

Editorial

A Global Health Opportunity with Effective Leadership

SCOTT C. RATZAN

The recent nomination of a new World Health Organization leader, Dr. Jung-Wook Lee, suggests an opportunity to advance a new health leadership. The world has changed since the birth of the WHO, but the ideals remain the same:

In the preamble of the WHO remains a goal to improve health: “Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of health of the people.” Yet, the world is a different place than it was a half century ago: World population now exceeds six billion people, infectious disease has a new scourge with HIV/AIDS claiming millions of lives, and non-communicable diseases, including the “communicable disease” of tobacco abuse, lead the way with millions of other deaths.

All of this is a backdrop for WHO leadership in the 21st Century with 192 member states, challenging budgets, proliferation/fractionalization of activities, and a globalized, politicized membership.

The recent *2002 World health report: Reducing risks, promoting healthy life* reaffirms that major risk factors can be measured and addressed by the joint efforts of governments and individuals. The World Health Organization quantifies more than 25 preventable risks to health and assesses cost-effective measures to reduce them. The practical strategies and risk prevention policies highlighted for member countries are merely written dictums if they are not addressed with sound leadership.

Weight issues (underweight and obesity), unsafe sex, high blood pressure, tobacco consumption, unsafe water, sanitation and hygiene, iron deficiency, indoor smoke from solid fuels, and high blood cholesterol levels require upstream thinking concomitant with local leadership that views these phenomena by addressing their socioeconomic roots, most of which emphasize economic and educational disparity. Many credible studies have supported the WHO report that illustrates regional and sub-regional statistical evidence of how poverty affects disease patterns between and within countries.

The new approach for health leadership is not currently available within the walls of WHO, Geneva, or even its member state organizations. Health is such a fundamental and foundational human right that all levels of society bear responsibility and interest—from the individual to community, regional, national and intergovernmental public and private bodies. Further, the concept of health is not universal; there are many cultural, moral and ethical variations.

Scott C. Ratzan MD is Editor-in-Chief of the *Journal of Health Communication: International Perspectives*.

Health is viewed as central to human development. This is clear in the way in which health targets dominate the UN's Millennium Development Goals. But WHO is not the only leader in health. Others possess more resources and ideas to advance health. These include the alphabet soup of USAID, DFID, IMF, WTO, UN, UNAIDS, CDC as well as the World Bank, Global Fund, and Gates Foundation, among others. A challenge for any new leader is to help set an agenda with consensus, synergy and support rather than to foster political stake holds and the NIH (not invented here) syndrome.

If Marshall McLuhan's 20th Century vision of a global village is realizable today with the electronic opportunity for instantaneous communication with a new connectivity, leadership along with intergovernmental cooperation is crucial.

Opportunities to advance activities through intergovernmental communication include other sectors beyond health, including a negotiated approach for increased attention to the development of public-private partnerships and quality standards. Many of the major advances of last century were based on partnerships leading to scientific innovation—vaccines, antibiotics and novel treatments. With innovative partnerships, it is even more promising that the next generation will reach Benjamin Franklin's ideal of humans living to an "indefinite age."

The new WHO should work to foster benefits to health. Health promotion, disease prevention, health literacy, quality service delivery, supportive policy environments, and other areas that help develop a health-competent society can serve as cornerstones with economic development and sustainable institutions.

Ultimately, the new WHO leader will have to profess a 21st Century vision. One that embraces the scientific, communication, and health progress, strives for global health equity and health security, and balances cultural, economic, and social phenomena. To succeed, the newest health leader should earn respect, develop a leadership agenda, and negotiate amongst the multiplicity of constituencies. We should all give him the chance and profess a new agenda to enhance our common currency of health. All of us are responsible to do everything to maximize the WHO's value.