

NAKAJIMA, Hiroshi, Japanese neurophysiologist and fourth Director-General of the World Health Organization (WHO) 1988-1998, was born 16 May 1928 in Chiba City, Japan and died 26 January 2013 in Poitiers, France. He was the son of Ryosuke Nakajima, practitioner of traditional herbal medicine and paediatrician, and Junko Takanuki, nurse. In 1962 he married Andrée Mary-Josette Guillien, doctor, with whom he had two sons. After her death in 1981 he married Martha Ann DeWitt, foreign service officer, on 30 March 1984.



Source: www.who.int/features/history/1980_1999/es/index1.html

Nakajima's mother was one of the first female nurses in Japan and his father, born into a family of traditional herbal medicine practitioners, received a Western medical education. He completed his paediatric training at Chiba University shortly after Nakajima was born. The parents returned home to Maebashi, where they opened a paediatric clinic. Nakajima was the eldest of four sons, all of whom became doctors. During the Second World War Nakajima's junior high school closed due to the war and he was mobilized to work in an aircraft factory until 1944 when the facility ran out of material and closed. Nakajima was admitted to Urawa High School in suburban Tokyo and then studied medicine at Tokyo Medical College, where he obtained his Master's degree in 1955 and his postgraduate degree in medical science in 1960. During his studies in Tokyo he took free French lessons offered by a French-speaking church and had small translation jobs at the French embassy. He won a French government scholarship, which in 1956 allowed him to study at the University of Paris while also working at St. Anne's Hospital. From 1958 to 1961 Nakajima was employed as a researcher in psychopharmacology at the French National Institute of Health and Medicine in Paris, where he further specialized in basic and clinical neuropsychopharmacology between 1961 and 1967. In 1962 he married Andrée Guillien, a French doctor who was born in Algeria and obtained her postdoctoral degree in Paris in that year. They had two sons and in 1967 they returned to Japan where Nakajima became Director of Research and Administration at the Nippon Roche Research Centre in Tokyo (1967-1973). In this position he collaborated closely with the Pharmaceutical Affairs Bureau of the Japanese Ministry of Health, with a view to introducing standards and specifications for drug safety and methods for the clinical evaluation of new pharmaceutical substances.

In 1974 the World Health Organization (WHO) appointed Nakajima as a senior scientist in the Unit of Drug Evaluation and Monitoring, Division of Prophylactic and Therapeutic Substances at WHO headquarters in Geneva, Switzerland. Following the reorientation of the

Division's programme in 1976, Nakajima was appointed Chief Medical Officer of the Unit of Drug Policies and Management. He developed a programme that focused on essential drugs, which help treat most prevalent conditions, and was Secretary of the Expert Committee on Essential Drugs that met in Geneva in October 1977. In January 1979 he was elected Regional Director for the WHO Western Pacific Region, which had its office at Manila in the Philippines. He was re-elected for a second term in 1983. During his two terms he emphasized the need to strengthen the development and management of human resources, the importance of technology development and transfer between states and the need for new information systems at national and regional levels to support efficient and effective management. He contributed to the dramatic reduction of the leprosy burden and in 1984 was awarded the Kojima Prize, the highest Japanese award for public health. By then he had authored more than sixty scientific articles and reviews in the field of medical and pharmaceutical sciences. In 1981 his wife died of cancer and in 1984 Nakajima married Martha DeWitt, an American foreign service officer, who he met at the Manila office.

In January 1988 the WHO Executive Board discussed the appointment of the new Director-General as successor of Halfdan Mahler. The United States (US) under President Ronald Reagan supported the Brazilian physician Carlyle Guerra de Macedo, who headed the Pan-American Sanitary Bureau in Washington DC, but the Executive Board recommended Nakajima by 17 votes to 13 and one abstention. In May the World Health Assembly (WHA) approved the recommendation. As the WHO's first Asian Director-General, he was expected to bridge South and North as well as East and West. He was also the first Japanese national to head a United Nations (UN) body, followed in 2009 by Yukiya Amano (International Atomic Energy Agency) and Hisashi Owada (International Court of Justice). Nakajima was believed to have strong political ties in Japan and, after his election, Japan vastly increased its financial support to the WHO. Japan's contribution grew from 21.9 million dollars in 1988-1989 to 43.5 million in 1990-1991. In addition, the WHO received substantial contributions from private Japanese organizations. When Nakajima began as Director-General on 21 July 1988, the WHO was in the middle of severe fights about how to combat HIV/AIDS, an infectious disease that emerged in 1981. His predecessor Mahler had been so disturbed by the new epidemic that in 1985 he had declared that AIDS should not be the focus of excessive attention, which he later admitted was a mistake. The WHO did not launch a Special Programme on AIDS until 1987, with Jonathan Mann of the US Centers for Disease Control and Prevention (CDC) as the first Director. In a few years Mann established what would be renamed the Global Programme on AIDS (GPA) in the majority of low- and middle-income countries. The GPA's main aim was to raise awareness of AIDS, generate evidence-based policies, provide countries with technical and financial support for combatting the disease, promote participation by non-governmental organizations and promote the rights of people living with the disease. Mann attempted to raise the priority AIDS was given at the WHO within a human rights framework, which successfully turned into the 1988 WHA Resolution on Non-Discrimination against People Living with AIDS.

When Nakajima arrived as Director-General, conflicts about the WHO's AIDS approach arose between him and Mann. With the GPA representing up to one-third of the entire WHO budget, Nakajima wondered whether AIDS was receiving too much attention. He also believed that it should not overshadow other global medical problems, especially malaria. In addition, he took issue with the GPA's exceptional status as a relatively autonomous, donor-funded programme that was controlled by WHO headquarters in terms of its work and finances. Nakajima believed that GPA activities, like those of other WHO programmes, should pass through the WHO regional offices that would control activities within each country. As Nakajima had served as a Regional Director for ten years, he preferred to bring the GPA within the direct control of the regional offices. His policy led to the establishment of a General

Management Committee to supervise the GPA. Nakajima and Mann also disagreed about the best method to address AIDS. Whereas Mann supported an approach based on the promotion of human rights, Nakajima, who had experience in drug procurement and distribution, preferred a biomedical approach based on medication as far as possible. The clashes between the two men eventually resulted in Mann's resignation in 1990. After Mann's departure the GPA was brought under the control of the WHO's senior management. However, there was concern that confining the GPA to a mainly biomedical mandate could in effect erode the WHO's overall responsibility for the coordination of the global response to AIDS, which led to the establishment of other initiatives to tackle the disease, including the Joint UN Programme on HIV/AIDS (1996), the Global Fund to Fight AIDS, Tuberculosis and Malaria (2002) and the US President's Emergency Plan for AIDS Relief (2003). Critics of Nakajima, who claim that he was responsible for damaging the WHO's prestige as centre of global health governance, often mention these events. Since Nakajima failed to understand the uniqueness of AIDS, this claim is partly true. However, his method for addressing AIDS was the result of his aim to improve human health by emphasizing the importance of a wider range of health problems.

Another difficulty Nakajima faced during his first term as Director-General was related to the Palestine Liberation Organization (PLO). In the early 1970s the WHO accepted to have national liberation movements, including the PLO, as observers at its proceedings. In early 1989, just after Nakajima's inauguration, the PLO declared its intention to seek full membership. The US, the biggest financial contributor to the WHO, reacted strongly to this move and warned that it would 'cut off all financial support to any agency of the world body that votes to admit the Palestine Liberation Organization as a full member' (Ottaway 1989). The PLO's request was expected to be accepted by the WHA of 8 May 1989. Since 98 out of 166 member states recognized the PLO's proclaimed 'Palestinian state', the PLO might have gained the simple majority needed to obtain admission. Nakajima treated the threatened withdrawal of US funds seriously, as these covered 25 per cent of the WHO's regular budget and also supported special programmes, such as the campaign to combat AIDS. Days before the WHA meeting he travelled to the US for talks with senior officials. He also met with PLO Chairman Yasser Arafat and tried to convince him to withdraw the application for membership in order to avoid a confrontation with the US since it would 'stop most of the activity for the rest of this year' (*The Washington Post*, 3 May 1989). When the WHA met, a compromise proposal requested that the Director-General study the Palestinian request for membership in detail, which delayed the decision. In 1993 Palestine was approved as a member of the Regional Committee for the Eastern Mediterranean, although its full WHO membership had not yet been achieved. Nakajima's decision and leadership throughout the Palestine issue was seen as controversial, but he believed his reaction to be based on a realistic assessment. He aimed to improve human health through addressing a wide range of health problems, including securing clean water and developing health infrastructure, for which the political will and commitment of member states, especially from the developed world, were indispensable.

In spite of the political problems that Nakajima faced in his first term, he also produced achievements, the greatest of which was the successful polio eradication programme. Following the effective eradication of smallpox in 1980, the WHO identified polio as the next target because it, like smallpox, lacks an animal reservoir and can be prevented through an oral vaccine. The call for polio eradication was put forth in 1988 and was supported by a WHA resolution in 1989 to create the Global Polio Eradication Initiative, with the objective of eliminating the disease by 2000. In 1990 the goal of polio eradication was agreed upon and pursued by the WHO, the UN Children's Fund and partner organizations such as the CDC at the World Summit for Children, in spite of differences among their approaches. Owing to those efforts, the Americas were confirmed to be polio free in 1994, followed by the Western Pacific Region in 1997 and the European Region in 2002. Nakajima's initiative laid the foundation for

a polio-free world, although the goal of worldwide eradication was not fully achieved until 2000. In addition to polio, Nakajima initiated significant campaigns to combat malaria, dengue and guinea worm and also lobbied to increase international support to end female genital mutilation.

Nakajima's re-election process was controversial because for the first time an incumbent Director was challenged by another WHO official. Algeria nominated Deputy Director-General Mohamed Abdelmoumène, who was dismissed by Nakajima when he announced his candidacy in 1992. France was Abdelmoumène's principal sponsor and the US also supported him. The WHO's Executive Board voted 18 to 13 in favour of Nakajima, whose supporters were almost entirely from the Third World. The US and members of the European Community voted for Abdelmoumène because they believed that Nakajima's management style was damaging the organization's credibility and staff morale at a time when challenges, such as tackling AIDS and malaria, demanded inspired leadership. The US accused Japan of overly aggressive tactics in promoting Nakajima's candidacy. According to the US State Department, Japan had threatened to cut off fish imports from the Maldives and coffee imports from Jamaica if they would not support Nakajima, but a spokesman of Japan's Foreign Ministry denied the accusations. There were also allegations that Japan had awarded research contracts to 23 of the 31 Executive Board members who had recommended Nakajima's re-election. While Western states opposed Nakajima's appointment, many of his supporters from the Third World regarded a second term as an opportunity to balance the problems produced in his first term. At the WHA in May 1993 Nakajima defeated Abdelmoumène in a 93-58 vote.

During his second term Nakajima continued his efforts to combat infectious diseases, the most notable of which was tuberculosis, one of the top ten causes of death worldwide and a leading killer of HIV-positive people. In 1991 the WHA had set global targets for 2000, with the goal of reducing the prevalence and incidence of tuberculosis by five to ten per cent annually. To further increase international attention and political commitment, the WHO declared a 'global tuberculosis emergency' in 1993 and in 1994 announced a new strategy, focused on bacteriologic detection among persons who spontaneously presented with symptoms to health service points to be provided with a standardized short-course chemotherapy. In 1995 this strategy was branded as DOTS: Directly Observed Treatment, Short Course. After initial positive results from China and elsewhere, the strategy was aggressively promoted worldwide, although the lack of funding and political commitment was a major barrier for its adoption into national health systems. Nakajima's DOTS strategy, however, was recognized as highly efficient and cost-effective, and became the internationally recommended strategy for tuberculosis control. In addition to his efforts to combat infectious disease, Nakajima also engaged in social medical problems, based on his belief that most of the 'world's major health problems and premature deaths are preventable through changes in human behaviour, and at low cost' (Abdelmoumène 1988: 3). One of his achievements in the social medical field was the establishment of the WHO Centre for Health Development in Kobe, Japan in 1995. The WHO Kobe Centre is a full part of the WHO headquarters' Health Systems and Innovation Cluster and has a global mandate to conduct research into the health consequences of and relationships between social, economic, demographic, epidemiological, environmental and technological changes.

During Nakajima's second term the WHO was under political pressure from various actors, as the influence of powerful member states and the pharmaceutical industry had increased, resulting in a rapidly changing operating environment. The World Bank became a strong competitor, as it assumed a greater role in global health and the influence of private actors also increased. Internally, WHO governance policies were being criticized and the organization engendered a considerable budget deficit as a result of donor countries' disenchantment due to perceptions of poor leadership. In 1995 Nakajima offended African staff

members and African states by questioning the ability of Africans to write proposals and to adapt to the Western way of life. He had to apologize and explained that it was related to the organization's difficulty to attract African staff. He was also criticized for the fact that the external auditor, who found shortcomings in the financial reports on the year before Nakajima's re-election, resigned due to lack of cooperation by the WHO. News articles were written that the WHO had an image problem, with the organization's leadership as the key problem. While Mahler was still regarded as a visionary, Nakajima was criticized as 'a poor communicator', 'autocratic' in style, and 'prone to inappropriate patronage appointments' (Lee 2009: 100). An independent panel was set up to study the WHO's state of affairs as well as possibilities for reform. Nakajima ended his second term as Director-General on 21 July 1998. The ensuing election process at the WHO was conducted with greater openness, with more than four nominees for the first time in the organization's history, reflecting a desire among member states to review the organization's internal governance. Former Norwegian Prime Minister Gro Harlem Brundtland was elected as Nakajima's successor, while the Executive Board declared Nakajima Director-General Emeritus.

Most publications about Nakajima as executive head are full of criticisms of tensions between him and many donor states, his autocratic style, poor management and sloppy bookkeeping, which certainly reflects the state of the organization under his leadership. The WHO's reputation of being one of the most efficient and capably managed UN agencies was damaged (Chorev 2012: 156). However, he initiated several successful health programmes, demonstrating a better understanding of these programmes than of the changes that were taking place in the organization's environment, such as the emergence of competing international actors. After his retirement from the WHO, Nakajima served as the first Director of the International Research Institute of Health and Welfare at the International University of Health and Welfare in Japan (1998-2001) and as Director of the Intractable Diseases Research Center of Tokyo Medical University (1998-2002). In 2002 he retired to the French countryside near Poitiers, but remained active in a few commissions of the French National Academy of Medicine and he lectured around the world. Nakajima died after a short illness in January 2013.

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