With WHO Director-General Margaret Chan’s term set to expire this June, the world is waiting for a successor who will be able to help the global health body overcome what looks to be an impending crisis. Pakistan’s Sania Nishtar, a cardiologist, activist, and former science minister, is seen as a relative outsider compared with the other two frontrunners – British physician and UN official David Nabarro, and former Ethiopian Health Minister and Foreign Affairs Minister Tedros Adhanom Ghebreyesus. Whoever ends up taking the helm of the WHO will face an unprecedented array of challenges, not just in terms of potential epidemics but also because of internal and, more than ever, world politics. At this juncture, it might just take an outsider to save the WHO from itself.

Margaret Chan is leaving behind a contentious legacy after ten years as head of the WHO. Previously, as director of the Hong Kong department of health, she was praised for preventing what could have been a pandemic episode of bird flu in 1997. In 2003, however, Hong Kong officials criticized her for dithering for 12 days before adding SARS to the list of diseases that necessitated quarantine. Her dawdling over SARS might have presaged the WHO’s widely condemned inaction during the early days of the Ebola outbreak in West Africa. Although the virus was spreading rapidly as far back as in April 2014, the WHO waited until August to declare it a public health emergency.
An advisory panel that assessed the agency’s reaction to the outbreak blamed the WHO’s ossified culture and internal politics for the deficient response—a culture which Chan did little to rectify during her time in office. Critics widely described her as lacking the proper leadership skills, the ability to navigate internal politics, and the courage to corral 194 member states behind important initiatives—qualities that are badly needed in a director-general.

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In contrast with Chan, Nishtar has held a variety of leadership positions, not just in government and at the UN but also at the helm of her own non-profit. In 1999, Nishtar moved on from her cardiology career to establish Heartfile, a health information-focused NGO that has evolved into one of the loudest health policy voices and proponents of healthcare reform in Pakistan. In 2013, she served as a cabinet-level minister in Pakistan’s interim government and oversaw four portfolios, including public health. Outside of Pakistan, Nishtar has held leadership roles on international health panels and advisory groups like the WHO Commission on Ending Childhood Obesity.

Interestingly, Nishtar’s campaign for the top spot seems to be channeling Donald Trump. She is running on a platform promising to restore the WHO “back to its former glory” by emphasizing transparency, accountability, and improving the effectiveness of the organization’s internal governance.

Despite her deft politics, the WHO’s internal rivalries might swing against her. With India-Pakistan tensions running high, it’s unlikely she will be able to garner much support from New Delhi or its allies in the organization’s secretive balloting. Influence within United Nations bodies is also linked to how much funding individual governments provide: it’s worth noting India contributes far more than Pakistan at a when the Trump administration is reportedly considering slashing America’s UN contributions.

The political obstacles may be formidable, but Nishtar’s platform sounds some of the right notes when it comes to identifying the issues hampering the WHO. These include not just a labyrinthine bureaucracy, insufficient funding, and disagreement among member states, but also addressing the WHO’s complex administration and patchy oversight of several semi-autonomous branches, such as the International Agency for Research on Cancer (IARC). IARC is influential and well-regarded on the whole, but many critics argue that it confuses both the public and policymakers. IARC’s assessments of potentially carcinogenic substances have been the subject of particular criticism.

Over the past 40-plus years, IARC has classified nearly 1,000 substances and activities, and has found only one “probably not” likely to cause cancer. Meanwhile, it has declared that a number of everyday substances, from bacon to hot tea, are either “possibly” or “probably” carcinogenic, often at odds with the determinations of other health authorities. For instance, in March 2015, IARC concluded that glyphosate, an ingredient in the world’s most widely-used weed killer, is “probably carcinogenic.” The only problem? That finding has been contradicted by the European Food Safety Authority, the EPA, and other bodies inside the WHO itself. A joint finding of the WHO and the UN’s Food and Agriculture Organization (FAO) rejected any likelihood of a link between glyphosate
and cancer last year, while the WHO’s standards on drinking water don’t consider the herbicide a health hazard.

These conflicts have, understandably, produced public confusion and rising criticism over IARC’s methodology. These came to a head last fall, when the U.S. Congress’ main oversight committee questioned National Institutes of Health officials about why taxpayers were funding the agency. Critically, some of Congress’ main complaints have centered around IARC’s efforts to keep e-mails and other records away from lawmakers. This happens to bolster one of the key pillars of Nishtar’s campaign pitch: by emphasizing transparency, the Pakistani candidate has been speaking out against the secretive mindset that has helped land more than one WHO agency in hot water.

In a world that is growing tired of multilateral institutions, Nishtar and the other candidates have just a few months left to make their case. The campaign is slated to last until the World Health Assembly – the WHO’s equivalent of the UN General Assembly – meets in May, and the winner will take office starting July 1.

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