of mobilising international expertise. I would bring my own experience of leading the government of Norway for more than 10 years, and all of my international political experience, not least from chairing the World Commission on Environment and Development. Those who have worked with me, nationally and internationally, know that I work in a frank, open, and inclusive manner. I am also used to working under the scrutiny of a free and critical press. Yet, building faith in the WHO is also a task for its member countries. We need to find ways to clarify mutual expectations and then stand accountable to each other for what we have agreed to do.

Why are you the best person for the job?

I believe that I can make a contribution on the basis of my background and experience in national and international cooperative efforts. I have been asked by people from all regions to seek this office. I decided this spring to do so with the best of my commitment and compassion. But I am a "we" person, not an "I" person. I have always worked together with other people, in a team, and this is what I intend to do, to lead an international team in the interest of world health. □

Dr Brundtland has strong leadership qualities

Dr Uton Muchtar Rafei was born in Bandung, Indonesia, and has been the regional director of the WHO's South East Asia region since 1994

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Dr Uton would like to promote women's health issues

What do you see as the major health challenges of the next five years, and how should the WHO address them?

There are of course the on-going challenges of tackling the disease burden, and ensuring health care for all. In addition, it is imperative that, on the one hand, health is placed at the centre of development by all nations, and, on the other, we are able to reduce disparities in people's access to health. This is specially so for the poor, women, and other vulnerable groups. Conditions have to be created that promote health and also increase the capacity of people to deal with their own problems. All this must be achieved while upholding and enforcing health ethics, particularly in relation to technology development to enable it to serve better the needs of both the poor and the developed countries.

These challenges can be addressed only if health is backed by political will and if there is a national and global consensus for action. Now is also the time to project women as leaders, particularly in health promotion and development, so that they are empowered to take decisions on key issues such as reproductive health and nutrition.

Should the WHO be addressing the effects of socioeconomic factors in health, and if so, how?

The WHO ignores the impact on health of socioeconomic factors at its peril. We see that in the recent past, socioeconomic factors have taken their toll on entire nations—for example, the countries of the former Soviet Union and Yugoslavia, where the scale of socioeconomic problems has had a devastating effect on the health of the people. However, the WHO recognises that it cannot address these factors by itself. The WHO needs to work closely with other development partners, including national governments.

How should the WHO's activities best reflect the long term needs of individual countries rather than the short term interests of donors?

I do not see the question in such a polarised manner. The interests of donors and individual countries are not necessarily in conflict. While some donor funds support specific projects, they also help to develop national capacity, and many are used for developing infrastructure. It is also the role of the WHO, as an honest broker between donors and individual countries, to see that resources are

mobilised and used where the need is the greatest.

Do you think constitutional reform of the WHO is needed, and what would you like to see changed?

Every organisation, as it grows, must necessarily pause and reflect. The world is changing fast, and at the WHO we have already set in motion a series of activities to review the constitution. I feel that our commitment to the basic principles on which the WHO was founded are still valid, and we need to defend these even today. The principles of decentralisation and regionalisation must be supported, as they have been successful in moving resources and providing technical know-how according to the needs of member countries. However, the WHO's membership has grown from the original 54 countries in 1948, to over 190 today, and perhaps we can now re-examine the functions of the organisation and the representation on the executive board. We can reconsider the configuration of the regions without compromising the principle of regionalisation.

How should the WHO respond to the current domination of international health by the World Bank?

The question makes an assumption that is not an accurate picture of reality. Part of the WHO's mandate has been to ensure that health gets on the agenda of other development agencies, and to some extent we can take credit for the World Bank's support of health projects. At a time when health funds are dwindling, the bank is fulfilling a vital function by moving into this sector. The WHO has excellent technical expertise and field experience to provide sound advice to the World Bank. In fact we are working in close partnership with the bank in several countries in my region, and our collective action has already shown a very significant impact.

Over the past 10 years the WHO has suffered a collapse of international prestige and internal morale. How would you restore faith in the WHO?

I cannot agree that the WHO

has lost international prestige. While there may be areas of performance where we might have done better, the WHO has maintained its status as the leading agency in international health. Where did the world turn to when the plague epidemic broke out in India and the ebola disease in Africa? The WHO is operating today in a world of fast developing technologies and changing values; conflict between economic development and human deprivation; and great scientific advances and the re-emergence of old diseases believed to have been brought under control. The WHO needs to keep up with the reality of this new world, and through the WHO reforms we are already moving in that direction. The WHO has so far consciously kept a low profile in the media, unlike other agencies, preferring to be more an architect than a builder. Perhaps because of this, others may perceive the WHO's role to be less visible.

Why are you the best person for the job?

With humility, I believe that I have the all the necessary qualifications and the experience for the job. I am a public health man and fully understand the issues of the WHO, and I also have rich field experience of working in a region with the most formidable health challenges. This has equipped me with the understanding and insights to consolidate the WHO's leadership role in health development. One of the most important areas of health promotion and development is the centrality of women in all health programmes. I come from Indonesia, where women are very strong and play an extremely important role in society. My own commitment and track record will ensure that women's health issues will be mainstreamed. My experience as regional director in South East Asia has taught me how to obtain maximal results with limited resources, through participation of communities and the people themselves. Similarly, I have brought about a new spirit of solidarity in the region through the health ministers' forum, interaction with parliamentarians, and regular meetings of health secretaries. □

Dr Nafis Sadik, from Pakistan, is the executive director of the United Nations Population Fund

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What do you see as the major health challenges of the next five years, and how should the WHO address them?

Overall, one of the key challenges will be to ensure that health is clearly seen as the cornerstone of all efforts towards social and economic development. More specifically the WHO has a key role in each of the following:

- Setting standards: the WHO should be prepared to offer leadership towards new goals for health in the 21st century, together with standards and "best practices" for reaching them;
- Health monitoring, surveillance, and reporting: the WHO's responsibility is to ensure that monitoring and surveillance extend to all health related matters. Analysis and reporting on trends will offer important guideposts for health related policy;
- Control of communicable diseases and emerging threats to health: the WHO is responsible in cooperation with its partners for providing accurate and timely information and promoting appropriate responses in all matters relating to health;
- Health policy as part of development: the WHO must take the lead internationally in demonstrating the importance of the goal of the Health for All initiative, and in calling attention to the development policy implica-

tions of changing health needs;

- Civil emergencies, war and natural disasters: the WHO, with its partners, should be prepared to respond to civil emergencies, war, and natural disasters.

Should the WHO be addressing the effects of socioeconomic factors on health, and if so, how?

The WHO must position itself as the global leader not merely in fighting disease but in promoting a proactive concept of personal and public health. In so doing, it must promote the concept of health as a key element of overall development and give attention to the effects of socioeconomic factors on health. The rapid pace of economic and social change calls for constant attention to its effects on all matters related to health. Smoking and tobacco related diseases and drug misuse are a growing threat to health in many developing countries. The WHO should be prepared to mobilise global efforts to adapt to the emerging challenges brought on by these trends.

How should the WHO's activities best reflect the long term needs of individual countries rather than the short term interests of donors?

The WHO's programme must be based on an in depth and objective assessment of needs at global, regional, and

country levels, and it must match these with the capacities that constitute the specific comparative advantage of the WHO. The only way any organisation can meet the enormous needs of both developing and developed countries is through focusing its programme areas on those areas where it has the excellence but calling on others to perform the roles in areas where they are stronger. Provided that the WHO inspires the confidence of all its partners, it can have a key role in promoting these strategic alliances. All proposals should be examined in the open, in a transparent and professional manner.

Do you think constitutional reform of the WHO is needed, and what would you like to see changed?

An important review process of the constitution is under way, and I will be guided by some of this work. Issues that require attention relate to the allocation of resources, the relations between the headquarters and the regional offices, and representation at country level. The review of the constitution must also look into issues that relate to the position and role of the WHO in the present day context, given that there are today so many other groups that are also active in health.

How should the WHO respond to the current domination of international health by the World Bank?

Today many other organisations, in addition to the WHO, are active and influential in the health field. Therefore, it is essential that close cooperation is established among all these entities, including the World Bank. The WHO should itself be in the position of a respected international leader on all matters related to health, giving policy advice and being proactive on health as a development question. The WHO can provide the forum for bringing together a large number of groups from within and outside the United Nations, to discuss issues of common concern.

Over the past 10 years, the WHO has suffered a collapse of international prestige and inter-

nal morale. How would you restore faith in the WHO?

The process of reform within WHO has already started and can be further encouraged and used to promote a culture of cooperation, which will in turn lead to greater cohesion and integration. It is the role of the director general to cultivate throughout the organisation a sense of purpose and commitment towards the goal of the Health for All initiative and to ensure that organisational priorities and managerial policy reflect this goal. Recruitment should be based on suitability, and promotion on performance. Personal integrity and commitment to the organisation's goals as much as technical expertise will be the hallmark of an effective staff member.

Why are you the best person for the job?

I am uniquely trained and prepared for these challenges. I understand from personal experience the reality of building better health in the context of a developing country and what is required in terms of global leadership. I have been widely acclaimed for my effectiveness as a strong leader, in the United Nations system. I have a long experience of the WHO's operations, yet I am not identified with its structure or management style. I have worked closely and at the highest levels with the government and institutions most closely concerned with the future of the WHO.

I have demonstrated outstanding fundraising capacity and the skills to build consensus and partnerships even on issues of a most complex and sensitive nature. I have brought together groups and individuals from the most diverse origins and representing all possible views, and in the end, through effective facilitation, coordination, and leadership, together we have agreed on new international agreements that all groups and countries can be truly proud of. The WHO's long term aim is to be an effective part of the structure of international cooperation to build peaceful development. I am in a unique position to make a critical difference in this process. □

Dr Sadik has been a strong advocate for the needs of women

Dr Ebrahim Samba, from Gambia, has been the World Health Organisation's regional director for Africa since 1995

WHO SPECIAL REPORT

What do you see as the major health challenges of the next five years, and how should the WHO address them?

● **Economic:** because of the unfavourable economic climate fewer resources are being allocated to health by the national and international communities. Poverty is increasing in the developing world, especially in Africa. The gap between the rich and the poor is widening. With globalisation of the world economy the poor are at a disadvantage.

● **Political:** political will is always positive, but it is rarely matched with concrete action. Political instability and civil wars result in millions of refugees and displaced persons, with attendant ill health, disability, and death.

● **Technical:** tools and the means for controlling emerging and re-emerging diseases such as AIDS, ebola disease, malaria, and tuberculosis are lacking. We have to pay special attention to the health implications of some technologies in industry and agriculture.

● **Environmental:** adverse environmental changes are causing floods, drought, and variations in epidemiology patterns of infectious diseases such as malaria, trypanosomiasis, yellow fever, and meningitis.

● **Behavioural:** lifestyle factors, such as smoking, alcohol consumption, use of harmful drugs, and obesity also represent an important health challenge.

The above are not exhaustive. The WHO should address them through the director general, who should take the lead and make contacts at the highest level with, for example, governments, United Nations agencies, and non-governmental organisations (NGOs) to form active partnerships. No single agency can do it. Equity and social justice in health should be prominent in the agenda.

Should the WHO address the effects of socioeconomic factors on health, and if so, how?

The answer is definitely yes. The WHO should have sociologists and economists in decision making positions. Secondly, the WHO should collaborate closely with agencies that have special competence to address socioeconomic factors influencing health.

Dr Samba directed the successful onchocerciasis programme

How should the WHO's activities best reflect the long term needs of individual countries rather than the short term interests of donors?

This should be done by closer collaboration. Working with the countries concerned, the WHO should help to prepare long term plans based on realistic situation analysis, feasibility studies, and sustainable budgets. The countries should be in the driving seat. The countries must be encouraged to own their programmes. It is advisable to have many donors rather than one dominant donor. The WHO should encourage the countries to take the initiative and contribute to the funding. WHO should help the countries to train the appropriate staff to take the lead role.

Do you think constitutional reform of the WHO is needed, and what would you like to see changed?

Constitutional review should be done at regular intervals and reform be undertaken where necessary. The following should be changed:

- Method of selection of the director general and regional directors;
- Country contributions to the regular budget;
- Distribution of the regional budget to the countries;
- A broader partnership in health should be institutionalised

to involve NGOs and "civil society" in the work of the WHO.

How should the WHO respond to the current domination of international health by the World Bank?

It should respond by requesting a high level meeting of the UN and Bretton Woods system with a view to defining the roles of the agencies. Currently there is a great deal of competition, duplication, and waste. Since the World Bank has much more money than any other agency, it dominates the show. The WHO should also perform better. Both sides have made mistakes in the past—the World Bank by being aggressive and paternalistic because they are so powerful and the WHO by being bureaucratic and poor in resources. It is possible to bring together the WHO's technical competence and the World Bank's financial resources. This happened in the onchocerciasis control programme that I directed from 1980 to 1994. The result has been very successful. This is also the spirit of the UN's special Initiative for Africa (of health sector reforms).

Over the past 10 years the WHO has suffered a collapse of international prestige and internal morale. How would you restore faith in the WHO?

The best staff should be recruited by respecting sex and

geographical distribution, with competence as the dominant criteria. Management should be transparent and professional. The WHO cannot do everything; priorities, therefore, should be set and respected. Proper plans and strategies should be prepared. Implementation should be rigorous, with regular monitoring and evaluation. Evaluation, both internal and external, should occur at regular intervals. Following results of the evaluation, reforms should be done as necessary. Partnership should be developed with NGOs as appropriate. Member states should be encouraged to respect their obligations and pay the financial contributions regularly and on time. The "regular budget" should be allocated to countries according to need. This should be reviewed regularly. The extrabudgetary funds should be regularised. At this moment it is haphazard and unpredictable.

The global function and specific country technical cooperation should be reviewed and be made more appropriate. The roles of headquarters, regional offices, and country offices should be redefined to avoid duplication, conflict, confusion, and waste. Research at all levels should be encouraged. Equity and social justice should be respected in all activities.

Why are you the best person for the job?

I know the WHO, having represented my country on and off since 1974, worked as the WHO's director of the onchocerciasis control programme from 1980 to 1994, and contributed to the success of the WHO's biggest programme in Africa. I have a proved track record of international health management. I am from the Third World and was born and brought up in poverty. I therefore know poverty and hope to be in a better position to address its health challenges. I collaborate very well with partners of all disciplines and colours. My management style is transparent and seems to be internationally recognised. I am politically independent, and I do my job without fear or favour but with diplomacy. I therefore get on very well with people. □