




WORLD HEALTH ORGANIZATION

CURRICULUM VITAE*

<p>Family name (surname): EMIROGLU</p> <p>First names: NEDRET</p> <p>Other names</p>	 <p>Attach recent photograph (3cm x 4 cm)</p>
<p>Gender: FEMALE</p>	
<p>Place and country of birth: ANKARA, TURKEY</p>	<p>Date of birth (Day/Month/Year): 23/09/1961</p>
<p>Citizenship: TURKISH</p>	
<p>If you have ever been found guilty of the violation of any law (except minor traffic violations) give full particulars:</p>	
<p>Address to which correspondence should be sent: c/o Murat Emiroglu Bestekar Sokak No. 76/4 06680 Cankaya Ankara Turkey</p>	<p>Telephone: +905055025555</p> <p>Mobile phone: +4521207670</p> <p>E-mail: nedretemiroglu@gmail.com</p>

*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.

** Optional

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)

1992 – International Course in Tuberculosis Control and Epidemiology, JICA and Tuberculosis Research Institute Tokyo, Japan

1990 – International Epidemic and Intelligence Service Course in Epidemiology, CDC and Emory University, School of Public Health, Atlanta Georgia, USA

1988 to 1996 – PhD in Public Health, Hacettepe University Medical Faculty, Ankara, Turkey

1979 to 1985 – M.D, Hacettepe University Medical Faculty, Ankara, Turkey

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other language skills: Please indicate additional language skills you possess	Turkish (mother tongue)			

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.

Director of Infectious Diseases and National Immunization and Polio Eradication Programme Manager, Ministry of Health of Turkey (1987 – 1995)

Dr Emiroglu initiated and led national infectious diseases prevention, control and elimination programmes, working with WHO, partners and communities. Key achievements:

- ***Eradication of poliomyelitis:*** Dr Emiroglu initiated and led the national polio eradication programme. As the country recorded its last polio case in 1998, the way was paved for the European Region to be declared polio free in 2002.
- ***Decline of infectious diseases and stronger immunization programme:*** Dr Emiroglu set the ground to scale up efforts towards prevention and control of communicable diseases, including elimination of measles and neonatal tetanus. She also fortified all aspects of the immunization programme - regulations for procurement and financing; capacity building; and programme monitoring - with strong emphasis on reaching the most vulnerable.
- ***Shaping of national priorities and contributing to the international agenda:*** Dr Emiroglu was instrumental in developing her country's national health sector policy and five-year strategic health plan. Representing Turkey in WHO governing bodies, she contributed to the global and regional health priorities and served as member of several WHO and UNICEF scientific and advisory committees.

Medical Doctor, Agri Province, Ministry of Health, Turkey (1986 - 1987)

As a medical doctor, Dr Emiroglu worked in remote and complex settings of her country reaching the most vulnerable, particularly the children and the women. She delivered them comprehensive primary health care, with a strong health promotion and prevention component, considering the health impacts but also the economic and social determinants of health.

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.

Director of Programme Management, WHO Regional Office for Europe (2017– current)

As principal adviser to the Regional Director, Dr Emiroglu supports her in leading the work of WHO in the European Region towards better and more equitable health. Key achievements:

- **Value-based leadership** established by Dr Emiroglu has been the mobilizing force in accelerating the Regional Office's implementation of *Health 2020: the European Health policy for health and wellbeing*; fostering technical and policy coherence of all programmes; and ensuring full alignment with the Sustainable Development Goals (SDGs) and WHO General Programme of Work (GPW). Under her guidance, a broad range of regional strategies and action plans for health systems, communicable and noncommunicable diseases and life course were developed to address complex health challenges in the Region. Among those includes the regional vision for a transformed public health in the 21st century, which was endorsed by the Regional Committee in 2018.
- **Integrated, coherent and tailored technical assistance** has been central to Dr Emiroglu's leadership in support of countries' efforts to develop and implement comprehensive national and subnational health policies and strategies, with a sharper focus on equity, governance and intersectoral action for health. This included a strong focus on office-wide integrated support in line with countries' needs and contexts for strengthened public health capacities.
- **Strategic planning and efficient organizational management** of the work of the regional and country offices, with country needs driving priority setting, and focus on outcomes as a prerequisite of WHO's approach to value for money is another achievement of Dr Emiroglu. This led to high implementation rate of programmes with a strengthened oversight, monitoring and evaluation of programme execution, financial management and effective use of resources, transparency, compliance and accountability in delivering results.
- **WHO transformation** within the Regional Office and contribution to global efforts were led by Dr Emiroglu, resulting in strengthened WHO leadership at all levels. She worked towards full alignment of common values, culture and operating models and processes, to better support countries achieve the highest possible impact of their health-related policies and actions.

Director, Division of Health Emergencies and Communicable Diseases, WHO Regional Office for Europe (2016-current)

Dr Emiroglu provides leadership, strategic direction to all programmes and activities in the Division. She ensures that countries receive timely state-of-the-art policy guidance and technical support for communicable disease prevention and control; and leads efforts to enable them to establish people-centered health systems which can prevent, prepare for, respond to and recover from all-hazard health emergencies. Key achievements:

- **Elimination of communicable diseases:** The European Region's achievements during Dr Emiroglu's tenure represent landmark achievements in public health. The European Region was declared malaria free in 2016; sustained its polio free status for more than 16 years; measles is no longer endemic in 79% of European countries; and control of hepatitis B has never been so close. The Region has sustained its polio free status since 2002, and containment of polioviruses is on track. Through integrated service delivery and innovative approaches on TB and HIV, the incidence of TB has been reversed and mother-to-child transmission of HIV is lower than ever.
- **Establishment of the WHO Health Emergency Programme (WHE):** Dr Emiroglu has led the establishment of an efficient Programme that is fully functional in the regional and country offices, and is at the forefront of accelerating progress on the International Health Regulations (IHR) implementation

linked to health systems' resilience and essential public health functions. Under her guidance, the Regional Office provides life-saving support to people affected by two large scale protracted emergencies in the Syrian Arab Republic and in Ukraine, including displaced populations.

- ***Adoption and implementation of Regional Strategies and Action Plans:*** Dr Emiroglu steered the development and implementation of regional strategies and action plans from health sector response to HIV; and viral hepatitis; to tuberculosis action plan; and public health preparedness and response to emergencies. The Regional Office raised the momentum to implement the European action plans on vaccines and antimicrobial resistance, and the surveillance and control of vector-borne diseases. She demonstrated leadership in shifting the focus of the programmes towards a value based, people-centered and health systems' oriented design. Dr Emiroglu also contributed to other regional strategies and action plans like refugee and migrant health, sexual and reproductive health, women's health, and Minsk Declaration on life-course.
- ***Strengthened partnerships:*** Dr Emiroglu has guided the Division to reinforce collaboration with several partners such as the European Union and its agencies - particularly the European Centre for Disease Prevention and Control, WHO collaborating Centers, UN Agencies, the civil society, associations and patients' groups. Major examples include partnership for One Health; strong relations with the GAVI Alliance and the Global Fund; and health partners in emergencies.

Special Representative of the Regional Director on MDGs/SDGs and Governance (2010–current)

Dr Emiroglu's strategic advice and support to the Regional Director enabled the Regional Office to accelerate progress towards the achievement of Millennium Development Goals (MDGs) and SDGs. Key achievements:

- ***Concerted and coordinated action*** in support of Member States' efforts to address the unfinished business of the MDGs in collaboration with UN agencies. As RD's representative at the United Nations Development Group (UNDG) for Europe and Central Asia and at the Regional Coordination Mechanism, Dr Emiroglu led the Regional Office's work towards the development of a common United Nations vision for the post-2015 development agenda, by initiating a culture for SDG driven programming and goal attainment and providing support to Member States to place health high in the development agenda.
- ***Localizing the 2030 Agenda***, through tailored country support in achieving health related SDGs, by promoting intersectoral action at the country level and strengthening the health component of the UN Development Assistance Frameworks delivered by UN Country Teams.
- ***Working in partnership with UN agencies*** in a broad range of areas has been exemplary, as demonstrated with the UN Issue-based Coalition on Health led by the Regional Office to facilitate and accelerate SDG 3 implementation. Furthermore, Dr Emiroglu guided the work of the Regional Office on a UN common position paper on ending TB, HIV and viral hepatitis in Europe and central Asia.
- ***Strengthened governance for health*** in close collaboration with Member States and governing bodies contributed to the RC2018 document "*Governance of the WHO Regional Office for Europe*". Dr Emiroglu also led the regional office work on the first ever review of resolutions adopted by governing bodies.

Deputy Director of the Division of Communicable Diseases, Health Security and Environment, WHO Regional Office for Europe (2010 - 2015)

Dr Emiroglu provided strategic and technical advice, operational management and oversight support to the Director of Communicable Diseases, Health Security and Environment on directions and priorities of the largest Division in the Regional Office. Key achievements:

- ***Preparedness for and response to major European emergencies:*** In 2010, Dr Emiroglu led the Regional Office's response to the first large outbreak of poliomyelitis in the European Region, since being certified polio-free in 2002. In 2014 and 2015, she supported the Region to manage and prepare for global crises such as Ebola and Zika virus disease. She also steered countries' renewed commitment for the elimination of measles and rubella and to keep the Region polio-free. During this time, Dr Emiroglu established a plan for accelerated implementation and monitoring of IHR.

- ***Prevention and control of communicable diseases:*** Dr Emiroglu guided the development of major European action plans including antimicrobial resistance (AMR) and vaccines, adopted by the Regional Committee. The European AMR action plan was the first ever developed and adopted globally. The European Vaccine Action Plan was the first regional action plan of the Decade of Vaccines. The Regional Office also responded to emerging threats from vector-borne diseases by developing a new framework; and placed emphasis on continuing to work with partners on influenza after the 2009's pandemic.
- ***Consolidation of the European environment and health process:*** Dr Emiroglu led the work of the European Centre for Environment and Health located in Rome (Italy) and Bonn (Germany) and provided guidance to shape the Environment and Health Process from the Fifth to the Sixth Ministerial Conferences on Environment and Health. She guided reprioritization of work within the Environment and Health Ministerial Board and Task Force, with focus on tackling the environmental determinants of health and climate change.

Acting Director, Division of Health Programmes, WHO Regional Office for Europe (2007-2010)

Dr Emiroglu guided the Division's programmes in setting policies, strategic directions and priority actions in support of European countries, with a focus on equity, quality, accessibility, accountability and efficient use of resources. Key achievements:

- ***Prevention and control of NCDs and health system strengthening:*** Dr Emiroglu led the development of the action plan for the prevention and control of NCDs and supported countries' implementation of the European Charter on Counteracting Obesity and of the Action Plan for Food and Nutrition Policy. Dr Emiroglu contributed to the preparation of the Tallin's health systems Ministerial Conference and Declaration in 2008. She moved the Office's work on mental health towards community based services with special attention to children and young people with intellectual disabilities.
- ***Progress on Environment and Health:*** Dr Emiroglu directed initiatives on protecting health from climate change, transport and health, road safety and guided the development of various WHO guidelines like for noise and air quality.
- ***Addressing the Social Determinants of Health:*** Dr Emiroglu led the work of the Venice Office for Investment and Health with focus on social inclusion and health equity, and provided policy guidance and evidence for social determinants of health (SDH), positioning SDH high on the development and health agendas. She led the Office's contribution to the report of the WHO Commission on SDH.
- ***Maternal, newborn and child health:*** Dr Emiroglu contributed to advance Europe's agenda to reduce infant and maternal mortality, by fostering health systems to ensure access to quality and timely services. She guided the development of *Health Behavior in School Aged Children*, a breakthrough study on young people's well-being, health behaviors and social context.

Section Head, Communicable Diseases, WHO Regional Office for Europe (2006 - 2010)

Dr Emiroglu steered the Office's work for the prevention and control of communicable diseases in the European Region particularly for HIV, tuberculosis, malaria and vector borne diseases, vaccine preventable diseases and immunization.

Key achievements included: setting surveillance and laboratory networks; addressing communicable diseases' underlying risk factors, with special focus on interventions in high-risks groups; consolidating and integrating programmes within health systems for addressing related barriers and efficient delivery; improving collaboration with national intersectoral crisis committees, UN agencies, EU and its institutions to build national capacities in the Region; and coordinating the international support to European governments' response to the H1N1 (2009) pandemic influenza.

Regional Adviser for vaccine-preventable diseases and immunization; and communicable diseases surveillance and response, WHO Regional Office for Europe (2001-2006)

Dr Emiroglu led the formation and management of the immunization programme. She promoted immunization to one of the key priorities in the European Region with a substantial increase in resources, bandwidth and capacity. Dr Emiroglu strengthened the Office's support to countries' national programmes to interrupt wild polio virus transmission and contain polio viruses, she led the process of the Region being

certified free of polio in 2002; introduce new vaccines; establish and maintain sensitive disease surveillance systems, ensure vaccine quality and safety; and optimize financing and supply systems. She led the process towards the certification of the Region as polio free in 2002, development of the regional strategic plan for measles and rubella elimination, and founded the European Immunization Week initiative (now in its 15th year). During her tenure she was also responsible for broadening partnership through landmark convenings and meetings.

Medical Officer for Polio Eradication and Immunization for Turkey, the Balkans and Caucasus, WHO Regional Office for Europe (1999 to 2001)

Dr Emiroglu managed and implemented immunization policies and programmes for vaccine preventable diseases control, with special focus on polio eradication and measles and rubella elimination, in support of Turkey, the Balkans and Caucasus countries. This included assistance for routine and mass immunization campaigns to reach the most vulnerable; coordination of surveillance and laboratory networks; promoting timely detection and response to outbreaks; expanding partnerships to include civil society and communities; and effective resource mobilization. Special attention was devoted to following up the last polio case in the Region and establishing national polio certification committees.

Medical Officer for the Expanded Programme on Immunization, WHO Western Pacific Region (1998 – 1999)

Dr Emiroglu managed and implemented immunization policies and programmes for vaccine preventable diseases control, with special focus on eradication of polio, including the detection and investigation of the last case in the Region (in Cambodia), regional neonatal tetanus elimination efforts, particularly in the Philippines, Viet Nam and China and measles and rubella elimination (Philippines and China). She initiated the Region's measles and rubella elimination strategy and polio certification process, including the polio virus containment strategy.

Medical Officer, Project Center for Health Care Policies, Turkey, WHO Regional Office for Europe (1995-1998)

As part of a broad initiative, Dr Emiroglu implemented the health sector reform process in the Central Asian republics, working with a broad range of actors, including government sectors, civil society and private sector. This included establishing governance mechanisms at a time when countries were going through transformative political, social and economic change.

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.

During Dr Emiroglu's time as Director of Health Emergencies and Communicable Diseases, the following teams were awarded the Director General Rewards of Excellence:

DG Awards for Excellence 2016

- DG's Health Emergency Team reward: WHO Country Office of Ukraine (under the leadership of Dr Dorit Nitzan).

DG Awards for Excellence 2017

- DG's Health Emergency Team reward: WHO Country Office of Turkey and the sub office in Gaziantep (under the leadership of Dr Pavel Ursu, Head of WHO office, Ankara).

DG Awards for Excellence 2018

- Global Rewards for teams: WHO/Europe Vaccine-preventable Diseases and Immunization team (led by Mr Robb Butler.);
- Global Reward for Health Emergency Teams: WHO/Europe Health Emergency Information & Risk Assessment team (led by Dr Jukka Tapani Pukkila).

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, 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 Glob Health*. 20;3(Suppl 1), 2018.
2. Khetsuriani N, Pfeifer D, Deshevoi S, Gavrilin E, Shefer A, Butler R, Jankovic D, Spataru R, Emiroglu N, Martin R. Challenges of maintaining polio-free status of the European Region. *J Infect Dis*. 1;210 Suppl 1:S194-207, 2014.
3. Stojanovski K, McWeeney G, Emiroglu N, Ostlin P, Koller T, Licari L, Kaluski DN. Risk factors for low vaccination coverage among Roma children in disadvantaged settlements in Belgrade, Serbia. *Vaccine*. 10;30(37):5459-63, 2012.
4. Martin R, Wassilak S, Emiroglu N, Uzicanin A, Deshevoi S, Jankovic D, Goel A, Khetsuriani N. What will it take to achieve measles elimination in the World Health Organization European Region: progress from 2003-2009 and essential accelerated actions. *J Infect Dis*. 1:S325-34, 2012
5. Khetsuriani N, Deshevoi S, Goel A, Spika J, Martin R, Emiroglu N. Supplementary immunization activities to achieve measles elimination: experience of the European Region. *J Infect Dis*. 204;1:S343-52, 2011.
6. Mirzayeva R, Cortese MM, Mosina L, Biellik R, Lobanov A, Chernyshova L, Lashkarashvili M, Turkov S, Iturriza-Gomara M, Gray J, Parashar UD, Steele D, Emiroglu N, Rotavirus Surveillance Network. Rotavirus burden among children in the newly independent states of the former union of soviet socialist republics: literature review and first-year results from the rotavirus surveillance network. *J Infect Dis*. 1;200 Suppl 1:S203-14, 2009.
7. Jagessar N, Lazarus JV, Laurent E, Matic S, Emiroglu N. Immunization: mind the gap. *Vaccine*. 9;26(52):6736-7, 2008.
8. Banatvala J, Van Damme P, Emiroglu N. Hepatitis B immunisation in Britain: time to change? *BMJ*. 8;332(7545):804-5, 2006.
9. François G, Duclos P, Margolis H, Lavanchy D, Siegrist CA, Meheus A, Lambert PH, Emiroglu N, Badur S, Van Damme P. Vaccine safety controversies and the future of vaccination programs. *Pediatr Infect Dis J*. 24(11):953-61, 2005.
10. Spika JS, Wassilak S, Pebody R, Lipskaya G, Deshevoi S, Guris D, Emiroglu N. Measles and rubella in the World Health Organization European region: diversity creates challenges. *J Infect Dis*. 15;187 Suppl 2003.

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.

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: 14 February 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.

Loyal to WHO's mission and its values, I represent the optimal combination of the requisites required for a successful Regional Director for Europe. I would be honoured to serve in that capacity.

I am a **visionary and inclusive** leader committed to excellence, transparency, accountability and partnership. As the Director of Programme Management for the WHO Regional Office for Europe, I have supported the Regional Director by defining health policies and strategies, ensuring their policy coherence and integrated implementation. In this role, I have bridged divides and driven change for greater impact. I believe in building the future of the European Region on health gains, accelerating progress towards better health and wellbeing, grounded in equity, human rights and sustainability.

I have a **unique combination of public health knowledge, expertise and managerial skills**. Working in leading roles throughout my career, I have served on a diversified portfolio across the entire public health panorama and have engaged successfully with highly technical and political audiences addressing complex health situations. This combines with my extensive experience in overseeing organizational management; designing efficient programmes; setting goals and objectives; creating sustainable platforms for their implementation; and establishing sound mechanisms to monitor and evaluate outcomes.

I have driven the Regional Office to achieving results, **working with all and for all the countries**. I have fostered wide-ranging tailored country support, from provision of norms and standards; to implementation of results-oriented policies and interventions; and the monitoring of health situations and impact. I will embrace all countries of the Region, bridging with all WHO levels, and leading the office to be a partner for all people.

I have given priority to creating **harmonious and enabling working environments** conducive to producing results with the desired impact. I have established a culture of respect, team-work, excellence, empowerment, and gender and geographical balance. I am committed to enhance this further and advance the Office's operating model through value-for-money and efficient business processes, environmental friendliness and digitalization.

My over then **20 years of international experience** formed me as an open-minded leader with strong emotional intelligence. Alongside my knowledge of Europe's health status and challenges, this experience has given me a deep understanding of demographic, social, political, historical, ethnic and cultural aspects of every country. This allows me to connect with people, be it the staff, the authorities, the partners, and the most vulnerable ones.

I have learnt to master **health diplomacy** when addressing and engaging leaders, health personnel, academic and professional groups, partners and WHO staff. An inspiring communicator, I have the ability to tailor messages to different target groups, to engage and listen, and have the flexibility to adapt to change. I have a long-standing proven track-record of securing political and financial commitment for health and well-being.

I have been leading the work towards better health for all and "leaving no one behind" that are central to Health 2020 and Sustainable Development Goals (SDGs). This has advanced the European Region's agenda on **embedding health at the heart of development**.

As an internal candidate, I bring **in-depth management experience and extensive knowledge of the organization**. A leader with personal integrity, I have proven my ability to withstand pressures from

any sources contrary to WHO interest. I know the countries; their challenges and opportunities; what needs to be done and how. As a respected professional by all countries, partners, peers and staff, I will be delivering results from day one.

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

PEOPLE AT THE CENTER FOR A HEALTHIER EUROPE: WITH ALL AND FOR ALL

Health 2030 represents the new health era for Europe. This revitalized Health Policy will take stock of and build upon the evidence, values, principles, evaluation and health gains of Health 2020 and bring them forward towards achieving the SDGs.

With countries, governing bodies, partners and people, Health 2030 will ensure better alignment with WHO's 13th General Programme of Work (GPW). **Putting countries at the center**, it will focus on enablers for health and wellbeing, taking a life course approach and addressing all determinants of health, with a strong public health component.

Building on **European values** of solidarity, universality and unconditional equity, it will call for mutual learning and support; positioning health stronger as origin and outcome of development; and will drive investments in and for health as a vital economic and societal catalyst.

The **life course approach** will take an equity angle, accelerating age-appropriate interventions – including sexual and reproductive health and reproductive rights- targeted to areas and groups where gaps are still wide. A gender-based approach will be mainstreamed in all programmes to improve women's as well as men's health.

In particular it will prioritize the health of the **elderly** and of the **youth** by aligning with their needs and linking health with social services. All vulnerable groups will be prioritized to access quality, timely, affordable, safe and culturally sensitive health services.

The **Regional Office** will be the trusted partner for all European countries and stakeholders on the basis of its excellence in science, leadership in health, convening power, efficient business models and empowered staff. It will be relevant to all countries, tailoring its support to their needs and contexts for positive health impact.

Challenges and opportunities

The European Region's health and well-being status has progressed significantly in the last decade. However, the Region's heterogeneity remains huge with **uneven improvements** between and within countries.

There is still more than a decade of difference between the highest and the lowest life expectancies in the region, and infants and mothers, the elderly and the marginalized suffering the biggest gaps in health. Lifestyle related risk factors –tobacco and alcohol– are the highest in the world and obesity is growing. Outbreaks of measles and rubella are jeopardizing elimination of these diseases. The Region carries the highest rates of multi-drug resistant tuberculosis (MDR TB) globally, and reports record numbers of new HIV cases. Inequalities – health, social and gender - are rising; the youth are increasingly victims of unhealthy habits, road accidents and suicides; and old people have uneven chances of being in good health. Health investment is still too low in many countries.

While unequal progress is a challenge, we are also presented with momentum for change and **collective growth**. The last decade's advances in health and wellbeing, the higher political commitment for health, and the expanding innovative approaches provide a solid basis to Health 2030. SDGs bond health and development as never before and sustain the concept of Health-in-All-Policies.

Working principles

Four interlinked principles will galvanize Health 2030 to address challenges, steer opportunities and achieve results.

Accelerate – Our pace will be faster to implement existing commitments and close remaining health gaps for better health outcomes.

Anticipate - Our step will be “ahead of the curve” to address existing challenges and forecast emerging threats, getting ready and setting for the future.

Engage – Our work will be inclusive to strengthen partnerships and governance for health, unifying countries, partners and people towards a shared vision.

Innovate – Our action will be new to advance technologies and new approaches in support of countries’ progress in health and well-being with focus on health impact.

Strategic priorities

1. The renewed **public health** strategy, with whole-of-government and whole-of-society approach at its core, and Health-in-All-Policies as its foundation, will be the driving force of Health 2030. It will underpin overall societal development through strong legislation, governance, institutional structures and skilled workforce. WHO’s stewardship role and convening power will be critical to influence other sectors’ policies and engage local stakeholders.
2. Progress towards **universal health coverage** with a strong health promotion and prevention component at the core, will remain in focus. It will ensure financial protection and will be delivered through people-centered integrated primary health care services. High-priority areas for country support will be continuum of care, fit-for-purpose workforce, access to medicines and vaccines and sustainable financing.
3. All-hazard **health emergencies** will encompass the whole emergency management cycle with preparedness at their core and strong linkages with public health functions and health systems. WHO will support countries to detect, assess, communicate and respond to crises more effectively. It will foster International Health Regulations’ core capacities building, multisectoral partnership, community engagement, and investments for recovery. High in the Regional Office’s agenda, **antimicrobial resistance** will require stronger surveillance, prudent use of antibiotics and infection prevention and control. Health stewardship and awareness raising will be reinforced across the One Health approach for multi sectoral actions.
4. The Regional Office will strengthen **health information systems**, generation of evidence for informed decision making and operational research. Digital health and technologies will be promoted to expand to all countries at the benefit of public health.

Flagship priorities

- **Non-communicable diseases (NCDs) and mental health** - Health 2030 will urge action on risk factors and determinants of NCDs to improve access to healthy life-style enabling environments. It will also achieve better disease management through more efficient and integrated health systems. Improved detection and community based care will better address mental health.
- **Communicable diseases and immunization** – Health 2030 will accelerate progress on MDR TB, HIV, viral hepatitis, new vaccine introduction and measles and rubella elimination. Bold evidence-based high impact interventions will be tailored to countries’ epidemiology and vulnerabilities through integrated service delivery, innovative approaches, sustainable financing and people’s engagement.

- **Health determinants** - Preventing, mitigating and responding to health impacts of climate change and air pollution, among other environmental hazards, will be pursued with innovative solutions and community based actions. Addressing all determinants - social, environmental, economic, and political - will anchor on equity, human rights and multi-sectoral approaches, and will expand to cover cultural and commercial determinants.

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

The value of working in partnership is central to my vision. My notion “**with all and for all**” harnesses an inclusive and broad partnership at the benefit of everyone. I am committed to engage with all stakeholders that share WHO values and vision.

As no organization can ensure health and wellbeing on its own, I strongly believe in joint commitment, action and accountability. Each actor has a distinctive role based on their mandate and strength. I believe in a European Region where **global and regional partnership is invigorated**, where the required means are mobilized, and where mutual learning and support are fostered for accelerated implementation. This entails overcoming any unnecessary competition and duplication, and intensifying synergies and results.

The Regional Office will be a **trusted partner** of each Member State, advocating for and supporting concerted impact-oriented actions in line with countries’ priorities and guidance from governing bodies. WHO will be a leader and a convener, directing collective efforts towards shared goals, and ensuring that everyone fulfils their function.

I will strengthen the collaboration with traditional partners including UN and development agencies, and health cluster partners; I will draw on the excellence of collaborating centers, foundations and associations, the academia and research institutes; and I will expand collaboration with other sectors, the civil society and the private sector in line with the Framework of Engagement with Non-State Actors. A new health and well-being platform will strengthen the drive towards SDGs and will further showcase collective work.

I will particularly foster stronger partnership with the European Union and its agencies – particularly the European Centre for Disease Prevention and Control – along the Vilnius Declaration on sustainable healthcare systems.

“**Countries at the center**” starts locally where action is closer to people’s perceptions and needs. Leveraging established platforms - Healthy Cities, Regions for Health Network, the Small Countries Initiative, South-eastern Europe Health Network, Commonwealth of Independent States – I will ensure full inclusion and empowerment of the beneficiaries: local governments, communities, patient groups and especially the youth. Without them no intervention is relevant, appropriate or effective.

All this will be translated into building our **collective strength** from the capacity and complementarity of all European stakeholders, in particular the excellence of national institutions and experts, putting them at the service of those who rely on us to live longer, healthier and happier lives.

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 2030 Agenda for Sustainable Development recognizes **health as precondition for, outcome and indicator of sustainable development**. I am committed to advance the work of the Regional Office towards this vision, placing health firmly on the political agenda. This requires strengthening interlinkages among SDGs, with a whole of government and whole of society approach.

For change to happen, bold commitments and increased domestic investments are required by all countries. With a renewed vision, I will advocate at the highest political level and will work with a

wide range of stakeholders to further enhance tailored support to countries to mainstream **health in national development plans**.

Efforts to accelerate progress towards the SDGs will be driven by the Global action plan for healthy lives and wellbeing for all, with the GPW13 providing the tools to succeed. The **Regional UN Issue Based Coalition on Health** will serve as a platform for coordinated action with UN agencies and relevant partners, focusing on regional priorities. Progress will be monitored through defined indicators, using the joint monitoring and other frameworks, and aiming to avoid reporting burden.

The **United Nations Development System** (UNDS) has a major role in achieving the SDGs. This entails provision of coherent and integrated support to countries, with greater transparency and accountability, building on the strengths of each UNDS entity, with less fragmentation and more efficiency.

The **UN reform** provides a strong opportunity for WHO to position health at the center of development work delivered through a more strategic **United Nations Development Assistance Framework** (UNDAF). I am committed to engage in the UN reform process, as relevant to WHO's mandate, and ensure that its implementation is presented at Regional Committee sessions. WHO's normative work should be safeguarded and mainstreamed in all UN work, including UNDAF's. This means recognizing WHO as the specialized technical and normative agency and acknowledging its governing bodies' role.

Appreciating the leadership of Resident Coordinators in countries, I welcome the matrix and dual reporting model for WHO country representatives, and will work towards unrestricted access to relevant national authorities and partners.

The system-wide approach of the **UN reform to partnerships** and the new funding compact will allow innovation, while enhancing transparency and integrity, and will ensure a better funded UN System to support successful delivery of the 2030 Agenda.

Engaged from the onset, I am committed to **WHO transformation** and to strategically placing the Regional Office at the interface between headquarters and country offices with a unique role in enhancing, contextualizing and delivering coherent and integrated support to Member States, where and when needed.

I will ensure that all components of WHO transformation are coherent and mainstreamed in the Organization. My focus will be on **impact at country level**, building a working environment conducive to excellence, with a motivated and diversified workforce close to the field and highly aware of countries' political, social and economic contexts.

Everything we do will reflect WHO values of integrity, transparency, accountability and respect. Leveraging on European governance structures, I will maintain a **close dialogue with all countries**, ensuring continued relevance of WHO work to their priorities.

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 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.