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Health leadership in a multipolar world: A view from Europe

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The WHO in Geneva. [WHO]

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Europe is still the most powerful international player in global health. But in an increasingly multipolar world, where differences between the developing and developed health worlds are dissolving, the way we look at global health is outdated, writes Johanna Ralston.

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Factors including non-health risks such as security and climate change, promising innovations and evolving models of financing and partnership, mean that a new approach is needed. The next director-general of the World Health Organisation must drive this change.

One of the areas in healthcare with the greatest promise for improved efficiencies and health outcomes is electronic medical records (EMR), however the complexities associated with ensuring the integrity and security of such records have hampered progress. Most promisingly, a new model using blockchain to protect these records is highly promising for a major expansion of EMR, across institutions and even borders.

The government that is leading the way in blockchain for over one million EMRs? One of the youngest countries in Europe and among the newest EU members: Estonia. The emergence of Estonia as an important player in global health technology illustrates changes that are taking place within Europe and around the world.

With its rich history of leadership in global health, Europe has always played a central role in how the world tackles existing and emerging health challenges. But the time when global health mainly meant exporting technical skills and funds from high to low-income countries (what has been described as the “they get sick, we pay for it” model of donor-driven health) is receding. The model of vertical programmes funding a handful of health challenges, while remarkably successful in saving lives and disseminating treatment, has also been evolving towards a more integrated system.

And the “democratisation” of vectors and risk factors related to migration and globalisation means that, more than ever, the key drivers of health – food, air pollution and climate change, tobacco, displaced populations with massive unmet health needs – are interrelated.

There are major upsides to globalisation. An interconnected world means big data, economies of scale and efficiencies in how medicines are produced and delivered, and reverse innovation including new technologies that can place health in the hands of the consumer. States that were once strictly defined as developing economies are evolving into developed status, shifting from beneficiaries of assistance to donors, and some, including India and Indonesia, are expected to be the largest national economies in the world by 2030, surpassing the large European countries.

All of this means we must rethink what kind of World Health Organisation (WHO) is needed in a world in which the gravitational pull is eastward and the unipolar model is shifting to one that is multipolar. There is a flattening, too, in the kinds of health challenges we are facing, from the shared risks associated with pandemics to the shared burdens of noncommunicable disease. This means we are all accountable for and affected by how effective the WHO is.

The selection of the next WHO director-general is underway and a vote by member-states will take place this month in Geneva. The role of the new DG will be essential to driving change, both within the WHO and across the globe. The new DG must not only steer the WHO in urgent matters including pandemic preparedness, emerging health challenges and reform, but must do so in the context of a much broader view of the world in which the WHO is operating and while leading organisational and financial reform. Indeed, financing for the WHO is inseparable from a vision of its purpose and its relationship with its member states and stakeholders.

The focus of the next DG on financing must recognise the need for changes in how prevention and care are funded, including innovative approaches such as excise taxes, increased engagement from new donors including NGOs and non-state actors, and transparent and ethically-guided engagement with the private sector, using the Sustainable Development Goals as a starting point. We must make sustainability and profitability mutually reinforcing rather than mutually exclusive, and use transparency as our first line of defence against potential conflicts of interest.

Global health is influenced by a wide array of social, political and economic factors, and many of the world's biggest health challenges require working *outside* of the health sector, both on the prevention side and in "treating" disease by addressing the underlying causes including trade, climate, urban planning and access to food.

Thus, a reformer's track record is essential, and a vision shaped outside the established health world underscores the determination and different thinking that will be essential for success. Moreover, having a WHO leader with a thorough understanding of on-the-ground realities in the developing world, as well as a wide-ranging experience in the European and Western health worlds would highly benefit the organisation in its mandate of facilitating partnerships and building bridges.

I believe physician and global health leader Dr. Sania Nishtar from Pakistan fits this bill, and echo her approach of letting the evidence be the guide: a record as a reformer, a trailblazer in restructuring health systems, a civil society champion, a leader who re-established the Federal Ministry of Health, and a global expert who has done a tremendous amount to advance emerging issues such as obesity.

Global health needs a step change, not a continued trajectory. As Europe's longstanding commitment to improving global health demonstrates, changing our view will also allow us to see solutions that were not previously available to us. I urge European governments and countries around the world to be bold and back the changemaker from the South.