




# WORLD HEALTH ORGANIZATION

## CURRICULUM VITAE\*

Family name (surname) : Hinkov  First names : Hristo Ruskov  Other names	
Gender: male	
Place and country of birth : Sofia, Bulgaria	Date of birth (Day/Month/Year) : 25.03.1953
Citizenship: Bulgarian	
If you have ever been found guilty of the violation of any law (except minor traffic violations) give full particulars: No	
Address to which correspondence should be sent :	Telephone : +3592 80 56 444 Mobile phone: + 359 887547210 E-mail: <a href="mailto:h.hinkov@ncpha.government.bg">h.hinkov@ncpha.government.bg</a>

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

**Degrees/Certificates obtained:**

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

Associate professor at National Center for Public Health and Analyses since 06.12.2013 (copy of the certificate attached)

Philosophy Doctor in Social Medicine and Health Management at National Center for Public Health and Analyses since 06.06.2011 (copy of the certificate attached)

Master in Business Administration since 2002 Diploma from the State University – Burgas Faculty of Business management (copy of the diploma attached)

Specialty in Psychiatry 1984 (copy of the diploma attached)

Diploma for Medical Doctor from the High Medical University Sofia, 1980 (copy of the diploma attached)

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

## Professional experience

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

**Director of the National Center for Public Health and Analyses (NCPHA) since 2014 – currently.** NCPHA is a secondary budget holder under the governance of the Ministry of health. The main duties of the Director of NCPHA are overall governance and coordination of the NCPHA activities. <http://ncpha.government.bg/index.php?lang=en> At that time a big project related with mental health has been started with the financial support of Norway Financial Mechanism. The project was linked with the National Program for Suicide Prevention and planned to train 1200 GP, social workers and psychologists working in the primary health care in early detection and tackling with depression and anxiety states in everyday practice. The outcome of the training was assessed with an epidemiological survey of the rate of suicide attempts in selected regions and controls in the country. Results of the intervention are expected to be published in a paper.

Another important product of the project is a national internet platform for registration of suicide attempts incl. fatalities, which is a part of a national database for suicidal behavior of the Bulgarian population.

<http://suicide.ncpha.government.bg/>

Public campaign against stigma and discrimination was also carried out aimed to different target groups – journalists, professionals and large community. The second epidemiological survey EPIBUL 2 was conducted during the implementation of the project and the results have been compared with existing data from the previous survey.

**Deputy director of NCPHA 2009 -2012.** Main responsibilities related with administrative coordination, national programs and projects, international cooperation, training courses and qualification, governmental consultation and expertise. In 2012 a national program for suicide prevention was proposed to the government and was adopted for a period of 5 years. Leading role in elaboration, proposition and execution of the Program.

**Head of department “Mental health” of NCPHA 2008-2009.** Main duties related with mental health policy, programs and projects, administration and research. During that period a package of job description for Crisis Intervention and Mobile Team in the Community Mental Health Center was introduced in the Ministry of Health within the frame of the National Mental Health Strategy and Action Plan 2006 -2012

**Chief expert 2001 -2008** at the department Mental Health, NCPHA. Main duties related with public health, mental health policy, programs and projects, administration and research. Involved in the formulation and preparation of the National Mental health Policy and Action Plan adopted by the Council of the Ministries in 2004. As a country project manager in the Stability Pact mental health project I was involved in formulation and implementation of the National Mental Health strategy and Plan of Action. Main achievement of the Stability Pact Mental Health project was establishing a pilot model for a Center for Psychosocial rehabilitation in the city of Blagoevgrad in Bulgaria. The pilot served as an example in formulation of the different types of rehabilitation services described in the Act for Social Assistance adopted by the Ministry of Labor and Social affairs. The first Bulgarian epidemiological survey EPIBUL 1 was finalized and the created database was reported to World Mental Health Consortium led by Harvard and Michigan Universities supported by WHO. Contributed to the process of establishing of a system for sustainable financing of community mental health services

**Deputy Director of the National Health Insurance Fund 1999 -2001.** Main duties related with health care financing– National insurance, Human resources development and training of the staff. The National Insurance Fund was established for the first time in Bulgaria. The lack of experienced personnel in the field was main challenge in appointment, training and motivation of the workers in the new organization. In the end of the period the National Health Insurance Fund was established, equipped and staffed and the first contracts with the health care providers were concluded. Lector in training courses on health insurance and human resources development organized in the 28 regional branches of the National Health Insurance Fund.

**Head of department Projects – Ministry of Health 1997-1999.** Main duties related with International projects and programs – PHARE&World Bank projects, bilateral projects, general administration. Among about 20 projects one of utmost importance was the World Bank Loan which outcomes were purchasing of medical equipment for 5000 GP in the country, establishing of 5 centers for blood transfusion, and 28 emergency centers over the country.

**Consultant psychiatrist at the University Hospital for Emergency Medicine “Pirogov” – Sofia 1988 -1997.** Main duties related with acute psychiatric problems and complications of somatic states, suicidal attempts, crisis intervention, general consultation for psychiatric problems.

**Scientific researcher,** member of alcohol and drug addiction research team at University psychiatric clinic of the Medical Academy, Sofia 1988 -1997. Main duties related with research and analyses of the epidemiological data and field work.

**General psychiatrists – State psychiatric hospital Novi Iskar, Sofia, acute psychiatric ward, rehabilitation unit, forensic expertise 1983-1987.**

**District medical doctor in primary care – General municipal hospital, occupational health care, Botevgrad 1980 -1983.**



## International experience

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

2014 -2017 – Country Project Manager of project “Improved mental health services” BG 07: Programme “Public Health Initiatives” with the financial contribution of the Norwegian Financial Mechanism 2009-2014 and EEA Financial Mechanism 2009-2014.

2013 – National coordinator of Joint Action Project on Mental Health WP4 and WP5

2007 – 2012 – Mental health Expert in Open society Institute in Bulgaria

2007 – National coordinator in SEE Health Network - Mental health

2006 – Governmental expert in EC - DG SANCO

2006- present – principal investigator for Bulgaria in the WMH Consortium headed by Harvard University

2005 – 2013 Director of BG WHO Collaborative Centre on mental health

2005 –present - WHO National counterpart on mental health issues.

2005 –2006 project manager for Bulgaria in twinning project with STAKES – Finland related with establishing community mental health services and institutional reform in Bulgaria.

2002- 2006 Project manager and Principal investigator for Bulgaria in World Mental Health Survey headed by Harvard Medical school and University Michigan in cooperation with WHO. The outcome is a comprehensive epidemiological database of common mental disorders in Bulgaria.

2002 –2006 - Country project manager of a project “Enhancing of the social cohesion trough strengthening of the community psychiatry in SEE countries”, supported by Stability Pact for Southern eastern Europe, WHO, Regional Office for Europe and the Council of Europe.

1998 October-December – participation in Flagship course “Health care systems and financing” in Washington, organized by World Bank Economic development Institute.

1996 – February – March – JICA participant in a course on organization of the psychiatric care in Japan – Mussashi Hospital in Tachikawa, Tokio, Kurichama psychiatric hospital, Center for crisis interventions, Chiba prefecture, Tokio.

1993 - Trainer in PHARE project on Family Medicine related with training of General Practitioners in communication skills, general psychiatry, organization of health care. Three months study visit in several countries in Western Europe

## **Further achievements and awards**

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

2018 – Certificate of membership in EuroHealthNet

2017 – Jubilee award for special merit to restore the Bulgarian Medical Assembly

2005 –2006 Country project manager of a project related with establishment of systems for collection and exchange of information about vulnerable groups.

2000 –2001 - Lector on hospital management training courses for hospital directors and chief nurses, organized by GCI - Spain in Sofia.

2000 – Lector in training courses on health insurance and human resources development organised in the 28 regional branches of the National health insurance fund.

1993-1997 – Member of the managerial board of Bulgarian Medical Assembly

1992 – 1993 - Member of the supervisory commission of the Bulgarian Medical Assembly

1990 – Member of the organizing committee for reestablishing the Bulgarian Medical Assembly after 45 years of abolition.

## Publications

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

1. Development of quality indicators for mental healthcare in the Danube region, Isabell Lehmann, Dan Chisholm Hristo Hinkov Wolfgang Gaebel et al. *Psychiatria Danubina* 30(2):197-206 June 2018 DOI: 10.24869/psyd.2018.197
2. The cross-national epidemiology of social anxiety disorder: Data from the World Mental Health Survey Initiative, Dan J. Stein Carmen C W Lim Annelieke M Roest H.Hinkov, Kate M. Scott et al.*BMC Medicine* 15(1) December 2017 DOI: 10.1186/s12916-017-0889-2
3. The associations of earlier trauma exposures and history of mental disorders with PTSD after subsequent traumas, Ronald C. Kessler Sergio Aguilar-Gaxiola Jordi Alonso, H.Hinkov, Alan M Zaslavsky et al., *Molecular Psychiatry* 23(9), September 2017, DOI:10.1038/mp.2017.194
4. Mental health legislation in Bulgaria - a brief overview, H.Hinkov, *BJP*, November 2016, DOI: 10.1192/S2056474000001422
5. Drop out from out-patient mental healthcare in the World Health, N. Sampson, Dan J. Stein, Maria Carmen Viana, Ronald Kessler, Levinson, Zhaorui Liu, Maria Elena Medina-Mora, S. Haque Nizamie, José Posada-Villa, A. Chiyi Hu, Irving Hwang, Elie G. Karam, Stanislav Kostyuchenko, Viviane Kovess-Masfety, Daphna Giovanni de Girolamo, Ron de Graaf, Silvia Florescu, Akira Fukao, Oye Gureje, Hristo Ruskov Hinkov, C. Angermeyer, Colleen Bouzan, Ronny Bruffaerts, Brendan Bunting, José Miguel Caldas-de-Almeida, J. Elisabeth Wells, Mark Oakley Browne, Sergio Aguilar-Gaxiola, Ali Al-Hamzawi, Jordi Alonso, Matthias, *BJP* 2013, 202:42-49. April 27, 2014
6. Cross-national patterns of substance use disorder treatment and associations with mental disorder comorbidity in the WHO World Mental Health Surveys. Harris, M., Bharat, C.I., Glantz, M., Sampson, N. Al-Hamzawi, A., Alonso, J., Bruffaerts, R., Caldas-de-Almeida, J., Cia, A., de Girolamo, G., Florescu, S., Gureje, O., Haro, J.M., Hinkov, H., Karam, E., Karam, G., Lee, S., Lépine, J.P., Levinson, D., Makanjuola, V., McGrath, J., Mneimneh, Z., Navarro-Mateu, F., Piazza, M., Posada-Villa, J., Rapsey, C., Tachimori, H., ten Have, M., Torres de Galvis, Y., Viana, M.C., Chatterji, S., Kessler, R.C., Degenhardt, L., *Molecular Psychiatry*, 23(9):1-8.
7. The associations of earlier trauma exposures and history of mental disorders with PTSD after subsequent traumas. Kessler, R.C., Aguilar-Gaxiola, S., Alonso, J., Bromet, E.J., Gureje, O., Karam, E.G., Koenen, K.C., Lee, S., Liu, H., Pennell, B-E., Petukhova, M.V., Sampson, N.A., Shahly, V.L., Stein, D.J., Atwoli, L., Borges, G., Bunting, B., de Girolamo, G., Gluzman, S., Haro, J.M., Hinkov, H., Kawakami, N., Kovess-Masfety, V., Navarro-Mateu, F., Posada-Villa, J., Scott, K.M., Shalev, A.Y., ten Have, M., Torres, Y., Viana, M.C., Zaslavsky, A.M. *Mol. Psychiatry*.2018 Sep;23(9):1-8. doi: 10.1038/mp.2017.194. Epub 2017, Sep. 19
8. Mental Health Policies in Four Eastern European Countries, Martin Dlouhý, Georgiana Cosoveanu, Pavol Čižmárik, Hristo Hinkov, *Central European Journal of Public Policy – Vol. 4 – № 2 – December 2010*
9. Mental Health Financing and Purchasing in Four Eastern European Countries, Cosoveanu, Georgiana, Dlouhy, Martin, Hinkov, Hristo and Čižmárik, Pavol, *Social Science and Research Network*, August 8, 2009
10. Subtyping social anxiety disorder in developed and developing countries. Stein, D.J., Ruscio, A.M., Lee, S., Petukhova, M., Alonso, J., Andrade, L.H., Benjet, C., Bromet, E., Demyttenaere, K., Florescu, S., de Girolamo, G., de Graaf, R., Gureje, O., He, Y., Hinkov, H., Hu, C-Y., Iwata, N., Karam, E.G., Lépine, J.P., Matschinger, H., Oakley Browne, M., Posada-Villa, J., Sagar, R., Williams, D.R., Kessler, R.C. (2010). *Depression & Anxiety*, 27(4), 390-403.



**Conflict of interest declaration**

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

**I declare no conflict of interest in case I would be elected as Regional Director of the Regional Office for Europe**

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

Date and place : 12.02.2019, Sofia, Bulgaria Signature : 

## **WRITTEN STATEMENT – Assoc. Prof. Hristo Hinkov, Bulgaria**

### **1. Management and leadership qualities that would help me to be a successful RD.**

The reasons that inspired me to run for RD are rooted in my long experience as a healthcare and mental health professional. The changes in the political system in my country opened opportunities for a more active participation in public life and the creation of new democratic institutions. In 1990, I became part of the initiative committee to re-establish the Medical Association, at the first meeting of its Council, I was elected member of the Control Committee, and later - member of the Board of the Association. From 1993 to 1996, I was actively involved in various projects as a lecturer in courses for the future General Practitioners in Bulgaria. In 1996 I specialized psychiatry as a JICA participant in Japan. In 1997 I started to work as a Head of Department in the Ministry of Health being responsible for more than twenty projects. Most of these projects aimed towards a general reform of the Healthcare system in Bulgaria. I have been actively involved in the preparation of basic healthcare laws, such as the Law on Healthcare Institutions, the Health Insurance Act, the Law on Professional Organizations, the Public Health Act, etc. I have participated in a number of working groups on elaboration of secondary legislation, which in practice introduced the new Healthcare System in Bulgaria. In 1998, I was a Flagship student at the World Bank in Washington with a major focus on Healthcare systems and financing. In 1999, I became a Deputy Director of the newly established Health Insurance Fund in charge of staff training and human resources development in 28 regional branches throughout the country. In 2002 I started working at the National Center for Public Health and Analyses (NCPHA). In the same year, I won a contest for the Head of Office for Bulgaria for a Mental Health Project under the Stability Pact aimed at de-institutionalizing psychiatric services and introducing models of community psychiatric services. For more than five years, I have been an active representative of Bulgaria on the issues of Mental Health Reform in the countries of the South-East European Health Network. I took part in a major epidemiological study of the World Consortium on Mental Health led by Harvard and Michigan Universities supported by WHO. Bulgaria, along with thirty other countries, has a unique database on the prevalence of mental disorders, their severity, etiological factors and many other aspects of mental illness, that is part of the global database in this area. In 2009 I took the position of Deputy Director of the National Center for Public Health and Analyses, and since 2014 I have been

the Director of this Center. For the last 15 years, I have been a National Focal Point of Bulgaria in WHO for Mental Health and the Governmental Expert in the same area for the European Commission DG SANCO. I have participated in the development of a number of international documents such as the EC Mental Health Pact, the European Mental Health Action Plan, and contributed in adapting this plan to the countries of the South-East European Health Network. At national level, I have participated in the development of a number of strategic documents, such as the Master Plan for Psychiatric Reform, the Suicide Prevention Program 2012-2018, the National Mental Health Program and the Action Plan until 2023, the National Health Strategy 2020, to name a few. From 2014 to 2017, I was the National Coordinator of major Mental Health Project funded by the Norwegian Financial Mechanism. One of the components of this project was to train 1200 General Practitioners for early detection of symptoms of anxiety and depression related with suicide prevention. The project was implemented in co-operation with the Norwegian Institute of Public Health, and the results of the training will be published in 2019 in a joint publication between the NCPHA and the Norwegian Institute of Public Health. In 2018, in June, I organized a Round Table in the Parliament on public health issues with the participation of deputies, ministers, professional representatives, NGOs and the media. In December 2018, I organized the Second Mental Health Round Table on which a report by the European Psychiatric Association on the state of the Psychiatric system in Bulgaria was presented.

Throughout my professional career, I have been convinced in the great importance of the WHO's work. Along with the huge amount of documents reflecting different topical aspects of health on a regional and global scale, there are also very important straightforward messages that strike with their common, sensitive to the public wording like "Health in All Policies", "Health for All", etc. Each of these formulations, however, carries a deep conceptual and philosophical basis motivating and urging towards hard and all-inclusive work in specific directions. The slogan "There is no Health without Mental Health" actually expresses in short the whole vast conceptual platform of the theory of psychosomatic dependence. Reflection and realization of the "Health in All Policies" call for enormous work to activate horizontal intersectoral and interdisciplinary links and to coordinate the efforts of all relevant stakeholders in the interests of better health for all.

This in mind, and the opportunities opening with the position in question for more comprehensive and large-scale actions, motivates me to contribute to the realization of these noble and humane goals by applying for the post of WHO Regional Director.

## **2. My vision for the Region, the key challenges it faces and my proposals to address them.**

The WHO European region has a serious political and historical heritage that has its own importance in the conduct of the WHO policy to achieve the overall goal of Health and Well-Being for all. This region of 53 countries only about 30 years ago was separated by the Iron Curtain built after World War II. This division created disparities of political, economic, cultural and health-organizational nature that also determined the different health status of the population in these countries. Despite these differences, the WHO's general approach to tackling health problems globally leads to significant developments and success, as exemplified by the Alma Ata Declaration in 1978, even in times of greatest opposition between the Eastern and the Western Bloc. The WHO approach softens this opposition in the name of a goal - Better Health for All, regardless of political differences. After 1990, with the fall of the Berlin Wall, new challenges arose from the transition from an economic system based on the planned economy in the Eastern-Bloc countries to the market-oriented economy of the European Union. Different approaches to addressing global issues have been highlighted, such as the high degree of vaccine coverage, which was much more feasible in a totalitarian political system than in liberal democracy. Western countries have shown greater flexibility in answering the health needs of the population, such as an effective system of primary health care based on family doctors, serious advances in medicine technology, etc.

30 years later, the major challenges in the region are largely determined by the global challenges in the world, but they also have specific features typical for the region. The global challenges are related to climate change, environmental pollution, unhealthy nutrition, changing the style and lifestyle of modern humans, the penetration of communication technologies and non-ionizing radiation, genetically modified foods, etc.

Relatively specific for the region are challenges as: population ageing, migration, smoking and alcohol overconsumption, mental disorders and suicides, increased mortality due to non-communicable chronic diseases, transport incidents, antibiotic resistance, labour migration, maternal and child health, financial protection of the health services, the lack of integration of the existing information systems in the countries, as well as the building of those completely missing.

**Ageing populations** is a serious challenge that is pertinent to the developed countries in the European Union and less obvious in the countries of the former Eastern Bloc, as well as some

other countries such as Turkey. Increased life expectancy among European citizens alters the morbidity structure, which requires adequate actions in this respect.

**Migration** is another problem that requires responses from host countries' health systems - mainly among Western countries and less in the Eastern.

**Smoking** is among the most serious factors for cardiovascular mortality. Regardless of the WHO achievements on global and European level so far, the battle is not over. Recent challenges emerge related to new products with modern, attractive high-tech looking design, having impact on young people.

**Combating alcohol abuse** is another serious front on which the WHO must continue its efforts. Alcohol consumption among youngsters is significantly higher in the East European countries but also in the whole region. Programs that have proved their effectiveness in some countries can be adopted in others sharing the positive experience and examples of good practice.

**Mental disorders** have an alarmingly increasing burden on overall morbidity. The process of deinstitutionalization and introducing the principles of community psychiatry should be supported. On the other hand, high prevalence of common mental disorders is a key factor for lost productivity and poor quality of life. Early detection and treatment of depression contributes to prevention of suicide attempts. Inclusion of primary healthcare professionals and family doctors in this process is crucial given the presence of strong and unconscious stigma among the population and even medical professionals.

Another serious problem related to the aging population is **dementia**. Investments are needed to study the causes of dementia as well as to prepare adequate care for people with Alzheimer's disease and related conditions.

**Non-communicable chronic diseases** are becoming more and more prevalent in the Region, which is related to lifestyle, high levels of distress, large urban conglomerates, intensity and workload.

**Maternal and child health** is another priority in the work of the WHO. Overall, there is a steady trend towards reducing child mortality in the region, which is a major achievement and a key indicator of the quality of medical services. The new challenges in this area, along with continued efforts to reduce infant mortality, are associated with an increase in Caesarean sections resulting in other types of complications.

**Antibiotic resistance** is an extremely disturbing phenomenon that requires urgent efforts; moreover, these efforts have already been delayed. This problem is a time bomb that can explode any moment. Work in this area should be directed to strict adherence to established standards and rules for proper antibiotic delivery.

**Appropriate funding** for healthcare systems is a key condition for accomplishing the tasks WHO has set in its agenda. Achieving universal health coverage is not possible without sufficient financial resources allocation following the principles of efficiency and effectiveness. Strengthening the public health approach will be a guiding principle in the policy of the Regional Office aligned with the 3-billion General Program of Work 13. The governments of the East European countries will be encouraged to increase their public health funds by a percentage higher than that of high GDP countries.

**Monitoring** of the health system performance will be another priority of my work. The assessment of the health status of the population in the member states will be based on common valid and reliable indicators, which requires the availability of health information systems in the member states with clear and measurable criteria for local data collection. The Regional Office will promote the development of national health information systems based on individual patient records, data-bases and registers for the most significant chronic diseases and epidemiological surveys.

### **3. My ideas how to engage key stakeholders in order to achieve the Regional Office's goals.**

In order to achieve the priorities outlined, the Regional Office will rely primarily on close cross-sectoral cooperation with the Ministries of Health, Social Affairs, Education, the Environment, Education and Sport, as well as with all national and local authorities in the Member States. Equally important are the municipal authorities. For even more effective implementation of the activities under the planned national priorities, the Regional Office will strengthen the capacity of the WHO National Offices in the countries with technical experts and the delegation of responsibilities.

Cooperation with Non-Governmental Organizations is of particular importance in view of their significant role in global health for the development and promotion of public health; encouraging Non-Governmental Organizations to use their own activities to protect and

promote public health-patient organizations, professional organizations of healthcare employees, medical unions and chambers.

Beyond the Health sector, important WHO allies are environmental organizations, as well as professional alliances of social workers, religious organizations, and others. This work is regulated by the WHO Framework of Engagement with Non-State Actors (FENSA). The Framework endeavours to strengthen WHO engagement with non-state actors (NGOs, private sector entities, philanthropic foundations, and academic institutions) while protecting its work from potential risks such as conflict of interest, reputational risks, and undue influence.

The attraction of these important partners is possible by involving them in joint projects and initiatives and participating in international conferences and trainings.

At the international level, WHO's traditional partners will be involved like EuroHelthNet, the European Observatory on Health Systems and Policies, OECD, EU, SEE Health Network, ECDC, etc.

#### **4. How the Regional Office will work to relate the WHO and UN transformation processes in achievement of the SDG 2030.**

Achieving sustainable development goals in the European region will only be possible in close cooperation with the WHO Headquarters aligned with the UN and WHO transformation process. My policy would be governed by the Health-in-All-Policy cross-cutting approach, reflecting the paradigm: Align-Accelerate-Account, delivering concrete results when answering major challenges like medical human resources shortages, investment in training, filling pharmaceutical gaps, addressing family planning issues, NCDs and CDs, etc. Reaching the SDG targets will demand a comprehensive, aggressive approach, and the necessity to think big and involve partners worldwide.

The ambitious 2030 Agenda requires radical overall changes within the United Nations and consequently mirrored in the WHO. Achieving the Sustainable Development Goals is an imperative for the safe and secure future of our planet and our peoples towards a more peaceful and prosperous world, in order Not to Leave Anyone Behind.

Regional Office-EURO will work hand in hand with the Regional UN team and UN country teams and in close cooperation with national governments and in consultation with other national and international stakeholders to ensure ownership and alignment with national development priorities, including the 2030 Agenda and the Sustainable Development Goals.

This work will mainly be directed towards providing strategic direction and oversight to ensure UN development system entities in European Region deliver coherent, effective and efficient support through UN country teams to countries ensuring intersectoral collaboration to attain sustainable development.

The Regional Office, through active participation, would ensure the leadership role of WHO on health-related issues. This role should be strengthened at country level and the “Global Action Plan for Healthy Lives and Well-Being for All” gives WHO the opportunity to be a major driver of the UN transformation process at country level.