CURRICULUM VITAE

Dr Hanan Mohamed Al-Kuwari

Candidate for Director-General of the World Health Organization

Family name (surname): **Al-Kuwari**	
First/other names: **Hanan Mohamed**	
Gender: **Female**	
Place and country of birth: **State of Qatar**	Date of birth (Day/Month/Year): **25 June 1975**
Citizenship: **Qatari**	
If you have ever been found guilty of the violation of any law (except minor traffic violations) give full particulars: **N/A**	
Civil status: **Single**	Number of dependents: **None**

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

Degrees/certificates obtained:

Degree	University	Year
PhD in Health Care Management	Centre for Evaluation of Public Policy, Department of Government Brunel University, London, United Kingdom	1999-2002
Master of Arts in Health Care Management	Webster University and Swiss Croix-Rouge Lausanne, Switzerland	1993-1994
Bachelor of Arts in Management	Webster University, Geneva, Switzerland	1991-1993

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	**X**			
	Chinese				
	English		**3**	**3**	**3**
	French		**3**	**3**	**2**
	Spanish				
	Russian				
	Others (please specify)				

1. POSITIONS HELD

LEADING AND TRANSFORMING QATAR HEALTH SECTOR

Minister of Public Health – State of Qatar
January 2016 – November 2024

- As Minister, Dr Al-Kuwari held national oversight of Qatar's public and private health services, public health programmes, and regulatory functions including licensing, pharmaceuticals and food safety.
- She designed and led delivery of Qatar's National Health Strategies, NHS 2018–2022 (900 projects) and NHS 2024–2030 (53 initiatives), raising the Universal Health Coverage Index to 84 and the International Health Regulations capacity score to 89%.
- During her tenure as Minister there were measurable gains in population health (2016–2024): life expectancy reached 81.7 years; maternal mortality achieved levels among the lowest worldwide (4 per 100,000); under-5 mortality fell from 7.5 to 6 and infant mortality from 6.2 to 5 per 1,000 live births; premature NCD mortality (ages 30–70) reached 6.3%.
- As a member of the Council of Ministers, she advocated health in all policies and supported laws taxing tobacco products and sugary drinks.
- She established and chaired the Ministry of Public Health Executive Board to modernize the management and introduce a comprehensive system of governance. This involved relevant stakeholders and aimed at consensus building on high-level policy decisions, including the health sector budget.
- Under her leadership hospitals grew from 15 to 27, bed capacity nearly doubled to 4,000, and the health workforce expanded reaching 83.5 nurses and 30.2 physicians per 10,000 population.
- She strengthened national primary health care, opening 10 new primary health centres;
- She established Qatar's first Medical Board of Specialties, with Qatar University and Weill Cornell Medicine, strengthening training of health professionals and moving Qatar's medical education to internationally recognized internship and residency programmes.
- She strengthened national emergency preparedness and, under the Supreme Committee for Crisis Management, led Qatar's whole-of-government COVID-19 response, achieving a case fatality rate below 0.19%, among the lowest worldwide, and encouraged related research (1,500 peer-reviewed publications by Qatar-based authors).
- Qatar became the first WHO Eastern Mediterranean Region country with all municipalities certified "Healthy Cities".

Managing Director – Hamad Medical Corporation (HMC)
July 2007 – November 2024

- She provided strategic leadership for a public national healthcare system of 9 specialist and 3 community hospitals**,** the National Ambulance Service, and home and residential care services (workforce ~32,000).
- She led HMC's transformation into an integrated academic health system, opening 7 new hospitals, growing public bed capacity from 1,500 to more than 3,000, and increasing outpatient care by 135% (2011–2023).
- She set up 3 WHO Collaborating Centres and led the establishment of 7 clinical and research institutes, with publications rising from 673 (2019) to 1,323 (2022).

- To improve the quality and safety of care, she led HMC to the first Enterprise Accreditation in the Middle East (2023) under JCI's Academic Medical Centre Program, alongside sustained CAP laboratory accreditation since 2015.
- She built trauma, emergency and critical care capacity, contributing to a seven-fold decrease in road traffic mortality from 35.6 to 4.8 per 100,000 (2006–2024).
- Learning from the SARS and MERS experience, she introduced pandemic preparedness and opened a new Communicable Disease Center (2016).
- She oversaw medical readiness for mass gathering events including the FIFA World Cup Qatar 2022 (1.5 million+ visitors) which took care of 50,000+ patients through a decentralised medical care system.
- With Primary Health Care Corporation and Sidra Medicine she established an Electronic Health Record covering most of the population, with virtual consultations, e-referrals and robotic pharmacy, and from 2022 introduced artificial intelligence across HMC, including adaptive radiotherapy, AI-assisted mammogram screening, surgical robotics, precision rehabilitation and patient self-assessment.

CURRENT ROLE

Advisor to the Prime Minister for Public Health Affairs – State of Qatar
November 2024 – Present

- She continues to champion the principle of health for all, providing strategic oversight of Qatar's local and global health programmes and initiatives.

EARLY LEADERSHIP POSITIONS AT HMC

Assistant Managing Director for Operations (COO)
May 2005 – July 2007 (also Vice Chair, HMC Board of Directors, December 2005 – July 2007)

Administrative Director, Women's Hospital (CEO) and HMC Enhancement Project Coordinator
October 2002 – April 2005

Assistant Administrative Director
April 1996 – October 1999

2. ROLES – NATIONAL & GLOBAL

1. National Academic and Science Boards:

Dr Al-Kuwari has served on several national academic, science and health governance boards (2011–present), including the Qatar University Board of Regents (2018–present), as Co-Chair of the Weill Cornell Medicine–Qatar Joint Advisory Board (2018–present), the Board of Governors of Sidra Medicine (2016–present) and the Board of Directors of Qatar Precision Health Institute (2019–2026) thus contributing to building Qatar's scientific enterprise and developing its research and health workforce.

2. Global Health Roles at the World Health Organization

Intergovernmental Working Group (IGWG) on the WHO Pandemic Agreement
Vice Chair of the Bureau, July 2025 – September 2026

Executive Board – World Health Organization
Member, May 2023 – May 2026 and Chair (2023–2024), including the December 2023 Special Session that adopted the resolution on humanitarian access to Gaza.

Eastern Mediterranean Regional Committee
Chair, 2024

OTHER WHO NOTABLE ROLES:

Regional Subcommittee for Polio Eradication and Outbreaks
Co-Chair, 2022 – 2024

High-Level Ministerial Group on the Control of Tobacco and Emerging Tobacco and Nicotine Products in the Eastern Mediterranean Region
Member, 2022 – 2024

Vice President of the 74th Session of the WHA and Second Special Session of the WHA
May – November 2021

Chair of Committee A for the 70th Session of the WHA

May 2017

3. HONOURS AND DISTINCTIONS

Elected International Member – US National Academy of Medicine, October 2018

In recognition of outstanding professional achievement and commitment to health and medicine at the global level.

WHO Director-General's Health Champions Award, 2022
In recognition of outstanding advocacy in global health promotion and security.

"Best Minister Award" at World Governments Summit, 2024
In recognition for transformative leadership in public health and a sustained record of socio-economic impact, innovation, resilience and good governance.

4. PUBLICATIONS

1. Epidemiological investigation of the first 5685 cases of SARS-CoV-2 infection in Qatar, 28 February–18 April 2020. BMJ Open 2020.

2. Strategies To Boost Maternal Immunization To Achieve Further Gains In Improved Maternal And Newborn Health. Health Affairs (2016).

3. The Science And Art Of Delivery: Accelerating The Diffusion Of Health Care Innovation. Health Affairs (2015).

4. The Qatar Biobank: Background and Methods. BMC Public Health 2015.

5. Analysis & Commentary: Lessons From Eight Countries On Diffusing Innovation In Healthcare. Health Affairs, 2014.

6. Patient Engagement: Four Case Studies That Highlight The Potential For Improved Health Outcomes And Reduced Costs. Health Affairs, 2014.

7. Implementation Profile: Challenges In Adapting International Best Practices In Cancer Prevention, Care, And Research For Qatar. Health Affairs, 2014.

8. Establishment of A Model Academic Health System in Qatar. The Lancet, 2012

5. MISCELLANEOUS

I enjoy reading, long walks in nature, visiting museums, and traveling to enjoy cultural exchanges and experiences.

WRITTEN STATEMENT

(1) A strong technical background in a health field, including experience in public health;
Response: I bring 30 years of experience in health. I have been Minister of Public Health, led hospitals, primary care and ambulance services, underpinned by a PhD in Healthcare Management from Brunel University, UK. *(see Section 1)*

(2) Exposure to and extensive experience in international health;
Response: I have been a Member of the WHO Executive Board (2023–2026) and its Chair (2023–2024). I also chaired the WHO EMRO Regional Committee in 2024 and served in other WHO bodies and Committees *(see Section 2.2)*

(3) Demonstrable leadership skills and experience;
Response: As Managing Director of HMC, I led Qatar's largest public healthcare provider, strengthened its resilience and promoted a primary health care approach while at the same time pursuing its transformation into an integrated academic health system. As Minister, I designed and delivered two subsequent national health strategies, achieving notable improvements in population health. *(see Section 1)*

(4) Excellent communication and advocacy skills;
Response: As Minister, I led population-level campaigns such as "Start Now" (reduced sugar, salt and fat consumption). I prioritized tobacco control and led the WHO-Qatar-FIFA Sport for Health project, whose report "Changing the Game" (WHO, 2024) underpinned resolution WHA77.12. I led the communication efforts and the whole-of-government response to COVID-19 as well as widely promoted the concept of healthy cities for addressing health determinants. This record has been recognized through the WHO Director-General's Health Champion's Award for my work on global health promotion and security. *(see Section 1 and Section 3)*

(5) Demonstrable competence in organizational management;
Response: As Managing Director of HMC, I introduced a patient safety culture within the institution and invested in innovation and research. As Minister, I modernized the Ministry of Public Health regulatory and policy functions by introducing a comprehensive system of

governance. In recognition of these achievements, I received “Best Minister Award” at World Governments Summit, 2024 *(see Section 1 and Section 3)*

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

Response: As part of Qatar’s pledge to support people affected by conflict and crisis, I organized health sector support to affected communities, including care on site or in Qatar. As Managing Director of HMC, I led a health workforce drawing on more than 90 nationalities, and invested in communication in different languages to ensure full involvement and respect of cultural differences. I guaranteed that all residents, citizens and expatriates alike, had free access to the National Health System, including COVID-19 testing, treatment and vaccination *(see Section 1)*

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

Response: I systematically pursued implementation of WHO policies nationally, including on health determinants, cancer screening and clinical guidelines as well as the participation of Qatar based scientists and researchers in WHO committees and plans**.** I hosted a number of WHO regional and global meetings and workshops in Qatar. My commitment to WHO’s mission extends to my engagement in WHO governance, to the active involvement in resolutions and decisions shaping. *(see Section 1 - Section 2)*

(8) Good health condition required of all staff members of the Organization; and
Response: I am in good health and meet the health conditions required of all staff members of the Organization.

(9) Sufficient skill in at least one of the official working languages of the Executive Board and the Health Assembly.
Response: Arabic is my mother tongue. I have professional proficiency in English, I am fluent in French. *(see language table)*

Vision Statement

A HEALTHIER, FAIRER, BETTER-PREPARED WORLD

Why I am standing

I am honoured to accept my country's nomination to stand for election as Director-General of the World Health Organization.

I have spent my working life close to patients and to the people who care for them: in hospitals, at the head of a national healthcare system, as Minister of Health for 8 years, and leading Qatar's response to a pandemic. I know what a strong health system means for a community, and what happens when systems fail those who need them most.

I have also sat on the other side of the table. Chairing WHO's Executive Board and the Regional Committee for the Eastern Mediterranean, and serving in the Bureau negotiating the Annex to the Pandemic Agreement on Pathogen Access and Benefit Sharing (PABS), left me with one conviction: countries come to WHO with very different resources and histories but the same duty to their people, and WHO is strongest when every Member State knows it has been heard. No country's voice should count for less because it is small, lower-income, distant or less powerful.

That is why I am standing. Not to administer an institution, but to help it do what no other body can: unite the world for health.

Despite decades of progress, health inequalities are widening among and within countries. Too many people still die of conditions we know how to prevent and treat, and too many communities remain beyond the reach of advances that are ordinary elsewhere. I do not accept this as inevitable. Closing that gap is the purpose I would bring to this office.

Why WHO Must Change Now

WHO enters 2027 under strain. Its financing has proved fragile, its workforce has been reduced, and it has been asked each year to do more than its resources allow. Trust in WHO has eroded. Yet health remains one of the few fields in which countries still work together across political divides, and WHO is the only place where all of them sit as equals.

I do not propose to dismantle what works. The world needs a strong WHO more than ever. WHO's constitutional role as “the directing and coordinating authority on international health work”, convening every country and setting the norms the world relies on, remains as essential today as it was at the outset. My purpose is to make it stronger, better financed and more visible in countries, through four pillars and five commitments.

Pillar One: A Trusted and Independent Health Authority

Trust is built by process, not by assertion.

The transparency that governs WHO's guidelines, a documented evidence base, a published conflict-of-interest process and candour where evidence is uncertain, will be extended to emergency and interim guidance, where trust is tested hardest. I will propose to the Executive Board that the remit of the Independent Expert Oversight Advisory Committee be extended to the independence of WHO's scientific advice, with its findings published in full, and I will review the criteria for senior appointments in my first months.

I will support Member States in completing the governance reform they have begun, within the Constitution as it stands: the Health Assembly setting policy and adopting resolutions, the Executive Board preparing its work and overseeing delivery between sessions.

I will engage constructively in the UN80 process and the review of the global health architecture, working as a partner to other United Nations agencies, global health funds, partnerships and regional institutions. WHO will also speak clearly for the protection of patients, health workers and health facilities in conflicts, under international humanitarian law.

Pillar Two: Financing the Independence WHO Needs

An organization that depends on the decisions of a few contributors cannot exercise the independence its mandate requires.

I will work with Member States to deliver the assessed contribution increases already agreed, reaching half of the base budget by 2031 at the latest, with support for countries in fragile situations that struggle to meet them. I will strive to raise the share of voluntary funding that is flexible rather than narrowly tied and build on the Investment Round and the WHO Foundation, so that WHO is financed by all its Member States, not a few.

WHO owes Member States discipline in return: a leaner organization, spending that every Member State can see, partnerships judged on results rather than longevity, and engagement with non-State actors that follows the framework Member States have adopted.

Financing WHO properly is not charity; it is an investment by Member States in their own sovereignty and security. WHO's door remains open to every country that wishes to join or rejoin this shared endeavour.

Pillar Three: Delivering the Unfinished Business, in Countries

WHO's success is measured in countries, not in Geneva. We know how to prevent most of the avoidable deaths that still occur; what has been missing is sustained implementation.

Primary health care is the road to universal health coverage, and the United Nations High-Level Meeting on universal health coverage in September 2027 will be a fundamental moment: WHO's country support will be organized around it, with particular attention to fragile settings. No health system works without health workers, and the projected shortfall constrains every other ambition: their education, retention and ethical international recruitment will be a first-order priority, and the WHO Academy will serve the wider health workforce together with WHO's own staff.

Women's health will be a personal priority. It has too often been understood too narrowly. Maternal and reproductive health are vital, and progress on maternal and newborn survival has slowed and must be re-accelerated. But women's health is also the health of girls and adolescents, cancer, cardiovascular disease, mental health, healthy ageing, and whether research and health data reflect women's lives at all. I want the needs of women and girls visible across WHO's work rather than confined to one part of it, with children and adolescents alongside them, as SDG 3 requires.

Noncommunicable diseases are now the world’s largest disease burden, while many low- and middle-income countries still carry the weight of infectious diseases as well, and populations everywhere are ageing. Prevention embedded in primary health care and universal health coverage depends on food systems, cities, schools, air quality, commercial drivers of ill-health and fiscal policy as much as on clinics; I have led that work nationally with a Health in All Policies approach and will help Member States do the same. Mental health belongs inside primary health care. Vaccine-

preventable diseases will be pushed back through affordable vaccines, health literacy and a systematic answer to misinformation. Polio eradication must be completed.

Preparedness is not a programme; it is a property of a health system and will be built as one. WHO will remain present where others cannot be, leading the health cluster with the capacity to surge, working with and not duplicating national authorities, regional institutions and humanitarian partners. The amended International Health Regulations will be implemented in full. The Pandemic Agreement has been adopted; once its annex on PABS is agreed, I will treat its implementation as a priority of my mandate. Multi-agency coordination will be strengthened, including One Health through the Quadripartite, and the public health community kept informed of the epidemiological situation.

Pillar Four: Preparing for What Is Coming

Science, technology and climate are reshaping both the opportunities and the threats to health. Foresight and anticipation of scientific progress must become a driver of greater equity and access to innovation.

WHO will set a clear science and research agenda tied to equitable access, so that lower-income countries reach new medicines, vaccines and diagnostics on the same timeline as high-income ones, including through regional manufacturing and by aligning WHO's guideline and prequalification processes so approval is not the bottleneck.

Access to better data, artificial intelligence and digital health can widen access, sharpen diagnosis and raise the productivity of health workers. The risk is not the technology but that its benefits arrive in some countries and not others, while regulation and oversight remain uneven. Building on WHO's work with ITU and WIPO, I will turn guidance into a practical package that countries, and companies serving them, can use, to facilitate the integration of safe and effective AI and digital solutions in health provision. WHO will hold its own use of these tools to the same standards.

Climate change is a health emergency as well as a driver of pandemic risk and extreme events. WHO's task is to set the health evidence and standards that others act on. WHO will model what it asks of others in its own operations, integrate climate-sensitive surveillance into a single, federated and interoperable data architecture, and insist that health is a central pillar of climate negotiations.

How I Will Lead

Science and evidence first. WHO will show the evidence behind its advice, insulated from unsound influence, and say plainly when it is not yet certain.

Delegation with accountability. I do not micromanage. In the spirit of One WHO, I will lead a unified senior team: clear objectives, authority delegated in writing and collective responsibility for results.

Decisions closer to countries. Where work can be done better in a regional or country office, it will be. In my first 100 days, I will commission an independent functional review across all three levels to report within a year with a published timetable.

Investing in WHO's people. Merit-based appointment and promotion, protection for staff who raise uncomfortable findings, and career development that is real.

Every Member State has a voice. I will brief and consult the Executive Board, the regional groups, our United Nations and financing partners, and civil society organizations on a regular basis.

A Shared Commitment

The election of the Director-General is an act of collective governance. Member States are not choosing an administrator; they are choosing a direction: a WHO trusted because it is independent, independent because it is properly financed, and valued because it delivers where people live.

WHO's founding promise, the attainment by all peoples of the highest possible level of health, remains unfinished. I ask for support for an Organization that can tell Member States what the evidence says, identify what matters most and see it through. I want women and children at the heart of the health agenda. I want prevention to carry the weight it deserves. And I want every Member State, whatever its size or income, to know that its voice counts.

I will listen. I will build consensus. And where decisions must be made, I will make them and answer for them.

I am ready to lead WHO. I am asking Member States to lead with me.