ANNEX 3

FORM FOR CURRICULUM VITAE

<table>
<tr><td>Family name (surname):

Kluge

First/ other names:

Hans/ Henri Marcel Paul</td><td>
</td></tr>
<tr><td colspan="2">Gender: Male</td></tr>
<tr><td>Place and country of birth:

Roeselare, Belgium</td><td>Date of birth (Day/Month/Year):

29/11/1968</td></tr>
<tr><td colspan="2">Citizenship: Belgian</td></tr>
<tr><td colspan="2">If you have ever been found guilty of the violation of any law (except minor traffic violations) give full particulars: No</td></tr>
<tr><td>Civil status: Married</td><td>Number of dependents: Two</td></tr>
<tr><td>Address to which correspondence should be sent :</td><td>Telephone:
Mobile phone:
Fax:
E-mail:</td></tr>
</table>

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)

Institute of Tropical Medicine Prince Leopold, Antwerp. Belgium	Diploma in Tropical Medicine (distinction)	31 March 1995
Katholieke Universiteit (Catholic University), Leuven, Belgium	Diploma in Medicine, Surgery, and Obstetrics, M.D. (distinction)	29 June 1994

Knowledge of languages		Mother tongue	Speak	Read	Write
For languages other than mother tongue, enter the appropriate number from the code below to indicate the level of your language knowledge. If no knowledge, please leave blank. CODE: 1. Limited conversation, reading of newspapers, routine correspondence. 2. Engage freely in discussions, read and write more difficult material 3. Fluent (nearly) as in mother Tongue	Arabic				
	Chinese				
	English		3	3	3
	French		3	3	3
	Spanish				
	Russian		2	2	1
	Others (please specify)				
	Dutch	X			
	German		1	2	1

Positions held

Please indicate here the positions and work experience held during your professional career, with the corresponding dates, duties, achievements/accomplishments and responsibilities. Additional pages may be added.

WHO Regional Director for Europe | 2020-present

- Unanimously re-nominated in 2024, reflecting sustained trust in a politically divided Region.
- Mobilised US$ 1.5 billion in thematic and voluntary contributions over 3 biennia, shifting resources closer to countries (country office budgets increased from 33% to 48%).
- Advised Heads of State and Ministers during the COVID-19 pandemic, coordinating a regional equitable rollout of 1.7 billion vaccine doses (at least 1.4 million lives saved).
- Created Scientific Advisory Board elevating WHO technical excellence.
- Elevated health on the political agenda through two Pan-European Commissions - on Health and Sustainable Development and on Climate and Health - chaired by former heads of government, driving policy action within and beyond the health sector.
- Advanced Universal Health Coverage (UHC) supporting countries to reduce out-of-pocket payments and track UHC and SDGs' progress.
- Strengthened health security and pandemic preparedness through the WHO Pan-European Network for Disease Control (One Health approach).
- Led the European Small Countries Initiative addressing health system issues.
- Rallied global support for Ukraine's health system and its health workforce.
- Supported medical evacuation of more than 1,000 critically ill/ injured children from Gaza for life-saving care.
- Built a regional movement on primary health care (PHC), establishing a community of practice (10,000 stakeholders) and 3 demonstration platforms.
- Prioritized the health workforce crisis as a central policy issue.
- Advanced equitable access to medicines through public-private Novel Medicines Platform.
- Championed digital health and artificial intelligence.
- Accelerated action on noncommunicable diseases, while elevating mental health to the highest political level through the Pan-European Mental Health Coalition.
- Drove sustained progress against major communicable disease threats, accelerating the decline in tuberculosis while maintaining the Region's polio-free status.
- Spearheaded the Regional Director's Special Initiative on Violence against Women and Girls.
- Established the Pan-European Leadership Academy addressing underrepresentation of Member States in WHO workforce.
- Strengthened inter-regional cooperation across WHO: climate and health for Small Countries (WPRO), access to innovative medicines (AFRO), MDR-TB and traditional medicine (SEARO), medical evacuations in conflicts (EMRO), PHC and Indigenous health (PAHO).
- Expanded WHO/Europe's country footprint and financial sustainability through the new European Centre for Preparedness for Humanitarian and Health Emergencies (Türkiye), the Office on Quality of Care (Greece), and a new WHO Country Office (Cyprus).

- Drove financial sustainability and institutional resilience, leading rapid re/de-prioritization, restructuring and reducing overheads.
- Modernized WHO/Europe's governance architecture.
- Institutionalized accountability and transparency, introducing annual joint accountability reports and governance KPIs.
- Transformed operational delivery and efficiency, including establishment of the Istanbul Enabling Hub.
- Strengthened strategic partnerships across governments, regional and international organizations, civil society (including Youth for Health Forum) and private sector.

Director, Division of Health Systems and Public Health, Special Representative on MDR-TB, WHO Regional Office for Europe | 2009–2020

- Led the work towards the 2018 and 2023 Tallinn Charter Conferences on health systems (Health for Wealth), and the 2018 and 2023 Alma-Ata and Astana Declaration on PHC, marking 40 years since Alma-Ata.
- Established the WHO Centre for PHC (Almaty); trained over 1,500 policymakers through the WHO Barcelona Office for Health Systems Financing.
- Advised governments during the global financial crisis and integrated MDR-TB control into equitable, cost-effective health-system reform.

Medical Officer and Team Leader, HIV/AIDS, TB and Malaria, WHO Myanmar | 2004–2009

- Supported national disease strategies focused on underserved populations.
- Co-created the US$100 million Three Diseases Fund to preserve essential services during political isolation.
- Helped introduce MDR-TB care, child-friendly treatment and a national TB survey.
- Supported national TB programme in Thailand and the Democratic People's Republic of Korea.

TB and TB-HIV Project Manager, WHO Russian Federation | 1999–2004

- Supported national (MDR)TB and TB-HIV policies and implementation.
- Mobilised World Bank and Global Fund financing, strengthened interagency coordination and developed integrated care, including for prisons.

Regional TB Advisor for Former Soviet Union Countries, Médecins Sans Frontières (MSF) International | Moscow Russian Federation | 1998 – 1999

- Led (MDR)TB and TB-HIV programmes.
- Contributed to development of MSF international policy on (MDR)TB and TB-HIV.

Prison TB and MDR-TB Coordinator, MSF Belgium | Mariinsk, Siberia, Russian Federation | 1996 – 1998

- Led large-scale MDR-TB interventions in prisons, contributing to global evidence and informing WHO policy and guidelines.
- Mobilised resources and partnerships to expand MDR-TB control in high-risk, underserved populations.

Medical Coordinator, MSF Belgium | Nimba, Liberia | 1996

- Re-established essential medical and public health services at district level, post-conflict.
- Led vaccination and nutrition campaigns targeting vulnerable populations.

TB Coordinator, MSF Belgium | Kismayo, Somalia | 1995 – 1996

- Implemented TB control programme (DOTS), contributing to MSF global policy and guidelines in war.
- Promoted community-based approaches to care and culturally appropriate health education.

Family Doctor, Belgium | 1994–1996 (interim assignments)

Please state any other relevant facts that might help in the evaluation of your application. List your activities in civil, professional, public or international affairs.

Awards

2026 - Affiliate Professor of Global Health, University of Copenhagen, Denmark.
2026 - Doctor Honoris Causa, Uppsala University, Sweden.
2025 - Honorary Professor, Shanghai Medical College, Fudan University, China.
2024 - Grand Cross of the Equestrian Order of Saint Agatha, San Marino.
2024 - Decoration of Honour of the Flemish Community, Belgium.
2023 - Doctor Honoris Causa, Aristotle University of Thessaloniki, Greece.
2022 - Medal of Honour, KU Leuven, Belgium.
2021 - National Order for Merit, rank of Commander, conferred by the President of Romania.
2021 - Doctor Honoris Causa, Semmelweis University, Hungary.
2020 - Professor of Practice, London School of Economics.

Please list here a maximum of 10 publications - especially the main ones in the field of public health, with names of journals, books or reports in which they appeared. An additional page may be used for this purpose, if necessary. (Please feel free also to attach a complete list of all publications.) Do not attach the publications themselves.

1. Martin-Moreno JM, Harris M, Jakubowski E, **Kluge H**. Defining and Assessing Public Health Functions: A Global Analysis. Annu Rev Public Health. 2016;37:335-55.

2. Clarke L, Anderson M, Anderson R, Klausen MB, Forman R, Kerns J, Rabe A, Kristensen SR, Theodorakis P, Valderas J, **Kluge H**, Mossialos E. Economic Aspects of Delivering Primary Care Services: An Evidence Synthesis to Inform Policy and Research Priorities. Milbank Q. 2021;99(4):974-1023.

3. **Kluge H**, et al. Strengthening global health security by embedding the International Health Regulations requirements into national health systems. BMJ Glob Health. 2018;20;3.

4. Kieny MP, Bekedam H, Dovlo D, Fitzgerald J, Habicht J, Harrison G, **Kluge H**, Lin V, Menabde N, Mirza Z, Siddiqi S, Travis P. Strengthening health systems for universal health coverage and sustainable development. Bull World Health Organ. 2017;1;95(7):537-539.

5. Kazionny B, Wells CD, **Kluge H**, Gusseynova N, Molotilov V. Implications of the growing HIV-1 epidemic for tuberculosis control in Russia. Lancet. 2001;3;358(9292):1513-4.

6. **Kluge H**, et al. How primary health care can make universal health coverage a reality, ensure healthy lives, and promote wellbeing for all. Lancet 2018;392(10156):1372-1374.

7. **Kluge H**, et al. After Astana: building the economic case for increased investment in primary health care. Lancet 2018;392(10160):2147-2152.

8. **Kluge HHP**, et al. Refugee and migrant health in the COVID-19 response. Lancet. 2020;395(10232):1237-1239.

9. **Kluge H**, et al. Environmental sustainability of health systems: time to act. Lancet. 2023;13;401(10388):1552-1554.

10. **Kluge HHP**. A healthy population is a strategic advantage. Nature Health. 2026;1;557.

Please list hobbies, sports, skills and any other relevant facts that might help in the evaluation of your application.

Sports enthusiast (running, tennis, cycling, fitness, karate), gardening, avid reader. Devoted husband and father of two daughters.

WRITTEN STATEMENT

1. Please evaluate how you meet each of the "Criteria for candidates for the post of the Director-General of the World Health Organization" (see attached sheet). In so doing, please make reference to specific elements of your curriculum vitae to support your evaluation. The criteria adopted by the World Health Assembly in resolution WHA65.15 are the following:

(1) a strong technical background in a health field, including experience in public health;

I am a physician with a postgraduate diploma in tropical medicine. My career began as a family doctor in rural Belgium. My public health experience encompasses communicable and noncommunicable disease control, mental health, health security, PHC/UHC and health-system performance. I designed and supported large-scale public health programmes (including vaccination, nutrition, cholera, MDR-TB, HIV and malaria) in Somalia, Liberia, Siberia, former Soviet Union, Myanmar, Thailand and Democratic People's Republic of Korea.

As Director at WHO/Europe, I led the work on Health Systems and Public Health and was subsequently elected WHO Regional Director for Europe (second mandate).

My publications on a broad range of public health and health systems topics reflect a commitment to connecting scientific evidence with policy and implementation.

(2) exposure to and extensive experience in international health;

I bring over 30 years of international health experience, including 25 years with WHO, working across four regions at every level of the Organization, from frontline clinical care and humanitarian response to regional leadership and interregional cooperation. With MSF, I worked in conflict-affected Somalia, Liberia and the former Soviet Union. With WHO, I served in the Russian Federation and Myanmar country offices, also providing technical assistance to the Democratic People's Republic of Korea and Thailand.

(3) demonstrable leadership skills and experience;

In 2024, all Member States of the WHO European Region unanimously re-nominated me as Regional Director, reflecting sustained trust and confidence across a diverse and geopolitically complex region. I led WHO/Europe through the COVID-19 pandemic, advising heads of state and ministers, and initiated the Pan-European Commission on Health and Sustainable Development (Monti Commission), bringing together political, scientific, economic, business and financial leaders. Led responses to war, displacement, attacks on health care, misinformation, mpox, polio threats and severe financial pressures.

I secured unanimous agreement on successive European Programmes of Work and launched flagship pan-European initiatives on disease control, mental health, access to medicines, and climate and health. These achievements demonstrate my ability to set a clear direction, build coalitions and sustain delivery under pressure, all central responsibilities of the WHO Director-General.

(4) excellent communication and advocacy skills;

I am a passionate communicator and regularly engage with heads of state and government, ministers, parliamentarians, health professionals, international organisations, civil society, patients, young people and the media. I am an experienced negotiator and public spokesperson. I have elevated key health priorities politically, securing unanimous regional strategies through advocacy, careful listening and shared ownership. During emergencies, I communicated evidence transparently, preserved dialogue across geopolitical divides, and built credibility with leaders, experts and the public.

(5) demonstrable competence in organizational management;

As Regional Director, I managed a complex organisation. I realigned WHO/Europe around Member States' priorities and moved resources closer to countries. I modernised governance through stronger oversight, annual joint accountability reports, indicators, and transparent nominations and decisions. I established the Istanbul Enabling Hub, championed digital and AI systems, and maintained low-risk audits.

Above all, I kept health above politics and established the first WHO European Scientific Advisory Board. I expanded long-term host-government support, reduced overheads and protected essential delivery during periods of financial pressure. I never hesitated to deprioritize.

The Staff Association publicly acknowledged the continued open constructive dialogue.

This experience of reform, financial stewardship and accountable management provides the foundation to lead organisational transformation across WHO globally.

(6) sensitivity to cultural, social and political differences;

Across diverse cultures, political systems and social environments, my service in Somalia, Liberia, Siberia, the former Soviet Union, Myanmar, Thailand and Democratic People's Republic of Korea required culturally appropriate communication and constructive engagement with governments, communities, civil society, donors and health workers in highly sensitive circumstances.

As Regional Director, I maintained dialogue across geopolitical divides, balancing respect for national sovereignty with WHO's scientific independence and constitutional mandate, and prioritized populations facing exclusion, conflict and violence.

These experiences have developed the cultural awareness, humility and political judgement needed to serve all Member States impartially.

(7) strong commitment to the mission and objectives of WHO;

Most of my professional life has been devoted to WHO, progressing from country-level technical roles to divisional leadership and elected Regional Director. This work has consistently advanced health equity, UHC, PHC, disease prevention, emergency response and stronger national health systems.

The reforms undertaken within WHO/Europe demonstrate the ability to translate these principles into

institutional practice and measurable results.

(8) good health condition required of all staff members of the Organization;

I am in strong health for executive responsibilities, including extensive travel. My resilience is built through sports, meditation, and above all, support from my family.

(9) sufficient skill in at least one of the official working languages of the Executive Board and the Health Assembly.

I am fluent in English, French and Russian, 3 of WHO governing-body languages. My native language is Dutch, and I have working knowledge of German.

These skills enable direct engagement with leaders, experts, professionals and communities, strengthening negotiation across cultural and political boundaries.

2. Please state your vision of priorities and strategies for the World Health Organization.

Rebuilding WHO Together.

My **vision** is to rebuild WHO, together with the Member States, into a 21st century organization that better serves all countries and their people.

An organization with modern governance, sustainable financing, a networked ONE WHO, an employer of choice in global health and a centre of excellence in evidence-based policy guidance and country support.

Always one step ahead of global health challenges. Always in partnership.

A rebuilt WHO will better serve all countries, the Member States of today and the Member States of tomorrow, with particular benefits for small countries, island states, low-income, fragile and conflict-affected countries. A WHO Special Envoy on Small and Island Developing States will be appointed to ensure that all small countries are treated equally in all WHO services and processes.

How will we rebuild WHO?

Modern governance

I welcome the Member State-led governance reform pilot. If elected Director-General, in my first months, I will convene the Executive Board and Regional Directors to review how WHO governing bodies work in practice, ensuring that governance remains strategic, efficient and focused on impact rather than process. I will pay particular attention to the voices of low-income, fragile, small and island states, whose participation is essential to equitable global governance.

I know from experience that governance reform works, because I have led it. I have seen first-hand the

value of participatory governance. By engaging Member States early on in the process, by listening carefully to their concerns, and by involving them in shaping solutions, we built greater transparency, stronger accountability and, above all, trust. That experience convinced me that successful reform depends as much on relationships as on rules.

I want Member States to see themselves not only as governors of WHO, but as active partners in setting priorities, managing expectations and ensuring that the Organization delivers measurable results for the people it serves.

Sustainable financing

There is no magic bullet.

If elected, I will safeguard WHO's independence and scientific integrity in every funding relationship. Building on the historical achievements of the Sustainable Financing Working Group, I will establish a time-limited independent expert group to identify practical options for strengthening WHO's resource model.

On financing, I will work tirelessly with Member States to implement the agreed increase in assessed contributions. I will continue mobilising flexible and predictable voluntary contributions, aiming for greater alignment with agreed Member State priorities.

On operations, I will lead a bold but responsible digital transformation of WHO's administration and I will cut duplication between WHO headquarters, regional and country offices. I will consider delivering a prioritized work programme at lower overhead costs. I will rebalance resources towards country offices and regions while maintaining a nimble headquarters with strong core normative capability.

A networked "One WHO"

I will champion three fundamental shifts in how WHO works.

From institution-centred to country-first. I will organize WHO around country priorities rather than institutional silos. I will invest in WHO staff who offer clear added value to governments.

From hierarchy to networks. With the engagement of regional directors and WHO representatives, I will strengthen interregional collaboration. We will connect countries facing similar challenges across all six WHO regions, making it easier to share innovative good practices.

From centralised WHO expertise to distributed national excellence. I will mobilise the exceptional national expertise that exists in every country: in health and other ministries, public health institutions, universities, research hubs and collaborating centres.

WHO: employer of choice in global health

I will advocate for adapting the human resources regulatory framework to support people management in the 21st century.

Leading by example, I will uphold the highest standards of integrity and respect, with zero tolerance for harassment, while ensuring a diverse and balanced geographical/gender representation across WHO.

I will rejuvenate WHO's workforce by implementing a mobility requirement, upskilling the current workforce, first and foremost regarding emotional intelligence and artificial intelligence (AI), and attracting professionals from different disciplines, such as the social and behavioral sciences.

Building on the success of the Pan-European Leadership Academy, I will tackle the underrepresentation of certain Member States in WHO's workforce by attracting early- and mid-career professionals. I will build a strong and empowered leadership team whose members are diverse, regionally representative, and selected on merit.

Restoring WHO excellence in evidence-based policy advice and global health data

I will fiercely protect the independence of WHO's scientific work, raise the quality and transparency of WHO's normative processes, and deliver evidence that is timely, actionable and relevant to every Member State and every person.

I will modernise WHO's data architecture by building a modern digital and data foundation fit for the age of AI.

I will harness AI responsibly to transform how WHO turns evidence and just-in-time data into clear, actionable policy advice.

By combining stronger national health information systems with a more agile, analytically powerful WHO, we will create a global health-intelligence ecosystem that makes full use of the data already at hand to better protect and improve lives everywhere.

This renewed excellence is key to WHO's commitment to equity and to serving all countries on an equal footing.

What a rebuilt WHO will deliver

Rebuilding WHO is not an end in itself. It is about better supporting all countries to improve people's health and well-being.

A rebuilt WHO will focus on four priorities, united by one signature initiative: primary health care (PHC).

Signature initiative: PHC as the integrated delivery platform

As we approach the **50th anniversary of the Alma-Ata Declaration** in 2028, PHC will be my signature initiative, the lifeline for people who are left behind. No UHC without PHC.

With partners, we will support countries leapfrog traditional prevention and care models; equip a new generation of PHC leaders; establish demonstration platforms across all WHO regions; align support with country-led post-2030 national health strategies; embed social participation in decision-making; replace fragmented data into a single PHC dashboard; and diversify WHO collaborating centres geographically.

Priority 1. Protect people from health threats

I will work with countries and partners to strengthen health security by building systems that save lives during crises while sustaining essential health services. This includes strengthening implementation of the International Health Regulations; supporting Member States as they advance the WHO Pandemic Agreement; ensuring equitable access to vaccines, diagnostics and therapeutics, and expanding regional and local manufacturing capacity.

Together, we will accelerate health action on climate change, recognizing that vulnerable populations, small and island states are disproportionately affected. Climate justice is inseparable from social justice.

We will strengthen action against antimicrobial resistance and other threats at the human-animal-environment interface through One Health.

Special attention: Conflict-affected countries face unacceptable attacks on health workers and facilities. This can never become the new normal. I will strengthen WHO's presence in war-torn places and launch a Heads of State and Government Coalition against such attacks, inspired by the Global Health and Peace Initiative. A "Park of Remembrance" at WHO Headquarters will honour fallen health workers, with an annual walk during the World Health Assembly.

Priority 2. Act on the triple health agenda

Every two minutes, a woman dies during pregnancy or childbirth. The unfinished agenda of maternal/child health and infectious diseases coexist with the rapidly growing burden of noncommunicable diseases. Together, these three challenges account for around 90% of the global burden of disease.

I will accelerate progress towards eliminating diseases, including tuberculosis, HIV, malaria and cervical cancer, while ensuring that scientific advances reach those who need them most. I will elevate neglected public health crises, including mental health and violence against women and children.

Priority 3. Advocate for prevention as a core economic policy

Countries spend only about 2–3% of their health expenditure on prevention.

I will work with countries to foster the economics of prevention, demonstrate returns on investment and integrate prevention into economic, fiscal and development planning.

I will advance a multisectoral approach, strengthening public health institutions to work across sectors, shape healthier public policies and mobilise society around prevention. I will champion health literacy, with people and communities empowered as co-creators of health.

I will personally lead by example and promote healthy lifestyles.

Priority 4. Make health services work for people: universal health coverage.

By 2030, the world will face a shortage of approximately 11 million health workers, concentrated in the countries and communities that need them most.

I will champion a focused health-workforce agenda, giving priority to nurses, midwives and community health workers, alongside stronger primary-care teams.

Together with ILO, OECD and other partners, WHO will support national workforce investment compacts: convening health, finance, education and labour authorities together with workers, training institutions, development banks and donors to agree on a number of affordable, funded priorities.

Together with the World Bank, the Global Fund, Gavi and other partners, WHO will help countries strengthen dialogue between health and finance authorities, to navigate the transition from external assistance to domestic financing.

A call to member States

Rebuilding WHO Together is ultimately not about institutions. It is about people. A mother who survives childbirth, a child who reaches their 5th birthday, an elderly person who can age with dignity, a family not pushed into poverty when someone falls ill.

Together, we can rebuild a WHO that is more focused, more agile and more trusted - respecting national ownership supported by multilateralism and working humbly with partners to better serve countries and their people. Towards health for all, everywhere.

Together, let us rebuild WHO.