ANNEX 3

FORM FOR CURRICULUM VITAE

Family name (surname): SONG First/other names: Li	
Gender: Female	
Place and country of birth: Shandong, CHINA	Date of birth (Day/Month/Year): 9/MAR/1974
Citizenship: Chinese	
If you have ever been found guilty of the violation of any law (except minor traffic violations) give full particulars: NO.	
Civil status: MARRIED	Number of dependents: NONE

Address to which correspondence should be sent:	Telephone: Mobile phone: Fax: E-mail:

Degrees/certificates obtained:

(Please indicate here the principal degrees/certificates obtained, with dates and names of institutions. Additional pages may be added.)

PhD in Medicine, Peking University School of Public Health, September 2006-July 2010;

Master of Clinical Medicine in gynecology and obstetrics, Shandong Medical University,

September 1997-July 2000;

Visiting scholar in global health, Harvard University, June-December 2010.

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.	Arabic	☐	☐	☐	☐
	Chinese	√	☐	☐	☐
	English	☐	3	3	3
	French	☐	☐	☐	☐
	Spanish	☐	☐	☐	☐
	Russian	☐	☐	☐	☐
	Others (please specify)				
2. Engage freely in discussions, read and write more difficult material					
3. Fluent (nearly) as in mother tongue					

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.

1. **All-China Women's Federation** **From Sept. 2023 to now**

I am Secretary of the Secretariat of the All-China Women's Federation (ACWF), which is the largest women's organization in China, serving over 680 million Chinese women. My responsibilities include promoting gender equality and women's empowerment in China by making overall plans, formulating programs, putting forward policy recommendations, and promoting legislative change.

I am deeply involved in the formulation and implementation of the *China National Program for Women's Development* and the *China National Program for Children's Development.* I play a pivotal role in advancing legislative change of far-reaching significance, i.e. the revision of the *Law on the Protection of Women's Rights and Interests* and the *Law on the Protection of Minors*, as well as the enactment of the *Anti-domestic Violence Law*. These legislations mark a significant milestone in China's progress toward gender equality.

I lead and advance initiatives including Women's Contribution to Rural Revitalization, Women's Action in Science and Technology Innovation, Healthy China Mother Action, Women's Action in Employment and Entrepreneurship, and Charitable Action for Women and Children. I also lead the China Women's Development Foundation and the China Children and Teenagers' Fund, 2 top philanthropic foundations, mobilizing nearly RMB 1 billion annually. Responsibilities include strategizing, establishing partnerships, mobilizing resources, ensuring accountability, promoting digital empowerment, providing emergency relief, and implementing programs reaching tens of millions of women and children.

2. **National Health Commission of the PRC** **From June 2002 to Sept. 2023**

Before joining ACWF, I worked with the National Health Commission (Ministry of Health) of China from June 2002 to September 2023 and was Director General of the Department of Women & Children Health. During 21 years of public health management and administration, I participated in the fight against major pandemics such as SARS and COVID-19, and led the formulation of various national policies, laws and regulations including *Maternal and Infant Health Care Law* supporting documents, prenatal diagnosis and assisted-reproduction regulations, program designing, financing, service standardization, information system establishment, and international cooperation for women, children, and adolescents' health, esp. China-Africa health cooperation programs. Achievements included nationwide coverage of integrated prevention of Mother-to-Child Transmission of HIV (PMTCT); national cervical and breast cancer screening; subsidizing hospital-delivery; folic-acid supplementation; post-earthquake health care system reconstruction; maternal and child health services for vulnerable populations.

The results were remarkable. Approximately 100 million rural women received delivery subsidies and hospital delivery rate rose to above 99 percent. From 2009 to 2024, around 342 million rural women received free cervical-cancer screening and 245 million received free breast-cancer screening. HPV vaccination was integrated into national immunization program, benefiting over 5 million girls each year. HIV mother to child transmission rate fell from 34.8% to 1.2%. China's maternal mortality rate fell from 53 to 13.4 per 100,000 live births,

under-five mortality fell from 39.7 to 5.4 per 1,000, and China met relevant MDGs and SDGs ahead of schedule.

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.

My international health experience has been continuous, practical, and multilateral. I served on WHO's Strategic and Technical Advisory Group of Experts on Maternal, Newborn, Child and Adolescent Health and Nutrition from 2020 to 2023 and serve on WHO's Mother and Newborn Information for Tracking Outcomes and Results Advisory Group from 2023 to 2026. These roles contributed to global norms, standards and measurement, as well as country-support priorities, especially for vulnerable women and children.

I organized or oversaw more than 100 cooperation projects with WHO, UNFPA, UNICEF, the World Bank, and the Gates Foundation, covering maternal death audits, Integrated Management of Childhood Illness, newborn care, adolescent reproductive health, midwifery, nutrition, health information systems, and emergency response after the Wenchuan and Yushu earthquakes. I contributed to the China-Africa Health Cooperation Framework and spoke at the 2018 Forum on China-Africa Maternal and Newborn Health Cooperation. As co-chair of the Lancet Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Commission in China, I co-led an international expert panel across public health, primary care, economics, epidemiology, statistics, policy, and global health to identify how national experience can advance Universal Health Coverage (UHC) and the SDGs, especially in low- and middle-income countries.

I proposed and led the establishment of the Global Digital Empowerment Center for Women’s Development and Cooperation in 2025. This pioneering initiative enhances women’s digital literacy, nurtures female digital talents, and ensures that no women and girls are left behind in the digital era. It also aims to promote inclusive international digital governance.

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. Chen D, Dai Y, Liu X, … Song L. Recommendations for the Diagnosis and Treatment of Maternal SARS-CoV-2 Infection. Maternal Fetal Med 2023; 5(2):74–79. http://dx.doi.org/10.1097/FM9.0000000000000186

2. Qiao, J., Wang, Y., Li, X., …Li Song , Hesketh, T. (2021). A Lancet Commission on 70 years of women's reproductive, maternal, newborn, child, and adolescent health in China. Lancet (London, England), 397(10293), 2497–2536. https://doi.org/10.1016/S0140-6736(20)32708-2

3. WANG Ai-Ling, & Song Li. (2021) Protect the starting point of life and maternal and infant health --Review and prospect of Prevention of Mother-To-Child Transmission of HIV, syphilis and hepatitis B in China in the past 20 years. July 2021, Chinese Journal of AIDS & STD.

4. Liu, J., Song, L., Qiu, J., Jing, W., Wang, L., Dai, Y., Qin, G., &Liu, M. (2020). Reducing maternal mortality in China in the era of the two-child policy. BMJ global health, 5(2), e002157. https://doi.org/10.1136/bmjgh-2019-002157

5. Bai, F., Wang, D. Y., Fan, Y. J., Qiu, J., Wang, L., Dai, Y., & Song, L. (2020). Assisted reproductive technology service availability, efficacy and safety in mainland China: 2016. Human reproduction (Oxford, England), 35(2), 446–452.https://doi.org/10.1093/humrep/dez245

6. Qin Geng, Song Li. (2020) COVID-19 Prevention and Control Q＆A for Pregnant Women. People's Medical Publishing House Co.,LTD

7. Wang, A. L., Qiao, Y. P., Wang, L. H., Fang, L. W., Wang, F., Jin, X., Qiu, J.,Wang, X. Y., Wang, Q., Wu, J. L.,Vermund, S. H., & Song, L. (2015). Integrated prevention of mother-to-child transmission for human immune- deficiency virus, syphilis and hepatitis B virus in China. Bulletin of the World Health Organization, 93(1), 52-56. https://doi.org/10.2471/BLT.14.139626

8. I led the writing of the following four books, published with the support of the World Bank's China Economic Transformation and Institutional Capacity Building Project (TCC6) in November 2021 by the People’s Medical Publishing House, Beijing, China

1) Experience Communication Strategy Suggestion of Women and Children Health in China under the Framework of "Belt and Road Initiative"

2) Health development status and cooperation needs analysis of women and children in Focus Countries

3) The Path to Remarkable Success-China's 18 Excellent Practices from Maternal and Child Health Programs

4) Excellent Architectural Design Projects of Women and Children's Health care Institutions Photo Gallery (2016-2020)

9. Song, L., Sande, A., & Wang, A. (2024). Elimination of mother-to-child transmission of HIV, syphilis and hepatitis B: Experiences from the People's Republic of China. People's Medical Publishing House.

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

Basketball, Table Tennis, Jogging and Reading.

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;

With more than twenty years' experience in the health sector, I designed, financed, regulated, delivered, and evaluated national programs covering midwifery, prenatal diagnosis, assisted reproduction, cancer screening, rural hospital delivery, integrated prevention of mother-to-child transmission of HIV, syphilis, and hepatitis B, and maternal and child health surveillance & information system building, etc.

My technical foundation combines clinical medicine, public health policy, health administration, and implementation. These professionals gave me deep understanding for human health care and competence to translate evidence into functioning public health systems.

WHO former senior official comments: *Dr Song's openness, promptness, and efficiency have been exemplified by her rapid response to public health emergencies during SARS and COVID-19; her leadership experience will be invaluable in helping the development of future leaders in health both in China and internationally.*

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

My international health experience has been continuous, practical, and multilateral. I served on WHO's Strategic and Technical Advisory Group of Experts on Maternal, Newborn, Child and Adolescent Health and Nutrition from 2020 to 2023 and serve on WHO's Mother and Newborn Information for Tracking Outcomes and Results advisory group from 2023 to 2026. These roles contributed to global norms and standards, measurement, as well as country-support priorities, especially for vulnerable women and children.

I organized or oversaw more than 100 cooperation projects with WHO, UNFPA, UNICEF, the World Bank, and the Gates Foundation, covering maternal death audits, integrated management of childhood illness, newborn care, adolescent reproductive health, midwifery, nutrition, health information systems, and emergency response after the Wenchuan and Yushu earthquakes. I contributed to the China-Africa Health Cooperation Framework and spoke at the 2018 Forum on China-Africa Maternal and Newborn Health Cooperation. As co-chair of the Lancet RMNCAH Commission in China, I helped identify how national experience can advance UHC and the SDGs, especially in low- and middle-income countries.

(3) demonstrable leadership skills and experience;

I am devoted to accelerating progress toward the SDGs for women and children, and advancing gender equality and child protection. I've led large-scale programs which required sustained strategic leadership. As Director General for Women's and Children's Health, I guided national strategies, regulations, standards, financing, and implementation systems, including programs on folic-acid supplementation, post-disaster reconstruction, services for vulnerable population, and mobile medical care for rural women. I also strengthened China's maternal and child health surveillance, survey, and statistics systems, which enable policy accountability and course correction.

Since September 2023, as Secretary of the Secretariat of the All-China Women's Federation, I have led initiatives on employment, entrepreneurship, science and technology, rural revitalization, Healthy Mothers Initiative, and philanthropic services. I've demonstrated strong leadership and capability to coordinate across governments, professional institutions, local authorities and the civil society.

(4) excellent communication and advocacy skills;

Communication has been central to my effectiveness. At the start of the PMTCT program in China, I persuaded partners to finance the service which was then considered a low priority. I convened seminars and brought officials and partners to poverty-stricken areas with high-prevalence and had exchanges with them so that they could see program results and outcomes for mother and child. That advocacy secured continued financing and helped make integrated PMTCT a national priority. In the Tenth Asia-Pacific Prevention of Parent-to-Child Transmission of HIV and Syphilis Task Force Meeting in 2015, the achievements of China's iPMTCT Program have been well-recognized by WHO, UNAIDS, and UNICEF.

I also use evidence as an advocacy instrument. Before launching China's EMTCT program, I proposed a gap analysis with WHO validation criteria. The program report of more than one hundred pages strongly supported China's national planning and strategies. WHO and UNICEF experts recommended it as good practice for other countries. I have communicated priorities through international forums, press conferences and media briefings, health promotion events, publications and guidelines. My advocacy has raised public awareness, prioritized EMTCT and ensured financing.

(5) demonstrable competence in organizational management;

I now lead the 2 top national foundations, the China Women's Development Foundation and the China Children and Teenagers' Fund, which mobilize about RMB 1 billion annually for women's health, girls' education, adolescent and youth mental health, emergency relief and recovery. From 2022 to 2025, both ranked among the top foundations in China's National Transparency Index for Charitable Foundations, demonstrating governance grounded in accountability and public trust.

My management experience covers national public administration, large-scale service delivery, regulation, financing, information system building, emergency response, and philanthropy. I helped formulate and implement laws, regulations, and standards on maternal and infant health care, prenatal diagnosis, premarital care, women's disease prevention, assisted reproduction and midwifery. I managed programs requiring coordination among health institutions, finance authorities, local governments, hospitals, communities, and international agencies.

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

A lot of programs that I led have served rural women, ethnic-minority communities, migrant populations, people affected by HIV, adolescents, families in disaster-stricken areas, and children from low-income households. The effects include significantly improved MCH status for ethnic minorities, accessible services for migrant populations, youth-friendly reproductive health services, and health-themed poverty alleviation. I'm fully aware of the importance of community engagement, respect for cultural diversity, and services tailored to targeted populations.

Internationally, I have worked with governments, United Nations agencies, foundations, universities, and professional networks across different political and administrative systems. Countries differ in epidemiology, financing, workforce capacity, legal frameworks, and social expectations. International cooperation should make evidence and standards suitable in each setting and global norms and terms also fit into local situations. My experiences in South-South cooperation, China-Africa collaboration, and the Lancet Commission have reinforced my capability to collaborate with people of different backgrounds.

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

I am committed to the highest attainable standard of health for every person. That commitment has shaped my work on safer pregnancy and childbirth, HIV and sexually transmitted infections prevention and control, reproductive health, child survival, nutrition, UHC, equity, and strengthened health systems.

I contributed to the UN 2030 Agenda on Sustainable Development, Healthy China 2030, women and children's health action plans, quality- and equity-driven and people-centered health system reform, and programs aligned with the MDGs and SDGs. I've served WHO through STAGE and MoNITOR and published in *WHO Bulletin*. My career has been entirely consistent with WHO's function.

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

Yes.

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

Chinese and English

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

This Organization is facing challenges in **efficiency, financial sustainability, regaining trust and etc.**

In response to these challenges, the following are to be strengthened:

I. Pillar One—A More Efficient WHO: One WHO, Maximum Value

I believe WHO should become leaner in structure, sharper in focus and more proactive in service delivery, and that the wider global health system should be better coordinated under WHO's legitimate leadership.

1. Focus on WHO's unique mandate. I will concentrate on what only WHO can do: setting global health norms and standards, coordinating surveillance and emergency response, convening the world's health community, and providing technical leadership. We will lead WHO in working closely with Member States, and be transparent with Member States about what WHO leads, what partners deliver, and what belongs to national systems.

2. Deliver "One WHO" across all three levels. I will bring clear accountability and reporting lines linking headquarters, regional offices and country offices, embedding results-based management and independent evaluation in every program, so that Member States can assess us by activities and outcomes;

A high-performing, diverse, diligent, mobile workforce should be recruited and promoted on merit, which can produce measurable results and foster within WHO a professional work ethic rooted in competence, collaboration, and pride in health outcomes;

An uncompromising principle of integrity—zero tolerance for sexual exploitation, abuse, harassment and misconduct, with real protection for whistleblowers and accountability at every level, starting with me.

3. Secure WHO's financial sustainability. A credible WHO needs a predictable, flexible, and sustainable resource base. I will work with Member States to secure existing and promised assessed contributions, to engage with partners to diversify the base of contributors, and to demonstrate stewardship strong enough to make investing in WHO a confident decision for every donor.

4. Champion coherent, Member-State-led reform of the global health architecture. The ongoing debate on reforming global health governance is timely. My position is clear:

Reform should be **led by Member States**, responsive to their needs, advanced openly and transparently, and decided by consensus. The process should belong to all, and its benefits

should be shared by all, by putting people's lives and health first, and advancing the 2030 Agenda for Sustainable Development toward the goal of health for all;

Reform should **abide by international law**, uphold the purposes and principles of the UN Charter, and comply fully with the WHO Constitution;

WHO should be **strengthened and empowered** to play a more proactive coordinating role across the global health ecosystem, using its existing platforms and governing bodies rather than duplicating structures elsewhere;

Other global and regional mechanisms can best contribute by **complementing WHO** — leveraging their respective strengths, contributing constructively, ensuring adequate representation, and fostering inclusive arrangements open to all; I will use WHO's convening authority to foster that alignment—in practice, not on paper.

II. Pillar Two—A Safer World: Ready Before the Crisis

Health security should be built at all times: in surveillance systems, laboratories, trained workforce, stockpiles, laws, and trust. I will work together with Member States to ensure the implementation of the revised International Health Regulations (IHR) and the Pandemic Agreement—helping to build core capacities, advancing the establishment of the Pathogen Access and Benefit Sharing (PABS) system, and ensuring that equitable access to medical countermeasures becomes a working mechanism.

1. At the national level, I will facilitate Member States to strengthen national surveillance capabilities. By leveraging technologies such as Artificial Intelligence (AI), we can integrate surveillance, community reporting, and laboratory and media network data, thereby enabling early warning systems that do not rely on expensive, specialized infrastructure. I will advocate to build national laboratory and diagnostic networks to ensure the generation, reporting, and sharing of data across the entire chain—from local facilities to public health laboratories and reference laboratories. Support should also be provided for mechanisms connecting countries worldwide. Such mechanisms can swiftly capture signals of potential public health emergencies from the public, train high-quality interdisciplinary professionals equipped with preventive, clinical and administrative skills to detect and respond to public health emergencies, and facilitate the rapid development of reference materials and diagnostic evaluations during outbreaks while establishing a clear basis for the equitable sharing of benefits derived from sample sharing.

2.At the regional level, I will endeavor to set up health emergency workforce, where countries register personnel—including epidemiologists, laboratory staff, and clinicians—available for rapid deployment. Regional mechanisms would coordinate cross-border support during

outbreaks, including offsetting measures for the affected countries to meet the urgent demand of personnel. Simultaneously, I will push to establish regional diagnostic advisory groups to conduct regular assessments of diagnostic capabilities and provide recommendations for updating testing strategies.

3. At the global level, I am committed to ensuring compliance with the revised IHR and advancing the rapid implementation of the Pandemic Agreement. We must strengthen IHR core capacities, foster global collaboration in research and development, and ensure the equitable and timely delivery of essential health products to countries in need, thereby upholding the principle of equity.

III. Pillar Three—Equitable Health Systems: Universal Health Coverage

Equity is best measured by outcomes. My goal is clear: measurable progress toward UHC in every region, with progress evaluated first by whether we reach those in vulnerable situations.

1. Put Primary Health Care (PHC) at the center. Under my leadership, WHO will renew and operationalize its commitment to integrated PHC — bringing essential quality services, including immunization, maternal and child health, noncommunicable disease care, mental health, and healthy ageing, closer to communities. I will support countries to measure what matters: affordable, accessible and quality services.

2. Make access to medicines and health products a delivered reality. I will promote local production, building on initiatives such as the biomanufacturing training hub, so that no region is left behind for vaccines, diagnostics, or therapeutics; and I will encourage greater transparency in pricing and supply.

3. Advance equity, especially during health emergencies. I will promote the establishment of a PABS system that is rapid, transparent, and accountable—one in which access to biological resources is matched, as a matter of shared commitment, by fair access to the vaccines, diagnostics, and therapeutics developed from them.

4. Combating climate-related health challenges. I will lead WHO to provide technical assistance to Member States, esp. low- and middle-income countries and small island countries, to build better, more climate-resilient and environmentally sustainable health systems and to implement climate-informed surveillance and response systems for key risks such as extreme heat and vector-borne & infectious diseases.

IV. Pillar Four—Harnessing Innovation: Artificial Intelligence and Appropriate Technologies for Health System

AI, digital health and other innovations can transform how we detect threats, deliver care, and allocate scarce resources. I intend to make WHO the institution that ensures innovation serves health equity—everywhere.

1. Integrate AI **into health systems — safely, equitably, and at scale.** I will help countries leverage digital and intelligent technologies to strengthen primary-level service capacity and the digital competencies of the health workforce, extending quality care to remote and low-resource settings.

2. Make appropriate technology facilitate development in health. I will champion the development, assessment, transfer, and large-scale application of appropriate technologies in developing countries. I will work to strengthen WHO's technology assessment and prequalification functions so that appropriate, quality-assured innovations could be accessed faster; pair innovation with the training and regulatory capacity that make it sustainable and accessible.

3. Promote innovation for all. I will bring Member States, academia, global partners, industry, and civil society into a standing dialogue on emerging technologies to ensure that every technological advance increases the accessibility and affordability of health products and services for all countries.

4. Govern health data and AI technologies responsibly. I will work with Member States to strengthen the governance of digital and AI technologies in health: guidelines for the ethical, safe, and responsible use of AI; robust data security and privacy protection; and interoperability that allows health data to be shared in a regulated manner and used appropriately—for better health, better welfare and better life.