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June 8, 2017



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Future of Health: A Call for Leadership from the Western Pacific Region

18 April 2017

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With the election of the next Director General of the World Health Organization taking place in Geneva next month, member states across the Pacific have a unique opportunity to determine how healthcare will be governed for the next five years.

This election has the potential to affect the delivery of health for years to come, and is particularly relevant in our region in light of our specific challenges and size. And of note, for the first time, all 194-member states of the WHO will vote directly for the next Director General.

Here in the Western Pacific region, with member states ranging from the largest populations to the smallest, each country has one vote and a vital role to play in determining the outcome of this election.

The challenges the next WHO leader must face are formidable: a long overdue need for reform and overdependence on a handful of donors; a burden of noncommunicable diseases - such as heart disease, stroke, diabetes, cancer and respiratory disease - that is already under-funded and unmanageable; emerging and re-emerging pandemics; and transformations in how multilateral institutions and agreements are governed and managed.

But the opportunities are just as great. The Sustainable Development Goals, adopted at the United Nations in 2015, offer concrete targets under Goal 3 for health, and for incorporation of health into many of the other goals, including those concerned with urbanization, education, poverty reduction, nutrition and partnerships.

The new Director-General must be willing and able to make difficult decisions to ensure that WHO is fit for purpose and responsive to the new health and policy landscape.

After reviewing the three highly qualified finalists, it is our belief that Dr Sania Nishtar is the best suited to take WHO through its next phase. She combines practical clinical and public health experience and has enormous experience with both civil society and government-led approaches to health improvement.

She was the first female cardiologist in Pakistan and after recognising how much of cardiovascular disease was affected by issues further upstream, she successfully addressed health systems barriers to care in Pakistan and launched a major NGO, HeartFile, to address the constellation of factors that affect health in Pakistan, including both infectious and non-communicable diseases. As Minister of Health in Pakistan, she engaged in policy at a high level both in Pakistan and globally. Through all of this, she has addressed barrier after barrier with a quiet tenacity and great diplomacy, skills that will serve her well in reforming WHO.

Dr. Nishtar co-chaired the WHO Commission on Ending Childhood Obesity, which set global and national benchmarks for dealing with this essential public health issues affecting all but the very poorest countries. Her work in NCD prevention and control and in health systems has been very impressive. She's has developed a ten-point plan as part of her candidacy which includes: a commitment to transparency and accountability; country-relevant support to achieve the Sustainable Development Goals; strengthened action on global public goods including health norms and standards; reform of WHO; and a culture of partnerships and new models for financing.

Throughout her campaign Dr. Nishtar has demonstrated exemplary values and conduct, including receiving no outside funding aside from the government of Pakistan, transparency in all funding issues, avoidance of promises to any one interest group, reflecting transparency in all that she undertakes and a commitment to true WHO reform. There has never been a WHO leader from a low- or middle-income country. Dr Nishtar comes from the WHO Eastern Mediterranean Region, one of the three WHO regions from which a Director General has yet to be elected.

A World Health Organization resolution calls for member states to factor this in to their selection of a final candidate: "Due regard shall be paid to the principle of equitable geographical representation in the overall process of nomination, election and appointment of the Director-General of the World Health Organization, being mindful at the same time that candidates appointed to this post have so far only come from three out of the six regions of the Organization, and that the paramount consideration of the necessity of securing the highest standard of efficiency, competence and integrity in the election and appointment of the Director-General shall be maintained."

We also believe there is no substitute for the firsthand experience shown by Dr Nishtar of what the health systems needs are in low- and middle-income countries, as outlined in her seminal work describing mixed health systems syndrome and in writing Choked Pipes. She has first hand knowledge of developing country health systems. Moreover, someone who has worked equally in communicable and noncommunicable diseases, is well placed to tackle the changing health challenges in the region.

Regional support for Dr. Nishtar's candidacy will go a long way to ensure that both the problems and the promise of health in the region achieve the global prominence they deserve.

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