


CURRICULUM VITAE

Candidate for Regional Director of the European Region of the World Health Organization proposed by the Republic of Armenia

Family name (surname) : Hakobyan		
First names : Tatul		
Gender: Male		
Place and country of birth : Yerevan, Republic of Armenia		Date of birth (Day/Month/Year) : 29/04/1963
Citizenship: Republic of Armenia		
If you have ever been found guilty of the violation of any law (except minor traffic violations) give full particulars: N/A		
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Degree/Certificate obtained	Institution/University
Certificate- UN Country Team Leadership	UN system staff college, Torino (2015)
Diploma-Global Health Diplomacy	The Graduate Institute, Geneva (2014)
Certificate-Public and health policies administration	National school of public health, Greece, (1999)
Certificate-General procurement	Almaty, USAID Kazakhstan (1999)
Diploma-Health system management	Galilee college, Israel (1998)
Diploma- Master of Public Health-MPH	American University of Armenia (1997)
Diploma-Master in Business Administration-MBA	American University of Armenia (1994)
Diploma-Bachelor of Science (BSc), Pharmacia	Medical University, Yerevan, Armenia (1985)

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Russian	3	3	3
Other language skills:	Armenian (fluent)			
Please indicate additional language skills you possess				

Positions held: National Experience

Deputy Minister of Health, Republic of Armenia (July 2002-November 2010)

I contributed to the development of national health policy and legislation. Under my leadership we developed a number of health strategies and programs designed to modernize the Armenian health system and strengthen public health capacities and services. Over the period of my appointment as Deputy Minister we achieved sustained improvements in the health indicators for maternal and child health, a high coverage of vaccination, and modernization of healthcare facilities. As a Government official and delegate I presented Armenia in international forums, regional and world assemblies and on other international platforms.

Senior Technical Adviser, ABT Associates Inc. (December 2000-July 2002)

Based in the Ministry of Health (MoH) I served as a liaison between the Armenia Social Transition Program funded by USAID and health-related agencies within the Government of Armenia. The program aimed at providing policy support and technical assistance to the social sector ministries in reforms and policy implementation. Using my technical competencies I also contributed to capacity building for MoH personnel.

Head of Department, Ministry of Health of Armenia (March 1999-July 2000)

I built a platform for policy analysis and development involving main counterparts and stakeholders, and facilitated the policy process. This platform served for policy dialogue and formulation for national and international organizations and experts, bringing a wide range of competencies and experiences to the policy formulation process.

Program manager, United Methodist Committee on Relief, U.S.A. based Private Voluntary Organization (March 1996-March 1999)

I provided oversight of the humanitarian healthcare programs, ensuring that these were implemented effectively and in compliance with rules and regulations. More than 200 primary care settings nationwide received medicines and medical supplies monthly for free prescription to beneficiary patients.

European Union technical assistance project, Support to Healthcare system Reform in Armenia (1995-1996)

As an independent consultant, with the group of international experts, I reviewed and evaluated reforms of the public administrative system in Armenia and the impact of the reforms on health system performance. Our recommendations assisted the review and prioritization of health related public policies.

The World Bank Project Implementation Unit (1995-1996)

I chaired and coordinated technical working group activities focusing on assessing and restructuring hospitals in Armenia. The recommendations contributed to the development and approval of a hospital rationalisation strategy by the Government of Armenia.

Health emergency officer, Field office in the earthquake zone, Armenia (December 1988)

I dedicated myself to the most important needs of the people and took care of thousands of survivors after the devastating earthquake in 1988 in Armenia. I have seen many casualties, much destruction, many hopeless people, as well as poor coordination in rescue operations. Working with many international medical mobile groups I learned many lessons, most importantly the necessity of proper preparedness and a timely response.

Positions held: International experience

WHO representative to the Slovak Republic (July 2017-to present)

Deputy WHO representative to the Russian Federation (March 2016-July 2017)

Head of WHO Office in Armenia (April 2013-March 2016)

As a WHO representative in different countries of the region, in close cooperation with the main counterparts and stakeholders, my role is to provide leadership to the WHO country operations, as well as to promote and advocate for WHO's position promoting health improvements and standards. With this experience learned during participation in many aspects of WHO country presence and country cooperation work in different countries of the region, I believe I am full of ideas to propose more practical and workable modalities for cooperation and country presence in Member States.

Senior Adviser, Division of Health Systems and Public Health, WHO Regional Office for Europe (April 2011-July 2012)

As an advocate of public health, in all platforms, I have contributed to the strengthening of public health capacities and services. I continue now to actively participate in the work of the Regional platform of Coalition of Partners in Public Health. In my current capacity I have taken steps to bring the work of the Coalition to the national level and to promote cooperation between national public health institutions and professionals. I believe that creating a critical mass of public health professionals, supporters and followers is a prerequisite of a strong public health system.

Chair of working group to review work of WHO European Office in the Countries (April 2010-November 2010)

Upon the request of the Regional Director for Europe I chaired and facilitated the mission of a group of prominent former WHO staff, reviewing and evaluating the work of WHO country offices in the region. The group recommendations served for the formulation of a country operations strategy and the strengthening of country presence.

Member of WHO EEHC committee (2005-2007)

I represented the government of Armenia in the European environment and health process. This was and remains a unique platform for intersectoral cooperation, the promotion of whole of government policies, and the replication of principles and ideas at the national level.

Member of GAVI Alliance Board (2007-2010)

I represented the constituency and needs of GAVI supported developing countries of European region and Americas and actively supported GAVI's health system and immunization strengthening strategies.

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.

T. Hakobyan et al. Evaluation report for country offices in the WHO European region. 2010

T. Hakobyan. State funding mechanisms for healthcare, introduction of insurance schemes in Armenia. Scientific Journal of National institute of health. 2007

T. Hakobyan, M. Nazaretyan, T. Kolpakova, E. Nolte, E. Richardson. Health in Transition, Armenia. 2006.

T. Hakobyan. Reforms in public health sector in Armenia. Scientific Journal of National institute of health. 2005

T. Hakobyan. National health policy of Republic of Armenia 2005-2010. 2004

A. Mkrtchyan, T. Hakobyan. Reforms of public administration system in Armenia and its impact on health system. Scientific Journal of National institute of health. 2003

T. Hakobyan. Concept of National health policy for Armenia. Scientific Journal of National institute of health. 2002

T. Hakobyan. Hospital assessment report and recommendations for optimization. The world bank project implementation unit. 1996

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.

Herewith I declare that I do not have any conflict of interest in the light of the work and functions of the Regional Director

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.

Date and place: December 26, 2018

Signature: Tatul Hakobyan.



WRITTEN STATEMENT

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

I hereby express my interest and commitment to run for the position of the Regional Director of the European Region of World Health Organization. In support I wish to make the following written statement.

During my professional life I have developed and improved my competencies continuously and aimed for good conduct and performance as a candid leader and manager. Here are my qualifications and special skills:

- I am a qualified public health doctor, and have continuously improved my knowledge and skills and continue to learn and share my knowledge in a very diverse professional and cultural environment.
- I have expertise in health policy analysis, policy formulation, strategic planning and implementation, and health system management and administration.
- I have extensive experience in effectively cooperating with governments, and with non-governmental and international organizations.
- I possess effective presentation, communication and interpersonal skills.

My aspiration for improvement is that it is an ongoing process of perceiving deficiencies and acting to correct and improve in parallel. At first glance, this phenomenon requires great effort, attention, vigilance and experience, for not everyone intends to behave in this way, or does so. However, I believe this to be a must for all those who have ambitions to lead and manage. During my professional life I have developed improvement skills and aimed for good conduct as a candid manager performing all the required functions of planning, organizing, controlling and leading.

As a manager I am supportive to my colleagues by taking ultimate responsibility for the initiatives on my shoulders and protecting common or individual goals and rights as needed. I am decisive and result oriented without excessive formalism.

It is my desire to create trust and confidence in any workplace, to delegate the authority and empower colleagues.

I have been working with and within the WHO for the last two decades, in various capacities and positions and with different perspectives. Resulting from my experience and observations to date, I am proud to be a WHO staff member and committed to its mission and its widely appreciated work. I am in good health, full of energy and ideas now and for the future to make a more significant input as Regional Director.

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

Human health is affected by political, economic, social, environmental determinants, as well as by number of physical, ecological and psychological factors, and, also by human predisposition and vulnerability to various diseases.

All health determinants are interrelated and stem from each other, therefore any of these determinants may leverage the impact of the others for better health outcomes if necessary actions are taken. On the other hand, barriers may detain progress. All must be considered in parallel and simultaneously.

Certainly, the main burden of ensuring better health outcomes lies on countries, governments, parliaments, society, family and other institutions. It is very challenging for any country to find the best mix of determinants and factors to target for positive health outcomes given limited revenues; therefore effective collaboration and leveraging of available resources is of great importance.

In this general context I consider it necessary to review the role and mandate and added value of the WHO in today's more complex health plethora of players. This is especially relevant to the WHO Regional Office for Europe which is one of the largest geographically with a population of almost a billion people, with many disparities and diversities within its 53 Member States.

There are many positive trends in health and wellbeing in the Region. However, I wish to note the following emerging and protracted challenges:

- The substantial health inequities that exist between and within countries.
- Changing living, working and consumption patterns and habits.
- Growing urbanization and globalization of the economy with access to more and better services, social opportunities, goods and technologies but, on the other hand, disproportionate negative effects on the poorest and most vulnerable.
- Economic crisis and austerity messages since 2008 which put further strains on health and health equity.
- The predominant burden of noncommunicable diseases, and the need to promote behavioral change and healthier lifestyles, affecting the six main behavioral determinants-tobacco, alcohol, diet, exercise, sugar and salt, as well as substance abuse.
- Mental disorders which have now become the largest contributor to chronic conditions, with neuropsychiatric disorders ranking first in the list of causes of chronic conditions afflicting the population of the region.
- The continuing challenges of communicable diseases, implementing the IHRs (2005), and AMR.
- Health emergencies, due to natural disasters, conflicts, complex emergencies, or disease outbreaks, and the effects of climate change.
- The unprecedented surge in migration.
- The need for health systems to be strengthened to deliver UHC, and respond to the transition in health technologies
- The challenges arising from the rising costs of health care, driven partly by the growing demand for health care, partly by the need to invest in and provide access to more costly technology and innovation, partly by the failure to invest in effective public health preventative interventions, and partly by the long standing failure to integrate health and social care systems.
- The use of economics data to help reorient vertical disease focused health development work to more integrated approaches

My vision

I see the European Office of WHO as a respectful workplace, where knowledgeable and skillful professionals develop, propose and apply policies, strategies, tools and workable solutions for the best use of public health and health systems to generate health and wellbeing. In fulfilling this important mission I anticipate also that all resources and contributions to the organization are used timely, efficiently and effectively.

I see the Member States of European Region continuing their commitment and contribution to the positive trends and patterns in health and well-being for their populations, dealing effectively with current health inequities, as well as contributing more widely to global health.

As Regional Director, I believe the following engagements are crucial to improve the operations of WHO Regional office for Europe:

Strengthen coherence and synergy in the Regional Office to deliver collective results

Systematic review and the best use of the accumulated stock of knowledge, strategy development and implementation experience, require not only the efficient and effective use of all available resources, but also the motivation of WHO staff and expertise to constantly support Member States to improve performance, produce results and enhance credibility.

Improvement of multi-level, multi-cultural and multidisciplinary physical, professional and psychological environments, the fair and effective management of resources, and the rational use of motivation and stimulus mechanisms, are the first essential steps to be taken for creating a respectful atmosphere within the Regional Office. Recruitment and promotion of staff have to be based on two main principles, namely professional competencies and geographical diversity.

Within the WHO global transformation strategy the European Regional Office needs relevant changes to optimize capacities and to ensure more effective and efficient operations. Internal surveys and assessments indicate challenges to be tackled for the coming years ahead.

The Regional Office needs to be optimized based on rethinking the distribution of technical units. I would propose to consider changes in structures to remove interdivisional barriers preventing cohesive work within technical units. Organizational structure, governance and delegated authority need to achieve the best balance and distribution of technical expertise in all three levels of WHO.

While searching for new funding opportunities and resources mobilization, I see opportunities to reduce the proportion of administrative costs by using new technologies and innovations. This refers especially to organizing large scale global and regional governance and technical events, as well reducing travel costs through revised travel policies.

Country focus and capacity building

Over the past years, the Regional Office has not been completely successful in developing and implementing a flexible and effective strategy for country presence. Once again, the diversities in the Region are one of the barriers here, making more difficult the achievement of an integrated strategy. Several attempts have been made to address this issue, yet the problem remains. The outcomes and implications of ongoing changes need careful deliberation.

I think that one of the primary engagements of the Regional Director is to address the country

presence strategy with the following considerations:

- Within the WHO strategic cooperation and partnership with each country to discuss and agree on suitable models of possible country presence consistent with WHO strategies and regulations.
- Delegation of authority towards to country presence should be strengthened by reflecting the best operational model for each country office, based on mission, personnel, cost-effectiveness and the funding of operations.
- Reshape the operating model of Country Offices to encourage capacity building of national experts and specialists through their involvement within the WHO internal workplace, whilst promoting learning and development opportunities both at national and international levels.
- Discuss and reflect opportunities for capacity building and career development plans for national public health professionals, both using in-kind and co-funding contributions.
- Discuss and agree, in countries where country presence with country offices is not applicable, alternative operational models with appropriate entry points, and cooperation and communication channels.

Future fit priorities

The priorities and strategies in the Region are in line with the Sustainable Development Goals (SDGs), the Health 2020 health policy framework, and the Global Program of Work 13(GPW13). Taken together these provide a set of complex challenges that require changes in operational models and essential capacities in the Regional Office.

At a more technical level my views and plans concerning priority directions include a commitment to:

- Promote whole of government approaches and support intersectoral platforms for streamlining health in SDGs.
- Address health inequalities.
- Promote Universal Health Coverage.
- Strengthen public health capacities and services.
- Tackle communicable and non-communicable diseases and environmental risk factors.
- Prepare and response to health emergencies and improve communication with the public.
- Strengthen institutional capacities for health technology assessment and evidence based policies.
- Harness innovation, for example through digitalization of healthcare systems and eHealth.

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

The European Regional Office has to continue the strengthening of partnerships that has occurred over the last decade across the Region, culminating in a partnership strategy adopted by the Regional Committee in 2017.

It is of vital importance for the Region to raise the level and the content of strategic cooperation with the Member States and partnership with key stakeholders. In this regard, I would propose to start active consultations with all Member States for building a legal basis for long term strategic cooperation and partnership. I propose to develop strategic cooperation platforms for long term collaboration with all Member States linked to the SDGs, which in turn will be used for engagement of key stakeholders for achieving common goals.

This long term strategic cooperation and partnership will achieve the following objectives:

- Outline strategic priorities, roles and responsibilities and the feasibility and opportunities for country presence and other cooperation platforms.
- Ensure sustainability, consistency and continuity of cooperation.
- Simplify the planning process within the two year cycles derived from the strategic agreement and set priorities.
- Based on strategic cooperation with Member States strengthen collaboration and coordinate work plans with donors, partners and stakeholders.
- Outline engagement of key stakeholders and partners in the achievement of the United Nations 2030 Agenda for Sustainable Development including the SDGs.
- Reduce reliance on big donors and increase the base for co-funding opportunities with both the Member States and the main stakeholders.
- Implement the Framework for Engagement with Non-State Actors (FENSA); better communicate and position WHO strengths, convince stakeholders and partners concerning WHO's proposed policies and strategies; and increase flexibility for building new cooperation platforms especially at country level.

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*

Accelerated progress towards the United Nations Agenda 2030 and the health related SDGs, and in particular SDG 3 on good health and well-being, is key to WHO's global role. The WHO global transformation process is ongoing and it implies organizational changes towards more effective, coordinated and integrated operations at all levels, to best serve the needs of its Member States. This will require considerable and continuous organizational development.

The SDGs and the GPW 13 see health and well-being as both the drivers of sustainable development and one of the main outcomes of this process. Whilst retaining institutional leadership for SDG 3, WHO and Member States need extend their strategic aims and

leadership for SDG 3, WHO and Member States need extend their strategic aims and activities to other Goals whose targets have direct implications for health, or on which the health sector's footprint is significant. Regional Office has to highlight the need for governments to be aware of, and become accountable for, the interrelationship between health and well-being and all sectoral policies, within the context of their national SDG inspired development plans. This will require the highest level of political advocacy and commitment.

WHO is committed to its collaboration with partners across the spectrum from the United Nations system to nongovernmental organizations, academia and private sector, as demonstrated by the recent adoption by its Member States of the FENSA. This means full-hearted engagement with the UN Reform process, with WHO exerting leadership in promoting the agenda for health and development, and maximizing convergence with the UN system through the UN Chief Executives Board (CEB), the UN Development Group (UNDG), the High-Level Committee for Management and the High-Level Committee for Programs, to ensure that health is adequately reflected in the post-2015 agenda.

I am committed to ensure that the European Region makes a full-hearted, coordinated and strengthened contribution to these processes at all levels, within UN Country Teams and through process instruments such as Common Country Assessments (CCSs) and Development Assistance Frameworks (UNDAFs). Accordingly I would strengthen the capacities and work of WHO Country Offices to achieve these goals.

In emergency situations I would work to ensure that WHO continues to scale up its performance as the Health Cluster Lead Agency, working with partners across the spectrum to improve health conditions for some of the most vulnerable populations in the world, through rapid and effective response.

The contribution of the WHO European Regional Office

The European Member States have been leaders in rethinking new approaches to public health as defined in Health 2020, the European health policy framework adopted by the European Regional Committee in 2012. This aimed to improve health for all and reduce health inequalities, through improved leadership and governance for health.

Building on Health 2020, the Roadmap to implement the 2030 Agenda for Sustainable Development was adopted by the Regional Committee in 2017 and reinforces health as a human right, calling for alignment of national health and development policies. Many European Member States have acted to integrate the SDGs into national action and policies and developed or are developing national sustainable development plans. Commissions or whole of government institutional mechanisms at the highest level of government have been created to drive the agenda forward.

The Region has been actively preparing for the UN Reform process aligning the work of WHO throughout the three levels of the Organization. Collaboration with UN agencies at the regional level has developed on a broad range of areas. WHO is leading the UNDG Issue Based Coalition on the health-related SDGs. The European Region has to continue developing further insights into the UN Reform, which will help to position itself in its implementation, while keeping its normative work intact.