

Continuity and progress at WHO



WHO/C. Black

Dr Anders Nordström

Anders Nordström received his MD from the Karolinska Institut in 1988 in his native Sweden. He worked in the field with the Swedish Red Cross in Cambodia and later, the International Committee of the Red Cross in the Islamic Republic of Iran. He worked for the Swedish International Development Co-operation Agency (SIDA) for 12 years from 1992 to 2003, including three years as Regional Adviser in Zambia and four years as head of the Health Division (1999-2003). During 2002, he established the Global Fund to Fight AIDS, Tuberculosis and Malaria as Interim Executive Director. Nordström joined WHO as Assistant Director-General for General Management in July 2003 and was appointed Acting Director-General on 23 May by the WHO Executive Board until a successor to the late Director-General Dr LEE Jong-wook is elected in November.

Since Anders Nordström took up his post as Assistant Director-General for General Management, he has worked on strengthening transparency and accountability in the Organization, improving the budget and planning processes, and management of human resources. He was appointed Acting Director-General on 23 May at an extraordinary meeting of the WHO Executive Board. In his first meeting with journalists after his appointment, he joked that he was a "professional interim", having already served an interim post at the Global Fund and at SIDA. In this interview with the *Bulletin*, he outlines his priorities for the next few months.

Q: Dr LEE Jong-wook served less than three years of his five-year term as Director-General. How would you assess his achievements during that short period of time?

A: JW Lee was not a traditional kind of UN leader. He was a modest man who empowered his team and his staff to do their work through a sophisticated kind of leadership. He gave us great freedom, but kept us accountable and made sure we delivered. I am grateful for what I have learned from him. Dr Lee was very proud of the fact that we increased our voluntary contributions to the Organization by 61% during the last biennium. This is a reflection of the trust governments have in the Organization and the importance people place on health issues. Some weaknesses remain, but overall our achievements over the last three years have been quite amazing: from negotiating treaties, through delivering on the ground and getting advocacy messages out, to turning the world around in terms of access to treatment.

Q: Will you be proposed as a candidate for the election of a new Director-General?

A: No. I am not a candidate for Director-General, nor for Executive Director of the Global Fund. After the election of a new Director-General, I

hope to return to my General Management team and continue to work on management reform in WHO.

Q: What are your main priorities as Acting Director-General?

A: I will work in this capacity for the next six to seven months. A lot needs to be done during this period. The spirit and theme will be continuity and progress. My three priorities are: to maintain the momentum and direction in our technical work in order to benefit the health of people everywhere; to manage the election process for a new Director-General in as efficient and transparent a manner as possible; and to continue work on WHO management reforms. For example, I will push through our work to eradicate polio, I will ensure that our focus on health workers continue, and I will ensure that health systems work is better integrated with our other technical programmes. On management issues, I will oversee a more effective resource mobilization service, guide the Global Management System and ensure that key issues around internal justice, accountability and transparency are pursued.

Q: How do you intend to continue WHO's technical work?

A: The World Health Assembly and

Executive Board have given us the green light to take our work forward in many areas. One of the first things is to move ahead with implementing the Eleventh General Programme of Work. The global agenda for this is agreed, and WHO's core functions have been clearly identified. This will be extremely important in terms of improving the health of all people and positioning the Organization within the wider context of the UN. We also need to push ahead with the International Health Regulations (2005) in terms of raising the resources needed to build capacity in countries to implement them.

Q: How will WHO take forward the resolution on intellectual property rights and health passed at this year's World Health Assembly?

A: We have the Report of the Commission on Intellectual Property Rights, Innovation and Public Health and the Resolution, now we will start discussing how to implement a plan of action, and where in WHO this work should be housed.

Q: How will you continue Dr Lee's work in the fight against HIV/AIDS?

A: Increasing the availability of HIV prevention, treatment and care to some of the poorest people on the planet is

a key part of Dr Lee's legacy, and I will be working hard to build on it through the 5-year strategic plan approved by the World Health Assembly. Recently I met representatives of the Brazilian, Chilean, French and Norwegian Governments to see how a new initiative for funds raised by an airline tax can increase support for HIV/AIDS, tuberculosis and malaria. Translating the five-year strategic plan for HIV towards universal access into practice is now a top priority. We have resources

in WHO country offices which will be key to taking that strategy forward. We must also continue the advocacy work started by JW Lee on HIV prevention, treatment and care.

Q: How are the management reforms progressing at the moment?

A: Our priorities in this area are to build on WHO's role and position within the broader context of UN reform. Last month the High Level Panel on UN System-wide Coherence consulted

with the Geneva-based UN agencies. We explained to them the nature of a specialized agency, which has independent functions but is still able to implement work at country level in a more integrated and coordinated way. We will now consult broadly throughout the Organization, especially with WHO Representatives and country offices to see how WHO can be more effective in the UN system. A paper will be developed for discussion by the Executive Board at its session in January 2007. ■

Recent news from WHO

- Up to 24% of global disease is caused by **preventable environmental hazards**, according to a WHO report released on 16 June: *Preventing disease through healthy environments - towards an estimate of the environmental burden of disease*. http://www.who.int/quantifying_ehimpacts/publications/preventingdisease.pdf
- WHO proposed on 12 June the creation of an interim, urgent, funding mechanism to prevent disruption of basic services and bridge gaps in health service delivery in the **occupied Palestinian territory**.
- The Fifty-ninth World Health Assembly was overshadowed by the **death of Dr Lee Jong-wook**, Director-General of WHO. He died on Monday 22 May after a brief illness, at the age of 61. Delegates observed a two-minute silence in his memory. That week, more than 1000 people attended his funeral service at the Basilique Notre-Dame in Geneva.
- WHO's Executive Board decided on 30 May to speed up the usual process for electing a new Director-General, following Dr Lee's sudden death on 22 May. At a special meeting 6–8 November in Geneva, the Board will short-list candidates, interview them, vote on them and nominate one. On 9 November, a one-day special session of the World Health Assembly will consider the nomination and appoint a new Director-General. The Board will also decide when a contract for the new Director-General would take effect. The deadline for Member States to propose candidates is 5 September. Details of all the candidates will be sent to Member States for consideration by 5 October.
- More than 2200 people from WHO's 192 Member States, nongovernmental organizations and other observers attended the World Health Assembly, which took place in Geneva, 22–27 May. A number of key decisions were made at the **World Health Assembly**:
 - The Assembly agreed to voluntarily implement parts of the **International Health Regulations (IHR)** immediately, in particular those which relate to avian influenza and to a potential pandemic of human influenza. The IHR were formally adopted at the 2005 Assembly and come into effect in 2007.
 - The Assembly adopted a resolution calling for measures to complete the **eradication of polio**, and two resolutions on **HIV/AIDS**.
 - A resolution was passed calling for renewed commitment to policies and programmes related to implementation of the International Code of Marketing of Breast-milk Substitutes and to revitalize the Baby-Friendly Hospital Initiative.
 - The Assembly adopted a draft strategy for the prevention and control of **sexually transmitted infections**.
 - Another resolution called for a global strategy to address the need for people in developing countries to access necessary medicines, vaccines and diagnostics, following publication of the report by the **Commission on Intellectual Property Rights, Innovation and Public Health**.
 - In a resolution on **International Trade and Health**, the Assembly urged Member States to work at national level to coordinate trade and health policies among the ministries of finance, health, and trade.
 - The Assembly adopted a resolution on the rapid scaling up of **health workforces**.
 - To address concerns that emergency preparedness in many countries is weak, and may not be able to cope with large-scale disasters, the Assembly passed a resolution urging countries to further strengthen national emergency mitigation, preparedness, response, and recovery programmes.

For more about these and other WHO news items please see: <http://www.who.int/mediacentre/events/2006/en/index.html>