



Source: Chan, 2 September 2014, Press Conference New York, Photo UN7227617, Photographer Eskinder Debebe

CHAN, Margaret (née Fung Fu-chun)

Hong Kong medical officer and seventh Director-General of the World Health Organization (WHO) 2007-2017

By **Bob Reinalda** · Version 1 June 2021

Was born 21 August 1947 in Hong Kong. Her parents' names and professions are not currently publicly available. She married David Chan, ophthalmologist, with whom she has one son.

Biography

Chan's ancestors came from the city of Foshan in the Guangdong province in the southern part of mainland China, not far from British-ruled Hong Kong, where Chan was born and raised. Chan's mother was a broad-minded individual who told her to follow her heart. Chan received her home economics teacher training from Northcote College of Education in Hong Kong and worked as a teacher. She followed her future husband to Canada, where he arranged his medical studies, and earned her bachelor's degree in home economics at Brescia University College, a Canadian women's college, in 1973. She then decided to also study medicine, although the Dean told her to become a homemaker rather than a doctor. Chan, however, persisted and obtained her medical degree from the University of Western Ontario in 1977. After winning an internship at a Canadian health institution, she returned to Hong Kong, where she was unable to obtain a specialization in paediatrics since she was not a graduate of a local medical school. In 1978 she joined Hong Kong's Department of Health as a medical officer for maternal and child health. With her boss' encouragement, she continued her studies and obtained a master's degree in public health at the National University of Singapore in

1985. In November 1989 she became Assistant Director, in April 1992 Deputy Director and in June 1994 Director as the first woman to head the Department of Health. When the United Kingdom returned Hong Kong to the People's Republic of China in 1997, Chan stayed on, although some colleagues left and several family members, including her mother, moved to Canada.

As Director of the Department of Health, Chan initiated new services related to the promotion of public health programmes, the prevention of disease and the training of public health professionals. During the 1997 outbreak of avian influenza A(H5N1), known as bird flu, with humans being infected directly from chickens, Chan initially sought to reassure the public by stating that she ate chicken every day. She then halted the outbreak through a territory-wide slaughter of more than 1.5 million chickens within several days, followed by compensation for the farmers and a cleaning programme. She did so against much governmental and societal opposition, but her move 'won praise for avoiding a pandemic, and became a model overseas for controlling the disease' (Huet 2017). When, in March 2003, unusual outbreaks of atypical pneumonia occurred in Chinese Guangdong, Canada, Singapore and Hong Kong, the World Health Organization (WHO) named the disease SARS (severe acute respiratory syndrome). The outbreak of SARS in Hong Kong caused 1,755 cases of infection and claimed 299 lives. The insufficient reaction of the government, in which Chan and her superior, the health minister, were in charge of controlling and preventing infectious diseases, caused anger among the public. Afterwards a Legislative Council Committee censured Chan as the chief public health adviser for not responding quickly enough in the early days of the outbreak, for not taking into account the possibility of an epidemic spreading from Guangdong to Hong Kong and for not following the WHO in listing SARS as a condition for attention in the local ordinance that would have allowed early quarantine and preventing the spread (the health minister believed SARS resembled a Hong Kong acronym too much and forestalled its use). The medical profession similarly criticized Chan. She responded with a statement, hoping that 'the public will not make criticisms with hindsight, and forget that the WHO and the international community have given positive comments on the performance of Hong Kong against SARS'. She was willing to respect the decision about her performance by the Legislative Council Committee, 'if it is based on facts and fair' (Chan and Ma 2009: 594). This statement brought about further criticism. The minister resigned immediately, Chan somewhat later. With her medical and administrative experience, she looked for a job elsewhere.

Chan joined the WHO in Geneva as Director of the Department of Protection of the Human Environment in August 2003. Director-General Lee Jong-wook wanted to appoint her as Director of the Communicable Diseases Cluster of departments to replace American epidemiologist David Heymann, but China preferred its national Liu Peilong for that position. Lee's compromise was to appoint a Ghanaian at the Communicable Diseases Cluster, Liu as Assistant Director-General and Chan as the Director of the Department of Protection of the Human Environment. The incident reflected 'the existence of an initial mistrust of Chan by some Chinese cadres' (Shen 2008: 370). In June 2005, however, Chan became Assistant Director-General for the Communicable Diseases Cluster and took up the newly-created post of Representative of the Director-General for Pandemic Influenza. Within the organization Chan was appreciated as an 'organized person': 'she would never leave a meeting without a very clear understanding' of what the conclusion and the next step were. 'Everybody wanted her on their committee because she moves things along, she gets things done', according to Judith Mackay (quoted in Shuchman 2007).

After Lee's sudden death in May 2006 Anders Nordström, Assistant Director-General for General Management, was appointed as Acting Director-General. He led the accelerated election process that was set in motion against the background of staff dissatisfaction after numerous changes in leadership and eight years of organizational reform. Previous WHO elections took place behind closed doors, with nominated candidates assessed by the Executive Board and one person presented to and formally elected by the World Health Assembly. Given the general wish for transparency, Richard Horton, Editor of *The Lancet*, took the unprecedented step of naming his preferred candidate, Mexican Minister of Health Julio Frenk. Frenk was supported by the United States because of his

neoliberal ideas, but he was also subject of controversies and, given geographical rotation, was not favoured as he was not from Asia. All of these considerations combined with a large pool of candidates (eleven total) made the 2006 election 'the most open in WHO history' (Lee 2009: 111). China aimed to enhance its cooperation with the WHO and, 'borrowing her Hong Kong identity' (Shen 2008), nominated Chan. This time China gave her 'full and high-profile economic and diplomatic support' (Chan and Ma 2009: 595). Chan flew to Beijing to discuss her election strategy and met with the vice-premier and senior officials of the Ministry of Foreign Affairs. A special task force was set up, with the Chinese government issuing letters of recommendation to heads of state and funding her visits to 24 WHO member states during her campaign. Chan's husband, who headed Hong Kong's eye hospital, declared that he was prepared to follow her to Geneva. In November Chan became one of the Executive Board's five short-listed candidates, followed by her victory over four other candidates (Chan received 32 votes, Shiguro Omi from Japan 31, Frenk 30 and the other female candidate, Elena Salgado, 28) and a final success with 24 votes and endorsement by the World Health Assembly. During the campaign China played a role in the withdrawal of the African candidate and the support of the seven African Board members, as the Chinese government had received several African leaders and, a few days before the elections, hosted a two-day summit in Beijing that provided 48 African states favourable trading conditions. This support gave the impression that China "'bought" the election for Chan' (Haack 2017: 19). Chan thus became the first Chinese person to head a United Nations (UN) specialized agency and the WHO's second female executive head following Gro Harlem Brundtland, elected in 1998. In her acceptance speech Chan indicated the key issues and management reform she had in mind and said that she wanted to be judged by the impact of the organization's work on the people of Africa and on women across the globe.

Chan took office on 4 January 2007, aware of the desire among staff for stability rather than further change. She appointed a transition team and gave herself until the next World Health Assembly in May to refine and sharpen her vision. The most important conceptual change she initiated was linking health to security, rather than to economic and social issues as her predecessors Brundtland and Lee had done. In the early 2000s the UN began to view infectious diseases as a security threat. A 2004 high-level panel on threats broadened the notion of international security by including health. Responses to outbreaks of diseases were on the agenda of the Security Council and General Assembly and were seen in terms of enforcement. In 2005 UN Secretary-General Kofi Annan appointed David Nabarro as UN coordinator for avian and human influenza. Although Nabarro was seconded from the WHO, the WHO's role in epidemics and pandemics was limited as the organization now depended on the UN and, after a while, also on specialized agencies such as the World Bank and the Food and Agricultural Organization. Chan believed that the WHO should refocus on its core competencies, among them the implementation of the International Health Regulations (last revised in 2005 and crucial for responses to the international spread of diseases) and avoid duplication of activities managed by other international organizations. In October she announced changes to selected clusters to bring closer alignment around issues such as health security, the environment, endemic communicable diseases, research and UN reform. She challenged the so-called silo mentality of single-disease programmes and called for more synergy between programmes. Chan's major management change was splitting an existing cluster into two new divisions, one for health systems and services, led by Nordström, and another for information, evidence and research, led by Tim Evans. In order to keep internal upheaval to a minimum, she decided to keep the team that Lee had brought in three years prior and to benefit from the contacts and relationships established by these staff members. Internally Chan proved to be a gifted communicator. She won over staff with her straightforward and direct manner as well as desire to hear colleagues' views, along with her plans for internal reform. She focused on bringing people together to establish a sense of unity. Her leadership style was recognized as pragmatic and in August 2007 US magazine *Forbes* ranked her as number 37 in the world's 100 most powerful women.

In 2008 Chan discerned three non-military threats to international security: the global food crisis, pandemic influenza and climate change, while progress towards reaching the UN Millennium

Development Goals had stalled. In order to meet the challenges, she focused on the revitalization of primary health care and the vision laid out in the WHO's 1978 Alma-Ata Declaration, which was the basis of the 'Health For All' strategy developed by Director-General Halfdan Mahler in 1981 and reconfirmed by Lee in 2003. For her long-term vision Chan needed the support of the six regional directors, who hold rather autonomous positions within the WHO, including their influence at country level. In order to reach agreement about her vision a comprehensive series of regional conferences were set up in Argentina, Burkina Faso, China and Thailand. The WHO endorsed the conferences and emphasized the need for well-performing national health systems based on primary health care. In 2009 Chan was criticized for overreacting to the swine flu A(H1N1) pandemic, as it turned out to be much milder than the WHO had expected. Chan 'defly led communications with the media and public' during the pandemic, according to *The Lancet* (14 January 2012: 94), and defended her decision to scale up the actions early, because 'influenza viruses can take you by surprise, so don't think you can predict the course of an influenza virus' (quoted in Parry 2009). The pandemic confirmed the WHO's International Health Regulations as the key instrument for achieving security against the spread of infectious diseases, but the committee that in 2011 reviewed their functioning in relation to the 2009 pandemic concluded that the world was ill-prepared to respond to a severe pandemic or a similarly-threatening public health emergency because too many member states were lacking in the required core capacities for surveillance and response. To enhance this situation an action framework for pandemic influenza preparedness was adopted in May 2011. Chan's visit to North Korea in 2010 provoked criticism when, despite noting that malnutrition was a problem in the country, she was perceived as praising the country's health system too much. In 2012 *The Lancet* recalled Chan's wish that her term in office be judged by the progress on health for Africa and for women, and gave her a positive review for her support in Africa for the UN Secretary-General's global strategy on women's and children's health. Unfinished though was her work on the social determinants of health and her leadership team was not viewed as a success: 'Only recently have the right people been selected for crucial portfolios' and several 'regional offices of WHO remain lacklustre backwaters' (*The Lancet*, 14 January 2012: 94).

When Chan's first five-year term in office came to an end, WHO member states proposed her as the only candidate for the election to the post of Director-General. In May 2012 the Assembly appointed Chan for a second term, which began on 1 July. Her new term was a challenge since the organization, with 7,000 staff members in Geneva and its country offices, had been in a poor state for a long time. Consultations with member states, a series of reports and opinions from civil society organizations characterized the WHO as 'over-extended, underfunded, and incapable of strategic action'. The WHO faced competition from other organizations, such as the World Bank, the UN Children's Fund and Doctors Without Borders, and it could not carry out the policies determined by the Assembly 'because of its dependence on extra-budgetary funds, funds that came in on an erratic basis and were not aligned with the program budget' (Hanrieder 2015: 4). The effects of the 2008 financial crisis seriously constrained the organization. In her speech to the 2011 Assembly Chan told the delegates that 'we are not functioning at the level of top performance that is increasingly needed' and announced a 'time of unprecedented reforms at WHO' at administrative, budgetary and programmatic levels (quoted in Hanrieder 2015: 4). Her reform initiative brought a variety of managerial and procedural changes by 2014, such as new output indicators, a new budgetary procedure that made voluntary funds integral to the budget, streamlined agendas for the governing bodies, training for staff and more engagement with non-state actors. However, cooperation between the government-oriented WHO and civil society organizations was never strong and this did not really change under Chan. Chan's improvements left major issues unchanged: the budgetary imbalance that undermined the implementation of the WHO's programme and the quasi-autonomy of the regions that elect their own executive heads and report to their own offices (Hanrieder 2015: 5).

In 2014 and 2015 Chan was criticized because of the WHO's slow response to the Ebola virus pandemic, which killed 11,000 people in West Africa. She was blamed for not publicly urging the countries affected by Ebola to give a more accurate picture of the epidemic. An Independent Panel's

report noted ‘failures in both technical judgement and political leadership’ (Moon et al. 2015: 2206). She clashed with Doctors Without Borders, which attempted to contain the outbreak on the ground and pleaded for WHO action. Lack of resources and overlapping lines of command played a role, as well as the fact that the virus affected poor countries while governments are generally hesitant to declare epidemics because of knock-on consequences for travel and trade. The Ebola pandemic lasted until August 2014, after some 1,000 people had died and the virus had spread in the region, before Chan, based on the International Health Regulations, called the situation a Public Health Emergency of International Concern. After the pandemic the WHO developed a new Health Emergencies Programme, hoping to enable a faster and more effective response to outbreaks and emergencies. Given the problems faced by the WHO under Chan, it was felt that the organization needed a new executive head capable of reforming the organization effectively, as well as standing up to the member states and the regions. Chan concluded her second term of office on 30 June 2017 and was succeeded by Tedros Adhanom Ghebreyesus from Ethiopia.

Chan is noted as the first Chinese national to head a UN specialized agency and the second woman to lead the WHO. She was confronted with several epidemics and pandemics, with mixed results: effective in the 1997 bird flu in Hong Kong, less effective in the 2003 SARS outbreak there, overreactive in the 2009 swine flu pandemic and slow to respond to the 2014 Ebola outbreak. She generally preferred to work behind the scenes in a very quiet way and ‘too often with silent, rather than a strong voice’, according to *Lancet* Editor Horton (quoted in Huet 2017). Chan found it difficult to impose direction on the member states: ‘It’s quite a balancing act to satisfy 194 countries’. However, she was also known for ‘bursting into Broadway musical numbers during meetings, cracking jokes, grabbing people by the hand and getting African health ministers to dance with her’ (Huet 2017). In 2018 Chan joined the non-governmental Task Force on Fiscal Policy, which seeks to address preventable leading causes of death and noncommunicable diseases through fiscal policy, and the Council of Advisors to the Boao Forum for Asia, which hosts high-level forums for leaders from government, business and academia as a sort of regional World Economic Forum. She is available as a keynote speaker and is the inaugural Dean of the Vanke School of Public Health, established at Tsinghua University in Beijing in 2020.

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