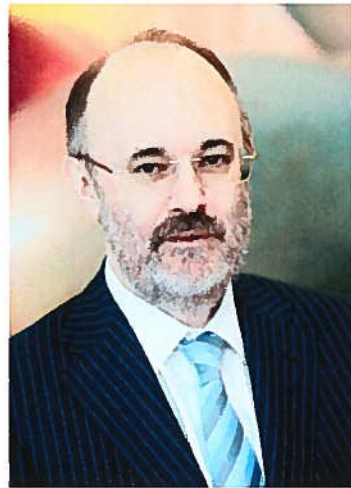




WORLD HEALTH ORGANISATION

CURRICULUM VITAE*

Family name (surname): Dr. Auer	
First name(s): Clemens Martin	
Other names:	
Gender: Male	
Place and country of birth: Miesenbach, Austria	Date of birth (day/month/year): 5 May 1957
Citizenship: Austria	
If you have ever been found guilty of the violation of any law (except minor traffic violations) give full particulars: None	
Address to which correspondence should be sent: Federal Ministry of Labor, Social Affairs, Health and Consumer Protection Radetzkystrasse 2 A-1030 Vienna, Austria	Telephone: +43 1 71100 644315 Mobile phone: +43 664 4104004 E-mail: clemens.auer@sozialministerium.at www.clemensmartinauer.com

* This form, along with the written statement required (see page 9), should be submitted along with the proposal of the candidate, to the Director General, not later than 18:00 CET on 15 February 2019.

Degrees/Certificates obtained:

(Please indicate here the principal degrees/certificates obtained with dates and names of institutions starting from the latest, additional pages may be added).

Dr.phil.: Doctorate in Philosophy and Political Science at the University of Vienna;
1989 – 1991

Mag.phil.: Master's in Philosophy and Political Science at the University of Vienna;
1984 – 1989

LANGUAGE SKILLS		Speak	Read	Write
<p>Enter appropriate number from code below to indicate level of your language knowledge of the official languages of the European Region. If no knowledge, please leave blank.</p> <p>CODE: 1. Limited conversation, reading of newspapers, routine correspondence</p> <p>2. Engage freely in discussions, read and write more difficult material</p> <p>3. Fluent</p>	English	3	3	3
	French			
	German	3	3	3
	Russian			
<p>Other language skills:</p> <p>Please indicate additional language skills you possess</p>				

Professional experience

Please describe in detail, in reverse chronological order, positions held, functions performed and other relevant experiences during your professional career (excluding international experience). For each entry, provide dates, and a description of the main duties and responsibilities and outline the principal results, outcomes and achievements, giving concrete examples.

My professional positions:

- Special Envoy for Health (from September 2018)
- Director General (2005 – September 2018):
- Managing Director of the Federal Health Agency and Chair of the Standing Coordination Committee (2005 – 2018), responsible, inter alia, for the overall planning of the public health system and hospital financing by the Republic
- Representative of the Republic on the Supervisory Board and/or at the General Meeting (2003 – 2018) of the Austrian Agency for Health and Food Safety (*Agentur für Gesundheit und Ernährungssicherheit, AGES*) (approx. budget of € 150 million, 1,400 employees)
- Representative of the Republic at the General Meeting of the Austria Public Health Institute (*Gesundheit Österreich GmbH, GÖG*) (2006 – 2018) (approx. budget of € 30 million, 210 employees)
- Head of the Coordination Board of ELGA Ltd. (*ELGA-GmbH*), responsible for planning, setting up and operating the national system for the electronic health record (*Elektronische Gesundheitsakte, ELGA*) and other national e-health applications with an approx. investment budget of € 65 million (2007 – 2018)
- Representative of the federal government in health platforms of the *Länder* Vienna and Lower Austria, the competent bodies for regional health planning and financing (2012 – 2018)
- Chief of Cabinet for Federal Minister of Health Maria Rauch-Kallat (2003 – 2007)

As the lead civil servant at the Austrian Ministry of Health, I considered my position to be a mandate to increase the quality of health care provided to individuals. I never lost sight of the relentless necessity to optimize the efficiency of the entire health care system and to safeguard its financing in the long term.

Below are several examples of lasting reforms for which I was responsible as DG, carried out at the interface with the respective ministers, members of parliament, health policy-makers in the *Länder* and in social health insurance as well as interest representatives and members of the media:

Objective and mandate - Overcome the fragmented responsibilities in the Austrian health system, apply target-based governance and secure sustainable financing:

- Prepared and brought to conclusion the intra-state agreements between the federal government and the *Länder* (under Article 15a of the Federal Constitutional Law) and the Act on Target-Based Health Governance (2013 and 2017). As a result, social health insurance, the *Länder* as the parties responsible for hospitals, and the federal government are legally and contractually obligated to work jointly on agreed reform goals (regarding structures, procedures, quality) and on measures to implement and monitor these goals.
- Prepared and brought to conclusion a joint agreement "Target-based Financial Governance" (2012 – 2016 and 2016 - 2020): Social health insurance, the *Länder* as the parties responsible for hospitals, and the federal government are legally and contractually obligated to abide by joint upper limits for expenditures (pegged to the average GDP growth rate).

- Prepared, conducted the technical negotiations for and brought to conclusion the intra-state agreements “Financing and Organization of the Austrian Health Care System” in the course of the revolving financial equalization negotiations between the federal government and the *Länder* in 2007, 2013 and 2017
- Prepared, negotiated and concluded the Austrian Structural Plan for Health Care (*Österreichischer Strukturplan Gesundheit, ÖSG*) in 2006 and 2017, as an innovative instrument of health care planning at national and regional level (regional structural plans). Objective: more health care structures for ambulant care, fewer for stationary care

The fragmentation of the political, financial and organizational responsibilities in the provision of health care is at the core of the structural policy challenges in Austria and is nearly unchangeable under constitutional law. In this complex conflict situation, a governance system based on partnership and concrete targets was successfully established through intra-state agreements between the federal government and the Länder (under Article 15a of the Federal Constitutional Law). These agreements are a highly creative political innovation for good governance in the framework of constitutional reality.

Objective and mandate - Set up an interoperable eco-system for digital health care to optimize the processes and the quality of the provision of care:

- Prepared, planned and set up ELGA, the full-coverage national electronic health record system: This encompasses a) the legal basis in the form of the Health Telematics Act 2012; b) the national infrastructure for the electronic identification, authentication and authorization of patients and all health service providers; c) access by patients to their electronic health data (ELGA Portal); d) the agreements on technical and semantic interoperability of the digital systems and e) financing. The Austrian system is based f) on a legal opt-out solution and is g) in nationwide operation. The roll-out in still outstanding parts of the ambulant sector will be completed in the summer of 2019.

My goal was to have this public digital e-health system in Austria integrate all health care service providers and patients nationwide. It is a system jointly organized and set up by the federal government, the Länder and social health insurance. Since IT-system interoperability can only be achieved with international standards and formats, I became extremely active at European level on these issues, e.g. as long-standing Co-chair of the Member States of the e-Health Network.

Objective and mandate – Redesign primary health care

- Prepared and negotiated the new legal basis (2017) and structure for a startup service (long-term financing and assistance on legal organizational aspects) for new structures for providing primary health care. The aim is to foster attractive new and networked work conditions and to build up interdisciplinary and multi-professional entities to provide health services.

By 2025, sixty per cent of general practitioners in Austria will have reached the age of 65! At the same time, we are the country with one of the highest hospitalization rates. Considering this health care policy dilemma, the system partners developed, under my direction, a new legal organizational framework in 2017, which is now being implemented step-by-step along with innovative accompanying measures.

Objective and mandate – Safeguard modern public health policy and public health service

- Prepared and negotiated the first Federal Act for the Quality of Health Care (2007)
- Laid the legal groundwork (2006) for the Austrian Public Health Institute (*Gesundheit Österreich GmbH, GÖG*), and founded, set up and positioned the Institute in terms of content as a public center for research and expertise mandated to lay evidence-based foundations for political reform decisions.
- Carried out organizational reform, substantive reorientation, and financing of the Austrian Agency for Health and Food Safety (*Agentur für Gesundheit und Ernährungssicherheit, AGES*) as the operative national public health platform.
- As chairman, coordinated the national and international activities of Austria in the course of the two influenza pandemics in 2006 and 2009/10 (inter alia, concluded supply and purchase agreements for stocking medicines and vaccines, conducted public communication in the mass media (TV, press conferences) and organized vaccination campaigns.
- Promotion of patient information (health literacy): Initiated and operated the governmental health information system (www.gesundheit.gv.at) as a non-partisan information platform.
- Established Austrian Inpatient Quality Indicators (A-IQI), a system to measure the quality of processes and outcomes in hospitals; the ensuing reports are used for operational governance and some of them are published.

Objective and mandate – Guarantee access to innovative drugs

- Legally introduced a reimbursement code (*Erstattungscodex*) as a public positive list of all medicines dispensed in Austria at the expense of social health insurance (2004 and 2017).
- Established a legal mechanism for generics pricing (2004; in 2017 also for biosimilars), so that high-priced innovative medicines can continue to be affordable.
- Successfully established (laid the legal groundwork for, coordinated the organizational measures for) the new Austrian authority for the evaluation and control of medicines in the scope of the Austrian Agency for Health and Food Safety (*Agentur für Gesundheit und Ernährungssicherheit, AGES*), which has since become one of the most respected authorities of its kind in the EU.
- Was internationally involved in cross-border initiatives in pharmaceuticals policy, inter alia, BeNeLuxA, WHO Fair Pricing Forum or in the scope of the respective Presidencies of the Council of the EU.

Objective and mandate – Constantly optimize the public administration and its budgets in the setting of a national ministry

- Set up and organized an autonomous Ministry of Health after the split-up of the Ministry of Social Affairs in 2003
- Budget planning, budget negotiations with the Ministry of Finance and execution as the competent budgetary authority; constantly optimized the scarce financial resources to meet the financial targets in the government budget: Was directly responsible for a budget of approx. € 1 billion
- Had personnel responsibility for approx. 400 employees in the Ministry and approx. 1,600 employees in subordinate offices; under constant pressure to reduce personnel resources to meet the central personnel directives and also to boost productivity
- Was ultimately responsible for the introduction of the digital electronic file administration system (ELAK) in the Ministry
- Built up target-based financial governance (joint budget planning) and the monitoring of overall public health spending in Austria of about € 25 billion
- Established innovative target-based governance for public health care management by the federal government, the *Länder* and social health insurance to guarantee joint governance, financing and organizational development

- Spearheaded the innovative re-founding of a) the Austrian Public Health Institute (*Gesundheit Österreich GmbH, GÖG*), b) the national market authorization agency in the scope of the Austrian Agency for Health and Food Safety (*Agentur für Gesundheit und Ernährungssicherheit, AGES*), c) the Electronic Health Record Institution (*ELGA-GmbH*) as the competence center for national e-health applications

Professional activities prior to 2003:

- Political Director in the Secretariat General of the Austrian People's Party (ÖVP) under the two chairmen Vice Chancellor Dr. Erhard Busek and Federal Chancellor Dr. Wolfgang Schüssel (1993 – 2003): Was responsible for the entire content of political programs and assisted with content for (national and European) election campaigns and other campaigns
- Freelance international correspondent and study visits in the USA (1990 – 1993)
- During university studies: Journalistic activities, study co-author (e.g. *Demokratie und Universität in Österreich* (Democracy and University in Austria) and ghostwriter (speeches for politicians)

International experience

Please describe in detail, in reverse chronological order, positions held and functions performed and other relevant experiences of an international nature. Please include all experience in international organizations' governing bodies and secretariats. For each entry, provide dates, and a description of the main duties and responsibilities and outline the principal results, outcomes and achievements, giving concrete examples.

- **Co-chair of the eHealth Network of the national authorities responsible for eHealth in the European Union (Art 14 Directive 2011/24/EU Cross Border Directive), jointly with the respective Directors General of DG Sante (2012 to 2018):**
The eHealth Network of the EU is a work format of EU Member States established by law to coordinate and implement (cross-border) e-health applications. Network accomplishments under my chairmanship included, among others, the passage of Guidelines for the Data Set of Patient Summaries, ePrescription and an interoperability framework as well as the establishment of National Contact Points for eHealth funded in the scope of CEF as a cross-border infrastructure to share health data.
- **President (since June 2017) and Board Member (from 2010) of the European Health Forum Gastein (EHFG):**
EHFG is an annual European health conference in which the European Commission, the WHO and Member States take an active part. It brings together experts from health administration, universities and research, industry and NGOs. As president, it is incumbent on me to realign the conference in terms of content and organizational structure.
- **Frequent head of delegation representing my Federal Minister** at Informal Councils of the European Union, Ministerial Conferences of the United Nations, the WHO and the OECD
- **Austrian head of delegation or chair** at a wide variety of high-level work formats of the European Union (the Council or the European Commission), particularly during the Austrian Presidency of the Council of the EU in 2006 and in 2018, as in the Health Committee of the OECD.
- **Austrian head of delegation, inter alia, at the World Health Assemblies 2017 and 2018**
- **Austrian head of delegation, inter alia, at the Regional Committees in 2017 (Budapest) and in 2018 (Rome)**
- **Member of the Program Advisory Board of the European Forum Alpbach (since 2016):**
The renowned international health symposium of the European Forum brings together high-ranking international experts and participants every year.
- **Member of the Steering Committee of the European Observatory for Health Systems and Health Policy (since 2013)**

Further achievements and awards

Please state any other relevant facts which might help to evaluate your application for example achievements, awards and accomplishments in light of the criteria adopted by the Regional Committee in resolutions EUR/RC40/R3 and EUR/RC47/R5.

Public awards:

- Grand Decoration of Honor in Silver with Star awarded by the Republic of Austria for meritorious services to the Republic of Austria (2013)
- Golden Ring of Honor awarded by the Austrian Social Insurance Institutions for meritorious services on behalf of Austrian Social Insurance (2018)

Publications

Please list here a maximum of ten publications - especially the main ones in the field of public health, with names of journals, books or reports in which they appeared. (Please feel free also to attach a complete list of all publications.) Do not attach the publications themselves

Publications on the subject of health:

- Steuern statt rudern, oder: Gesundheitsreform in einer Zeit der Budget- und Finanzkrise, in A. Stöger (Ed.), Weg mit den Gartenzäunen, Vienna 2013 (Steering, not Rowing: Health reform in a time of budgetary and financial crisis, in A. Stöger 2013 Away with Garden Fences)
- ELGA-Handbuch, Die Elektronische Gesundheitsakte, Manz, Vienna 2014 (ELGA Handbook, The Electronic Health Record)
- A Dose of Courage for Health Policy, in Eurohealth 24(3), 2018

Speaker and/or panelist/moderator at numerous national and international events (selected events in 2017 and 2018):


- EUPH Conferences 2017 and 2018 in Stockholm and Ljubljana;
- WHO Global Conference on Primary Health Care, Astana 2018;
- WHO Conference on the 10th Anniversary of the Tallinn Charter, June 2018;
- European Health Forum Gastein;
- Careum Dialog, Careum Stiftung, in Zurich 2018;
- HL7 International Annual Conference, Cologne, 2018;
- Global Digital Health Partnership, London, 2018;
- KMS Fall Meeting of Hospital Managers, Munich, 2018;
- IT Conference of the Austrian Federal Government, 2017;
- eHealth Conference of the Estonian Presidency of the Council of the EU "Health in a Digital Society", Tallinn, 2017;
- WHO Fair Pricing Forum, Amsterdam 2017;
- UN High-Level Political Conference on Implementing SDGs in NYC, 2017;
- Thematic conference "Digital Health" staged by Süddeutsche Zeitung, Munich, 2017;

Conflict of interest declaration

Please list any interest, financial or professional, or views publicly expressed, that could create or appear to create a conflict of interest in light of the work and functions of the Regional Director of the Regional Office for Europe, if you were to be elected.

No conflicts of interest exist in connection with the position of Regional Director. As an Austrian civil servant, I am legally obligated to abide by strict compliance rules and anti-corruption regulations.

I certify that the statements made by me on this form are true, complete and correct. I understand that any false statement or required information withheld may provide grounds for the withdrawal of any offer of appointment or the cancellation of any contract of employment with the Organization.

Place and date:Vienna, 21.01.2019..... Signature: 

WRITTEN STATEMENT

Please see the "Criteria for candidates for the post of Regional Director" (on attached sheet).

Your statement should address the following points and must be **no longer than 2.500 words**.

1. **Describe your management and leadership qualities and what would make you a successful Regional Director.**

My personal self-identity:

- Culture and civility count.

My professional self-identity:

- Reforms cannot be implemented alone. This task always requires enthusiastic, well-managed employees working independently, reliable partners, and intelligently forged alliances.
- Modern worlds of work promote equality of opportunity, esteem, and diversity as a reflection of the diversity in society.
- In the tradition of an Austrian civil servant, I believe it is imperative to abide by a code of conduct for the precise observation of compliance regulations and for ensuring a strict stance on corruption.

Move forward with courage to transform the health system:

- I would summarize my experience as Director General in a Ministry of Health as follows:

"For health system reforms, it is not enough to recognize the right issue. Nor is it enough to analyze a complex problem thoroughly; nor even to have a good idea on how a problem could be solved. All those factors are necessary, of course.

However, problems can only be solved through measures concretely taken over the course of transformational processes. This approach requires courage to overcome resistance on the way to bringing about change. Doing so, in turn, requires enthusiastic partners and a healthy dose of patience. Making changes in a democratic setting requires time, entails a lot of hard work and communication, and long stretches of negotiations and persuasion along the way."

One of my strengths is the gift of explaining complex issues in simple language so they are understandable. I think I can motivate others very effectively, whether with respect to employees, in negotiations or in public speeches. As a result, decision-makers always lend me an ear and the media recognize me both as an expert and as an implementer of innovative reforms in the fragmented field of health policy.

The only benchmark for the success of a health system is to ensure the fair access of everyone to health care (Universal Health Coverage, UHC). This is a human right that is made possible by a system based on strong solidarity.

“Think Big, be Bold and be Practical” and the limits of subsidiarity

- **My major qualification for being Regional Director** is the practical experience I have gained by implementing numerous reforms under the real political, social and economic conditions of a health system. I therefore have both: **a) a public health expert’s comprehensive analytical knowledge of health systems and b) a wealth of management experience in shaping political processes to overcome resistance in the implementation of reforms.**

I therefore have the confidence, in collaboration with the excellent employees at WHO, **to make the Regional Office not only a competence center in terms of substantive content but also an efficient center of power for the implementation** of important reform projects. The employees’ creativity and the joy they take in doing this vital work lie at the heart of success!

- **As a *homo politicus*, committed European, and professed multilateralist, I am aware of the diversity of political, economic, social and cultural challenges facing the Europe Region of the WHO.** I know the significance of historical or religious sensitivity and of ethnic or social diversity. Through bilateral relations and through the cooperation of the Member States in the European Union, the WHO and the OECD, I am well-versed in the broad spectrum of health policy challenges in the Europe Region.
- **I feel deeply passionate about the social responsibility a state has for promoting the common good.** Coming from the Austrian tradition of strong societal and social solidarity, I know that the state does not have the only role but indeed a strong role in defending the interests of individual human beings: First of all, sick people have an innately weak position in the market when it comes to regaining their health. A single city, a region, even an individual state, especially one with a small market share, does not have economic or political levers to pull when confronted with major interests in the health sector.
- **I am therefore aware of the limits of subsidiarity when it comes to recognizing the human right to health and well-being:** To my mind, health policy must be bold in order to protect and safeguard the health interests of individuals in terms of health and well-being. The provision of medical, nursing and preventive health care, the complex system comprising numerous health care providers, is always organized locally and regionally. However, there is a supra-regional fabric of concrete political and economic interests of major occupational groups, providers of health services, industries, public funders, insurers, and investors.
- **Health policy at all levels must not be allowed to be corrupted by or unilaterally influenced by these political or economic interests.** It must be uncompromising in

safeguarding people's interest in top quality care, prevention, and protection from communicable and noncommunicable diseases and from humanitarian crises.

Whenever the enforcement of this human right is pushed to its local or regional limits with respect to the subsidiarity principle, the WHO has an indispensable part to play in this complex fabric of health systems a) to exert supra-regional control over the different policy fields, b) to provide the widest variety of scientific analyses and evidence, c) to manage crises, d) to advise and e) to build up personnel and organizational capacities.

- **My health is very good.** In my many years in management positions, I have developed a strong resilience to stress and heavy demands. Moreover, the functions have also brought me great joy from the work they entail.

2. **Set out your vision for the Region, identifying the key challenges facing the Region and how you would propose to address them.**

- **The Member States of the WHO have made the Sustainable Development Goals 2030 (SDGs) of the United Nations the basis of all their programs of work and action plans.** This naturally also applies to the Programs of Work of the WHO in Europe. I would therefore like to gear my personal vision for the future of the Europe Region to these decisions. On the one hand, they encompass all necessary fields of action (healthier populations, universal health coverage (UHC), health emergencies) and on the other, they are rooted in a work and development process with the Member States.

I have naturally embraced the many positive initiatives emanating from WHO Europe over the past ten years and have every intention of continuing to pursue them in the future.

I would like to emphasize explicitly that I view **the SDGs in their entirety as a welcome and urgently needed narrative in a renewed socio-political discourse.**

Through them, we comprehend that many of the problems in the health sector can be traced to intersectoral causes and also commercial determinants, to which we have given too little attention in the past in the context of health policy.

- The challenge for the Regional Director in the Europe Region lies less in the existing WHO programs and much more in **the prioritization of concrete measures and their implementation.** These tasks will require taking different approaches based on the initial situations in the Region. "One size fits all" will not apply to the implementation of the SDGs in the Europe Region. Thus far, I have worked in a state with a federal system. My work would build upon and integrate the work and programs in the Member States and the existing networks and partnerships of the WHO.

- **I would most certainly be this: a strong and bold voice for fair access to public health care at all levels.** I have realized that to achieve this goal, we must break out of our comfortable silo mentality with respect to responsibilities and knowledge. If, for example, we need investments for infrastructure or research and development from public and private investors, I will speak the language of the world of finance; if the task is to amend laws, I will speak the language of lawmakers and politicians; if the task is to shape public opinion, I will speak the language of the media.
- At this juncture, I would like to highlight several **priorities for the years 2020 to 2025** that I personally consider to be central. I take them from the overall bouquet of programs. Under my leadership as Regional Director, I would definitely declare them to *be top matters for the boss*. These are issues by which a) I wish in any case to be measured at the end of my five years in office in terms of results or definite progress and from which b) **special added value** can develop from the multilateral level for the health systems of the Region.

Modernizing primary health care (PHC) and the health professions associated with it

In most Member States, primary health care is more or less in a serious crisis. Without strong PHC, caring for the chronically ill and for the aging population is hopeless. My motto is this: **"No UHC without PHC!"** A disproportionately high percentage of aged physicians, a shortage of inter- and multi-professionalism, and a lack of appeal threaten this most-important level of care close to the population:

- A broad initiative is needed a) to **modernize the curricula for training GPs and other health professionals** at (medical) universities and b) to secure corresponding investment in this educational and training reform. I would bring to bear the authority of the WHO to initiate a European process to safeguard society's interest in well-educated health professionals jointly with the universities.
- What is needed is a **new set of guiding principles promulgated by the WHO for physicians and other health professionals to bring about patient-oriented collaboration**. This understanding must be deepened at all levels together with professional and patient groups.
- What is needed is a **new understanding of public and private investments in primary health care infrastructure** as part of regional development. The dialogue with (supra-regional and national) public investors must be started immediately.

Fighting antimicrobial resistance (AMR)

The increase in **antimicrobial resistance is in truth the biggest threat to all health systems and to progress in modern medicine**. The projections of 700,000 deaths a year and the dramatic ramifications on economic power speak for themselves! I would immediately take up the already launched initiatives with the power of persuasion that can emanate from the WHO in order to secure the myriad possibilities

for public funding in research and development. This issue demands genuine leadership in forging a public-private partnership and challenges Europe to bring its financial power to bear.

Safeguarding fair and prompt access to medicines and medical technology

Without negatively blowing up the situation and belittling the progress being made in drug therapy, people's fair and prompt access to innovative medicines is limited in Europe to a good two dozen Member States. The goal of UHC cannot be assured at that rate. Nor is there a future in the business model involving innovative products based on high profits and high prices or in areas of R&D in their accustomed form. As Regional Director, I would do everything in my power a) to support a **new partnership of the public health systems with the industry** (questions like what is the "value" of an innovation, how can market access, incentives and license rights be better handled) and b) to strengthen the role of **public funding in R&D, with the object of overcoming disease burdens**. To this end, an alliance of public funding instruments needs to be formed.

Building up an eco-system for digital health

Digitization has undergone enormous progress and development. Health systems are the only areas that are lagging far behind, even in Europe, when it comes to the integration of digital services, particularly the exchange of data to safeguard courses of treatment. Optimum use is not being made of the potential for better quality treatment for patients from the availability of treatment data or algorithms of artificial intelligence. As Regional Director, I would devise a Europe-wide (if not global) **interoperability framework** that would, for example, bring about uniformity in **standards, formats and semantic codes**. This is the only way both manufacturers and public purchasers (procurement) could be guaranteed that the regional and also international exchange of data between the different health service providers actually functions.

NCDs: Good food, fighting tobacco and alcohol abuse

Industrially produced foodstuffs are one of the causes of noncommunicable diseases (NCDs). Excessive sugar, salt and unsaturated fats cause chronic symptoms. As Regional Director, I would immediately forge a **partnership with the food industry** to address the **commercial determinants of health** a) so that strict conditions can be imposed to free foods from ingredients damaging to health and b) so that consideration would be given at the same time to suitable regulations in international market and trade regimes. I would pay similarly close attention to compliance with the WHO Framework Convention on Tobacco Control and comparable initiatives to combat alcohol abuse.

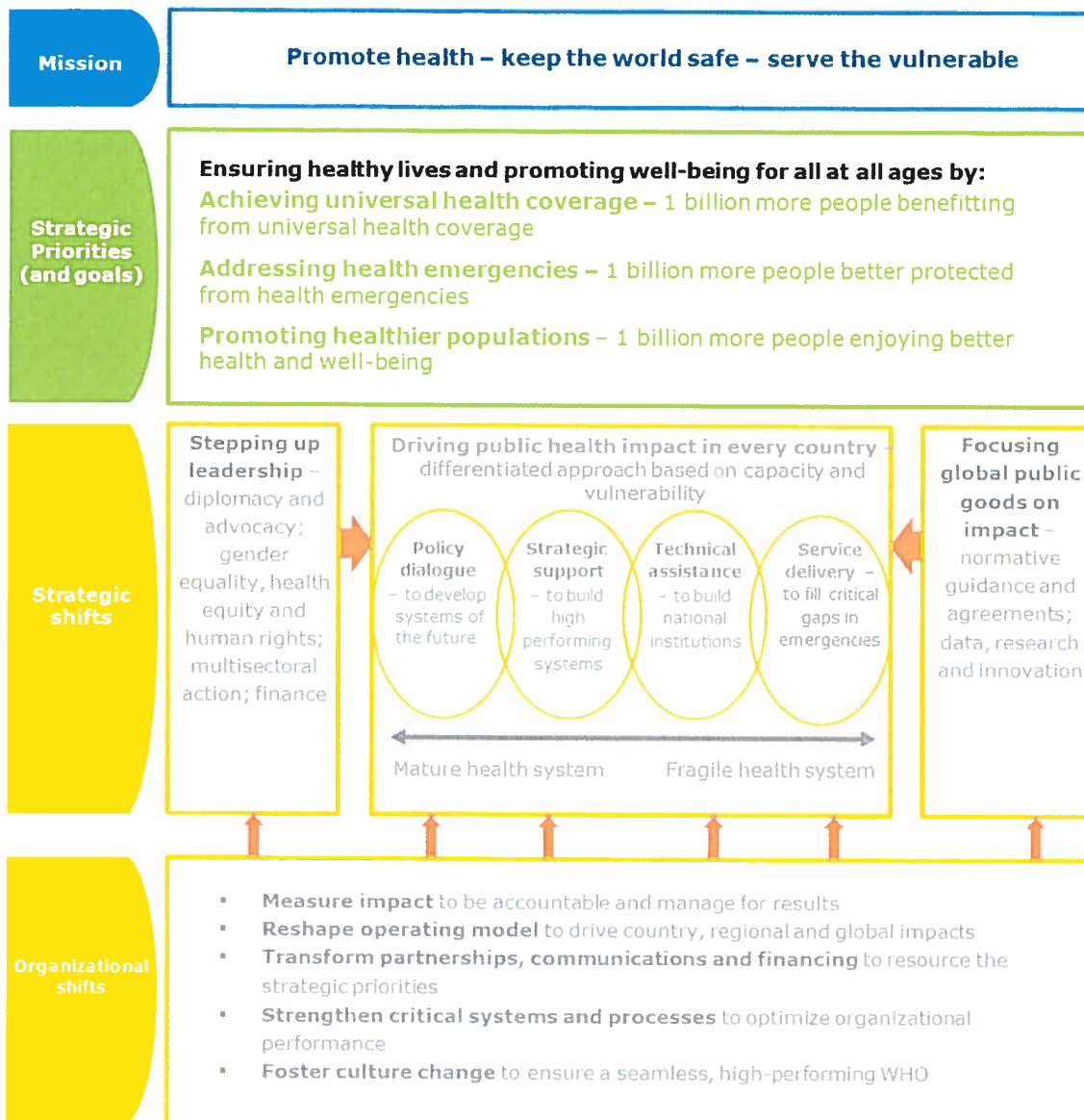
Expanding transformational expertise and health system research

Major advances have already been achieved in research on our health systems. To supplement these efforts, I would do everything possible to provide senior employees in the public health systems with suitable programs to convey the necessary

skills for carrying out transformational reform processes. I advocate both: **scientific analysis and transformational reform processes.**

3. **Explain how you would engage key stakeholders in order to achieve the goals of the Regional Office.**

- I gained my management experience as Director General of a Ministry of Health in a state with a federal system. **The successful national implementation of health policy goals would have been impossible without partnership-based cooperation with the *Länder*, local authorities, the Social Health Insurance Institutions, the professional groups or the many other stakeholders.** I can apply this experience with target-based governance in a federal system 1:1 in a multilateral setting: **Nothing can be achieved without Member States, UN Sister Organizations, the official partnerships of the WHO, the occupational and special interest organizations and the NGOs.** Subsidiarity has its strengths and its limitations. Striking a balance is the key. In any event, I advocate **leadership, effective communication, motivation and jointly agreed goals.**
- I identify with the diagram replicated in the 13th General Program of Work 2019 – 2023 as to how this common strategy can be implemented.



- I am keenly aware from personal experience of the significance of real existing internal political, social, cultural, occupational and economic interests and constraints in a health system of a Member State. I would therefore be a **Regional Director of the WHO Member States. Unless WHO programs are implemented in the Member States, they are worthless because they do not reach the people.**
- Implementation requires **partnerships based on well-coordinated content with the European Union and its agencies, the Eurasian Economic Union, the SEEHN, the NDPHS, the Council of the Baltic Sea States, the Commonwealth of Independent States and close cooperation with the various networks (Healthy Cities, Small Countries Initiative etc.).**

- To think out-of-the-box or to overcome a silo mentality on health, what is also needed is a **structured and intersectoral dialogue with the competent authorities**. For instance:
 - If the task is to invest in infrastructure or in R&D on drugs (AMR), we must talk with Finance or Research Ministries or with the public (research) funding agencies;
 - If the task is to re-design the skill mix of health professions, we must talk with the medical universities and other educational institutions;
 - If the task is to bring about a cultural change in patient-related cooperation for the health professions, this change can only succeed in dialogue with the professional associations;
 - If the task is to create healthy living conditions in urban population centers (air, transport, water, social services, healthy ageing etc.), we must cooperate with mayors (Healthy Cities Network, Regions for Health Network).

- For me, the **existing programs for health system research (e.g. the European Observatory) or the programs on capacity building** in the scope of the various networks or partnerships are among the most important accomplishments on which I would build. Solid knowledge about the functioning of the fragmented and interest-driven health systems combined with strong transformational skills at the top is the only promising way of achieving UHC in every single Member State.

4. **Describe how you envisage that the Regional Office's work will relate to ongoing processes in WHO and the UN, such as the 2030 Agenda for Sustainable Development and the WHO transformation process.**

- The political sphere of the international community of the United Nations gave itself a powerful instrument with the **Sustainable Development Goals (SDGs)**. They provide a **new political narrative** that once again places people's political and social interests in health and well-being in the center of political action in relation to global business and competitive interests.

In the scope of the United Nations, the WHO is given an outstanding role in the intersectoral implementation of these SDGs.

- To my mind, the **role of Regional Director has a three-fold perspective**:
 - a) To develop integrated and well-coordinated strategies and measures to implement the SDGs and the global WHO Program of Work both for the Regional Office itself and for the individual Member State in the Region;
 - b) To take part in global developments in the scope of the "global WHO", whereby through me, the Europe Region would have a strong voice of political reason and commensurability, of (organizational and financial) efficiency and transparency, and of clear strategic goals;
 - c) To safeguard the use of scarce resources: The basic funding of the WHO comes from taxes paid by citizens. It is to them that the WHO is accountable, both in the Regional Office and at all other levels.

- **Avoiding duplicate work is crucial:** As a representative of a Member State, I stand for a work agenda closely coordinated strategically between the WHO and the other UN agencies, the European Union, the various partnerships (EEU, CIS, SEEHN, etc.), the OECD and other international organizations.
- **I stand for clearly coordinated substantive priorities and objectives in the implementation of the SDGs by the WHO and the UN Sister Organizations.** As someone not hailing directly from the family of the UN agencies, I can allow myself to take a fresh and critical look at which of the many activities actually reach the citizens of the Member States and adjust the governance of these activities accordingly.

Conclusion:

- **The WHO is the global conscience** that demands the fulfillment of this universal human right to health and well-being and seeks to enforce the right to UHC!
- It would be an honor and a challenge for me to lend the WHO in Europe a courageous voice as Regional Director, drawing on my professional experience, my strategic and political talents, and my substantive creativity.

CRITERIA FOR CANDIDATES FOR THE POST OF REGIONAL DIRECTOR

The following criteria were adopted by the Regional Committee at its fortieth session (resolution EUR/RC40/R3) and affirmed and supplemented at its forty-seventh session (resolution EUR/RC47/R5).

a) The candidate must have a commitment to WHO's mission

The candidate should be committed to the values, role and policies of WHO and notably the goal of health for all. There should be clear evidence of his/her personal involvement in furthering that commitment.

b) The candidate must have proven leadership qualities and integrity

The candidate must be dynamic and must have demonstrated long-term and consistent leadership qualities. A commitment to outcomes and effective results - as opposed to merely a concern about processes - is essential. Ability to communicate in a clear and inspiring way is an important requirement. Such communication skills need to be effective with widely different target groups, including the mass media, and involve direct personal contact with political and other leaders in the public health field, health personnel, a wide range of academic and other professional groups outside the health sector, and WHO staff, etc. In view of the high goals of WHO and its impartial international character, the personal integrity of the candidate and the ability to withstand pressures from official or private sources contrary to the interests of the Organization are essential.

c) The candidate must have proven managerial ability

The person should have demonstrated clear ability to manage a complex organization in the health field. His/her performance in that role should have demonstrated a determination to make a thorough analysis of the problems and possibilities for solving them; the setting of clear goals and objectives; the design of appropriate programs for optimal use of the total resources; the efficient use of those resources; and a careful process for monitoring and evaluation. Importance should be attached to the candidate's skills in fostering teamwork - with appropriate delegation of responsibility - and in creating a harmonious working environment. In view of the need for the work of the Region to interact with and actively support the efforts of other regions and headquarters, the candidate's ability to work effectively with leaders, at both national and international levels, in health and other sectors, is an important element.

d) The candidate should be a person professionally qualified in the field of health and having a sound knowledge of public health and of its epidemiological basis

This type of qualification and background would greatly assist the candidate in the performance of his/her duties, and in contacts with national health administrations.

e) The candidate must have a broad understanding of the health problems and social, political, cultural, ethnic and other sensitive issues in the Region

In view of the above, it follows that the candidate would normally be a national of one of the Member States of the Region. The candidate should be fluent in at least one of the working languages of the Regional Committee, and knowledge of others would be an asset.

f) The candidate must be sufficiently healthy to carry out the duties of the post It is acknowledged that being sufficiently healthy to carry out the duties of the post would not preclude a physically handicapped person from being considered.