

**Text of Dr. Sania Nishtar’s address to the World Health Organization’s Executive Board meeting in January 2017, as candidate for WHO Director General**

Excellencies ladies and gentlemen a very good morning—and thank you for this opportunity. Several months ago, I presented my vision for a new WHO and I offered it as an invitation for others to contribute ideas expertise and good will so that we could develop the thinking further and ensure diverse perspectives.

Since then I have been to all the WHO regional committee meetings, I have had the privilege of engaging with 181 member states bilaterally, and have solicited feedback on the vision widely I wish to thank you for all your inputs, which has helped define a road map against which we can drive change—I must say I am greatly humbled by the broad-based support for the three elements of the vision

Which firstly, center on the need to reclaim WHO’s primacy and to ensure that it can earn the world’s trust as its lead health agency

The imperative to focus WHO on its core mandates

And to usher in a new paradigm of WHO leadership, rooted in comparative advantage and partnerships to achieve the vision for health—universal attainment of the highest possible level of health and well-being

Excellencies, ladies and gentlemen,

WHO is the world’s only universal membership multilateral agency in health and its role has never been more important than it is today because it has the mandate and to address and counter some of the threats such as emerging and reemerging infections, antimicrobial resistance and non-communicable diseases which risk wiping out the gains of the last century. Its standard-setting and knowledge lighthouse function in health matters deeply in a world where there are unprecedented opportunities to advance human health

If there wasn’t a WHO we would have to create one

But the agency must deliver on its mandate at a time when it is at cross roads

After it has endured a reputational set back and is struggling to reassert its leadership in an uncertain financial environment

And at a time when a multipronged reform and new institutional arrangements are in their nascent stages

This context has also shifted dramatically, from the MDGs to the SDGs, with massive humanitarian crises, demographic shifts unprecedented urbanization, epidemiological transitions, emerging pathogens, effect of climate change, just to name a few

So with this in mind, I am deeply conscious of the great responsibility that comes even with running to head the organization in the present context

I have therefore given the candidacy the respect that it deserves

Since declaring the candidacy, I have stepped down from all my roles to make 100% of my time available, and also to avoid perception of interest

I have strictly followed the code of conduct in every sense

And I have listened and learned

Over the course of three decades as a health leader, I have extensively engaged with WHO at all three levels in various roles. As a minister, civil society leader, researcher, author, activist, advocate, as member of task forces, global commissions, chair of UN bodies, and as medical doctor

But the experience of learning about the organization as candidate has been a privilege It has bolstered my faith in the potential of the organization as well as its people In this process, I have also come to understand member states' expectations around new leadership and realize that you are seeking clarity from candidates in 4 areas in particular— reform, financing, programmatic priorities, an suitability for the job.

I will address these 4 points, briefly, today

On organization transformation and reform, my 10 pledges focus on making the organization fit for purpose, enhancing operational readiness in emergencies, making it more transparent, accountable, cohesive, results-oriented and value for money centered. I also believe WHO must respond to member states' needs, but must also be capable of playing a global leadership role I realize several critical elements of reform on the programmatic, management governance and fiscal side have been initialized—and I want to congratulate Dr. Chan, the Secretariat and member states for their leadership

I have committed support for the ongoing reform process, in particular, the health emergencies program, implementation of FENSA, the range of reforms articulated in last year's WHA decision 69(8) centered on transparency, accountability, merit-based hiring, and improving governing bodies proceedings. I have committed to convening a meeting within 30 days of assuming office to see how the reforms can be accelerated in an evidence based manner I also have specific ideas on building further on these reforms

For example, I will continue with the program budget web portal, but add more granularity on the expenditure side. I will aim for full compliance with IATI

On accountability, I will explore if the Director Generals' letters of delegation of authority to the Regional Directors can be the basis for compacts with clearer accountability—on both sides—and will add specific metrics to the existing compacts between the DG and the ADGs. I will link them to the performance metrics of the delivery unit I envisage creating.

In terms of coordination at the three levels of the organization, I will aim not only for institutionalizing the global policy group but will also mandate coordination at all planning and operational levels, and in HR roles and in metrics, and I will distribute global functions wherever there is a specific advantage, and a value for money objective to be gained. We must work together as one organization, which means zero tolerance for competitive behaviors

And you must have noted, I have also committed to new reforms in my vision —some of these such as the idea of the Delivery Unit and Priority Metrics are aimed at making the organization results centered, whilst others such as institutionalization of forecasting capacity are aimed at making the organization more resilient and forward looking.

My experience in governance, change management and reform across sectors leads me to understand that reform is not a one-time tick-the-box. Therefore, as DG I will spend dedicated time reviewing WHO approaches to oversight, audit, compliance and risk management—because as someone who has built and managed organizations I know how critical these functions are and what the costs of inattention to these can be

Excellencies, ladies and gentlemen,

With regard to the second area of major concern, which is financing, my priority would be to concretely deliver on the value for money approach and to demonstrate meaningful transparency right at the very outset—as I have done in my past work

I applaud the secretariat for having taken important initial steps to exercise budgetary discipline by reducing staff expenditure and outsourcing corporate services  
I will continue to push in this direction and will aim for more virtual meetings, less printing better negotiated contracts, leveraging economies of scale

But in addition, I will also pursue value for money approaches at a more strategic level such as by stepping back from roles where others have a comparative advantage, better priority setting, putting adequate resources in critical areas, or by using WHO's convening role to leverage knowledge communities

Value for money is a nice jargon for a candidate ...but success at delivering it only comes with practical experience. I have created institutions from nothing in resource constrained and difficult environments—which is where I learnt the importance of value for money, and I hope

to be able to earn member states trust in this regard, because there are many challenges to address with regard to financing

WHO is overly dependent on a few donors in a volatile political environment and its imbalance of voluntary and assessed contributions, has created a distortion which you are all familiar with. So we need to a solid resource mobilization strategy, an investment case for support and we need to professionalize the resource mobilization function and back it with appropriate communication and advocacy.

And I will proactively seek alignment around priorities and how funds are committed. We also need to think about innovative financing, holistically because it can apply to the entire value chain.

It could mean WHO plays its normative and catalytic role more strategically and leverages partners resources.

It could mean fast tracking WHO's pre-qualification process to tap into climate change funds,

It could mean exploring if the Geographically Dispersed Offices model can be applied to other settings.

It could mean standing side by side with ministers of health when they make a pitch for greater domestic allocation for health.

And it could mean a focus on direct funding appeals—there could be many other options, which is why I have committed to convening a task force of top experts in fiscal and monetary policy as part of my manifesto.

Excellencies, ladies and gentlemen,

All these reform approaches and fiscal policy measures are not mutually exclusive, they are not sequential. I plan to pursue them in tandem and to cascade them into implementation, with various teams responsible.

I come now to the third point which is about programmatic priorities.

WHO's constitution mandates it to take on certain roles, as you are well aware.

On the one hand, WHO has a key role in emergencies—the leading role in infectious outbreaks and a health cluster lead role in emergencies with health consequences. I have therefore already signaled strong support for IHR implementation and the WHO Health emergencies program, its one health, all hazards approach, its new mechanisms of accountability and modalities of invoking UNOCHA and IASC mechanisms. Within its framework, I have committed to prioritizing capacity building for global event based surveillance and to building capacity for front line response and surge capacity within WHO. I understand health systems complexities, which come into play during emergencies—as the lead of the Pakistan Lancet series on health

reform, I designed a plan for integrated disease surveillance and building capacity for IHR implementation—I will push for similar measures, globally

On the other hand, I believe WHO is uniquely placed for both technical and political activism, in support of the SDGs. But I remain very mindful of going to countries with clear messages and to prioritize systems levers in the SDGs such as UHC which can strengthen the ability to deliver on other commitments—as someone who has a background in health systems, and a history of building systems and structures, this comes to me naturally

Although, SDG 3 is dedicated to health, we know most SDGs deeply impact health and well-being through their focus on bridging inequality, and fostering inclusive economic growth and environmental protection—this is where partnerships become critical, and this is why I accord them such high priority in my Vision.

Partnerships have various meanings—and different policy levers come into play to forge and sustain them

It could mean deeper linkages among development, humanitarian and climate change-related work

Integrating social, economic and environmental objectives.

Clearer collaborative division of labor and better appreciation of comparative advantage when it comes to other global health initiatives UN system

It could mean effective and strategic implementation of FENSA to tap the potential of non-state actors

It could mean playing a stronger catalytic role to forge multi-sectoral governance institutional mechanisms in countries without which much of the NCDs, AMR and emergencies work would not be possible.

Again, I have a natural advantage—I was tasked with multi-stakeholder responsibility as minister and issued a strong global call at the end of my term calling for leadership competencies, and metrics for whole of government performance assessment.

Also, my civil society background enables me to appreciate the strengths of the civil society and the private sector, as I have demonstrated in my role as co-chair of the WHO Commission on ending childhood obesity

I do however, remain very conscious of the importance of WHO's normative role and will make sure that it is firewalled from the various actors which need to and must be involved in programmatic work to deliver on SDGs—I was able to demonstrate that I have the ability to do that, in my long-standing engagement with WHO and the operational work I have led in my country. I find transparency and truth are the best principles

Because of my background, I will be able to relate to the new agendas within the SDGs better, in particular NCDs. As someone deeply familiar with WHO's "best buys" work, both technically and politically, this won't be difficult for me. I will push for cost effective interventions that are feasible and appropriate to implement even with the constraints of lower and middle income country health systems.

I will aim to mine WHO's wealth faster and better to be able to respond to member states needs on a real-time basis, which is why I have committed to institutionalizing a culture of the Directors General virtual rounds tables—and this, combined with a further push on matrix management will enable to tackle intra-organizational siloes.

I would aim to lead a transformation so that WHO can be ahead of other agencies in responding to the Sustainable Development Agenda.

Excellencies, ladies and gentlemen,

Implementation of the SDGs also means harness the potential of innovation in a world where massive changes are occurring and where technology and digitization are revolutionizing everything. And therefore, partnerships also mean better linkages with academics, with entrepreneurs, with innovators and solution shops.

Theoretically, today data and predictive analytics could reduce uncertainty in medicine. Billions of people are connected with mobile devices—where the combination of processing power, knowledge access and data portability converge.

Scalable business processes and interoperable solutions for exchanging patients' information offer potential to shape the future of health and healthcare.

WHO has an important normative role to play here—but it also has a role to forge convergence to help join the dots to layer things up and to reimagine health and then to cascade technical and regulatory guidance to countries to address the issues of equity, quality, soaring costs and operational efficiency.

It must address ethical questions which arise in the wake of innovations such as Gene editing and human enhancements.

I am familiar with the entire spectrum. I am co-chair of the World Economic Forums Global Future Council on Healthcare. I have been awarded the global innovation award for my ability to think laterally, to join dots; I have used cell-phones to develop systems that hedge against abuse, a program which has been referred to as the amazon of health case and I have also chaired regulatory commission to revamp regulatory bodies so I know this entire spectrum My experience is varied. I combine public sector and civil society experience, medical as well as research background, deep multilateral and grassroots experience, both public policy and practice.

I have served as a Federal Minister in a country of 200 million and was tasked with multi sectorial responsibilities and left a lasting legacy for having turned out the most difficult reform in the least possible time, and for setting a benchmark in transparency

As a civil society actor, I have founded institutions, I have been a health policy voice demanding good governance and systemic reform, domestically and have played major global advocacy roles as part of INGOs and have designed award winning global campaigns

As a civil society actor I have led on hard issues such as corruption and constitutional amendments but in ways that are constructive and sustainable and have brokered solutions to difficult problems

I have created institutions from nothing in very difficult environments and I have taken them to scale and global recognition. I realize the importance of systems building  
Both in my multilateral and domestic work I have demonstrated I can solve complex problems, solve impasses and find solutions.

I am a medical doctor and have worked in the most difficult and resource constraint hospitals. From all forms of tuberculosis, obstructed labor, firearm injuries, health issues in the largest migration wave in human history, and floods which inundated landmass the size of many European countries, to the dual burden of malnutrition and childhood obesity, I have seen it all. I have direct experience with developing country health systems where the largest percentage of population lives and I believe our institutions should look like the people they serve.

Excellencies, Ladies and Gentlemen

30 years ago, I graduated as best graduate with 16 distinctions and gold medals, setting a college record which remains unbroken to date

As a researcher, I published the first case controlled study in Pakistan

I was the first woman cardiologist and could have had a lucrative career

But I ventured out to improve the lives of the marginalized, and in pursuit of broader impact

Circumstances have given me wide exposure

And my whole life's experience has prepared me for this role.