

Brundtland makes waves in her first six months at the WHO

Speaking at the World Economic Forum in Davos, Switzerland on January 30th, Director General of the World Health Organization (WHO) Gro Harlem Brundtland announced a new partnership with three major pharmaceutical companies—Bristol Myers Squibb, Pharmacia & UpJohn and Novartis. The companies, which manufacture nicotine dependence treatments, have agreed to support the WHO's Tobacco Free Initiative, and will give \$250,000 each to tobacco awareness programs over the next three years. The announcement coincided with the end of Brundtland's first six months as head of the WHO, and embodies one of the objectives that she laid down for the organization when she came to office, which is to increase WHO's partnerships with the private sector.



Gro Harlem Brundtland

The financial and physical health costs of tobacco are well known, and in her speech Brundtland stressed what has become the WHO's central message under her leadership—that investing in health is sound economics. "From being perceived as an unproductive consumer of public budgets, wise investment in health is now increasingly understood to be key to productivity itself," she said. She believes the WHO can win attention for this message by having a "firmer grasp of the political agenda."

Brundtland is using her background as a physician and former prime minister to focus attention on health and improve government commitment to this area. She has taken the cause to the White House and the Chinese president and prime minister, plus other government officials around the world. In an interview with *Nature Medicine*, she explained that health ministers in every country should feel the weight of the WHO behind them as they negotiate government budgets. "We find that health ministers are often isolated. They need the support of the WHO to get the attention of their finance minister and prime minister to stress the importance of health in economic terms. Health has to be discussed at the government table to be taken seriously."

She has introduced that same political ambience into the WHO's Geneva headquarters. On her first day, she established a new senior management team of nine executive directors known as the Cabinet and re-structured the entire organization

around the 'clusters' lead by each of these directors. Not surprisingly though, there are signs of discomfort from within the establishment. "Dr Brundtland is a politician, and to some people it seems as though what has been instituted is a political transition," revealed one senior WHO employee who wished to remain anonymous. "What's upsetting some internal staff is a tendency to explain the reasons for the new approaches by criticizing what was done in the past. In comes a new 'party' and blames the problems on the old one."

The employee insists that staff are not opposing change *per se*, and describes Brundtland as an infinite improvement on the previous Director General. But they are worried that the process of change is being driven too much by political appearance. Frustration crept in, says the source, in December, as people realized changes were not coming to closure as quickly as promised.

Not all staff are disgruntled, and it is difficult to assess how wide the divide is. Many newcomers insist that they would not have joined the organization were it not for Brundtland's leadership. Chris Murray, a Harvard professor who joined the WHO on a 3-year sabbatical to work in the newly established Global Programme on Evidence for Health Policy, is one. He says that more "new blood" will enter the

WHO in the coming months. Grants given by the Turner and the Rockefeller Foundations, as a measure of confidence in Brundtland, have established a Global Health Leadership Fellows Program, and Murray's department alone had 550 applicants for fellowship positions. "The idea of people taking time off from their career and wanting to work here is extraordinary. Nobody would have done that before—nobody was willing to give the money before." Murray believes Brundtland has re-introduced a real sense of mission and purpose that had faded under the old regime.

Brundtland also has the backing, in principle, of the Executive Board. "It's still early days, but there's a great sense of purpose and a feeling of change and improvement," says Chairman of the Board, Sir Kenneth Calman. "We're happy with the direction and the priorities of the DG's budget which will be presented to the Assembly in May." However, a split vote at the Board's annual meeting in January means that it will not recommend Brundtland's request for a 19 percent budget increase (to \$958 million) to member countries of the General Assembly.

Given that the WHO has received zero nominal growth for the last 10 years, its income has reduced by 20 percent in real terms, and perhaps the best Brundtland can hope for is to be awarded zero real growth, which will give roughly \$30 million over the present funds.

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New global coalition for vaccine development

A new, global coalition for vaccine development and immunization, an idea mooted by the World Bank last March, came closer to becoming a reality after it was endorsed at an eighth and final round-table discussion held in New Delhi on February 9th. Delegates from India, Bangladesh and Pakistan and top officials from the World Bank, the World Health Organization (WHO), UNICEF and local industries attended the Delhi round-table. Seven similar meetings held last year in the United States, Europe and Africa also supported the concept.

According to the chairman of the coalition's working group, Myron Levine, director of the Center of Vaccine Development at the University of Maryland, the precise nature of the coalition will become clear this month at a vaccine summit to be

hosted by the World Bank in Washington and a meeting in Ballagio, Italy. However, Levine told *Nature Medicine* that the proposed coalition will replace the current UN coalition, the Children's Vaccine Initiative, and would be in a better position than the WHO to persuade countries to accept vaccines and make them aware of mechanisms to finance immunization programs.

Bjorn Melgaard, the director of the department of vaccines and other biologicals at WHO, and a member of the working group, explained that the coalition could not veto WHO's technical decisions involving vaccines, but could debate issues on which WHO is indecisive, such as the transfer of vaccine production technology to developing countries.

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