The new general director of the World Health Organization (WHO) has just been elected. In a process much more transparent than ones seen in previous years, Tedros Adhanom Ghebreyesus (the former Minister of Health and also former Minister of Foreign Affairs of Ethiopia) was the final winner (with Brazilian support), against finalists from the United Kingdom and Pakistan.

The election was more transparent in that the vote was extended to the Member States, not just to the WHO Executive Committee. In addition, manifestos and debates were published, with the clear use of electoral strategies – it was possible to observe candidates seeking out votes from the Member States. There were even the traditional warnings by rivals regarding the candidates’ previous activities. And Ghebreyesus was not spared: his agreement with the tobacco industry as minister of Foreign Affairs\(^1\) was recalled; his possible connection to the enormous human rights violations promoted by Ethiopia during his term was questioned; there was also talk of a cover-up of a cholera epidemic during his term as Minister of Health. But perhaps what was most controversial was precisely his successful efforts to significantly increase child vaccination (from less than half to more than two-thirds) during his tenure as Minister of Health\(^2\).

Indeed, the dramatic increase in the number of vaccinated children was the result of an agreement with the Global Alliance for Vaccine and Immunization (GAVI), the public-private partnership started in 2000 with the Bill & Melinda Gates Foundation. GAVI, which involves UN agencies, governments, the vaccine industry, the public sector and civil society, aims to improve vaccine coverage in poor countries and to speed up access to new vaccines\(^3\).

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\(^3\) GAVI. Available at: <http://www.gavi.org>. Date accessed: 30 May 2017.
Ghebreyesus’ support from “philanthropists based in the United States” reveals the greatest challenge for his management of the WHO: finding balance between the horizontal and the vertical option in the development of global health policies, today translated as the dilemma between the ample financing offered by the philanthropists (vertical) and the weak support from (horizontal) health systems. Such a balance is especially difficult because, in times of growing nationalism and disbelief in multilateral agencies, and given the real possibility of easily measurable vertical programs, the choice of donors is obvious. Above all, on the other hand, there are programs more directly linked to the social determinants of health, which involve setting policies on a broader spectrum, more difficult to measure and therefore unattractive to those who want to demonstrate that their influence has saved “X” thousands of lives. Or, in the words of Laurie Garrett: “the bragging rights on funding creation of a new vaccine are seductive, but hanging in there for decades to provide backing for unglamorous immunization programmes seems dull.”

Other critical issues await direction from the new director-general, such as positioning regarding the medical technology and pharmaceutical industries and the food and alcohol industries. It is expected that he will ensure transparency in WHO’s regulatory policy and normative activities, so as to adequately protect it from undue commercial interests. Additionally, the new director-general is expected to complete the structural reforms of the organization, to address the duality of regional and global governance processes, and end the enormous redundancy in activities and the competitive search for resources among WHO and its partners. In addition, it is hoped that Ghebreyesus will re-establish the prestige and leadership that the organization enjoyed in the field of global health.

During his first press conference following his election, the new director-general talked about what may be considered his priorities and guidelines. He emphasized that emergency response must be implemented urgently; that it is necessary to assist countries in the implementation of International Health Regulations; that controlling epidemics is crucial; that it is necessary to ensure fair funding for WHO projects, and that investing in health as a means for development is the smart choice. He concluded by talking about universal health coverage, noting the need to address financial barriers to medication access, and that it matters little how countries choose to achieve this goal, be it through public, private or mixed financing.

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Ghebreyesus’ most important statement, however, is that health is a matter of rights. Making it understood that health—both within the scope of the normative power derived from it and, mainly, through access to actions and services as a right of each and every one—will be the daily work of the new WHO director. Researchers in Sanitary Law certainly will not hesitate to contribute in this regard.

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