Sania Nishtar is the health leader that the world needs

Correspondence

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There is no substitute for the practical experience that Nishtar brings from the political level to develop country health systems and her acclaimed book, *Choked Pipes*, has provided a roadmap of how low-income and middle-income countries can accelerate towards universal health coverage. She has translated theory into practice, with conflict and climate catastrophe leading to numbers of people on the move, health challenges have never been so complex or multi-dimensional. The need for an agile response to pandemics was never more evident than in the recent Ebola outbreak, and we must make a collective vow that WHO must have the leadership and resources to prevent a recurrence.

The world is facing several important health challenges. Non-communicable diseases are placing a major strain on already fragile health systems, while at the same time many countries are still struggling to tackle age old killers like tuberculosis, malaria, and HIV/AIDS. With conflict and climate catastrophe leading to numbers of people on the move, health challenges have never been so complex or multi-dimensional. The need for an agile response to pandemics was never more evident than in the recent Ebola outbreak, and we must make a collective vow that WHO must have the leadership and resources to prevent a recurrence.

These challenges call for a leader like Nishtar, who has a strong technical public health background combined with empathy derived from lived experience with health and disease at the grassroots level in low-resource settings. Moreover, Nishtar has proven organisational, managerial, and political skills. She has looked at health challenges through virtually every lens with experience as an internationally respected medical doctor, civil society leader, former cabinet minister, thought leader, and technical expert. She has sat at the highest policy tables globally, and will be cognisant of the need to find the best leader. This is not a claim we make lightly. Many of the arguments for our claim are set out in detail in Nishtar's published manifesto, but some of the more important points bear repeating.

There is no substitute for the practical experience that Nishtar brings from the political level, where difficult decisions are made about managing limited resources and the ability to persuade is critical.

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While in government in Pakistan, a country of 200 million people, Nishtar re-created the Ministry of Health, which had been abolished by constitutional amendment—no mean political feat. In addition, she has impressive civil society credentials that enable her to engage broadly to build partnerships—a critical skill in delivering on the Sustainable Development Goals.

Nishtar is well versed in the ways of the multilateral world and, recently, she co-chaired the WHO Commission on Ending Childhood Obesity, which provided recommendations to end the silent epidemic that looks to cripple future generations.

Nishtar speaks feelingly and convincingly about the need for integrity and transparency in public life. In the election campaign to be DG, Nishtar was early to commit to publishing her campaign finances and has followed up by accounting fully for all of her expenses, noting the source of funding. Her stance on accountability is well established, which is why she was invited by the UN to chair the Independent Accountability Panel for the Global Strategy on Women’s, Children’s and Adolescents’ Health.

Some argue that Nishtar should be elected because she’s a woman, and others because no one from the WHO Eastern Mediterranean Region (like no one from the WHO African or South-East Asian regions) has ever held the position. But leading WHO at such a time is not about who listens and hears and has garnered support from every region of the world. Nishtar has rightly run her campaign on her record of reform and from a “one world” perspective, recognising that health challenges are not isolated to one country or region, and the global health system is only as strong as its weakest link.

Her election will restore a sorely needed balance in gender and geographic representation among heads of UN entities. Currently, amongst the leadership of the more than 40 UN entities, fewer than 25% are women and only one (who happens to be a man) is from the Eastern Mediterranean region. Among heads of UN entities there is no one from South Asia, despite the fact that this region accounts for 25% of the world’s population (appendix).

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Finally, all of the excellent technical qualities, organisational skills, and personal attributes that Nishtar brings are enhanced by an incomparable capacity to communicate logically, coherently, and with the passion that derives from her firm commitment to the thesis that a well led and properly resourced WHO can make a fundamental difference to the health of the world.

We repeat our support for Nishtar as the health leader that the world needs.

CC is a former President of the British Association of Counselling and Psychotherapy. PP is past President of the World Heart Federation and a former Director for NCD Prevention and Health Promotion, WHO, Geneva, Switzerland. RB is a former Director of the Department of Chronic Diseases and Health Promotion, WHO, Geneva, Switzerland. RD is a former Director of NCD Surveillance, WHO, Geneva, Switzerland. MAJ is a former Assistant Director-General of WHO, Geneva, Switzerland. We declare no competing interests.

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