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Next WHO Director-General: hear the angels while fighting the wolves

Much has been written about the technical, political, and managerial skills the new Director-General of WHO needs and which issues should be prioritised.¹ After serving under three WHO Director-Generals, I believe that the next Director-General should also have personal qualities of courage, independence, decisiveness, integrity, and vision.

Gro Harlem Brundtland, who was WHO Director-General from 1998 to 2003, showed courage, independence, and decisiveness and epitomises the call to “speak without scruple and act without fear”.² During the severe acute respiratory syndrome (SARS) crisis, she pressed China for more information but when they did not provide this, she issued the travel advisory anyway. She also showed courage to take on the member states as she pressed for major reform of WHO’s organisational and governance structures. Despite strong opposition from the tobacco industry, she paved the way for the negotiations for the Framework Convention on Tobacco Control, the world’s first evidence-based global health treaty. Importantly, she had the vision to place WHO on a firm knowledge foundation by establishing the evidence-informed policy cluster.

Lee Jong-wook, WHO Director-General from 2003 to 2006, had the vision to implement the 3 by 5 initiative to improve access to antiretroviral therapy resulting in major progress in mitigating the HIV/AIDS epidemic. In the face of strong opposition from the pharmaceutical industry, he showed the courage and conviction of the moral high ground WHO held by supporting the establishment of the International Clinical Trials Registry Platform (ICTRP).³ He showed

integrity in acknowledging the weaknesses of WHO guidelines and acted accordingly to substantially improve the process into one that is strongly evidence-based today, and also led the negotiations for the much needed revision of the three-decade old International Health Regulations.

The next Director-General needs to recognise and uphold the strengths of WHO and effectively use the power of his or her office to full advantage. In a tribute to Lee Jong-wook, World Bank President Jim Yong Kim described Lee Jong-wook as someone who can “hear the angels while fighting the wolves. He could run with the wolves: the tough, self-serving ruthless bureaucrats and politicians who often crossed his path. He knew how they thought, often before they knew themselves, and he could run circles around them. But he also heard the angels who never let him forget the pain and suffering of the poor”.⁴

With global health facing uncertain times and instability, a new leader of WHO imbued with key leadership and personal qualities, who can “fight the wolves while hearing the angels”, will serve the organisation well and ensure improved health and health equity for all people.

We declare no competing interests. The content of the publication does not necessarily represent the view of the Lee Kuan Yew School of Public Policy or the National University of Singapore. TP was Director of the Department of Research Policy and Cooperation at WHO, Geneva, Switzerland, from 1999 to 2012.

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- 2 The Lancet. The next Director-General of WHO. *Lancet* 2016; **387**: 1790.
- 3 WHO. International Clinical Trials Registry Platform (ICTRP). <http://www.who.int/ictrp/en/> (accessed Jan 23, 2017).
- 4 Kim JY. Dr Lee Jong-wook (1945–2006): a personal tribute. *Bull WHO* 2006; **84**: 517–18.

Post-traumatic stress disorder in Syrian children of a German refugee camp

Since the beginning of the Syrian civil war in 2011 its cruelty and violence has forced about 4·8 million people to leave their homes. Around 3·6 million people took shelter in Lebanon, Jordan, Turkey, or other neighbouring countries; more than 1·1 million fled to Europe;¹ and still, hundreds of refugees reach the European Union (EU) every day. These refugees have suffered the conflict and associated violence in Syria, their displacement, and finally, flight from Syria. These experiences might cause serious mental disorders, especially in children exposed to conflicts and violent events who might have an increased risk for developing post-traumatic stress symptoms.

We studied a representative sample of 96 Syrian children (0–14 years, mean age 7·2 years, 54% boys) from a reception camp (Bayernkaserne, Munich, Germany) using the post-traumatic stress disorder semi-structured interview (PTSDSSI)² and the Kinder-DIPS.³ The children were accompanied by at least one parent or legal guardian. Informed consent was given by either parents or legal guardian and the children.

45% of the families reported the civil war by itself to be the reason for leaving. 25% were additionally in personal danger, 21% reported they lost their homes, and 9% left because of the war, personal danger, and loss of their home. Families reported a mean flight duration of 11·8 months (ranging from 1 day to 32 months). Nearly a fifth of the families were separated from each other during their flight and a third suffered hunger and thirst. PTSD was detected in 11 (26%) of 42 children aged 0–6 years using the PTSDSSI, and in 18 (33%) of 54 children aged 7–14 years (using Kinder-DIPS).

As expected, the PTSD rate found in the Syrian children in our study is



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