




WORLD HEALTH ORGANIZATION

CURRICULUM VITAE*

Family name (surname): Kluge First: Hans Names: Henri Marcel Paul	
Gender: male	
Place and country of birth: Roeselare, Belgium	Date of birth (Day/Month/Year): 29/11/1968
Citizenship: Belgium	
If you have ever been found guilty of the violation of any law (except minor traffic violations) give full particulars: no	
Address to which correspondence should be sent: Dr Hans Kluge, Skovbogårds Allé, 7. 2500 Valby, Denmark.	Mobile phone: 004551839062 E-mail: klugehans.personal@gmail.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)

Institution	Degree	
Institute of Tropical Medicine Prince Leopold, Antwerp, Belgium	Diploma in Tropical Medicine (with distinction).	31 March 1995
Katholieke Universiteit (Catholic University). Leuven, Belgium	Diploma in Medicine, Surgery and Obstetrics (with distinction).	29 June 1994
Certificates		
Cybersecurity Essentials and Preventing Phishing		13 January 2019
United Nations Multilingual Course on Prevention of Harassment, Sexual Harassment and Abuse of Authority		2 August 2018
GB UN To Serve With Pride - Zero Tolerance		8 July 2018
Emotional Intelligence 2.0 – Level 2 certification, Talent Smart		31 January 2018
Second All-Russian Forum of Public Health, Certificate by the Federal Research Institute for Health Organization and Informatics of Ministry of Health of the Russian Federation, Moscow, Russia		16-17 October 2018
Certificate Conference dedicated to the 30th anniversary of the Vienna Declaration on Nursing, Certificate by the Federal Research Institute for Health Organization and Informatics of Ministry of Health of the Russian Federation, Moscow, Russia		16-17 October 2018
Emotional Intelligence 2.0– Level 1 certification, Talent Smart		1 February 2017
6th WHO Flagship Course on Health Systems Development for the Countries of Central Asia and the Caucuses. Bishkek, Kyrgyzstan, WHO Regional Office for Europe		26 October – 6 November 2009
Workshop on Resource Mobilization, Yangon, Myanmar, WHO Regional Office for South-East Asia. WHO Country Office Myanmar		August 2005
UN Team Building and CCA/UNDAF Workshop, United Nations Development Programme, Moscow, Russia		September 2000
“Populations in Emergency Situations” training course certificate, Medecins sans Frontieres – Epicentre		14-28 January 1996
Training course “Electrocardiography for General Practitioners”, Katholieke Universiteit (Catholic University), Leuven, Belgium. Faculty of Medicine. Internal Medicine. Cardiology.		2 January 1995
Practical course: 6 months apprenticeship in approved hospitals and 6 months practical training in General Medicine, Katholieke Universiteit (Catholic University), Leuven, Belgium. Academic Centre for General Medicine		31 August 1994
Training thesis: Microvascular angina, a practical approach in diagnosis of chest pain with unknown aetiology, Katholieke Universiteit (Catholic University). Leuven, Belgium. Faculty of Medicine. Training Secretarial Office. Complementary Regional Medical Centre		25 June 1993
Certificate of Secondary Education, approved in name of His Majesty the King of Belgium, Institute "Klein Seminarie", Roeselare (West Flanders)		4 September 1986
Certificate of Proficiency for Higher Education, approved in name of His Majesty the King of Belgium, Institute "Klein Seminarie", Roeselare (West Flanders)		4 September 1986

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	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>
	French	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>
	German	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="2"/>
	Russian	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="2"/>
Other language skills: Please indicate additional language skills you possess	Dutch (native language)			

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.

Family doctor in Belgium in the cities of Lombardsijde, Nieuwpoort and Hasselt. 1994 - 1996
Clinical practice, paediatrics, emergency medicine, community medicine, nursing and midwifery.

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.

09/2010-to date Director, Division of Health Systems and Public Health & Special Representative of the Regional Director to Combat Multi/Extensively Drug Resistant Tuberculosis, WHO Regional Office for Europe, Copenhagen, Denmark.

- Development of New WHO European Vision on Health Systems for Prosperity and Solidarity: Include, Invest and Innovate (Tallinn 2018)
- Regional study on Universal Health Coverage (financial protection): Can people afford to pay for healthcare? (2018)
- WHO Barcelona training courses on health financing and health system strengthening to address noncommunicable diseases and multidrug resistant tuberculosis (annual)
- WHO European Coalition of Partners to jointly scale up public health (2017)
- WHO European Centre of Excellence on Primary Health Care in Almaty, Kazakhstan. New global vision on integrated Primary Health Care, 40th Anniversary of the Alma-Ata Declaration (Astana, 2018)
- Country guidance to address the Impact of the economic crisis on health and health systems (Oslo, 2013)
- Regional initiatives on access to old and new high cost medicines and sustainable workforce
- Roll out of modern primary health care and health systems in both EU and non-EU countries
- Strong partnership with the European Commission, OECD, World Bank, GAVI, Global Fund, civil society and donors on health system performance and reforms.

08/2009-09/2010 Acting Director Country Health Systems (2010). Unit Head, Country Policies and Systems, WHO, Regional Office for Europe, Copenhagen, Denmark.

- Development of National Health Plans and Health Sector Strategies
- Health system performance assessment
- Countries self-assessed on public health capacities and services
- Primary health care quality management assessed
- Capacity strengthening on national child and adolescent strategies in 7 countries
- Multi-disciplinary country crisis management capacity assessments
- Turning evidence on social determinants, gender and equity into national health actions
- Operational improvement of performance management and team building in the Unit.

**03/2004-08/2009 Medical Officer TB and Team Leader 3Diseases Unit (AIDS, TB, malaria), WHO Country Office for Myanmar, Yangon.
Consultant to the Democratic People's Republic of Korea on Tuberculosis (Global Drug Facility).**

- 5-year National Strategies and 3-year National Operational Plans TB, TB-HIV, HIV-AIDS and malaria with special attention to high-risk groups (border populations, migrants, prisoners)
- Global TB Control Targets (MDG 6, Target 8) of 70% case detection and 85% treatment success rate (2005).
- Results-based performance management policies and practices for the new multi-million 3Diseases Fund (AIDS, TB, malaria)
- Multi-sectoral Country Coordinating Body (AIDS, TB, malaria) and Technical Working Groups (Government, non-Government/ civil society representation, donors, People Living With The Disease)
- Successful fundraising for WHO Country Office, Ministry of Health and national professional associations in resource-constrained context (Global Fund, UNITAID, USAID, CIDA, UN Central Emergency Response Fund, EC, DFID, SIDA, Norway, Netherlands, AusAID, TOTAL oil company [private sector] through the International Union Against TB and Lung Diseases)
- Chair Staff and Development Learning Committee (staff Questionnaire on work environment and motivation).

2/1999-03/2004 TB and TB-HIV Project Manager, WHO Country office for the Russian Federation, Moscow

- New Executive Order by the Ministry of Health and Justice on TB, TB-HIV and MDR-TB Control, in line with the WHO Strategy
- Inter-Ministerial High Level Working Group on revised TB and TB-HIV control policy
- International Inter-agency Coordination Committee and Country Coordinating Mechanism established
- Implementation, monitoring and evaluation of the WHO TB and MDR-TB demonstration programme in 26 Oblasts.

09/1998-10/1999 Regional TB Advisor for the former Soviet Union Countries, Medecins sans Frontieres (MSF) International, Moscow, Russian Federation.

- TB, TB-HIV and MDR-TB control projects (civilian/ prisons) in former Soviet Union
- MSF International policy on TB, MDR-TB and TB-HIV control in former Soviet Union
- Cadre of national and international health staff motivated and trained.

07/1996-08/1998 Prison TB and MDR-TB Coordinator. MSF Belgium. Kemerovo, Siberia, Russian Federation.

- Sustainable DOTS and MDR-TB control programme in prisons in West Siberia
- TB epidemiology and multi-drug resistance research conducted
- Successful resource mobilization for TB and MDR-TB control in prisons
- Cadre of national and international prison health staff motivated and trained
- International awareness on TB in prisons.

02/1996-06/1996 Medical Coordinator, Nimba, Liberia (MSF Belgium).

- Medical and public health services re-established in conflict zone at rural District level
- Vaccination and nutrition campaigns
- Clinical practice (internal medicine, obstetrics).

06/1995-01/1996 TB Coordinator, Kismayu, Somalia (MSF Belgium).

- DOTS programme for South Somalia in war zone
- Standard National Guidelines on Clinical Care in Pediatrics developed
- National staff trained at District level into infectious disease management
- Community and individual culturally appropriate health education and case management.

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.

- 2018** Oorkonde Fonds Christoffel Plantin. Certificate of the prestigious Antwerp (Belgium) based Plantin Foundation, in recognition of the many years of strong commitment to the cause of primary health care, especially for the most vulnerable communities, in many areas of the world.
- October 2018** Letter of appreciation from the Minister of Health of the Republic of Bulgaria for the "invaluable role and highly professional engagement" at the national roundtable discussion on the future of healthcare system in Bulgaria and the necessary changes in the health insurance model
- 13 September 2018** Letter of appreciation from the Minister of Health of the Republic of Slovenia, for "excellent collaboration and valuable support...".
- 5 August 2014** Letter of appreciation by the Minister of Health, Republic of Cyprus, for "... skills and passion ..." in the context of the collaboration between the Ministry of Health and WHO to accelerate the implementation of Cyprus's health sector reform programme.
- November 2012** Letter of appreciation by the Minister for Health of Ireland, for the "Report on Health system responses to financial pressures in Ireland: policy options in an international context".
- 2003** "Honorary Award" as recognition for my work in the Russian prisons on TB and MDR-TB from the Russian Minister of Justice Y.J. Chaika.
- 2001** "Outstanding young person of the year 2001" from the Junior Economic Chamber in Belgium.

Throughout my career, I acquired a large experience as resource person / facilitator / chairperson at international and national conferences, training courses and workshops related to health systems, public health, communicable and noncommunicable diseases.

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.

1. **Kluge H**, Kelley E, Barkley S, Theodorakis P, Yamamoto N, Tsoy, Aiykhanova A, Ganesh V, Hipgrave D, Peterson SS, Valderas JM, Mossialos E. How primary health care can make universal health coverage a reality, ensure healthy lives, and promote wellbeing for all. *Lancet* 2018; 392(10156): 1372-1374.
2. **Kluge H**, Kelley E, Swaminathan S, Yamamoto N, Fisseha S, Theodorakis PN, Kristensen S, Anderson M, Mossialos E. After Astana: building the economic case for increased investment in primary health care. *Lancet* 2018; 392(10160): 2147-2152.
3. McKee M, **Kluge H**. Include, invest, innovate: health systems for prosperity and solidarity. *J Health Serv Res Policy*. 2018 Jan 1.
4. Jakab M, Palm W, Figueras J, **Kluge H**, Galea G, Farrington J, Borgermans L, Gibson LC. Health systems respond to NCDs: The opportunities and challenges of leap-frogging. *Eurohealth* 2018; 24 (1): 3-7
5. **Kluge H**, Martín-Moreno JM, Emiroglu N, Rodier G, Kelley E, Vujnovic M, Permanand G. Strengthening global health security by embedding the International Health Regulations requirements into national health systems. *BMJ Global Health* 2018; 3: e000656.
6. Permanand G, Krasnik A, **Kluge H**, McKee M. Europe's migration challenges: mounting an effective health system response. *European Journal of Public Health* 2016; 26(1): 3-4.
7. Martin-Moreno JM, Harris M, Jakubowski E, **Kluge H**. Defining and Assessing Public Health Functions: A Global Analysis. *Annual Review of Public Health* 2016; 37: 335-55.
8. Robertson J, Pedersen HB, Permanand G, **Kluge H**. Challenges to the affordability of new medicines in Europe: the case of cancer drugs. *Eurohealth* 2015; 21(3): 21-24.
9. Barbazza E, Langins M, **Kluge H**, Tello J. Health workforce governance: Processes, tools and actors towards a competent workforce for integrated health services delivery. *Health Policy* 2015 Dec 8;119(12):1645-54. Epub 2015 Oct 8.
10. Kimerling ME, **Kluge H**. The need for longitudinal screening studies in prison TB control. *Int J Tuberc Lung Dis* 2005 Jun;9(6):589\

Conflict of interest declaration

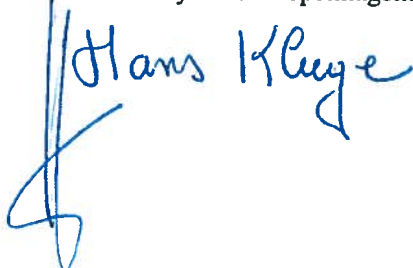
Please list any interest, financial or professional, or views publicly expressed, that could create or appear to create a conflict of interest in light of the work and functions of the Regional Director of the Regional Office for Europe, if you were to be elected.

None.

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 21 January 2019. Copenhagen.

Signature:

A handwritten signature in blue ink that reads "Hans Kluge". The signature is written in a cursive style with a large, stylized initial 'H'.

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.
2. Set out your vision for the Region, identifying the key challenges facing the Region and how you would propose to address them.
3. Explain how you would engage key stakeholders in order to achieve the goals of the Regional Office.
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.

1. My management and leadership qualities.

My understanding of leadership can be summarised in the definition by Yukl (2006): "the process of influencing others to understand and agree about what needs to be done and how to do it, and the process of facilitating individual and collective efforts to accomplish shared objectives." This seemingly simple statement conceals considerable complexity, especially when applied to the role of a WHO Regional Director. The Regional Directors are accountable both to Member States, especially challenging in EURO with 53 countries with diverse challenges and priorities, and to the organization as a whole, pursuing goals established at the World Health Assembly and within the wider UN system. As an observer from outside WHO and a staff member for many years inside it, including acting up in the role of WHO Regional Director for Europe on several occasions, I have developed a clear understanding of what the job entails and the importance of listening carefully to views of Member States.

My management style has developed through extensive practical experience, working in some of the world's most challenging settings, but also from my study of leadership and management theory. As far as possible, I have drawn on evidence of what works and what not, including clarity of vision and goals, and promotion of openness, trust, and reflectivity within the organization. I believe in a transformational rather than transactional leadership style, in which "leaders and followers help each other to advance to a higher level of morale and motivation" (Burns 1978).

Clarity of vision: I believe in the importance of developing and following through on a clear vision of where we need to be and how we are to get there, framed in a way that is easily communicated to a wide variety of audiences. I can illustrate this with the conference held to celebrate the 10th anniversary of the Tallinn Charter, held in 2018. Working with colleagues from across the Region, spanning government, health providers, academia, and civil society (thereby demonstrating my commitment to partnership), I set out a vision for the future based on 3 Is, Include, Invest, Innovate. This message had the benefit of simplicity while capturing the importance of three ideas. First, we must build inclusive equitable health systems even when faced with challenges such as large-scale migration and austerity. Second, we need sustained and co-ordinated investment in the different health systems building blocks, informed by appropriate forecasting techniques. Third, we must find ways to scale up innovate policies, technology, and models of care.

See: <https://www.youtube.com/watch?v=wbvIO0cc1RE>

I brought the same approach to the International Conference on Primary Health Care on the occasion of the 40th Anniversary of the Alma-Ata Declaration, 25-26 October 2018, Astana, Kazakhstan:

<https://www.who.int/primary-health/conference-phc> , where I spoke at the opening and 1st plenary session (minutes 11:50-14:15) and gave a key note speech at the 3rd plenary session on the Economics of Primary Health Care (minutes 07:29-15:52).

Ability to deal with complexity: While I have extensive experience in managing complex projects in many different settings, including as coordinator during civil wars in Liberia and Somalia and in Siberian prisons after dissolution of the Soviet Union, perhaps I can illustrate this by reference to one of the most challenging. When I was Team leader of the TB, HIV-AIDS and Malaria Unit for the 3 Diseases Fund at WHO Myanmar, I worked with the Ministry of Health to develop standard operating procedures for financial flows, internal quality controls, administrative management, coordination and quality assurance in procurement and supply management and laboratory procedures.

This required me to design appropriate governance and monitoring systems combining accountability with the flexibility required to adapt to a frequently changing context.

Understanding the organization: My experience on the outside looking in, for example in my work in MSF, and from within the organization but at different levels, for example as the Tsunami and Nargis response coordinator for health within the UN Country Team Myanmar, the Acting WHO DG Special Representative (Moscow), and Acting WHO Representative (Yangon), have given me a wide range of perspectives on what works well and what does not, and in particular the importance for staff working at country level.

Working with partners: WHO is now one of many actors in the global health arena. We can, and must, work in partnership with others, within the UN system, and with national governments, subnational stakeholders, health providers, civil society, and academia. The last reflects the importance of ensuring that all our activities are based on the best available evidence and I am especially proud of the growing number of academic publications that I and my staff have co-authored, demonstrating the benefits of applying academic rigour to our work while incorporating practical experience into the work of researchers. I have a strong track record of working in partnership over many years, for example in the ongoing TB-REP project, strengthening health systems in the east of the Region in partnership with governments, patient organizations, universities in both parts of the region, and the European Respiratory Society. In my capacity as WHO Medical Officer TB in Russia and Myanmar, I promoted the establishment and functioning of several inter-agency coordinating bodies and Technical Working Groups under the leadership of the Ministry of Health to foster the Stop TB Partnership. As the Acting WHO Representative to Myanmar, I participated in the Avian Influenza response, promoting the implementation of the International Health Regulations at country level and health system strengthening (including a successful GAVI HSS proposal immunization and vaccine-preventable diseases). I work closely with the European Observatory, a unique partnership of governments, international agencies and universities.

Cultural awareness: I have worked in settings with many different cultures, in Europe, Asia, and Africa. In addition to my native Dutch I speak English, French, German, and Russian. In the last decade, I have engaged extensively with policy makers and managed staff from all parts of the WHO European Region. This experience has helped me to understand that, even when we use the same words, we might not always give them the same meanings. My experience has also shown that I have the ability to motivate people, even in the most challenging circumstances, arising from my natural empathy and the listening, communication, and negotiation skills that I have refined over time. My experience has also helped me to realise the importance of ensuring clarity of goals in multi-national teams.

Reflectivity: I place a high priority on self-reflection, learning lessons from what works and what doesn't. I have benefitted from my role as a faculty member in the European Leadership Academy for Health Care Leaders organized in Rome by the Catholic University of the Sacred Heart. Recognising the need for such a programme, I worked with the university to achieve its status as a WHO Collaborating Centre for health policy governance and leadership in Europe. By participating in curriculum design and content with some of the leading thinkers on leadership for health in Europe, I have learnt a great deal, including insights that have challenged my pre-existing ideas.

Within WHO Europe, I was the first, and so far, only Director to introduce annual courses on emotional intelligence for all my staff. Although my annual performance appraisals have been rated "above expectations" in different duty stations over 15 years by at least 5 different supervisors, I remain committed to personal development, enhancing both my technical knowledge and managerial skills.

In summary, my managerial style is based on leading by example. I have been fortunate to work with remarkable people and have had opportunities to develop skills in planning, organization, and oversight. This has given me moral authority, ability to develop and implement a vision, agility and adaptability, rather than simply reacting, a willingness to learn from mistakes, and strong communication skills.

2. My vision

"My vision is of a Region where no one is left behind, where health is addressed in all policies to enable all people of all ages to live healthy lives. A Region where all people receive people-centred and sustainable public health and health care services."

WHO has published a list of ten main threats to global health in 2019 (<https://www.who.int/emergencies/ten-threats-to-global-health-in-2019>). While some, such as Ebola and Dengue, are a much greater threat to other regions, this list provides an excellent starting point for EURO. Among them, I consider that the greatest threats to EURO are climate change, noncommunicable disease, pandemic influenza, health in fragile and vulnerable settings, antimicrobial resistance, weak primary care, vaccine hesitancy, and HIV. To this list I add three others. First is TB, reflecting how our region has the highest burden of MDR-TB in the world. I have worked on this issue for many years.

The second, affecting especially the western part of the region, is population ageing, with consequences including growing multimorbidity, which I have already prioritised through my Division's work on innovative ideas on integrated care. The third is migration, with Europe receiving more international migrants than almost any other region. I marshalled and published the health system approach to migration in Europe based on the good practices in Member States.

An effective response to each of these issues requires some specific measures, but there are common strategies that can strengthen our ability to respond and, acting in partnership with others, can make a real difference.

I propose 6 strategies by through which, if elected, the Regional Office, under my leadership would confront these challenges with determination within the Sustainable Development Goals (SDGs):

First, we need a roadmap for how EURO can support countries in anticipating emerging trends and threats, helping them seize new opportunities. It will incorporate latest thinking and best evidence in practical tools and instruments, building on the WHO European Health Systems Foresight initiative.

Second, I will promote health security in the face of emergencies and other threats, strengthening the Regional Office' capacity for preparedness, response and recovery using an all-hazards, all-health approach, creating an emergency fund that can release resources rapidly when needed.

Third, I will prioritise the Health Transformation Initiative, whereby the Regional Office will assist Member States to achieve transformative change to place Health In All Policies. This will include a pan-European Transformational Leadership Academy to support scale-up of effective and sustainable innovations.

Fourth, I will place empowerment of people, based on increased health literacy, at the heart of all of EURO's policies, helping ministries of health and health professionals to communicate positive health messages to the public while tackling disinformation, with practical guidance on latest advances in social media, artificial intelligence, and communications research.

Fifth, I will strengthen links with regional groups including the European Union, Commonwealth of Independent States, Eurasian Economic Union, and the wider UN family, with a particular focus on the SDGs. I will build on successes of existing partnerships, including the European Observatory, Small Countries Initiative, Regions for Health Network, and Healthy Cities. Finally, I will reach out to civil society and the private sector, working within the Framework of Engagement with Non-State Actors.

Sixth, I will modernise the organisation to align its structures and processes with its mission, building on achievements of current and past leadership to ensure that it is an agile, country-focused organization, both proactive and reactive, and a reliable source of expertise to all Member States.

3. Engaging key stakeholders

SDG 17 calls on us to revitalize partnerships for sustainable development. In an unpredictable world, the commitment by Member States to achieving it creates crucial opportunities. I see the Regional Committee as an ideal opportunity to convene key stakeholders, with more satellite meetings allowing exchange of ideas in a less formal setting. In this spirit of reaching out, I will strengthen and extend our existing engagement in fora, including the leading European health conferences, that bring together the wider health community. My approach is based on a commitment to partnership based on mutual respect but also accountability for achieving our agreed goals.

I see partnership as an ethical duty. Challenges faced by Member States are huge, resources are limited, and partners have unique comparative advantages.

At country level, where I will seek to strengthen Country Offices, I will build upon my previous experiences, including:

- involvement of people cured with or living with TB and HIV in policy development and implementation of other programmatic areas.
- working with the Global Fund, GAVI and the World Bank to incorporate WHO's policies in their activities.
- supporting Health Ministries mobilise domestic funding as the Global Fund and GAVI transition out of middle income countries.
- with the CIS, I will build upon WHO's work supporting exchange of good practices in public health.
- with the Eurasia Economic Union, I will explore how our successful collaboration on access to medicines can be extended to other areas.

- with the EU, I will initiate early dialogue on how WHO can support goals of Presidencies, while strengthening existing collaboration with the European Commission. I will place a high priority on stronger links with ECDC, building on the coordination of crisis communication as a good practice.

4. Engaging with UN and WHO processes

The SDGs offer us tremendous opportunities. Health features in many goals other than SDG3 and, as noted above, SDG17 explicitly promotes partnerships needed to ensure Health in All Policies. I will pursue these opportunities with determination, taking full advantage of the alignment of the strategic priorities of WHO with the SDGs through the 13th General Programme of Work (GPW13).

My approach will be shaped by the existing work, in EURO and with our partners, mapping progress to the health-related SDGs. Unfortunately, this shows that, although EURO is in a better position than other regions, no Member State is on target to achieve all the health-related SDGs. This analysis will inform our dialogue with Member States, taking advantage of the great expertise in some to promote the development and exchange of shared, but contextually appropriate approaches, from surveillance and monitoring to scale up interventions. This is something that WHO cannot do alone but where partnerships can deliver. However, WHO can play a very important role in convening partnerships and knowledge brokering, building on the existing work of the European Observatory and Health Evidence Network.

Success will only be possible through the closest possible collaboration between EURO regional and country offices and HQ with focus on countries, while ensuring that we remain aware of good practice in other regions. GPW13 includes a transformation process and I am committed to work closely with the Director General and the Global Policy Group to ensure its success.

The existing system of financing is, however, a challenge, with the risk that extra-budgetary funds can distort our goals. Consistent with the WHO transformative processes, the external engagement function of EURO will be strengthened to diversify funding, increase flexibility in use of funds, and increase predictability.

I am well aware of the ongoing UN reform and, in line with the evolving discussions at WHO governing bodies, I am determined to further align WHO's efforts within the UN family.

CRITERIA FOR CANDIDATES FOR THE POST OF REGIONAL DIRECTOR

The cover letter signed by the Minister of Social affairs and Public Health and the Deputy Prime Minister, Minister of Foreign Affairs and Defense of the Kingdom of Belgium state that I fulfil the below criteria.

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 programmes 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.