



World Health  
Organization

REGIONAL OFFICE FOR  
**Europe**

**REGIONAL COMMITTEE FOR EUROPE**  
**65TH SESSION**

Vilnius, Lithuania, 14–17 September 2015



# Membership of WHO bodies and committees



Working document



**World Health  
Organization**

REGIONAL OFFICE FOR

**Europe**

**Regional Committee for Europe**  
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## **Membership of WHO bodies and committees**

In accordance with rules 14.2.2 and 14.3 of the WHO Regional Committee for Europe's rules of procedure, the Regional Director, by circular letter of 7 January 2015, invited all Member States of the European Region to submit, by 13 March 2015, nominations for membership of the:

- Executive Board;
- Standing Committee of the Regional Committee for Europe; and
- European Environment and Health Ministerial Board.

This document contains, for each of the above bodies, the curricula vitae of the candidates, the letters of intent (where appropriate), the terms of reference and an overview of the membership of the body in question.

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## **I. Executive Board**

### **Functions**

1. Article 28 of the WHO Constitution stipulates that the functions of the Executive Board shall be:

- (a) to give effect to the decisions and policies of the Health Assembly;
- (b) to act as the executive organ of the Health Assembly;
- (c) to perform any other functions entrusted to it by the Health Assembly;
- (d) to advise the Health Assembly on questions referred to it by that body and on matters assigned to the Organization by conventions, agreements and regulations;
- (e) to submit advice or proposals to the Health Assembly on its own initiative;
- (f) to prepare the agenda of meetings of the Health Assembly;
- (g) to submit to the Health Assembly for consideration and approval a general programme of work covering a specific period;
- (h) to study all questions within its competence;
- (i) to take emergency measures within the functions and financial resources of the Organization to deal with events requiring immediate action. In particular it may authorize the Director-General to take the necessary steps to combat epidemics, to participate in the organization of health relief to victims of a calamity and to undertake studies and research the urgency of which has been drawn to the attention of the Board by any Member or by the Director-General.

2. Further information on the rules of procedure of the Executive Board can be found in Basic documents (WHO, Geneva, 2009), also available on the Internet (<http://www.who.int/gb/bd/>).

### **Present membership from the European Region**

3. The Region has eight seats on the Executive Board, which from May 2015 will be filled by persons designated by France, Kazakhstan, Malta, the Russian Federation, Sweden and the United Kingdom. Two seats will become vacant in May 2016, when the terms of office of the members designated by Albania and Andorra will expire.

### **Candidatures**

4. In the Regional Director's letter of 7 January 2015, Member States were requested to inform the Regional Director whether they wished to submit candidatures for election at the Sixty-ninth World Health Assembly in May 2016.

5. It will be recalled that the Regional Committee at its 63rd session (RC63) adopted resolution EUR/RC63/R7 on membership of the Executive Board.

6. The following nominations were received at the Regional Office by 13 March 2015 and curricula vitae in standard format and the letters of intent are contained in pages 7 to 25.

Georgia (Dr David Sergeenko)

Kyrgyzstan (Dr Talantbek Batyraliev)

Netherlands (Mr Herbert Barnard)

Poland (Dr Igor Radziejewicz-Winnicki)  
Republic of Moldova (Dr Mircea Buga)  
Turkey (Dr Bekir Keskinılıç)

### **Overview of membership**

7. Table 1 shows which countries in the European Region designated members of the Executive Board for the period 1993–2018.

Table 1. Executive Board – overview of membership<sup>a</sup>

Countries	WHA 46 1993	WHA 47 1994	WHA 48 1995	WHA 49 1996	WHA 50 1997	WHA 51 1998	WHA 52 1999	WHA 53 2000	WHA 54 2001	WHA 55 2002	WHA 56 2003	WHA 57 2004	WHA 58 2005	WHA 59 2006	WHA 60 2007	WHA 61 2008	WHA 62 2009	WHA 63 2010	WHA 64 2011	WHA 65 2012	WHA 66 2013	WHA 67 2014	WHA 68 2015	WHA 69 2016	WHA 70 2017	WHA 71 2018
Albania																					X	XXX	XXX	X		
Andorra																					X	XXX	XXX	X		
Armenia																		X	XXX	XXX	X					
Austria																										
Azerbaijan												X	XXX	XXX	X						X	XXX	XXX	X		
Belarus																										
Belgium							X	XXX	XXX	X											X	XXX	XXX	X		
Bosnia and Herzegovina																										
Bulgaria	XXX	X																								
Croatia			X	XXX	XXX	X															X	XXX	XXX	X		
Cyprus <sup>b</sup>								X	XXX	XXX	X															
Czech Republic								X	XXX	XXX	X															
Denmark	XXX	X												X	XXX	XXX	X									
Estonia																	X	XXX	XXX	X						
Finland		X	XXX	XXX	X																					
France	X	X	XXX	XXX	X	X	XXX	XXX	X		X	XXX	XXX	X			X	XXX	XXX	X			X	XXX	XXX	X
Georgia																										
Germany					X	XXX	XXX	X									X	XXX	XXX	X						
Greece	XXX	X																								
Hungary																X	XXX	XXX	X							
Iceland											X	XXX	XXX	X												
Ireland			X	XXX	XXX	X																				
Israel	X	XXX	XXX	X																						
Italy								X	XXX	XXX	X															
Kazakhstan									X	XXX	XXX	X											X	XXX	XXX	X
Kyrgyzstan																										
Latvia														X	XXX	XXX	X									
Lithuania								X	XXX	XXX	X									X	XXX	XXX	X			
Luxembourg												X	XXX	XXX	X											
Malta																							X	XXX	XXX	X
Monaco																										
Montenegro																										

Countries	WHA 46 1993	WHA 47 1994	WHA 48 1995	WHA 49 1996	WHA 50 1997	WHA 51 1998	WHA 52 1999	WHA 53 2000	WHA 54 2001	WHA 55 2002	WHA 56 2003	WHA 57 2004	WHA 58 2005	WHA 59 2006	WHA 60 2007	WHA 61 2008	WHA 62 2009	WHA 63 2010	WHA 64 2011	WHA 65 2012	WHA 66 2013	WHA 67 2014	WHA 68 2015	WHA 69 2016	WHA 70 2017	WHA 71 2018	
Netherlands					X	XXX	XXX	X																			
Norway					X	XXX	XXX	X										X	XXX	XXX	X						
Poland				X	XXX	XXX	X																				
Portugal	XXX	XXX	X										X	XXX	XXX	X											
Republic of Moldova															X	XXX	XXX	X									
Romania												X	XXX	XXX	X												
Russian Federation <sup>c</sup>	X	X	XXX	XXX	X	X	XXX	XXX	X	X	XXX	XXX	X			X	XXX	XXX	X				X	XXX	XXX	X	
San Marino																											
Serbia <sup>d</sup>																		X	XXX	XXX	X						
Slovakia																											
Slovenia															X	XXX	XXX	X									
Spain										X	XXX	XXX	X														
Sweden								X	XXX	XXX	X												X	XXX	XXX	X	
Switzerland							X	XXX	XXX	X										X	XXX	XXX	X				
Tajikistan																											
The former Yugoslav Republic of Macedonia																											
Turkey	X	XXX	XXX	X											X	XXX	XXX	X									
Turkmenistan																											
Ukraine																											
United Kingdom	XXX	XXX	X	X	XXX	XXX	X		X	XXX	XXX	X			X	XXX	XXX	X					X	XXX	XXX	X	
Uzbekistan																				X	XXX	XXX	X				

Shading shows years prior to becoming a Member State.

<sup>a</sup> In accordance with Rule 105 of the Rules of Procedure of the World Health Assembly, "The term of office of each Member entitled to designate a person to serve on the Board shall begin immediately after the closing of the session of the Health Assembly at which the Member concerned is elected and shall end immediately after the closing of the session of the Health Assembly during which the Member is replaced".

<sup>b</sup> Reassigned from EMRO to EURO as per resolution WHA56.16 (May 2003).

<sup>c</sup> Membership of the former USSR has been continued by the Russian Federation.

<sup>d</sup> Formerly Serbia and Montenegro.

## NOMINATION FOR MEMBERSHIP OF THE EXECUTIVE BOARD OF WHO

Member state making nomination: **GEORGIA**

**Family name** SERGEENKO **First/Other names** David  
**Male/Female** Male **Date of birth** 25 September 1963

**Language abilities:** please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French			
German			
Russian	X	X	X

**Professional education:** name (up to 5) most important professional degrees taken **Year**

Advanced life support skills training, Tbilisi, Georgia	2006
Paediatric advanced life support training, Tbilisi, Georgia	2005
Occupational Safety and Health Administration (OSHA) training, Baku, Azerbaijan	2004
Advanced life support training, Aberdeen, United Kingdom	2003
Cardiac intensive care training, Harvard Medical School, Boston, United States	2001
Cardiac and neonatal intensive care, Cardiac anaesthesia training, German Heart Institute Berlin	1999
Neonatal intensive care training, Moscow, Russian Federation	1991
Doctor of paediatrics, Tbilisi State Medical University, Georgia	1981–1987

**Professional career:** list current post first, followed by up to four most important positions held **Year (start/end)**

Minister of Labour, Health and Social Affairs of Georgia	2012 to date
Director, Sachkhere Medical Centre	2007–2012
Chief Executive Officer, Union “Dostakari”	2006–2012
Medical Manager, MediClubGeorgia	2002–2006
Anaesthesiologist, reanimatologist, Cardiac Surgery Department, Joann Medical Centre	1997–2006
Head, Health Care Department, Georgian State Department of Sport	1996–1997
Medical Doctor, Georgian Army	1992–1993
Neonatologist, Rustavi Maternity House	1989–1992
Internship in Paediatrics, Sukhumi Children’s Hospital	1987–1989

**Experience of working for and with international organizations** **Year**

Member, European Society of Critical Care	1999 to date
Negotiations with European Union, World Bank, USAID and United Nations agencies on cooperation issues and defining priorities for donor assistance	2012 to date

**Experience of acting as Chairperson of high-level political and technical committees at national and/or international level** **Year**

Member, European Environment and Health Ministerial Board	2014–2015
Chairperson, Country Coordinating Mechanism for Georgia	2014 to date
Chairperson, National Council of Tuberculosis (TB) Control, Central Coordinating Body for TB	2014 to date
Deputy Chairperson, Tobacco Control State Commission	2013
Chairperson, Maternal and Child Health Coordinating Council	2012
Chairperson, National Immunization Commission	2012
Chairperson, Professional Development Council	2012

**Name and position of person making nomination**

Mr David Sergeenko, Minister of Labour, Health and Social Affairs



## **Letter of intent**

Georgia has become a member of WHO in 1992 and since then have been actively participating in all WHO activities in Europe as well as at the Global level. The health strategies and action plans of the country are in compliance with the WHO fundamental principles, values, approaches and recommendations.

Since 2012, the new Government of Georgia has announced health as the highest political priority. In view of that, the Ministry of Labour, Health and Social Affairs of Georgia (MoLHSA) introduced several new programs for combating communicable and non-communicable diseases and promoting the health of population; revised state policy documents and adopted the national action plans in compliance with WHO standards.

One of the leading healthcare reforms – the Universal Health Care Program (UHC), launched in February 2013, was recognized as a roadmap of the country's health system development. Georgia is among those developing countries, which follow the WHO major recommendations and goals for post 2015 development agenda on UHC. The program was initiated in response to the survey, according to which over 70% of the total health expenditures were out-of pocket payments, which was the lead causes of household impoverishment. Currently, every citizen of Georgia is secured with the basic package of routine and emergency in- and out-patient clinical care, including oncology and maternity services. Initial findings of the UHC review supported jointly by WHO, USAID and WB indicated that over 80% and 96% of program beneficiaries are satisfied with the primary health care and the hospital-based services, respectively. The finding has been an important reassurance that the health policy of the country is moving in the right direction. Further expansion of the program is envisaged.

Georgia has made significant progress towards improvement of the maternal and child health. The recent statistical data of Georgia on child mortality rates was used for the first time in WHO, WB and UNDP reports and Georgia is the first country among the former Soviet Union republics in this regard. In order to improve maternal and child health and the quality of services, Perinatal Regionalization Plan was adopted in January 2015. Other important activities have been launched in order to decrease maternal and child mortality, the number of prenatal death from iron deficiency anemia, early delivery and inborn anomalies.

Together with the recent developments towards combating the non-communicable diseases, such as adoption of the Mental Health Concept Paper and country action plan, Tobacco Control Action Plan, introduction of Cancer Registry, fighting against drug abuse etc., significant progress was made for fighting infectious diseases, among which the special emphasis should be driven to the activities implemented towards combating Hepatitis C. Based on the successful negotiations of MoLHSA with international stakeholders, a new important public health program will be launched soon in Georgia, which will be focused on the prevention, diagnostics, treatment, monitoring and financial access to the new generation of medications for HCV affected population, and Georgia will become one of the first countries, which has solved the problem of C hepatitis. Such non-precedent success of our country is the result of successful reforms, recently implemented by MoLHSA.

Other important developments the country is progressing, includes the global initiatives such as the Global Health Security and regional cooperation as the membership in the European EHMB.

MoLHSA has long history of collaboration with the WHO and we do hope that directions, in which Georgia has already gained significant experience, can be shared with other countries. Thus, the country can contribute to and benefit from presence in the WHO Executive Board. Notably, Georgia has never been granted such a representation in the past.

## NOMINATION FOR MEMBERSHIP OF THE EXECUTIVE BOARD OF WHO

Member state making nomination: **KYRGYZSTAN**

**Family name** BATYRALIEV **First/Other names** Talantbek Abdullaevich

**Male/Female** Male **Date of birth** 9 February 1960

**Language abilities:** please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French			
German			
Russian	X	X	X

**Professional education:** name (up to 5) most important professional degrees taken *Year*

Associate member of the Russian Academy of Natural Sciences 2011

Fellow (academician) of the Academy of Medical and Technical Sciences of the Russian Federation 2008

European Community diploma in Cardiology 2002

Fellow of the European Society of Cardiology 2001

Defended doctoral thesis at the Centre of Cardiology of the Russian Federation 1999

**Professional career:** list current post first, followed by up to four most important positions held *Year (start/end)*

Minister of Health 2014 to date

Coordinator of the School of Medicine, SANKO University (Turkey) 2014

Editor-in-chief of the Russian edition of the American College of Cardiology Guidelines, American Heart Association 2007

Adviser, Head of Department of Social Investments, SANKO Holding (Turkey) 1997

**Experience of working for and with international organizations** *Year*

Member of The Society for Cardiac Angiography and Interventions 1994

**Experience of acting as Chairperson of high-level political and technical committees at national and/or international level** *Year*

**Name and position of person making nomination**

O.V. Gorin, Deputy Minister of Health

## Letter of intent

### Cooperation between the World Health Organization and Kyrgyzstan

Kyrgyzstan became a Member State of the WHO European Region in 1992.

Cooperation between the WHO European Regional Office and the Government of Kyrgyzstan is based on biennial collaborative agreements, which are developed through a series of discussions between the national health authorities and WHO.

#### Key priorities for cooperation

The current priorities for cooperation between Kyrgyzstan and WHO are:

1. communicable diseases
2. noncommunicable diseases
3. health promotion across the life-course
4. health systems
5. emergency preparedness, surveillance and response

WHO provides technical assistance in the development and implementation of key policy documents and in the application of global norms and standards for health. It also assists in identifying essential needs and in establishing key priorities, which are subsequently supported by development partners. Currently, WHO assists in the implementation of the Den Sooluk national programme, is an active partner in a comprehensive approach to health, and participates in discussions on key health policy issues and coordinating the implementation of activities under the Den Sooluk national programme.

In the area of communicable diseases, WHO provides technical support for measures to control tuberculosis, STDs, HIV/AIDS, influenza, malaria and vaccine-preventable diseases by building national capacity, strengthening surveillance, reviewing clinical protocols, improving financial mechanisms, etc.

In the area of noncommunicable diseases, WHO assists in implementing the national policy on the control of noncommunicable diseases, in assessing the risk factors, in promoting the Framework Convention on Tobacco Control, in developing an action plan on alcohol, in establishing the cancer register, etc.

In Kyrgyzstan, WHO technical assistance helps to implement the IMCI strategy, the international definition of live birth, approaches to reducing maternal mortality and the WHO handbook. Together with its partners, WHO participated in developing the national plan to facilitate the achievement of the Millennium Development Goals relating to the reduction of maternal mortality.

WHO provides technical assistance in the areas of health systems strengthening, the improvement of health financing mechanisms, the capacity-building of national experts and health research.

In addition, WHO provides technical assistance in emergencies and in response to disease outbreaks. We nominate Professor T.A. Batyraliev to the WHO Executive Board in the belief that he will focus on strengthening cooperation between WHO and Kyrgyzstan, on promoting better funding for tuberculosis and HIV/AIDS control, especially in view of reduced support from The Global Fund, and on improving funding for programmes aimed at disease prevention and the reduction of the growing burden of noncommunicable diseases.

Deputy Minister of Health of Kyrgyzstan  
O.V. Gorin

## NOMINATION FOR MEMBERSHIP OF THE EXECUTIVE BOARD OF WHO

Member state making nomination: **NETHERLANDS**

**Family name** BARNARD **First/Other names** Herbert  
**Male/Female** Male **Date of birth** 17 May 1962

**Language abilities:** please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French	X	X	
German	X	X	
Russian			

**Professional education:** name (up to 5) most important professional degrees taken *Year*

Postgraduate Diploma, International Relations and International Law, Johns Hopkins University, School for Advanced Studies, Baltimore, United States	1987–1988
MA Degree in History, Leiden University, Netherlands	1982–1987

**Professional career:** list current post first, followed by up to four most important positions held *Year (start/end)*

Director, International Affairs, Ministry of Health, Welfare and Sport, including responsibility for health (care) in the Dutch Caribbean	2008 to date
Director, Political Affairs/Chief of Ministerial Staff, Ministry of Health, Welfare and Sport	2005–2008
Different functions, including (dep) Director People with a Disability, Ministry of Health, Welfare and Sport	1999–2005
Health Counsellor, Embassy of the Kingdom of the Netherlands, Washington, D.C.	1995–1999

**Experience of working for and with international organizations** *Year*

Head (or member) of the delegation to the World Health Assembly	2008 to date
Head (or member) of delegation to several WHO/Executive Board meetings and Regional Committees of WHO (EURO and PAHO)	1995–1999
Member of the delegation to specific health topic meetings (drugs and noncommunicable diseases) at the United Nations, New York	2008 to date
Member of the EU Working Party on Public Health at Senior Level	2009 to date
Head (or member) of the delegation to EU Council of Ministers meetings (Health, Welfare, Sport and Youth) and High-Level Conference	2008 to date

**Experience of acting as Chairperson of high-level political and technical committees at national and/or international level** *Year*

Vice-Chair, Committee A, World Health Assembly	2012
President, Committee on the Rehabilitation and Integration of People with Disabilities (CD-P-RR), Council of Europe	2001
Member of the Steering Committee	2001–2003

**Name and position of person making nomination**  
Edith Schippers, Minister of Health, Welfare and Sport

Dear Madam Regional Director,

The Government of the Netherlands feels honored to nominate Mr Herbert Barnard as its candidate for membership of the Executive Board of the WHO for the period 2016-2019.

Mr Barnard, whose curriculum vitae you will find enclosed, currently works as Director for International Affairs of the Ministry of Health, Welfare and Sport. As such he is also responsible for health and health care policy in the Dutch Caribbean. In his current position, as well as in previous positions, Mr Barnard represented the Netherlands in a wide range of international meetings. He has gained broad experience by active participation and collaboration in various international organizations, such as the WHO, PAHO, the European Union and the Council of Europe.

Taking into consideration his broad experience and skills I am convinced that Mr Barnard is an excellent candidate for membership of the Executive Board. I have no doubt that he could contribute in a constructive way to the work of WHO. In the current situation, in which the ebola crisis has underlined the need to keep WHO reform high on the agenda, Mr Barnard would be the right person for a seat in the Executive Board.

The Netherlands Government is a committed member of the WHO and has a longstanding relationship of constructive cooperation both at regional and global level. The Netherlands was member of the Executive Board from 1997 to 2000 and is highly motivated to be a Board member again in the coming years (2016-2019). During the first half of 2016 the Netherlands will be President of the European Union. This would bring added value to the intended membership of the Executive Board and would be conducive to further improving the cooperation between the EU and WHO.

I am convinced that Mr Barnard's relevant knowledge, experience and skills would serve our mutual interest in improving global health. Therefore I would appreciate your support for his candidacy on behalf of the Netherlands.

Yours sincerely,

Edith Schippers  
Minister of Health, Welfare and Sport

## **Letter of intent**

The Netherlands intentions of cooperation with WHO and its possible EB membership

Brief overview of the relations between the Netherlands and WHO

Apart from being a committed member of WHO and having a longstanding relationship of constructive cooperation, the Netherlands has established particular Partnership agreements with WHO. With these Partnerships agreements the Netherlands wants to secure multi annual (4 years) voluntary funding for WHO. The Netherlands regards implementation of WHO policies on all levels of the Organization as crucial to the work of WHO. Therefore, one of the principles of the Partnership agreements is that, as far as the Ministry of Health is concerned, 50% of the funding is to be allocated to the Regional Office.

In these Partnership agreements WHO and the Netherlands identify specific areas for cooperation for which voluntary funds are available. With the funding WHO can carry out different types of work in the identified areas. Funding is also used for seconding Dutch experts to the WHO offices in Copenhagen and Geneva, and for collaboration between WHO and Dutch research institutes.

WHO priorities of particular relevance to the Netherlands

The current Partnership agreement is based on a specific policy framework for the period 2014-2017 with the following priorities: Sexual and reproductive health and rights (SRHR) and HIV/Aids, Water and sanitation, Communicable diseases & preparedness, surveillance and response, Promoting health through the life course and Health systems.

The Netherlands nomination should be seen in a broader context of support of WHO reform and not exclusively in the context of the national bilateral priorities. The Ebola outbreak in West Africa has shown once more that WHO needs organizational reforms at all three levels of the Organization. The Netherlands is dedicated to this reform and is willing to contribute actively by becoming a member of the EB.

The role of the Netherlands as a member of the Executive Board in addressing those priorities

The Netherlands is an active partner for WHO, both at global and at regional level (Regional Office for Europe and PAHO). The Netherlands is active in the global and regional governing bodies settings of WHO as well as the European Union. Mr. Herbert Barnard, supported by a dedicated team of advisors in The Hague and Geneva, has a good and long track record in operating in these relevant international organizations. Therefore the Netherlands government considers him par excellence to be competent to perform a constructive and binding role for the European Region in the EB.

## NOMINATION FOR MEMBERSHIP OF THE EXECUTIVE BOARD OF WHO

Member state making nomination: **POLAND**

**Family name** RADZIEWICZ–WINNICKI **First/Other names** Igor  
**Male/Female** Male **Date of birth** 5 September 1976

**Language abilities:** please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French			
German	X	X	X
Russian	X		

**Professional education:** name (up to 5) most important professional degrees taken *Year*

Specialist in public health, Institute of Social Medicine, Medical University of Warsaw, Poland	2011
Specialist paediatrician, Children's Clinic, Medical University of Silesia, Katowice, Poland	2008
PhD in medical sciences, Medical University of Silesia, Katowice, Poland	2006
MD, Medical University of Silesia, Katowice, Poland	2001

**Professional career:** list current post first, followed by up to four most important positions held *Year (start/end)*

Undersecretary of State, Ministry of Health, Poland	2012 to date
Lecturer, School of Health Sciences, Medical University of Silesia, Katowice, Poland	2008 to date
Assistant Professor, Social and Economic Sciences Faculty, Silesian School of Management, Katowice, Poland	2007–2012
Assistant, Children's Clinic, Medical University of Silesia, Katowice, Poland	2002–2007

**Experience of working for and with international organizations** *Year*

Head of national delegation, World Health Assembly, 66th and 67th session	2013, 2014
Head of national delegation, WHO Regional Committee for Europe 62nd and 64th session	2012, 2014
Head of national delegation, Employment, Social Policy, Health and Consumer Affairs Council of the European Union	2012, 2014
Delegate of the Polish Paediatric Society, European Confederation of Primary Care Paediatricians	2011–2012
Member, Strategic Paediatric Alliance for the Future Health of Children in Europe	2011–2012
Delegate of the Polish Paediatric Society, European Academy of Paediatrics	2010 to date
Member, European Society for Social Paediatrics and Child Health (currently: International Society for Social Paediatrics and Child Health)	2008 to date

**Experience of acting as Chairperson of high-level political and technical committees at national and/or international level** *Year*

Co-Chair, Round Table 2: "Improving policy coherence for nutrition", Second International Conference on Nutrition	2014
Chair, Committee on the prevention and control of human infections and human infectious diseases, Poland	2013 to date
Chair, Commission on Ethics in Medicine, Poland	2013 to date
Chair, Steering Committee of the National Programme for IVF Treatment, Poland	2013 to date
Chair, National Drug Prevention Board, Poland	2012 to date
Chair, UNAIDS Programme Coordinating Board	2012
Secretary-General, Polish Paediatric Society	2011–2012

**Name and position of person making nomination**

Dr Bartosz Arłukowicz, Minister of Health

Dear Madam Regional Director,

With reference to your letter of 7 January 2015 on nominations for membership to the bodies and committees of the WHO, it is my great pleasure to nominate Dr Igor Radziewicz-Winnicki (MD, PhD) as Poland's candidate for the Executive Board of the World Health Organization.

Since 2012 Dr. Radziewicz-Winnicki has held the post of Undersecretary of State in the Ministry of Health of the Republic of Poland. He is deeply engaged in public health protection, especially in combating obesity, diet-related diseases and tobacco addiction. He is also responsible for general overview of the cooperation of the Ministry of Health with the WHO and other international organizations. During his career he also demonstrated deep understanding of managerial issues and cross-sectoral and cross-regional cooperation on international level.

I would like to underline that Dr. Radziewicz-Winnicki is a member of the European Society for Social Paediatrics and Child Health and a member of the strategic Paediatric Alliance for the Future Health of Children in Europe. He was a chair of many official delegations of Ministry of Health to the WHO and other international organizations. Recently he co-chaired one of the panels during Second International Conference on Nutrition in Rome. Dr Radziewicz-Winnicki is also the author of many scientific publications.

I am sure that these characteristics of Dr Radziewicz-Winnicki guarantee his valuable contribution to the work of the WHO Executive Board and his candidature ensures a strong advocacy for the WHO European Region.

Please accept, Madam Director, the assurances of my highest consideration.

Yours truly,

Bartosz Arłukowicz



## Letter of intent

### Brief overview of the relations between Republic of POLAND and WHO

Republic of Poland became a member of the WHO in 1948 and since that time remains highly committed to achieving the mission and goals of the Organization. Poland as a member of the European Region of WHO actively participates in Regional Committees, has closely collaborated with Regional and Country Office in recent years (e.g. via consultations on priorities of Polish presidency of the Council of the EU in 2011, membership in Standing Committee in 2010-2013, continuous collaboration within the framework of the BCA) and co-organized important WHO events and workshops (e.g. launching of the European Health Report 2012 in Warsaw in 2013, hosting Autumn School on Health Information and Evidence for Policy Making in Warsaw in 2014).

### WHO priorities of particular relevance to the Republic of POLAND

#### a/ Non-communicable and diet-related diseases

Poland attaches great importance to issues related to non-communicable diseases in general, and diet-related diseases, obesity and nutrition in particular. Poland was a co-chair of one of the roundtables during Second International Conference on Nutrition (Rome 2014), works closely with WHO on this subject within the framework of BCA and other technical workshops and projects and will strive to implement the commitments of the Rome Declaration on Nutrition across multiple sectors. Polish government undertakes a numerous legislative and other initiatives aimed at promoting healthy habits and alleviating the burden of obesity and its consequences, that are in line with WHO Global action plan for the prevention and control of NCDs 2013-2020 and European Health 2020 policy framework.

#### b/ Fair pricing of medicines

Ensuring equitable access to medicines is essential for health system strengthening and achieving universal health coverage. Increasing access to essential, high-quality and affordable medical products is one of the leadership priorities set in 12th General Programme of Work. Bearing this in mind, Poland wishes to engage in discussion on ensuring fair pricing of medicines as a one of the means necessary to strengthen sustainability of health system.

### The role of the Republic of POLAND as a member of the EB in addressing these priorities

Poland wishes to take advantage of recent ICN2 with the view of stimulating the international debate on the issue of nutrition, promoting best practices and fostering intersectoral cooperation. We would like to focus on the mothers, infants and school-age children, as we believe investing in youngest generation brings the best results. Undoubtedly being healthy costs and Poland will seek to promote those solutions and practices that are cost-effective and affordable, so that they could be followed by all Member States. Building healthy young generation contributes significantly to bridging the health gap in society and corresponds to reducing health inequalities. To achieve this goals Poland also wishes to engage in addressing social determinants of health, as close intersectoral collaboration is necessary to combat existing multidimensional threats related to non-communicable diseases.

We would also like to draw attention of the Board to necessity to ensure fair pricing of the essential medicines, within WHO's standing commitment to work with countries and wide range of stakeholders to enhance equitable and efficient provision of medicines. New technologies and medicines contribute to enhancing health status and quality of life of many people but this technological development should not be disadvantage for health care systems sustainability. Its outcomes should be used with the benefit of all, contributing to the implementation of universal health coverage. Even in countries where health services are accessible and affordable, governments are failing to respond to the ever-growing health needs and the increasing costs of health services. Fair pricing remains one of issue that has to be solved, if we are to enjoy the sustainable and multidimensional development.

Poland wishes to propose its candidature for WHO Executive Board member, trusting that political commitment to protecting public health, recent legislative initiatives undertaken in Poland, excellent relations with WHO and our role as a bridge between EU Member States and countries from eastern part of the Region is a guarantee of important input from our country into global debate on health challenges and solutions needed.

Minister of Health  
Republic of Poland

## NOMINATION FOR MEMBERSHIP OF THE EXECUTIVE BOARD OF WHO

Member state making nomination: **REPUBLIC OF MOLDOVA**

**Family name** BUGA **First/Other names** Mircea  
**Male/Female** Male **Date of birth** 11 September 1968

**Language abilities:** please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French			
German			
Russian	X	X	X

**Professional education:** name (up to 5) most important professional degrees taken **Year**

Doctor in Medicine, Nicolae Testemițanu State University of Medicine and Pharmacy, Chisinau, Republic of Moldova	2011
Postgraduate diploma in business studies, Chisinau campus, Grenoble Graduate School of Business, France	2008
Postgraduate studies in health economics for professionals (e-learning), University of York, United Kingdom of Great Britain and Northern Ireland	2007
Law Degree (Licence), Moldova State University, Chisinau, Republic of Moldova	1998
Medical Diploma (Licence), University of Medicine and Pharmacy, Cluj-Napoca, Romania	1993

**Professional career:** list current post first, followed by up to four most important positions held **Year (start/end)**

Minister of Health, Republic of Moldova	2015 to date
General Director, National Health Insurance Company, Republic of Moldova	2009–2015
Deputy Minister of Health, Republic of Moldova	2007–2009
First Deputy Director, National Health Insurance Company, Republic of Moldova	2004–2007
Head of Law Department, National Health Insurance Company, Republic of Moldova	2002–2004

**Experience of working for and with international organizations** **Year**

Support to Professor Ion Ababii, former Republic of Moldova member, Executive Board of WHO	2007–2009
Contribution to and participation in international courses, including WHO Flagship Course on Health Financing	2014

**Experience of acting as Chairperson of high-level political and technical committees at national and/or international level** **Year**

**Name and position of person making nomination**

Natalia Gherman, Deputy Prime Minister, Minister of Foreign Affairs and European Integration

Dear Mrs. Jakab,

I have the pleasure to inform about the decision of the Government of the Republic of Moldova to nominate Mr. Mircea Buga as candidate for membership to the Executive Board of the World Health Organization (WHO), as per the call for nominations circulated by the WHO Regional Office for Europe on 7 January 2015.

Mr. Buga is currently acting as Minister of Health of the Republic of Moldova and has an extensive career in the field of public health, including the health insurances system. His competent serving in this capacity allowed him to gain a wide and in-depth understanding about the development of the modern medical science and the management in the health sector at national and international levels. The Curriculum Vitae of Mr. Buga is herewith enclosed for further reference.

In light of the above, I would like to highlight that my Government is a longstanding and committed WHO partner, with a strong engagement to employ consistent efforts for the development of the health sector. The principles and priorities that WHO stands for through the “Health 2020” policy framework are reflected both in the Biennial Collaborative Agreement between the Government of the Republic of Moldova and WHO and in the major national policy documents: the Health System Development Strategy for 2008-2017 and the National Health Policy for 2007-2021.

Furthermore, my Government established an ambitious reform agenda of the health sector which is expected to bring positive changes for quality and accessible medical assistance at national level and improve health indicators among all population groups. There are several examples in this regard which could be shared with countries in the region, especially those concerning raising tobacco and alcohol taxes, improving hospital efficiency and strengthening primary care for NCDs, revising outpatient drug benefits, better targeting of the poor and vulnerable groups, better control of communicable diseases, the implementation of international health regulations and evidence-based policies, raising population awareness on public health issues and healthy lifestyles.

Considering all these developments, I am certain that the Republic of Moldova could play a greater role within the WHO Executive Board in tackling common priorities for the entire region through the transformation of the health services and moving towards universal health coverage. With its open-minded and eminent professionals such as the nominated candidate, the Republic of Moldova is ready to bring its contribution and play an advanced role in the WHO’s governance.

Looking forward to the positive consideration of the aforementioned nomination and further strengthening our cooperation, please accept, dear Mrs. Jakab, the assurances of my highest consideration.

Sincerely,

Natalia Gherman

## **Letter of intent**

The World Health Organization (WHO) and the Government of the Republic of Moldova have developed fruitful partnership since 1992, which continue to evolve and is highly appreciated by all the stakeholders in the country.

It worth mentioning the contribution of WHO in supporting fundamental reforms of the Moldovan health sector and overcoming the transition decades particularly the development of the Primary Health Care network, based on family medicine and the launch of the mandatory health insurance system in 2004 that achieved coverage of about 85% of the population nowadays and paved the way towards Universal Health Coverage. As well, it is important to emphasize the technical cooperation effectiveness, targeting successfully common priorities as: communicable and non-communicable diseases, promotion of the healthy lifestyle through the entire life course, preparedness, surveillance and response to emergencies and health system strengthening and governance.

The Republic of Moldova manifested itself during its first representative mandate at the WHO Executive Board, contributing significantly to the development and approval of the International Recruitment of Health Personnel Code. Being a country which still faces multiple challenges related to health personnel, Moldova spotted the problem half a decade ago, brought necessary political commitment and played a crucial role during the negotiation process that ended successfully. This partnership has been efficiently carried out with WHO secretariat at all three levels.

The concepts, principles and values that WHO Europe stands for through the “Health 2020” policy document are reflected both in the Biennial Collaborative Agreement with the Ministry of Health and the national health policy documents. The newly appointed Government has established ambitious health reform agenda which might turn into excellent opportunities to improve health outcomes and serve as example to share among countries, especially on raising tobacco and alcohol taxes, improving hospital efficiency and strengthening primary care for NCDs control, targeting the poor and vulnerable groups, control of communicable diseases and implementation of the International Health Regulation, use of data for decision-making, improving population awareness on public health issues and healthy behaviours in particular.

The scale of the Moldovan health sector allows a certain level of flexibility which allows translation of reforms initiatives into major achievements and offering applicable models for other countries and setting in the European Region and beyond.

The Millennium Development Goals Report shows that Moldova has made remarkable progress across most of MDGs, notably in reducing poverty, reducing maternal mortality and child mortality; however there are still certain challenges in terms of equity across MDGs. This challenge was advanced during the active engagement of the Republic of Moldova within the negotiation process of the post-2015 Sustainable Development Agenda.

Over the last years, the Republic of Moldova hold mandates within WHO Standing Committee of the Regional Committee, Global Fund Board and GAVI Alliance Board. The mentioned commitments and outstanding performance demonstrate the engagement and the willingness of the country to make a difference at the global level advancing health.

At the regional level, the Republic of Moldova is particularly active within the South-eastern Europe Health Network, hosting numerous events at the higher political and technical level. During the last year several workshops related to health diplomacy were successfully held in Moldova and engaged cross-sectorial cooperation to foster health in all-policies approach.

From the above mentioned perspectives, the Republic of Moldova has the potential to play a major role within the Executive Board tackling common priorities through the transformation of the health services and moving towards universal health coverage by strengthening health workforce, reducing

impoverishing from out-of-pocket payments and through evidence based decision making process translated into practice.

## NOMINATION FOR MEMBERSHIP OF THE EXECUTIVE BOARD OF WHO

Member state making nomination: **TURKEY**

**Family name** KESKINKILIÇ **First/Other names** Bekir  
**Male/Female** Male **Date of birth** 31 January 1964

**Language abilities:** please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French			
German			
Russian			

**Professional education:** name (up to 5) most important professional degrees taken **Year**  
Specialist in Family Medicine in Ankara Training and Research Hospital 1998  
University in Hacettepe University, Faculty of Medicine 1989

**Professional career:** list current post first, followed by up to four most important positions held **Year (start/end)**  
Vice-President, Turkish Public Health Institution 2012 to date  
Adviser to the Minister of Health 2011–2012  
Head, Department of International Relations, Ministry of Health 2011–2012  
Deputy General Director, General Directorate of Primary Health Care, Ministry of Health 2006–2011  
Deputy General Director, General Directorate of Treatment Services, Ministry of Health 2003–2006

**Experience of working for and with international organizations** **Year**  
Standing Committee of the Regional Committee member 2010–2013  
Participation in international projects promoting services for persons with disabilities 2010 to date  
Training programme on the Istanbul Protocol: Enhancing the knowledge level of non-forensic expert physicians, judges and prosecutors 2005–2009

**Experience of acting as Chairperson of high-level political and technical committees at national and/or international level** **Year**  
Many roles as Chairperson of different scientific and advisory committees in Turkey

**Name and position of person making nomination**  
Dr Mehmet Müezzinoğlu, Minister of Health

Dear Ms. Jakab,

It is with great pleasure that I nominate Mr. Dr. Bekir Keskinliç for the membership of the Executive Board of the World Health Organization for May 2015 on behalf of the Republic of Turkey.

As you witnessed closely during his membership of The Standing Committee of the Regional Committee for Europe during 2010-2013, Mr. Keskinliç has been a well-regarded member and served actively in working groups such as Governance and Health 2020 with his profound knowledge in Public Health. He also was a member of the team that developed Health 2020 Policy and contributed greatly with the combination of his excellent understanding of Public Health and highly developed soft skills.

Mr. Keskinliç is the Vice President of the Turkish Public Health Agency, and is responsible for preventing non-communicable diseases in the Ministry. He has a substantial experience as an administrator at various national and international levels, roots from his services as a special advisor to the Minister of Health during the achievement of Health Transformation Program in Turkey.

Prior to his work as Vice President, Mr. Keskinliç has also guided the Ministry's ascendant relations with World Health Organization as a Director of Foreign Relations Department and as head of Turkish delegations during WHO governing body meetings. His efforts also contributed to the wellbeing of our citizens during his term as a.i. head of Turkish Public Health Agency

I firmly believe that Mr. Keskinliç's unique knowledge in non-communicable diseases and noteworthy experience shall be an important asset for the Executive Board and the World Health Organization in terms of responding future challenges. His membership shall be another example of our exceptional relations and cooperation with the Regional Office, which has soaring within the recent years.

Please accept Madame Regional Director, the assurances of my highest consideration.

Dr. Mehmet Müezzinoğlu  
Minister of Health of the Republic of Turkey



## Letter of intent

Dear Ms. Jakab,

It is my kind request from you to take this letter of intent into consideration and annex it to our letter dated 13/03/2013 regarding the nomination of Dr. Bekir Keskinliç to the Executive Board membership of the WHO for the upcoming period on behalf of the Republic of Turkey.

We believe that representation of Turkey in EB as a WHO\_EURO member will provide another example for EURO region to demonstrate its equity and quality oriented perspective as indicated in Health 2020. During our term we will try to contribute to the global health and carry our regional health agenda to EB, under the values and principles of WHO.

We think that EB member countries should leverage the messages of concerns from non-EB member countries while determining of the health agenda. In this perspective we are planning to form an EB Membership Office and a communication platform to ease hearing member states and establish a platform to discuss health agenda by using communication tools including social media. We also plan to include health diplomacy as a component of our communication strategy to complement our efforts in excelling collaboration with other health related actors for improvement of global health governance.

We will follow up the steps and outputs of reform process to strengthen WHO as champion of global health and we volunteer to pave the way for member states to monitor and report the reform process in an understandable manner. In this context, we will advocate for the attainment of highest level on accountability, transparency and coherence in organization. We acknowledge the importance of PBAC as a governance mechanism and ready to support the endorsement of PBAC in terms of efficiency, responsibility and comprehensibility.

We will avoid to increase the workload of EB, Assembly and Secretariat, and carefully support new draft resolutions only when they have solid rationale regarding their necessity, viability and resources. We also believe that WHO databases should be user friendly and reachable especially for decisions and resolutions and may need an initiative like we did in our region for sun setting resolutions.

We support regional declarations instead of individual time consuming national reports. Therefore we believe we may prepare regional declarations to raise the voices of all member states in our region instead of a sub-regional declaration.

Being aware of indispensable role of health in development, as a country we will make efforts to transfer our experiences to support putting health high on the international development agenda.

Lastly, I firmly believe that Mr. Keskinliç's knowledge in NCDs combined with our country's noteworthy experience and efforts in responding emergencies will strengthen WHO's technical and normative capacity to address and respond future challenges. Considering the Turkey's geographical position on the border of EURO region and close historical, cultural and economical relations with Member States in EURO and EMRO Regions, we believe our membership can be regarded as an important asset in terms of showcasing the successful transformation of "all-hazard preparedness approach" from rhetoric to action. We are ready to strongly support ongoing works on NCDs and emergency preparedness as an EB member country in harmony with WHO-EURO.

Turkey's membership shall constitute another example of our strong relations including the establishment of a GDO Office in Istanbul, successful cooperation with Country Office in Ankara and Field Office in Gaziantep, collaboration with three levels of the WHO Office and transformation of Turkey into a reliable WHO donor in recent years.

Please accept the assurances of my highest consideration

Dr. Öner Güner  
Director General of EU and Foreign Affairs

## II. Standing Committee of the Regional Committee for Europe

### Functions

8. Rule 14.2.10 of the rules of procedure of the Regional Committee stipulates that the functions of the Standing Committee of the Regional Committee for Europe (SCRC) shall be:

- (a) to act for and represent the Regional Committee and to ensure that effect is given to the decisions and policies of the Regional Committee, especially with regard to its supervisory functions as per Article 50 (b) of the WHO Constitution;
- (b) to advise the Regional Committee on questions referred to it by that body, and to counsel the Regional Director as and when appropriate between sessions of the Regional Committee;
- (c) to submit advice or proposals to the Regional Committee and to the Regional Director on its own initiative;
- (d) to propose items for the agenda of meetings of the Regional Committee;
- (e) to submit to the Regional Committee for consideration and approval the regional component of WHO's general programme of work;
- (f) to perform any other functions entrusted to it by the Regional Committee;
- (g) to report to the Regional Committee on its work.

9. Further information on the SCRC can be found in the Rules of Procedure of the Regional Committee for Europe and of the Standing Committee of the Regional Committee for Europe (WHO Regional Office for Europe, Copenhagen, 2013) also available on the Internet ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0016/242530/132552E\\_Rules-of-Procedure\\_2013\\_a4.pdf](http://www.euro.who.int/__data/assets/pdf_file/0016/242530/132552E_Rules-of-Procedure_2013_a4.pdf)).

### Present membership

10. By adopting rule 14.2.1 of its rules of procedure, the Regional Committee agreed that, when electing the membership of the SCRC, it shall take into account the need for equitable geographical distribution, adequate representation of the interests of the Region, the opportunity for all Member States of the Region to participate over time in the work of the Standing Committee and other considerations relevant to maximizing the effectiveness of its work.

11. The terms of office of members from Austria, Finland, Israel and the Republic of Moldova will expire at the 65th session of the Regional Committee. The Regional Committee will therefore be requested to elect four new members of the SCRC, each having a three-year term of office (from September 2015 to September 2018).

12. The terms of office of the remaining eight members will continue as follows:

Belarus (Dr Vasiliy Zharko)	Member until September 2016
Estonia (Dr Ivi Normet)	Member until September 2016
France (Professor Benoît Vallet)	Member until September 2016
Germany (Ms Dagmar Reitenbach)	Member until September 2017
Latvia (Professor Viesturs Silins)	Member until September 2016
Portugal (Dr Francisco George)	Member until September 2017
Romania (Dr Alexandru Rafila)	Member until September 2017
Turkmenistan (Dr Leili Shamuradova)	Member until September 2017

13. It will be recalled that the Deputy Executive President of the 65th session of the Regional Committee will be ex-officio Chairperson of the SCRC from September 2015 to September 2016.

## **Nominations**

14. The following nominations were received at the Regional Office by 13 March 2015, and curricula vitae in standard format and the letters of intent are contained in pages 30 to 58.

Czech Republic (Professor Josef Vymazal)

Georgia (Dr Amiran Gamkrelidze)

Greece (Mr Dimitrios Kranias)

Iceland (Dr Sveinn Magnússon)

Italy (Dr Ranieri Guerra)

Slovakia (Dr Ivan Solovic)

Slovenia (Dr Vesna-Kerstin Petrič)

Spain (Dr Rubén Moreno)

Uzbekistan (Professor Anvar Alimov)

## **Overview of membership**

15. Table 2 gives an overview of countries which have provided members of the SCRC since 2005.

Table 2. Standing Committee of the Regional Committee for Europe –  
overview of membership<sup>a</sup>

Countries	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Albania													
Andorra				X	XXX	XXX	X						
Armenia	X												
Austria	XXX	X						X	XXX	XXX	X		
Azerbaijan					X	XXX	XXX	X					
Belarus									X	XXX	XXX	X	
Belgium	X						X	XXX	XXX	X			
Bosnia and Herzegovina													
Bulgaria						X	XXX	XXX	XXX	X			
Croatia	X					X	XXX	XXX	X				
Cyprus													
Czech Republic													
Denmark	XXX	X											
Estonia	XXX	XXX	X						X	XXX	XXX	X	
Finland								X	XXX	XXX	X		
France									X	XXX	XXX	X	
Georgia		X	XXX	XXX	X								
Germany										X	XXX	XXX	X
Greece													
Hungary	XXX	XXX	X										
Iceland													
Ireland													
Israel								X	XXX	XXX	X		
Italy	X	XXX	XXX	X									
Kazakhstan													
Kyrgyzstan		X	XXX	XXX	X								
Latvia									X	XXX	XXX	X	
Lithuania				X	XXX	XXX	X						
Luxembourg													
Malta							X	XXX	XXX	X			
Monaco													
Montenegro				X	XXX	XXX	X						
Netherlands	X	XXX	XXX	X									
Norway		X	XXX	XXX	X								
Poland						X	XXX	XXX	X				
Portugal										X	XXX	XXX	X
Republic of Moldova								X	XXX	XXX	X		
Romania									X	XXX	XXX	X	
Russian Federation							X	XXX	XXX	X			
San Marino													
Serbia <sup>b</sup>	X	XXX	XXX	X									
Slovakia			X	XXX	XXX	X							
Slovenia													
Spain						X	XXX	X					
Sweden					X	XXX	XXX	X					
Switzerland			X	XXX	XXX	X							
Tajikistan													
The former Yugoslav Republic of Macedonia			X	XXX	XXX	X							
Turkey						X	XXX	XXX	X				
Turkmenistan										X	XXX	XXX	X
Ukraine					X	XXX	XXX	X					
United Kingdom	XXX	XXX	X			X	XXX	XXX	X				
Uzbekistan	XXX	X											

<sup>a</sup> For the purpose of this table, each term of office of a member of the SCRC starts with the session of the Regional Committee in the year in which the member is elected and ends at the Regional Committee of the year indicated.

<sup>b</sup> Formerly Serbia and Montenegro.

## Office holders

	Chairperson (Member ex-officio as Deputy Executive President of the Regional Committee)	Vice-Chairperson
1994–1995	Dr Niall Tierney, Ireland	Dr Anthony Vassallo, Malta
1995–1996	Professor Jean-François Girard, France	Dr Mikhail N. Saveliev, Russian Federation
1996–1997	Dr Marta di Gennaro, Italy	Professor Vilius J. Grabauskas, Lithuania
1997–1998	Professor Vilius J. Grabauskas, Lithuania	Dr Jeremy M. Metters, United Kingdom
1998–1999	Dr Danielle Hansen-Koenig, Luxembourg	Dr Jeremy M. Metters, United Kingdom
1999–2000	Dr Jeremy M. Metters, United Kingdom	Professor Ayşe Akin, Turkey
2000–2001	Professor Ayşe Akin, Turkey	Professor Frantisek Kölbl, Czech Republic
2001–2002	Dr James Kiely, Ireland	Dr Jacek Antoni Piatkiewicz, Poland <i>(first and second sessions)</i> Dr Alamhon Akhmedov, Tajikistan <i>(third, fourth, fifth and sixth sessions)</i>
2002–2003	Dr Jarkko Eskola, Finland	Dr Božidar Voljč, Slovenia
2003–2004	Dr Božidar Voljč, Slovenia	Dr Godfried Thiers, Belgium
2004–2005	Dr Godfried Thiers, Belgium	Dr Jens Kristian Gøtrik, Denmark
2005–2006	Dr Jens Kristian Gøtrik, Denmark	Dr Hubert Hrabcik, Austria Dr David Harper, United Kingdom
2006–2007	Dr David Harper, United Kingdom	Ms Annemiek van Bolhuis, Netherlands
2007–2008	Ms Annemiek van Bolhuis, Netherlands	Dr Bjørn-Inge Larsen, Norway
2008–2009	Dr Bjørn-Inge Larsen, Norway	Dr Vladimir Lazarevik, the former Yugoslav Republic of Macedonia
2009–2010	Dr Vladimir Lazarevik, the former Yugoslav Republic of Macedonia	Dr Josep Casals Alís, Andorra
2010–2011	Dr Josep Casals Alís, Andorra	Dr Lars-Erik Holm, Sweden
2011–2012	Dr Lars-Erik Holm, Sweden	Ms Dessislava Dimitrova, Bulgaria
2012–2013	Dr Daniel Reynders, Belgium	Dr Raymond Busuttil, Malta
2013–2014	Dr Raymond Busuttil, Malta	Ms Taru Koivisto, Finland
2014–2015	Ms Taru Koivisto, Finland	Professor Benoît Vallet

NOMINATION FOR MEMBERSHIP OF THE STANDING COMMITTEE OF  
THE REGIONAL COMMITTEE FOR EUROPE OF WHO

Member state making nomination: **CZECH REPUBLIC**

**Family name** VYMAZAL **First/Other names** Josef

**Male/Female** Male **Date of birth** 5 August 1962

**Language abilities:** please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French			
German	X	X	X
Russian	X	X	X

**Professional education:** name (up to 5) most important professional degrees taken *Year*

Professor of Radiology, Charles University, Prague, Czech Republic	2008
Associate Professor of Neurology, Charles University, Prague, Czech Republic	2005
DSc, Academy of Sciences, Czech Republic	2005
MD, United States Medical Licensing Examination	1996
PhD in medicine, Charles University, Prague, Czech Republic	1989

**Professional career:** list current post first, followed by up to four most important positions held *Year (start/end)*

Deputy Minister of Health, Czech Republic	2014 to date
Head, Department of Radiology, Na Homolce Hospital, Prague, Czech Republic	2008–2014
Staff Physician, Na Homolce Hospital, Prague, Czech Republic	1996–2008
Fellow, National Institutes of Health, Bethesda, United States	1991–1996
Resident, Thomayer Hospital, Prague, Czech Republic	1986–1991

**Experience of working for and with international organizations** *Year*

National representative, Organisation for Economic Co-operation and Development High-Level Policy Forum on Mental Health and Work	2015
Member, Editorial Board, <i>Neuroradiology</i> (official journal of the European Society of Neuroradiology)	2009
Member, International Society for Magnetic Resonance in Medicine	2003

**Experience of acting as Chairperson of high-level political and technical committees at national and/or international level** *Year*

National representative, Informal meeting of health ministers of the European Union	2014
Chair, European Congress of Radiology	2014
National representative, Committee on Economic, Social and Cultural Rights	2014

**Name and position of person making nomination**

Svatopluk Němeček, Minister of Health

Dear Madam,

I have the honour of presenting the nomination of Professor Josef Vymazal, Deputy Minister for Health Care, to the Standing Committee of the Regional Committee for Europe (SCRC) for the Czech Republic.

Professor Josef Vymazal, is a distinguished professor of radiology with broad academic, clinical and managerial experience gained throughout his almost 30 years of professional career in the Czech Republic, the United States of America, as well as from many international fora he regularly attends as a participant or a speaker. His current agenda and responsibilities at the Ministry of Health of the Czech Republic span from policy and decision making in the areas of health services, education, regulations related to healthcare personnel, mental health to the area of narcotic drugs and psychotropic substances.

With the nomination of Professor Vymazal the Czech Republic puts forward a dedicated and experienced candidate who will work intensively in the SCRC to ensure fulfilment of the WHO priorities and I strongly support his candidature.

Yours sincerely,



## Letter of intent

Dear Madam or Sir,

The Czech Republic is a long-standing member of the World Health Organization, and is fully committed to the priorities and tasks of the organization on a global, regional as well as national level. The Czech Republic fulfills its member state obligations, engages in and contributes to meetings of the governing bodies and is involved in activities that demonstrate close cooperation between the Czech administration, health experts and the WHO. In this spirit, allow me to present my candidacy as a nominee of the Czech Republic to the Standing Committee of the Regional Committee for Europe (SCRC). I believe I am a highly qualified candidate as my agenda as the Deputy Minister for Health Care ranges from policy and decision making in the areas of health services, education and regulations related to healthcare personnel, to mental health as well as narcotics drugs and psychotropic substances.

The Czech Republic prides itself on a decade of institutionalized cooperation with the WHO through the National Institute of Public Health, a designated WHO Collaborating Center in the area of occupational health. Even in the absence of formalized collaboration, Czech experts work closely to and share their expertise with the WHO, most notably in the field of reproductive health. The Czech Republic also regularly participates in WHO technical conferences, online consultations, surveys and the provision of data, and is fully aware of its shared responsibility in addressing global health emergencies.

Taking into consideration WHO priorities as well as the health profile of the Czech Republic, the issue of reducing non-communicable disease is very high on our agenda. As this is of particular concern to our region, we realize the important role of the SCRC in facing this challenge, especially through its functional relation to the Regional Committee. In this context, I believe that my membership in the SCRC would allow the Czech Republic to provide the Regional Director and the region with the experience of our country in health status and system transformation, which many in the region can draw inspiration from and use for their own policy development.

Nutrition as another specific health policy area is well anchored in several strategic documents adopted and evaluated by the Czech government. Together with the WHO and its experts, we have been working ardently to refine these policies within the Health 2020 strategic framework. The Czech Republic has also actively contributed to the preparation of the Second International Conference on Nutrition as well as to the subsequent steps within the WHO by preparing and co-sponsoring the recent EB decision. We will continue our engagement within the WHO to evaluate these outcomes and would further use my SCRC membership to achieve this.

A third priority of utmost importance, not only for our country but the entire European Region, is the successful implementation of Health 2020 tailored to the particular needs of individual member states. The Czech Republic has begun Health 2020 implementation with unprecedented political, expert and societal support. We aim to develop specific action plans by the end of 2015.

As I am responsible for the development and subsequent implementation of comprehensive strategies and action plans relating to important topics such as mental health, quality management, long-term care and screening programs, and as I can also contribute significantly to the achievement of the above mentioned priorities of both the WHO and the Czech Republic, I consider myself a suitable candidate to the Standing Committee of the Regional Committee for Europe.

Yours sincerely,

prof. MUDr. Josef VYMAZAL, DSc.  
Deputy Minister for Health Care

NOMINATION FOR MEMBERSHIP OF THE STANDING COMMITTEE OF  
THE REGIONAL COMMITTEE FOR EUROPE OF WHO

Member state making nomination: **GEORGIA**

**Family name** GAMKRELIDZE **First/Other names** Amiran  
**Male/Female** Male **Date of birth** 24 January 1951

**Language abilities:** please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French			
German	X	X	X
Russian	X	X	X

**Professional education:** name (up to 5) most important professional degrees taken *Year*

Professor of allergology and immunology	1991 to date
Doctor of medical sciences (PhD equivalent), Institute of Immunology, Moscow, Russian Federation	1990
Research training in allergy and clinical immunology, Sweden	1987–1988
Research training in allergy and clinical immunology, Germany	1982
Candidate of medical sciences (PhD equivalent), State Medical University, Tbilisi, Georgia	1974–1979
Diploma of general medical practice, State Medical University, Tbilisi, Georgia	1968–1974

**Professional career:** list current post first, followed by up to four most important positions held *Year (start/end)*

Director-General, National Centre for Disease Control and Public Health	2013 to date
National Programme Coordinator, WHO Country Office in Georgia	2005–2013
Minister of Labour, Health and Social Affairs	2001–2004
First Deputy Minister of Labour, Health and Social Affairs	1997–2001
Deputy Minister of Health	1994–1997
Director, National Health Management Center	1994–1997

**Experience of working for and with international organizations** *Year*

Member, WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable diseases	2015 to date
Alternate, Minister of Labour, Health and Social Affairs	2013 to date
Member, European Environment and Health Ministerial Board	2013 to date
Expert, WHO European Region meetings on Health 2020	2010–2012
Expert, WHO European Region meetings on social determinants of health	2006–2007
Visiting professor of global health, Faculty of Medicine, Tromsø University, Norway	2005 to date
Member, WHO European Advisory Committee for Research	2004–2007
National delegation, sessions of the WHO Regional Committee for Europe	1996–2013
Regular participation, WHO European Region retreats and expert group meetings	1996–2013
National delegation, World Health Assembly	1996–2003
Participant in negotiations with World Bank, USAID, Department for International Development, Swedish International Development Cooperation Agency and several donor agencies	1994–2003

**Experience of acting as Chairperson of high-level political and technical committees at national and/or international level**

**Year**

Chairperson, Secretariat of the Tobacco Control State Commission	2013 to date
Chairperson, Country Coordinating Mechanism, The Global Fund to Fight AIDS, Tuberculosis and Malaria	2002–2004
Co-Chairperson, National Anti-drug Committee	2002–2004
Chairperson, National Social Insurance Fund	2001–2004

**Name and position of person making nomination**

David Sergeenko, Minister of Labour, Health and Social Affairs

## Letter of intent

Georgia has a long history of collaboration with World Health Organization. Since 1992, Georgia has been actively involved in WHO activities in Europe as well as at the Global level. The health strategies and action plans of the country are in compliance with the WHO fundamental principles and recommendations.

New Government of Georgia has focused on securing the health rights of the country population, ensured unprecedented expansion of the health sector budget and launched its flagship programme of Universal Health Care in February 2013. Georgia's movement towards the UHC during the last two years has been recognized as the most successful reform in the country. In this development, Georgia has already gained significant experience which can be shared with other countries. There are some other important developments the country is progressing as well, including the global initiatives such as the Global Health Security. Thus we do believe, the country can contribute to and benefit from presence in the WHO SCRC.

With pleasure and confidence we are presenting Dr. Amiran Gamkrelidze, who has all capacity to represent the country successfully on this occasion in the Standing Committee of the Regional Committee for Europe. Dr. Gamkrelidze has been actively involved in the WHO activities and collaboration with the WHO since 1994 at different positions – as a Director of the National Health Management Centre and Deputy Minister of Health, First Deputy and later as the Minister of Labour, Health and Social Affairs (MoLHSA) of Georgia. Afterwards, he served as a WHO employee for eight years.

Currently Dr. Gamkrelidze acts as a Director General of the National Centre for Disease Control and Public Health (NCDC), the main public health institution of Georgia under the MoLHSA. NCDC serves as the main counterpart of WHO-EURO and WHO-HQ in different fields of Public Health – Communicable and Non-communicable Diseases Surveillance, Environmental Health, Medical Statistics, State Public Health Programs (Immunization, Safe Blood, Health Promotion, etc.), Biosafety, etc. NCDC with its unique laboratory capacity (Richard Lugar Center for Public Health Research) is currently applying for the status of WHO Collaborating Centre for Global Health Security and Emerging Infections.

In late 90-ies Dr. Gamkrelidze was one of the key stakeholders in process of drafting the National Health Strategy and Action Plan 2000-2009 supported by WHO-EURO. Under his supervision several policy documents were elaborated and implemented including basic health and social legislation.

During his carrier in Public Health he regularly participated in the WHO RCs, WHA, and expert group meetings; Congresses, Conferences and trainings as a speaker on Global/Public Health, Allergy/Immunology and Respiratory diseases issues; He has successfully negotiated with multilateral, bilateral and other donor agencies resulted in more than hundreds of millions USD donor assistance for health system development in Georgia.

In addition, he participated as a member in WHO European Advisory Committee for Health Research meetings; on Social Determinants of Health; on Health 2020 etc. Dr. Amiran Gamkrelidze was the first Chair of the Country Coordination Mechanism on AIDS, Tuberculosis and Malaria.

Currently Dr Gamkrelidze serves as alternate of the Minister of Labour, Health and Social Affairs of Georgia at the European Environment and Health Ministerial Board and as a member of the Working Group of the Global Coordination Mechanism on the Prevention and Control of Non-communicable Diseases.

Taking into consideration his outstanding knowledge and experience the Ministry of Labour, Health and Social Affairs of Georgia strongly recommends Dr. Amiran Gamkrelidze as a valuable member for the Standing Committee of the Regional Committee for Europe, WHO.

**NOMINATION FOR MEMBERSHIP OF THE STANDING COMMITTEE OF  
THE REGIONAL COMMITTEE FOR EUROPE OF WHO**

Member state making nomination: **GREECE**

**Family name** KRANIAS **First/Other names** Dimitrios

**Male/Female** Male **Date of birth** 10 July 1960

**Language abilities:** please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French			
German		X	
Russian			

**Professional education:** name (up to 5) most important professional degrees taken *Year*

Parenterally administered medicines to treat osteoporosis: What should the dentist know	2012
Clinical study of the level of oral health in 185 patients who take bisphosphonates, presented at the 48th Congress of the Stomatological Society	2011
Participated in the development of research for the hyperinflation of the dental profession; published as a handbook	2005
Published article after in vitro study on the distance between the end of the third molar root and the mandibular nerve	1988
University degree, Faculty of Dentistry, University of Thessaloniki, Greece	1986

**Professional career:** list current post first, followed by up to four most important positions held *Year (start/end)*

Health attaché of Greece, Geneva – WHO alternate representative	2013 to date
Director of dental clinic (primary dentistry), Elpis General Hospital, Athens, Greece	2010–2013
Practised dentistry	1987–2010
Unsalaries assistant in dental clinics of dental faculty, University of Athens, Greece	1986–1987 1989–1991
Dentistry service, Military Camp of Loutraki and 401 General Military Hospital of Athens (military service)	1987–1989

**Experience of working for and with international organizations** *Year*

Representation and coordination of Greek health sector delegation during the Greek presidency of the Council of the European Union	2014
Representation and coordination of Greek delegation during 134EB,135EB,67WHA,64RC of WHO Europe	2014
Formulation and promotion of Greek positions in WHO	2013 to date

**Experience of acting as Chairperson of high-level political and technical committees at national and/or international level**

	<i>Year</i>
Round Table, National Dental Congress	2008
President, Administrative Council of the Dental Association of Athens	2007
President, Corporate Social Responsibility Committee of the Dental Association of Athens	2006

**Name and position of person making nomination**

Makis Vouridis, Minister of Health

## Letter of intent

With this letter I would like to inform you of our candidature for the vacant seat of SCRC.

You are well aware that Greece implements a reform program concerning the operation and the structure of the National Health System in collaboration with the WHO Regional Office for Europe. In this context, of utmost importance is the implementation of a new law concerning primary health care, which significantly reduced hospital spending while providing the necessary medical coverage to the uninsured population. In 2015 the program expires and at the same time we examine the possibility of its continuation despite the financial constrains.

In July 2013, a Contribution Agreement was signed between the Greek Ministry of Health and the WHO Regional Office for Europe for the financing and implementation of technical assistance to implement the strategic priorities of "Health in Action" within the framework of putting into effect the strategic priorities of "Health in Action". The launching of the WHO country office in Greece will be part and parcel of this ongoing constructive cooperation.

Another field of collaboration is extended on the needs and the challenges brought about by migration flows from sensitive conflict zones. This is a complex phenomenon that requires greater cooperation with other ministries, international organizations and local authorities. The first step is to assess the situation and initial recommendations will be made in a joint report between WHO Europe and KEELPNO as already decided.

Europe is a point of entry and settlement of a large number of migration flows especially from areas where conflicts develop. Thousands of people reach European countries physically and mentally exhausted. Proper mechanisms, able to meet the emergency needs in the context of humanitarian crisis should be put in operation and at the same time all necessary measures to prevent the risk of recurrence of neglected diseases in the European continent should be adopted.

Greece places particular importance on the cooperation with WHO especially at the central level, with a well-organized representation in Geneva that monitors and participates constructively in the face of global health challenges.

In line with WHO's key priority namely the prevention and control of NCDs, Greece has shown particular sensitivity towards two specific issues such as drowning and road safety. In this context the compulsory introduction of "e-call" in all cars in case of traffic accident, will be put into effect next year, as well as, the obligatory presence of trained lifeguards at every beach. At the same time, for those particular issues we run awareness campaigns targeted at school-age children.

The NCDs encompass mainly preventable situations. Continuous flow of information and education of the population, in particular of children and adolescents, are the medium and long-term investment tool to prevent them and reduce their impact. Greece is determined to contribute to the creation of integrated solutions at WHO Europe level.

Of particularly importance for our country is the engagement with NSA. Practice has shown that progress is much faster and more efficient when state and non state actors cooperate. In this context, Greece is willing to contribute to the formulation of this framework and strengthening this relation on the basis of innovative collaboration ways, transparency and accountability.

Thank you for your consideration.

NOMINATION FOR MEMBERSHIP OF THE STANDING COMMITTEE OF  
THE REGIONAL COMMITTEE FOR EUROPE OF WHO

Member state making nomination: **ICELAND**

**Family name** MAGNÚSSON **First/Other names** Sveinn

**Male/Female** Male **Date of birth** 12 December 1948

**Language abilities:** please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French			
German		X	
Russian			

**Professional education:** name (up to 5) most important professional degrees taken *Year*

Specialist internal medicine, Iceland	1998
Specialist family medicine, Iceland	1985
Specialist family medicine, Sweden	1984
Specialist internal medicine, Sweden	1983

**Professional career:** list current post first, followed by up to four most important positions held *Year (start/end)*

Director General, Department of Health Care Services, Ministry of Welfare (previously, Ministry of Health), Iceland	1998 to date
Chief Regional Medical Officer, Reykjanes District, Iceland	1991–2002
Chief Medical Officer, Gardabaer Primary Health Care Centre, Iceland	1983–1998
Chief Administrative Officer, Gardabaer Primary Health Care Centre, Iceland	1983–1998

**Experience of working for and with international organizations** *Year*

Head of national delegation, World Health Assembly	2014
Member, Management Board, European Centre for Disease Prevention and Control	2005 to date
National delegate, World Health Assembly	2000 to 2013
National delegate, WHO Regional Committee for Europe	
Board member, Nordic Medico-Statistical Committee	1999–2011
Member, Nordic Centre for Classifications in Health Care	1999–2011
Member, European Free Trade Association Working Group on Public Health	1999–2008

**Experience of acting as Chairperson of high-level political and technical committees at national and/or international level** *Year*

Chair, European Free Trade Association Working Group on Public Health	2006–2008
	1999–2003
Chair, Nordic Centre for Classifications in Health Care	2001–2007
Chair, Nordic Medico-Statistical Committee	2001–2003
Chair, Nordic Medical Council	1992–1994
Vice-Chair and Treasurer, Icelandic Medical Association	1985–1996

**Name and position of person making nomination**

Kristján Þór Júlíusson, Minister of Health

Subject: Nomination for membership to the Standing Committee of the Regional Committee

I am pleased to inform you that the Government of Iceland has decided to nominate Dr Sveinn Magnússon, director General at the Ministry of Welfare in Iceland, as a candidate to the Standing Committee of the Regional Committee of the WHO EURO, 2015 – 2018

I am confident that Iceland with its experienced candidate Dr Magnússon will be a strong representative in the Standing Committee and a great resource to the European region that will significantly contribute to the important work of the Standing Committee. Please find enclosed a Letter of Intent and Dr Magnússon's curriculum vitae.

The Icelandic Government is a longstanding and committed partner to WHO, with a strong support to WHO's governance and the on-going reform process.

Taking this opportunity, I would like to express the assurance of my highest consideration.

Kristján Þór Júlíusson  
Minister of Health



## Letter of intent

The Icelandic Government is a longstanding and committed partner to the World Health Organization (WHO). With the relationship with WHO, Iceland has acquired important experience that has influenced the country's policy and advocacy dialogue both locally and globally on health. Iceland has also been able to share with the organization its best practices and experiences in specific areas of health such as financing of health systems, its universal health coverage scheme, gender equality and maternal and newborn health as Iceland is recognized as one of the WHO Member States with the greatest gender equality and lowest maternal and newborn mortality rate.

Iceland last served on the Standing Committee of the Regional Committee in 1997-2000 and on the Executive Board in 2003-2006.

The main Icelandic focus areas in the role as a member of the SCRC will be:

WHO reform. Iceland supports the ongoing reform process to strengthen WHO's crucial role as the directing and coordinating authority in endorsing and shaping the global health agenda, promoting evidence-based health policies, providing technical assistance to countries and monitoring and addressing health trends. The role of Iceland as a member of the SCRC would be to support the continued focus on all areas in which more progress can be made – such as reforms of the working methods of meetings, WHO's ability to handle new challenges swiftly, flexibly and comprehensively, better enabling WHO to cooperate with actors in global health, improve the organization's ability to provide technical support of high quality at country level. Iceland would also support continued implementation of biennial collaborative agreements and the establishment of country cooperation strategies within the Region.

Health 2020 - The regional policy framework for health and well-being. Iceland supports the continuing commitment to implement Health 2020 and highlighting the whole-of-government and whole-of-society perspectives. Further work is needed in addressing the fundamental determinants of health and well-being; interactive governance and genuine commitment to implementation; comprehensive evidence and knowledge; and socially sustainable communities and health community development. Iceland would also bring attention to small population countries and the agreement between those countries to cooperate intensively on the challenges they share.

Health promotion and prevention and control of non-communicable diseases (NCDs). WHO has strengthened its efforts to promote health and prevent and control NCDs. There are strong links between the individual risk factors, i.e. alcohol, tobacco, unhealthy eating habits and physical inactivity, and the major public health problems. Iceland supports a special focus on healthy food environment for children and of establishing healthy nutritional habits during childhood.

Health System strengthening. Effective and sustainable health system that provides both health promotion and disease prevention and care is essential in order to contribute to good health. Of particular importance to Iceland are the functions on access to health care staff, health financing and systems for information and follow-up.

Strengthening Health Security. Of great importance are the building of the International Health Regulations core capacities and strengthen Member States, the Regional Office and country offices preparedness, surveillance and response for any public health emergency or crisis.

Antimicrobial resistance. This issue requires a dedicated and long-term commitment from WHO. The organization has global leadership in order to reach a rational antibiotic use and reduce antibiotic resistance.

Mental Health. Iceland will emphasize cooperation with WHO on the objectives of the Global Mental Health Plan, as well as the framework for the European Mental Health Action Plan, which addresses national needs and priorities.

Equitable, sustainable health. Iceland is committed to continuing to improve the health and well-being in the Region and strive for more equity and sustainability in health. Iceland is also committed in continuing with the post-2015 UN Development Agenda and its implementation within the region.

With these priorities Iceland hopes to move further towards achieving the shared goal of advancing health in the European Region, fostering well-being and promoting equity in health.

Sincerely,

Kristján Þór Júlíusson  
Minister of Health

NOMINATION FOR MEMBERSHIP OF THE STANDING COMMITTEE OF  
THE REGIONAL COMMITTEE FOR EUROPE OF WHO

Member state making nomination: **ITALY**

**Family name** GUERRA **First/Other names** Ranieri

**Male/Female** Male **Date of birth** 5 June 1953

**Language abilities:** please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French			
German			
Russian			

**Professional education:** name (up to 5) most important professional degrees taken **Year**

Strengthening the Essential Public Health Functions, World Bank Institute and Pan American Health Organization (PAHO)	2007
Diploma in tropical medicine and hygiene, London School of Hygiene and Tropical Medicine, United Kingdom	2000–2001
MSc in community health in developing countries, London School of Hygiene and Tropical Medicine, United Kingdom	1982–1983
Specialty in public health and preventive medicine, University of Milan, Italy	1979–1983
Degree in medicine and surgery, University of Padua, Italy	1972–1978

**Professional career:** list current post first, followed by up to four most important positions held **Year (start/end)**

Director General and Chief Medical Officer, Preventive health, Ministry of Health, Italy	2014 to date
Adjunct Professor of medicine, George Washington University, Washington, D.C.	2014 to date
Science attaché, Italian Embassy to the United States, Washington, D.C.	2011–2014
Professor of public services management, Post-Graduate School of Economics, Università di Castellanza, Varese, Italy	2011–2014
Professor of international health and legal affairs, College of Economics, Libera Università del Mediterraneo, Bari, Italy	2011–2014
Director, National Foundation for Safety and Health, Rome, Italy	2009–2011
Research Director, Office for External Relations (training and international health), National Institute of Health	1996–2011
Medical Director, Local Health Authority 6, Friuli Venezia Giulia, Italy	1994–1996

**Experience of working for and with international organizations** **Year**

Team leader, European Union (25 countries visited and reviewed under different functions, from formulation to final evaluation missions)	2006–2015
Consultant, United Nations Population Fund, India	2008–2009
Consultant, World Bank, Egypt	2008–2009
Consultant, United Nations Children's Fund, Tajikistan and Central Asian Republics	2002–2008
Director of Health (appointed), United Nations Relief and Works Agency (UNRWA), and Special Adviser for WHO Regional Office for the Eastern Mediterranean to UNRWA	2005
Project manager, World Health Organization, South Sudan	2005–2006
Project manager, World Bank, Palestinian Territories	2004–2005
Director, WHO Collaborating Centre for Training and Research in District Health Systems, Rome, Italy	1996–2001
Consultant, Mother and child health, PAHO–Caribbean Community	1994–1998

**Experience of acting as Chairperson of high-level political and technical committees at national and/or international level**

	<i>Year</i>
Since 1994 has managed international and national level meetings, events, fora, conferences and consensus seminars on public health and health related topics, ranging from health reforms to major public health issues	to date
Dementia (G7, National Institutes of Health, WHO)	2014–2015
Chair, Ebola outbreak: challenges and perspectives, European Parliament	2015
Chair, Health meetings during the Italian presidency of the European Council	2014
Chair, Global Health Security Agenda	2014
Chair, Foresight in Medicine, National Institutes of Health, United States	2013
Chair, Bilateral United States–Italy global health meetings	2011–2014
Chair, International conference on the Role of Health Professionals in Addressing Violence Against Women (International Federation of Obstetricians and Gynaecologists, Italy, WHO)	2000
Chair, Bilateral China–Italy health reform and science and technology meetings	1999–2010

**Name and position of person making nomination**

Beatrice Lorenzin, Minister of Health

## Letter of intent

Italy has been a WHO partner for several years and has contributed substantially to policy development and implementation in several key areas, indicated by the network of WHO Collaborating Centres, covering diverse topics such as communicable and non-communicable diseases, regulatory aspects, training, mental health, and occupational health.

Italy has also contributed financially for the execution of programmes and projects around the world in close partnership with WHO Headquarters, country and regional offices, as EURO, EMRO, AFRO and PAHO, providing also support and assistance to WPRO in such areas as nutrition and emergency prevention and management. Italy has hosted two WHO centres, Environmental Health, since its foundation and for 20 years, and the Venice Centre for Investment for Health and Development, focusing on social and economic determinants of health, from research to service delivery and technical assistance. Besides this, Italy is a major contributor to UNRWA health programmes, managed by the agency in close collaboration with WHO/EMRO. Italy participates regularly to expert consultations and supports WHO in its endeavor to promote universal access to health services, which is currently one of the major achievements of the Italian National Health Service.

Italy shares WHO's priority areas in general, and supports actively the adoption and implementation of International Health Regulations, and, in particular, expanded immunization coverage (with substantial financial support provided also to GAVI) and outbreak surveillance and prevention in light of global population movements with a focus on the Mediterranean and the Middle East areas and on countries in turmoil. Italy is deeply involved in rescue operations in the Mediterranean, and is currently working closely with WHO (also financing the WHO EURO project "Public Health Aspects of migration in Europe") in developing systems and tools to monitor and support migrants, delivering essential health services and promoting the adoption of public health measures that enable their integration with Italian residents. Italy thinks this is a concrete example of the national commitment towards the fight against marginalization and inequity.

As part of this inclusive policy, fully in line with the "Health 2020" European policy framework, Italy focuses on the elderly, on the poor, and on those individuals who suffer from mental diseases and dementia and from those chronic diseases (like cancer or BPCO) that may impact catastrophically on families' wealth if not supported by our universal National Health Service.

In this respect, Italy thinks that WHO's policies to promote citizens' health literacy and empower individuals and communities by means of inclusive strategies are essential in achieving health for all and post 2015 indicators.

This perspective calls for a convergent and coherent institutional response to protect public health in possibly less popular topics, such as food safety and the fight against counterfeit drugs and food, and in promoting links with the regulatory world, in need of dedicated regulatory research and guidelines generation especially on neglected and/or controversial issues of public health relevance.

Italy recognizes the value of the appropriate use of technology to promote inclusion and universal access. This is true for medical technologies in general as well as for the adoption of digital support technologies that would make the system capable to identify and respond to individuals' needs timely and efficiently. Digital health will orient the health sector more and more and WHO should be fully equipped to foresee related scenarios and anticipate action.

Italy sees the SCRC role as supportive of WHO critical position as the leading international health agency, whose mission is to identify areas and topics that need to be addressed and possibly regulated providing the best technical and scientific evidence, strengthening its alliance with think-tanks, academia and research networks. The SCRC may play a critical role in making the agency more responsive to emerging needs and improving its capacity to respond timely and appropriately in the best authoritative way. SCRC may also contribute to expand WHO influence over the several global financial initiatives

that may otherwise fail to articulate a coherent plan of action and alter focus and priorities established by the WHA and the WHO Regional Committee for Europe.

Dr. Ranieri Guerra  
Director General

**NOMINATION FOR MEMBERSHIP OF THE STANDING COMMITTEE OF  
THE REGIONAL COMMITTEE FOR EUROPE OF WHO**

Member state making nomination: **SLOVAKIA**

**Family name** SOLOVIC **First/Other names** Ivan

**Male/Female** Male **Date of birth** 16 November 1966

**Language abilities:** please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French			
German	X	X	X
Russian	X	X	X

**Professional education:** name (up to 5) most important professional degrees taken *Year*

Associate Professor, Faculty of Health, Catholic University, Ružomberok, Slovakia	2006 to date
Associate Professor, Medical College, University P.J.Šafárika, Clinic of Tuberculosis and Lung Diseases, Košice, Slovakia	2002–2006
Attestation (licence examination), Social Medicine and Health Resort Management	2001
External PhD study at the Slovak medical university in Bratislava, specialization- Theory of Health Resort, topic – Problem Tuberculosis in Slovak Republic in current time and its social aspects, awarded title PhD.	1998
Attestation (licence examination), Specialization in tuberculosis and lung diseases	1997

**Professional career:** list current post first, followed by up to four most important positions held *Year (start/end)*

Head, Centre for Tuberculosis and Multidrug-resistant Tuberculosis, and National TB Manager, National Institute for Tuberculosis, Lung Diseases and Thoracic Surgery, Vyšné Hágy, Slovakia	2005 to date 1998–2003
Head, National Tuberculosis Register	1996 to date
General Director, National Institute for TB, Lung Diseases and Thoracic Surgery, Vyšné Hágy, Slovakia	2003–2005
Deputy Director, National Institute for TB, Lung Diseases and Thoracic Surgery, Vyšné Hágy, Slovakia	1999–2003

**Experience of working for and with international organizations** *Year*

President, International Union Against Tuberculosis and Lung Disease – Europe	2014 to date
Member, TB Disease Network Coordination Committee, European Centre for Disease Prevention and Control	2014 to date
Vice-President, International Union Against Tuberculosis and Lung Disease – Europe	2012–2014
National delegate, European Respiratory Society	2009–2011
National focal point for TB, European Centre for Disease Prevention and Control	2005 to date
Temporary adviser, WHO/The Global Fund to Fight AIDS, Tuberculosis and Malaria	2004 to date
Temporary adviser, Green Light Committee/WHO	2003 to date
National contact point for TB, WHO Regional Office for Europe	1998–2005

**Experience of acting as Chairperson of high-level political and technical committees at national and/or international level** *Year*

Head of national delegation, 134th session of the Executive Board of WHO	2014
Co-sponsor, World Health Assembly resolution WHA67.1 Global strategy and targets for tuberculosis prevention, care and control after 2015	

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Member, Ministry of Health delegation, WHO European Ministerial Forum: "All against Tuberculosis", Berlin, Germany	2007
Chair, European Respiratory Society congresses, TB sessions	2005 to date
Scientific secretary, Slovak Pneumological and Phthisical Society, Slovak Medical Association	1999 to date
Chair, National and international TB conferences in Slovakia and the Czech Republic	

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**Name and position of person making nomination**

Dr Mario Mikloši, State Secretary



## Letter of intent

Hereby I confirm my intention to cooperate with the WHO Regional Office for Europe and for that reason I accept the nomination of the Ministry of Health of the Slovak Republic to the Standing Committee of the Regional Committee for Europe as a representative of the Slovak Republic.

Brief overview of the relations between SR and WHO:

Slovakia as a Member State of the United Nations Organization as well as the World Health Organization has a long tradition of cooperation with the WHO not only since its establishment in 1992 but long time ago as a part of previous Czechoslovakia. The candidature of the Slovak Republic to the SCRC provides us new opportunity to contribute moving ahead health issues on national, European and global scale.

In the year 2016 Slovakia will take over Presidency of the Council of the European Union and its wish is to present fruitful cooperation of the EU with the RCE of the WHO in area of common interest in health.

My future cooperation with the SCRC would stem in priorities identified in official documents as Health 2020 and Biennial Collaborative Agreement 2014 – 2015 between the Ministry of Health of the Slovak Republic and the Regional Office for Europe of the World Health Organization.

WHO priorities of particular relevance to SR:

I submit a short list of the WHO priorities of particular relevance to the Slovakia which might be beneficial for both parties:

No. of the key activity    Title of the key activity

1. Investing in health through a life-course approach and empowering people
2. Tackling Europe's major health challenges: non-communicable and communicable diseases
3. Renewing interest in blocking spread of Tuberculosis
4. To set up clear regulation on ethics, safety and quality of transplantation of tissues and cells of blood and mesenchyme

The role of SR as a member of the SCRC in addressing the priorities

My professional skills would match suitably these goals. How to achieve them I should like to outline in activities No. 1., No. 2., No. 3 and No. 4.

The key activity No. 1. we might achieve by developing effective life-course policies in the Slovak Republic and confront them with other countries of the European region.

The key activity No. 2. especially in non-communicable diseases would be aimed at prevention by promoting healthy life style and raising public awareness in taking care about their own health. In the field of cancer good knowledge of Slovak research workers and clinicians network might be exploited.

The key activity No. 3. targeted prevention strategies are the most effective tool to control the spread of TB and that efficient TB prevention and care require innovative and holistic health and social approaches and strategies to be sustainable. To strengthen the work with vulnerable populations by ensuring multi-sectoral collaboration, including civil society and affected populations in the design, implementation and monitoring of national TB response as well as service delivery.

The key activity No. 4. is the priority of the European Union and the RCE of the WHO. With cooperation with the DG SANTÉ would be laid down obliging rules for safety and quality of substances of human origin intended for human treatment.

This letter is not an exhaustive bid and details would need to be negotiated and executed through a direct communication with the Regional Office for Europe Authorities.

Sincerely Yours

Signature of the nominee

Signature of the nominating authority

NOMINATION FOR MEMBERSHIP OF THE STANDING COMMITTEE OF  
THE REGIONAL COMMITTEE FOR EUROPE OF WHO

Member state making nomination: **SLOVENIA**

**Family name** PETRIČ **First/Other names** Vesna-Kerstin

**Male/Female** Female **Date of birth** 30 November 1959

**Language abilities:** please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French			
German		X	
Russian			

**Professional education:** name (up to 5) most important professional degrees taken *Year*

Public health postgraduate course, Faculty of Medicine, University of Ljubljana, Slovenia	2001
Master degree in public health and clinical aspects of addiction, Institute of Psychiatry, King's College, University of London, United Kingdom	1997
Degree in medicine, Faculty of Medicine, University of Ljubljana, Slovenia	1994

**Professional career:** list current post first, followed by up to four most important positions held *Year (start/end)*

Head, Division for Health Promotion and Prevention of Noncommunicable Diseases, Ministry of Health	2004 to date
Counsellor to the Minister, Ministry of Health	1998–2004
Policy Adviser, Department of Drug Addiction, Ministry of Health	1994–1998
Freelance translator (from English, Spanish and Swedish)	1984–1994

**Experience of working for and with international organizations** *Year*

Member, Advisory Group, Alcohol Policy Network in Europe	2006 to date
Member, Committee on National Alcohol Policy and Action, European Commission	2006 to date
Member, Steering Committee, European Observatory on Health Systems and Policies	2006 to date
Member, Management Board, European Monitoring Centre for Drugs and Drug Addiction	2004 to date
Member, European Network for Smoking Prevention	2004 to date
Liaison Officer, World Health Organization	1998–2004

**Experience of acting as Chairperson of high-level political and technical committees at national and/or international level** *Year*

Co-Chair, Global network of WHO national counterparts for implementing the Global strategy to reduce the harmful use of alcohol	2014 to date
Deputy Chair, Board, Slovenian Traffic Safety Agency	2013 to date
Chair, National coordination group for the implementation of the National Diabetes Plan	2010 to date
Chair, EU coordination at WHO in relation to the Slovenian presidency of the European Union	2008
Deputy Chair, National Drug Committee, Ministry of Health	2003 to date
	1994–1998

**Name and position of person making nomination**

Milojka Kolar Celarc, Minister of Health

## Letter of intent

### I. Relations between Slovenia and WHO EURO

Since independency in 1992 and membership in WHO, Slovenia has established successful, active and mutually supportive relations with WHO. From 2001 to 2004, dr. Božidar Voljč, former minister was a member of SCRC, acting later as a chair, and being elected to EB for the period of 2006 to 2009. Slovenia was since 1996 supporting initiatives of WHO to strengthen health systems, and hosted the I. ministerial conference on health system reforms for the WHO European Region which resulted in Ljubljana charter. Slovenia is also supporting the SEE network as a donor country and hosted several meetings. WHO Collaborating Centre on Health and Development from Murska Sobota is in collaboration with WHO office in Venice organizing events for this part of the region. In 2012, Slovenia hosted a meeting of the European Environment and Health Task Force in Bled, and was presiding over the European environment and health ministerial board (EHMB) in 2011 and 2012. Our experts are actively supporting European Office by contributing to development of tools, guidelines and in technical work with the countries, in particular in areas of health and development, inequalities of health and in reducing marketing pressure on children and in development of nutritional profiles of foods. Slovenia also is a pilot country in many areas of work of the Office among others in the WHO Evidence-informed Policy initiative (EVIPNet). It also is a partner of the European Observatory for health system and policies since 2006. In this partnership Slovenia among others promoted analysis in the area of public health and tackling cancer. Recently Slovenia agreed to execute an extensive analysis of its health system and start the reform process together with WHO EURO and Observatory.

### II. The role of Slovenia as a future member of the WHO Regional Office SCRC

Slovenia in the European region represents countries in transition with limited human resources and affected by financial crisis, and could through lessons learned validly represent in SCRC the interests of other countries that are facing similar challenges. In particular, its long and successful experiences with dealing with inequalities in health and in introducing health in all policies, could be valuable in advising in implementation of Health 2020. As a partner and the donor country in the SEE Network Slovenia would no doubt take an effort to represent this part of region in SCRC and would continue to offer Government's political, financial and technical support for the Network. Slovenia since 2005 gained new experiences in cooperation with WHO at all levels (see above) which through representation in SCRC could serve WHO and other MSs.

Priorities of Slovenia in participating in SCRC:

- addressing determinants of health and inequalities,
- supporting the process of strengthening health systems including public health systems in the European region
- strengthen the efforts to applying the values and priorities and achieving the strategic goals of Health 2020
- promoting inter-sectoral approach in prevention and control of NCDs and setting specific related targets and indicators
- promoting use of evidence in decision making (EVIPNET)
- promoting health in the post 2020 agenda.

Involvement of a high quality expert with a knowledge in several areas of health, including public health, experiences in leadership in politically demanding areas such as tobacco control and health system reform, long experience of work with WHO and other international organizations, experiences with cooperation with civil society and holding a certificate of appreciation by WHO 2009 for contribution in tobacco control could be an advantage for the work of the SCRC. Slovenia would through the membership in SCRC also like to better and more timely continue to support the secretariat in implementing adopted decisions of the RC and WHA and contribute to the work of SCRC with its experiences of a small and transition country with a strong focus on public health, social determinants of health and strengthening health system.

NOMINATION FOR MEMBERSHIP OF THE STANDING COMMITTEE OF  
THE REGIONAL COMMITTEE FOR EUROPE OF WHO

Member State making nomination: **SPAIN**

**Family name** MORENO **First/Other names** Rubén

**Male/Female** Male **Date of birth** 23 July 1958

**Language abilities:** please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French			
German			
Russian			

**Professional education:** name (up to 5) most important professional degrees taken *Year*

Doctor in Medicine and Surgery, University of Valencia, Spain  
Researcher, National Institutes of Health, USA  
Researcher, The Institute for Genomic Research, USA  
Researcher, University of Kansas Medical Center, USA

**Professional career:** list current post first, followed by up to four most important positions held *Year (start/end)*

General Secretary for Health and Consumer Affairs 2014 to date  
Deputy for Valencia, Spanish Congress of Deputies 2011–2014  
Managing Director, Príncipe Felipe Research Center 2002–2011  
Secretary General for Health Management and Cooperation 2000–2002  
Undersecretary of Health Department, Regional Government of Valencia 1997–2000

**Experience of working for and with international organizations** *Year*

Member, Spanish delegation, Parliamentary Assembly of the Council of Europe 2012–2014  
Member, Executive Board of WHO 2002  
Chief Medical Officer for Spain, Ministry of Health and Consumer Affairs 2000–2002

**Experience of acting as Chairperson of high-level political and technical committees at national and/or international level** *Year*

Secretary, Interterritorial Council of the Spanish National Health System 2014 to date  
Spokesperson, Health and Social Affairs Committee, Spanish Congress of Deputies 2013–2014  
Spokesperson, Mixed Commission for the European Union, Spanish Congress of Deputies 2012–2013

**Name and position of person making nomination**

Alfonso Alonso Aranegui, Minister of Health, Social Services and Equality

Dear Regional Director,

We have received with great interest the Regional Office communication of 7 January 2015 in which information is provided about the possibility for Member States to nominate candidates to the governing bodies of WHO in the frame of elections to be held at the 65th Regional Committee for Europe.

In this regard, I am pleased to inform you that it would be an honor for Spain if the Secretary General for Health and Consumer Affairs, Dr. Rubén Moreno Palanques, could occupy one of the seats at the Standing Committee of the Regional Committee for Europe.

Dr. Moreno Palanques has an intense and ambitious professional background from the most cutting edge research activities to public health management, in which he has a great experience. Moreover, he has held several public positions and has previously represented Spain at the WHO Executive Board.

Following the rules of procedure for the submission of candidatures, please find enclosed the CV of Dr. Moreno Palanques.

Yours sincerely,

## **Letter of intent**

Letter of intent Nomination of Dr. Rubén Moreno Palanques as member of the Standing Committee of the Regional Committee WHO Europe

Dear Regional Director,

We received the communication from the Regional Office for Europe of the World Health Organization (WHO) on the positions available at the governing bodies of WHO in 2015. The Ministry of Health, Social Services and Equality of Spain is highly interested in having an active participation in those bodies.

That is why I forward the nomination of the Secretary General for Health and Consumers of the Ministry of Health, Social Services and Equality of Spain, Dr. Ruben Moreno Palanques, for one seat in group B at the Standing Committee of the Regional Committee of the European Region.

WHO is having a leading role in health in the European Region under the frame of Health 2020 which provides policy-makers with a strategic path and a range of proposals about what works to improve health and to reduce health inequalities.

The Ministry of Health, Social Services and Equality of Spain has a long experience working to reduce health inequalities. This is the object of a specific National Strategy. Special attention is also being paid to vulnerable populations such as Roma, and health inequalities were a main priority during the last Spanish presidency of the Council of the Europea Union, in 2010.

Currently, the Ministry is adapting the National Health System to the prevailing causes of morbidity and mortality -related to chronicity-, by moving to a person´s centered health system. This is the aim of two National Strategies on chronicity and health promotion and disease prevention respectively.

The reduction of tobacco consumption, as a significant health determinant, has been the purpose of several legislative initiatives, which led to a decrease from 28.1% to 24.0% of regular tobacco consumption, between 2003 and 2012.

There is a very significant association between environment and health. Creating supportive environments and resilient communities should be a priority for the European member states and policy-makers. Spain considers this a priority and we are committed with the WHO Euro Environment and Health Process, being myself a member of the Board of Ministers.

New technologies are contributing to put patients in the center of the health system, and to make health systems interoperable even between countries. This is done through the extension of electronic clinical records or electronic prescriptions, which are experiences that we can share with other countries.

Sudden fluxes of migration are affecting the Mediterranean countries at the border of the Region and to other countries as well. The capacities to provide health attention during these fluxes and the health conditions of migrants are an increasing matter of concern. That is why Spain is participating in the WHO Euro project on “Public health implications of migration: strengthening health system preparedness and public health capacity to better address emergency-related migration”.

The above described priorities are in line with the Regional Office´s work and Spain is willing to contribute to make progress on them. This will be done through the continued commitment of the Ministry of Health, Social Services and Equality and providing our experience and collaboration at the Standing Committee.

Dr. Ruben Moreno Palanques has a background as medical doctor and a wide experience in management of public health and research institutions at regional and national level. He also has a long experience

collaborating with international organizations including WHO, and I consider him the best candidate for the Standing Committee.

Yours very truly,



NOMINATION FOR MEMBERSHIP OF THE STANDING COMMITTEE OF  
THE REGIONAL COMMITTEE FOR EUROPE OF WHO

Member state making nomination: **UZBEKISTAN**

**Family name** ALIMOV **First/Other names** Anvar Valiyevich

**Male/Female** Male **Date of birth** 19 June 1955

**Language abilities:** please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English			
French			
German			
Russian	X	X	X

**Professional education:** name (up to 5) most important professional degrees taken *Year*

Paediatrician	
Professorship granted	1996
Doctoral dissertation defended successfully	1994
Master of Science thesis defended successfully	1981
Graduate, Central Asian Paediatric Medical Institute	1978

**Professional career:** list current post first, followed by up to four most important positions held *Year (start/end)*

Minister of Health of Uzbekistan	2012 to date
First Deputy Minister of Health of Uzbekistan	2009–2012
Rector, Tashkent Paediatric Medical Institute, Uzbekistan	1999–2009
Lead consultant, Office of the Presidential Adviser on Science, Education and Social Affairs	1994–1999

**Experience of working for and with international organizations** *Year*

Member, Executive Board of the World Health Organization (WHO)	2012–2014
Active participation in WHO and WHO Regional Office for Europe sessions	
Experience of working with United Nations Development Programme, World Bank, Asian Development Bank, WHO, United Nations Children's Fund (UNICEF), United Nations Population Fund and Joint United Nations Programme on HIV/AIDS (UNAIDS).	

**Experience of acting as Chairperson of high-level political and technical committees at national and/or international level** *Year*

Chair, Uzbekistan-France Friendship Society	2012 to date
Chair, Coordination Committee for implementation of European health policy framework Health 2020 in Uzbekistan	2014 to date

**Name and position of person making nomination**

Adkham Ikramov, Deputy Prime Minister

## Letter of intent

As a senior official for health in Uzbekistan, Dr Anvar Alimov has, within a short timeframe, succeeded in enhancing the international relations of the Ministry of Health of Uzbekistan. Owing to his personal highly professional input, Uzbekistan organized and hosted a number of scientific conferences, meetings and forums, with the participation of WHO and other international organizations, focusing on the HIV/AIDS response, the fight against tuberculosis and malaria, primary health care reform, maternal and child health and other relevant public health issues. In particular, under the joint leadership of Dr Alimov and the WHO Regional Office for Europe, a subregional meeting on the implementation of the European health policy framework Health 2020 was organized in Tashkent in November 2014, in which the Central Asian republics, Turkey and several European countries participated in order to share with the international community Uzbekistan's successful experience in implementing the above-mentioned health framework nationally.

In addition, Dr Anvar Alimov has repeatedly taken part in WHA and WHO/EURO sessions, as well as a number of WHO working meetings, as a representative of Uzbekistan.

During his tenure as Minister of Health of Uzbekistan Dr Anvar Alimov has raised Uzbekistan's international cooperation in health to a new level and has taken specific steps to ensure the successful implementation of the WHO programmes operating in Uzbekistan.

As a result of the reforms undertaken in Uzbekistan, the country has managed to establish its own national health system model, which has significantly improved the level of health care and the quality of life of the population.

Thus, from 1990 to 2014 life expectancy in Uzbekistan has increased from 67 to 72.5 years.

The overall mortality rate has fallen from 6.4 to 4.1 per 1000 inhabitants.

Infant mortality rates have fallen from 25.5 (per 1000 live births) in 1995 to 10.2 in 2014.

Maternal mortality rates have fallen from 48 (per 100 000 live births) to 19.0 in 2014.

The priority area of Uzbekistan's State Programme for the Reform of the Health Care System is aimed at improving primary health care delivery to the rural population. The country's previous inefficient and multi-tiered system is currently being replaced by the recently established and fundamentally new system of primary health care provision to the rural population, which consists of rural health posts and territorial medical associations. Up until the reorganization of the health system, 70% of the people living in rural areas were receiving primary medical care services from advanced practice nurses. Thanks to the commissioning of more than 3000 rural health posts furnished with state-of-the-art medical equipment, the entire rural population now has access to primary health care services delivered by medical doctors.

Another priority area of the health care reform is the establishment of an emergency medical care service. Within the period under review the country has developed a comprehensive nationwide system for the provision of emergency medical care to people with acute and urgent conditions. The emergency medical care is provided by the National Scientific Centre for Emergency Medical Care, as well as its region- and district-level affiliates. The emergency medical care system also includes an ambulance service and an air medical service.

In order to improve the reproductive health of the country's population, to protect maternal and child health, and to promote the overall development of the younger generation, Uzbekistan has adopted a number of national programmes aimed at achieving the above-mentioned objectives.

It is well known that one of the major problems affecting the health of the Uzbek population is the environmental impact of the drying of the Aral Sea and its consequences that are being addressed.

The Aral Sea disaster, which affects primarily the population of Uzbekistan, is one of the manifestations of the devastating consequences of climate change and the interference in the environmental and water balance in the region.

The area of continuous ecological risk affected by factors that have adverse effects on the quality of life, health and gene pool of the local communities extends far beyond the actual area surrounding the drying sea, thereby affecting the health of a larger population.

The Government and the Ministry of Health of Uzbekistan are continuously implementing activities aimed at ensuring the Aral Sea region's sustainable development, providing social support to the local population, and upgrading and enhancing the local social services, as well as the health care system.

At the same time, thanks to the State support and ongoing efforts to improve the well-being of the population living in the affected areas, in recent years the living conditions in the local communities have significantly improved, resulting in decreasing mortality and morbidity rates for certain diseases.

In close cooperation with WHO, activities are being undertaken to prevent and reduce the overall morbidity rate in this region. Specifically, Dr Anvar Alimov is planning to bring this problem to the attention of other WHO Member States and the international community, while working to address these issues at the Central Asian subregional level.

Dr Anvar Alimov's specialty is paediatrics.

He is a board member of the Uzbek and Commonwealth of Independent States paedriatic associations.

He has participated in congresses of paediatricians from Uzbekistan and the Commonwealth of Independent States, as well as in a number of international congresses. He was personally and actively involved in organizing and holding the international symposium "Healthy Mother–Healthy Child" in Uzbekistan in November 2011.

Dr Anvar Alimov is a great communicator, a highly knowledgeable person and a positive forward-thinker.

### **III. European Environment and Health Ministerial Board**

#### **Functions**

16. The European Environment and Health Ministerial Board (EHMB) is the political face and the driving force of international policies in the field of environment and health, and it stands at the core of the European Environment and Health Process as agreed at the Fifth Ministerial Conference on Environment and Health in 2010. As such, the EHMB has the following specific roles:

- to put the European environment and health process into a broad public health and environment agenda;
- to review and propose policy directions and strategic priorities;
- to advocate for further development of environment and health policies;
- to identify financial opportunities that would enable implementation where resources are lacking;
- to reach out to other sectors and stakeholders; and
- to collaborate closely with the European Environment and Health Task Force (EHTF).

#### **Present membership**

17. The EHMB consists of eight ministers and their high-level alternates: four members from the health sector are elected by the WHO Regional Committee for Europe, and four from the environment sector by the United Nations Economic Commission for Europe's Committee on Environmental Policy (UNECE CEP), in a way that ensures geographical representation of all parts of the WHO European Region and equal representation of the two sectors. Other members of the EHMB include the WHO Regional Director for Europe, the Executive Secretary of UNECE, the Director of the United Nations Environment Programme (UNEP) Regional Office for Europe, and a representative of the European Commission. The EHMB meets once or twice a year, and the WHO Regional Office for Europe serves as its secretariat.

#### **Term of office**

18. Two seats reserved for the health sector in the EHMB will become vacant when the terms of office of the members designated by Croatia and Georgia expire on 31 December 2015. The other two members, Lithuania and Spain, hold their mandate until the end of 2016, as decided by RC63.

#### **Nominations**

19. The following nomination was received at the Regional Office by 13 March 2015, and the curriculum vita in standard format is contained on page 61.

Uzbekistan (Dr Komil Mukhamedov)

#### **Overview of membership**

20. Table 3 shows the countries that have designated members representing the health and environment sectors of the EHMB since 2011.

Table 3. European Environment and Health Ministerial Board –  
overview of membership<sup>a,b</sup>

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
				Mid-term review		6th Min. Conf.			Mid-term review			7th Min. Conf.
<b>Health sector</b>												
RC60 – France	X	X	X									
RC60 – Malta	X	X	X									
RC60 – Serbia	X	X	X									
RC60 – Slovenia	X	X	X									
RC63 – Croatia				X	X							
RC63 – Georgia				X	X							
RC63 – Lithuania				X	X	X						
RC63 – Spain				X	X	X						
RC65 – XX						X	X					
RC65 – XX						X	X					
RC66 – XX							X	X				
RC66 – XX							X	X				
RC67 – XX								X	X			
RC67 – XX								X	X			
RC68 – XX								X	X			
RC68 – XX								X	X			
RC69 – XX										X	X	
RC69 – XX										X	X	
RC70 – XX											X	X
RC70 – XX											X	X
<b>Environment sector</b>												
16CEP – Azerbaijan	X	X										
16CEP – Belarus	X	X										
16CEP – Romania	X	X										
16CEP – Turkey	X	X										
18CEP – Belgium			X	X								
18CEP – Israel			X	X								
18CEP – Rep. of Moldova			X	X								
18CEP – Ukraine			X	X								
20CEP – XX					X	X						
20CEP – XX					X	X						
20CEP – XX					X	X	X					
20CEP – XX					X	X	X					
22CEP – XX							X	X				
22CEP – XX							X	X				
23CEP – XX								X	X			
23CEP – XX								X	X			
24CEP – XX									X	X		
24CEP – XX									X	X		
25CEP – XX										X	X	
25CEP – XX										X	X	
26CEP – XX											X	X
<b>Task Force Co-Chairs</b>												
Croatia	X	X										
Germany	X	X	X									
XX			X	X								
XX				X	X							
XX					X	X						
XX						X	X					
XX							X	X				
XX								X	X			
XX									X	X		
XX										X	X	

<sup>a</sup> The term of office starts 1 January following election, and ends 31 December of the indicated year.

<sup>b</sup> The WHO Regional Director for Europe, the Executive Secretary of UNECE, the Director of the UNEP Regional Office for Europe, and a representative of the European Commission are permanent members of the EHMB.

**NOMINATION FOR MEMBERSHIP OF THE EUROPEAN ENVIRONMENT  
AND HEALTH MINISTERIAL BOARD**

Member state making nomination: **UZBEKISTAN**

**Family name** MUKHAMEDOV **First/Other names** Komil Kadirovich

**Male/Female** Male **Date of birth** 3 March 1960

**Language abilities:** please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English			
French			
German			
Russian	X	X	X

**Professional education:** name (up to 5) most important professional degrees taken *Year*

Medical and public health inspector, epidemiologist  
Graduate of Tashkent State Medical College, Uzbekistan 1982

**Professional career:** list current post first, followed by up to four most important positions held *Year (start/end)*

Director, State Department for Sanitary and Epidemiological Surveillance, Ministry of Health 2013 to date

**Experience of working for and with international organizations** *Year*

Active collaboration with WHO and WHO Regional Office for Europe  
Experience of working with United Nations Development Programme, United Nations Children's Fund and Joint United Nations Programme on HIV/AIDS

**Experience of acting as Chairperson of high-level political and technical committees at national and/or international level** *Year*

Chair, Committee for Public Health Management of Human Environmental Risk Factors, Ministry of Health 2013 to date

**Name and position of person making nomination**

Anvar Alimov, Minister of Health