



New leadership for the WHO Regional Office for the Eastern Mediterranean: exceptional election in an exceptional time

On May 19, 2018, during the 71st World Health Assembly, the 21 health ministers, or their representatives, from the Eastern Mediterranean region are due to elect a new Regional Director for the WHO Regional Office for the Eastern Mediterranean (EMRO) in a special session of its regional committee. The exceptional election follows the unexpected death of Mahmoud Fikri who was WHO EMRO Regional Director for only 8 months during 2017. WHO has accelerated the normally lengthy election process to fill the vacuum in WHO EMRO leadership. Eight countries have fielded candidates¹ (panel), a reflection of the prevailing discord among member states.

The new Regional Director will work in a challenging environment for improving people's health and for strengthening regional collaboration. Many countries are involved, directly or indirectly, in conflicts and wars that involve large-scale violations of international humanitarian and human rights laws. After the brief promise of the Arab spring, internal repression has taken hold in several countries with widespread human rights abuses.² Competition between the largest powers, Iran and Saudi Arabia, fuels geopolitical and sectarian divisions and conflicts. Largely negative international involvement further aggravates the situation. Economic and living conditions have deteriorated in many countries. Opportunities for change seem limited and democratic potential and hope distant, especially for young people.

The region has complex health challenges—eg, humanitarian and health needs of populations affected by war and forced displacement,³ including polio outbreaks in Syria⁴ and a large-scale cholera epidemic in Yemen,⁵ cases of wild poliovirus type 1 in Afghanistan and Pakistan despite massive resources for eradication,⁶ and increasing burden and costs of non-communicable diseases.⁷ Health systems have been destroyed in some countries in conflict^{8,9} or are too fragile in others, rendering them unable to meet these health challenges. This situation is exacerbated by inadequate financing for health in low-income and middle-income countries and loss of the health workforce, particularly in countries affected by

conflict.^{8,10} Rampant inequalities within and between countries, population growth, and serious threats to environmental sustainability¹¹ pose further challenges for health. The absence of regional solidarity undermines the potential of regional action on health.

The new Regional Director will face additional internal challenges at WHO. Emergencies consume half of WHO EMRO's funds.¹² This situation leaves fewer resources for the health development agenda and affects progress on WHO's global initiative on universal health coverage (UHC) and the Sustainable Development Goals (SDGs). Some health programmes, such as those of the United Nations Relief and Works Agency for Palestine Refugees (UNRWA), face critical funding shortfalls.¹³ WHO EMRO will face challenges in meeting the new WHO General Programme of Work for 2019–2023. Strengthening country offices will be a long process in light of the weaknesses in the health workforce, but WHO should also reconsider its role in countries. This is important for countries in conflict, such as Syria and Yemen, where WHO and other UN agencies have been criticised for an inability to address needs across conflict lines and for channelling aid largely through government-approved entities, presumably due to their mandate.¹⁴ Interpreting WHO's mandate in this narrow lens has had negative consequences for the UN and WHO and their work to improve health and wellbeing in the region. Staffing issues at WHO EMRO, related to international versus regional recruitments, have adversely affected morale. Having to deal with three regional directors in less than 2 years is likely to add to the stress.

Published Online
April 30, 2018
[http://dx.doi.org/10.1016/S0140-6736\(18\)31029-8](http://dx.doi.org/10.1016/S0140-6736(18)31029-8)

Panel: Candidates in election for Regional Director of WHO EMRO

- Ahmed Salim Saif Al Mandhari (proposed by Oman)
- Hamad Abdullah Al-Manie (proposed by Saudi Arabia)
- Mustafa Osman Ismail Elamin (proposed by Sudan)
- Maha El Rabbat (proposed by Egypt)
- Muftah M Etwilb (proposed by Libya)
- Rana A Hajjeh (proposed by Lebanon)
- Mohammed Jaber Hwail (proposed by Iraq)
- Mohamed Abdi Jama (proposed by Somalia)

Despite this difficult situation, elections for Regional Director are taking place with no position statements from governments, limited media attention, and little noise from candidates or health professionals. This must change. The elections are too important and the stakes too high. Without effective leadership from the Council of Arab Health Ministers or strong collaborations for health among other member states, WHO EMRO has a vital role in shaping the regional health agenda.

We urge governments and their health ministers to declare a commitment to a principled approach to the election that is based on selecting the best person for the job. Health ministers must be involved in the selection, not just cast votes for foreign ministries. Criteria proposed for the WHO Director-General position should hold true for WHO EMRO's Regional Director.¹⁵ A transparent approach would be best for countries, for WHO, and for the candidates themselves. An election with an open vote, rather than a secret ballot, would be even better. This may require amendments of the Rules of Procedure for Regional Director elections, which would be good for WHO.

Regional health professionals' bodies, academia, and civil society have a duty to use this opportunity to speak up about health priorities and communicate their expectations to the electing ministers, WHO, and the new Regional Director. These actors should not only emphasise evidence-driven health policies, transparency, and accountability but also institutional strengthening, which has not received enough attention by WHO EMRO.

The region has had a short time to know the candidates, who were announced in March. Publicly available information is limited. As of April 30, only two candidates have websites. We encourage the candidates to make use of social media and online platforms to communicate their campaigns. With limited time, an online debate would allow the electing ministers of health to compare and contrast, and permit civil society, academia, and the public to assess the candidates and lobby their governments. Hosting such a debate, reporting on the candidates, and soliciting public views is needed. We urge the WHO Director-General to proactively facilitate these steps and contribute to a transparent and robust election for WHO EMRO's Regional Director—this process would complement his ambitious global agenda.

Despite the challenges facing the region and WHO, the new Regional Director can make a difference by presenting a needs-based programme and an achievable action plan. We suggest three priorities. First, steering WHO to respond more effectively to urgent health challenges, particularly humanitarian needs and protection of civilians and health care in conflict.^{16,17} Second, helping countries to make the long-term investments and structural changes needed to build and rebuild stronger public health and health systems that can meet commitments to UHC and the SDGs. Finally, using health as a bridge to dilute the political differences in arguably the most challenging of the WHO's six regions.

**Samer Jabbour, Sameen Siddiqi, Rita Giacaman, Hani Serag, Jawad Al-Lawati, Amirhossein Takian, Habiba Ben Romdhane, Elsheikh Badr, Laith J Abu-Raddad, Aida Seif El-Dawla, Salwa Najjab, Driss Moussaoui, Mustafa Khogali, Yousef Khader, Bothaina Attal, Iman Nuwayhid*

Faculty of Health Sciences, American University of Beirut, Beirut 1107 2020, Lebanon (SJ, IN); Department of Community Health Sciences, Aga Khan University, Karachi, Pakistan (SS); Institute of Community and Public Health, Birzeit University, Birzeit, occupied Palestinian territory (RG); Egyptian Foundation for Health For All and Regional Coordination Committee, People's Health Movement, Cairo, Egypt (HS); Ministry of Health, Muscat, Oman (JA); School of Public Health, Tehran University of Medical Sciences, Tehran, Iran (AT); Faculty of Medicine, University of Tunis Manar, Tunis, Tunisia (HBR); Sudan Medical Specialization Board, Khartoum, Sudan (EB); Department of Healthcare Policy and Research, Weill Cornell Medical College-Qatar, Doha, Qatar (LJA); Faculty of Medicine, Ain Shams University, Cairo, Egypt (ASE); Juzoor Foundation for Health and Social Development, Ramallah, occupied Palestinian territory (SN); Ibn Rushd University Psychiatric Centre, Casablanca, Morocco (DM); School of Medicine, Ahfad University for Women, Khartoum, Sudan (MK); Department of Community Medicine, Jordan University of Science and Technology, Irbid, Jordan (YK); and Faculty of Medicine and Health Sciences, Sana'a University, Sana'a, Yemen (BA)
sj22@aub.edu.lb

SJ was a WHO EMRO staff member between 2013 and 2015. SS was a WHO EMRO staff member until Dec 31, 2017. JA has served as a temporary advisor to WHO Geneva as well as to WHO EMRO on several occasions; on two occasions, JA received payments against agreement for performance of work from WHO EMRO. LJA has received research funding from WHO, acted as temporary advisor for WHO, and served on committee/advisory/reference boards for WHO. The other authors declare no competing interests.

- 1 WHO Regional Office for the Eastern Mediterranean. List of RD EMRO candidates. 2018. <http://www.emro.who.int/about-who/regional-director/list-of-candidates.html> (accessed April 25, 2018).
- 2 Amnesty International. The "Arab Spring": five years on. 2016. <https://www.amnesty.org/en/latest/campaigns/2016/01/arab-spring-five-years-on/> (accessed April 25, 2018).

- 3 WHO Regional Office for the Eastern Mediterranean. Refugees and internally displaced persons in the Eastern Mediterranean region: a health perspective. November, 2015. http://www.emro.who.int/images/stories/eha/documents/migrants_refugees_position_paper.pdf?ua=1 (accessed April 25, 2018).
- 4 UNICEF, WHO. Polio. Outbreak in the Middle East. War in Syria opens the door to an old enemy. 2014. http://www.emro.who.int/images/stories/polio/documents/Polio_Outbreak_in_the_Middle_East_July2014-En.pdf?ua=1 (accessed April 25, 2018).
- 5 WHO. Yemen: cholera response. Week 14. *Wkly Epidemiol Bull* April 2–8, 2018. http://www.emro.who.int/images/stories/yemen/week_14.pdf?ua=1 (accessed April 25, 2018).
- 6 Global Polio Eradication Initiative, WHO. Polio this week as of 17 April 2018. 2018. <http://polioeradication.org/polio-today/polio-now/this-week/> (accessed April 25, 2018).
- 7 Abdul Rahim H, Sibai A, Khader Y, et al. Non-communicable diseases in the Arab world. *Lancet* 2014; **383**: 356–67.
- 8 Fouad FM, Sparrow A, Tarakji A, et al. Health workers and the weaponisation of health care in Syria: a preliminary inquiry for *The Lancet*–American University of Beirut Commission on Syria. *Lancet* 2017; **390**: 2516–26.
- 9 International Committee of the Red Cross. Yemen: conflict has catastrophic consequences for health care. April 24, 2017. http://www.icrcnewsroom.org/open.asp?ID=1507&title=Yemen_Conflict_has_catastrophic_consequences_for_health_care&mID=465p262.0632670726w7562x1.27 (accessed April 25, 2018).
- 10 Al Hilfi TK, Lafta R, Burnham G. Health services in Iraq. *Lancet* 2013; **381**: 939–48.
- 11 El-Zein A, Jabbour S, Tekce B, et al. Health and ecological sustainability in the Arab world: a matter of survival. *Lancet* 2016; **388**: 207–10.
- 12 WHO. Programme Budget 2016–2017. WHO/PRP/15.2. Geneva: World Health Organization, 2015. http://www.who.int/about/finances-accountability/budget/PB201617_en.pdf?ua=1 (accessed April 25, 2018).
- 13 Seita A, Goldsmith A, Hababeh M, Shahin Y. Amid US funding cuts, UNRWA appeals for health and dignity of Palestinian refugees. *Lancet* 2018; **391**: 294–95.
- 14 Hopkins N, Beals E. UN under pressure to set up inquiry into Syria aid programme. *The Guardian*, Aug 30, 2016.
- 15 Davies SC, Akksilp S, Takemi K, Matsoso P, Da Silva JB Jr. The future leadership of WHO. *Lancet* 2016; **387**: 321–23.
- 16 Petitpas Taylor G, Castro I, Rebergen C, et al. Protecting health care in armed conflict: action towards accountability. *Lancet* 2018; **391**: 1477–78.
- 17 Jabbour S, Fouad FM, Leaning J, et al. Death and suffering in Eastern Ghouta, Syria: a call for action to protect civilians and health care. *Lancet* 2018; **391**: 815–17.