ANNEX 3

FORM FOR CURRICULUM VITAE

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

Balkhy

First/other names:

Hanan</td><td></td></tr>
<tr><td colspan="2">Gender:

Female</td></tr>
<tr><td>Place and country of birth:

Columbia MO, USA</td><td>Date of birth (Day/Month/Year):

01.12.1966</td></tr>
<tr><td colspan="2">Citizenship:
Saudi Arabia</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:

None</td></tr>
</table>

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.)

1985-1992	**Medical School and Internship**. M.B., Ch.B., King Abdul-Aziz University. Faculty of Medicine and Allied Sciences. Jeddah, Saudi Arabia.
1993-1996	**Pediatric Internship and Residency.** Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA. ***American Board Certified.***
1996-1999	**Pediatric Infectious Disease Fellowship and Research Associate**. The Cleveland Clinic Foundation, & Rainbow Babies and Children's Hospital, Case Western Reserve University School of Medicine, Cleveland, Ohio, USA. ***American Board Certified.***
2007-2009	**Masters Medical Education**. King Saud bin Abdulaziz University for Health Sciences. Riyadh, Saudi Arabia.

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				
	Spanish				
	Russian				
	Others (please specify)				

Positions held. Please indicate the positions and work experience held during your professional career, with corresponding dates, duties, achievements/accomplishments and responsibilities.

I. WHO Leadership Experience

Regional Director, Eastern Mediterranean Region
Feb 2024– present

I provide executive leadership for one of WHO's largest and most operationally complex regions, aligning headquarters, regional and country offices behind common priorities while ensuring accountability for performance, delivery and stewardship of more than US$1.6 billion in programmeme resources.

I developed and am overseeing implementation of a Regional Strategic Operational Plan aligned with GPW13/14, with flagship priorities on equitable access to medical products, health workforce resilience, and public health action on substance use. I guide coordinated responses to multiple concurrent emergencies and ensure aligned, timely, and effective delivery of operational, technical, and programmatic support to all 22 Member States.

My role includes ensuring progress towards the SDGs[1] and UHC[2]. I provide leadership and coordination across the three levels of the Organisation to align priorities and performance for the EMR, including advancing immunization, reducing zero-dose children, and supporting polio eradication.

I also lead the Regional Health Alliance, a regional partnership that includes 18 UN agencies, to promote a coordinated, country-led approach to health. I actively lead and convene the regional negotiations on the Pandemic Treaty and the Pathogen Access and Benefit-Sharing (PABS). And as a member of WHO's Global Policy Group, I contribute to the Organization's highest-level strategic decisions on policy, operations, emergencies and institutional priorities.

Assistant Director-General, Antimicrobial Resistance
May 2019– Jan 2024

I led WHO's global antimicrobial resistance agenda, guiding the development of global priorities in surveillance, stewardship, workforce, research, and country implementation, and supporting Member States in advancing national action plans and strengthening multisectoral responses. To support implementation, I mobilized an additional US$20 million for WHO's AMR division and advocated for, and helped operationalize, the AMR Multi-Partner Trust Fund, which mobilized US$27 million to support coordinated One Health implementation at country level.

I advanced WHO's AMR research and normative agenda through the development of core outputs and through broader support to revitalize the antimicrobial R&D pipeline, including engagement with initiatives such as GARDP[3] and the AMR Action Fund.

I established and hosted at WHO key governance bodies, including the QPJS[4] and the GLG[5] on AMR, both playing a critical role in sustaining high-level political and leadership momentum.

[1]Sustainable Development Goals. [2]Universal Health Coverage. [3]The Global Antibiotic Research & Development Partnership. [4]Quadripartite Joint Secretariat. [5]Global Leaders Group.

Assistant Director-General a.i., Access to Medicines and Health Products / WHO Lead, ACT-Accelerator Diagnostics Pillar
Dec 2022– Jan 2024

I led WHO's work to expand equitable and timely access to quality-assured medicines, vaccines, diagnostics, and health technologies. This included guiding work on regulatory systems, supply chains, local manufacturing, and technology transfer, and supporting distributed manufacturing initiatives such as the biomanufacturing training hub with the Republic of Korea.

I provided leadership in addressing critical access and product quality challenges, including the response to the diethylene glycol contamination crisis, reinforcing the importance of regulatory oversight and safe medical products. I led early implementation of the WHO Listed Authority framework, convening regulators and advancing reliance-based approaches, while supporting regulatory strengthening through the Global Benchmarking Tool and regional harmonization efforts, including African Medicines Agency ratification.

I also contributed to the evolution from emergency response mechanisms towards more integrated health security approaches, including early implementation of HEPR[1] and the interim Medical Countermeasures Network (iMCM-Net).

II. National and Academic Leadership

Ministry of National Guard Health Affairs, Saudi Arabia
1999– 2019

I held senior clinical, academic, and leadership roles integrating service delivery, public health, research, and capacity building. As a clinician and Professor of Pediatric Infectious Diseases, I combined clinical care, research, and education while mentoring students, residents, fellows, and PhD candidates.

As Executive Director for Infection Prevention and Control, (2007-2019), I led the development of a comprehensive public health programme serving 1.5 million people, including a national IPC policy framework adopted across Saudi Arabia and referenced in GCC countries. I established a specialized workforce model and led a national surveillance systems linking early detection, reporting, outbreak investigation, and quality improvement, strengthening national and regional health security capacity.

As Chair of the Infectious Diseases Department and founder, (2009-2019), I built national and regional research capacity in AMR and emerging pathogens, transforming KAIMRC into a regional MERS-CoV reference center. I established the first clinical trials unit and enabled Saudi Arabia's first Phase I ChAdOx1 MERS-CoV vaccine trial, alongside pioneering community engagement initiatives to strengthen trust in clinical research.

I led cross-sectoral negotiations for the first ChAdOx1 MERS-CoV vaccine trial in camels, advancing One Health collaboration, and expanded the OH research agenda to brucellosis, avian influenza, and antimicrobial resistance.

III. Global Governance and Advisory Roles[2]

I have held several advisory roles with WHO and the United Nations, contributing to global health policy and international health security.

[1]Health Emergency, Preparedness and Response. [2]Details available on website.

IV. Editorial Leadership and Education

Editorial leadership as Editor-in-Chief of two leading public health journals, with extensive peer-review experience.[1]

Please list a maximum of 10 publications - especially 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. (Please feel free also to attach a complete list of all publications.) Do not attach the publications themselves.[2]

1. Balkhy HH, Zowawi H, Albatshan HA, et al. Antimicrobial resistance: A round table discussion on the "One Health" concept from the Gulf Cooperation Council Countries. Part One: A focus on Leadership. JIPH. 2018;11(6):771–777

2. Balkhy HH, Assiri AM, Al Mousa H, et al. The strategic plan for combating antimicrobial resistance in Gulf Cooperation Council States. JIPH. 2016;9(4):375–385.

3. Balkhy HH, El-Saed A, Alsaedi A, et al. Ten-year resistance trends in pathogens causing healthcare-associated infections: reflection of infection control interventions at a multi-hospital healthcare system in Saudi Arabia, 2007–2016. ARIC. 2020;9:21.

4. Arabi YM, Balkhy HH, Hayden FG, et al. Middle East respiratory syndrome. NEJM. 2017;376:584–594.

5. Arabi YM, Fowler R, Bright RA, et al. Knowledge gaps in therapeutic and non-therapeutic research on the Middle East respiratory syndrome. The Lancet Respiratory Medicine. 2016;4(2):93–94.

6. Almutairi AF, Almutairi BM, Alturki AS, et al. Public motives and willingness to participate in first-in-human clinical trials in Saudi Arabia: a new era in the making. JIPH. 2019;12(6):853-857.

7. Cotten M, Watson SJ, Kellam P, et al., including Balkhy HH. Transmission and evolution of the Middle East respiratory syndrome coronavirus in Saudi Arabia: a descriptive genomic study. The Lancet. 2013;382(9909):1993–2002.

8. Ahmed GY, Balkhy HH, Bafaqeer S, Al-Jasir B, Althaqafi A. Acceptance and adverse effects of H1N1 vaccinations among a cohort of National Guard Health Care Workers during the 2009 Hajj season. BMC Res Notes. 2011;4:61.

9. Alharbi NK, Qasim I, Almasoud A, et al. Humoral immunogenicity and efficacy of a single dose of ChAdOx1 MERS vaccine candidate in dromedary camels. Sci Rep. 2019;9:16292.

10. Alharbi NK, Ibrahim OH, Alhafufi A, et al. Challenge infection model for MERS-CoV based on naturally infected camels. Virol J. 2020;17:77.

[1]Details available on website. [2]224 publications, ~12,800 citations, and an h-index of 54: Hanan Balkhy - Google Scholar

Please list hobbies, sports, skills and any other relevant facts that might help in the evaluation of your application:
Outdoor activities and being with family

Written Statement
1. **Please evaluate how you meet each of the "Criteria for candidates for the post of the Director-General of the WHO" (see attached sheet). In so doing, please reference specific elements of your CV to support your evaluation. The criteria adopted by the WHA 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 more than three decades in pediatrics and infectious diseases. My expertise spans healthcare-associated infections, antimicrobial resistance and emerging pathogens, across the full continuum from bedside care to national and regional public health systems. For over a decade I led a national Saudi public health department—managing community outbreaks, contact tracing, occupational and environmental hazards, and integrating public awareness in school Programs—and led preparedness and response to SARS, H1N1, H3N2 and MERS-CoV.

(2) **Exposure to and extensive experience in international health**
The past two decades of my career have been dedicated to international health. In 2019, I became WHO's first Assistant Director-General for Antimicrobial Resistance, where I established a global One Health framework with FAO, WOAH, and UNEP. During the COVID-19 pandemic, I led the ACT-Accelerator Diagnostics Pillar. I now serve as Regional Director for the Eastern Mediterranean, overseeing 22 Member States and more than 750 million people, including some of the world's most complex humanitarian settings.

(3) **Demonstrable leadership skills and experience**
I have led WHO operations across one of the world's most complex regions, overseeing responses to emergencies, outbreaks, and conflicts, including large-scale vaccination campaigns and emergency deployments. During the 2026 regional escalation, I directed WHO's preparedness efforts across Member States for potential chemical, biological, radiological, and nuclear (CBRN) incidents, ensuring readiness for high-consequence public health risks while maintaining continuity of essential health services.

As a transformational leader, I have worked with Member States to refocus priorities toward more sustainable approaches, advancing innovative financing to reduce dependence on shrinking ODA and strengthening core national institutions such as public health authorities and regulatory systems. I have also fostered regional solidarity on access to medicines through pooled procurement to improve equity, efficiency, and resilience.

(4) **Excellent communication and advocacy skills**
I view communication as a strategic leadership function and a core public health intervention, essential for building trust, countering misinformation, and enabling collective action. During the emergence of MERS-CoV, I led risk communication on camel-to-human transmission, engaging schools, universities, community leaders, and religious authorities to deliver consistent, science-based messages in communities where camels are a source of wealth, identity, and pride. Through culturally sensitive engagement, we promoted risk-reduction behavior while maintaining public trust and supporting the implementation of public health measures.

As Regional Director, I have continued to advocate for the protection of health systems and health workers in conflict settings and have led high-level diplomatic engagement

between neighboring countries, using evidence-based advocacy and dialogue to advance cooperation on medicines regulation, substance use, and synchronized polio vaccination campaigns.

(5) **Demonstrable competence in organizational management**

As Regional Director, I have led the implementation of WHO's transformation agenda, advancing business operations from a fragmented, compliance-driven model to an integrated, performance-oriented system aligned with GPW13/14. I oversaw the mobilisation of US$1.6 billion despite constrained financing, expanded the donor base, and ensured that over 70% of resources were allocated to country level to strengthen delivery.

I strengthened governance and risk management frameworks, and reduced audit backlogs by 50%. I also strengthened workforce planning by developing and advancing a regional WHO Representative succession framework, promoting leadership continuity, mobility, and career development and I reinforced a zero-tolerance approach to sexual exploitation, abuse and harassment through enhanced safeguarding measures.

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

I have led diverse, multicultural teams for over 25 years at national, regional, and global levels, and I am acutely aware of how cultural and political sensitivities can shape collaboration. I address these proactively—openly and privately—to prevent misunderstanding and maintain trust. I see my role not only as a leader, but also as a coach, fostering cohesion across teams. For example, I have navigated politically sensitive cross-border engagements, aligning countries with differing priorities on shared health objectives. In Cairo, I have also ensured inclusive workplace practices that respect religious diversity, strengthening a unified, high-performing organizational culture.

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

My commitment to WHO is demonstrated through sustained service as Assistant Director-General and Regional Director. As ADG, and when called upon to lead additional critical portfolios, I also served as Assistant Director-General for Access to Medicines and Health Products and led the ACT-Accelerator Diagnostics Pillar during the COVID-19 pandemic—reflecting my readiness to assume broader responsibilities in times of global need.

Prior to joining WHO, I supported its mandate for over 15 years through service on strategic advisory and guideline development groups, and by leading the first regional AMR WHO Collaborating Center for more than a decade. In my current role, I remain deeply committed to WHO's mission of promoting health, keeping the world safe, and serving the most vulnerable, while ensuring the organisation is scientifically authoritative, trusted, and operationally responsive.

(8) **Good health condition required of all staff members of the Organization**

Yes, I am.

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

Yes, Arabic and English.

2. **Please state your vision of priorities and strategies for the WHO.**

The world needs a WHO it can count on - one that earns trust, delivers impact and demonstrates value. A WHO that protects health, supports countries and advances the right to health for all.

That is not a slogan. It is a description of what WHO was built to be and has not yet fully become. My candidacy is a commitment to making it real.
I see WHO as a disciplined partner for national health systems - one that strengthens, and never detracts from, national leadership. Present when needed, technically sound, economically delivered. Credibility of that kind is not claimed - it is hard earned, and re-earned, with every decision.

The critiques that continue to challenge WHO include concerns around protecting scientific independence, emergency responsiveness, organizational complexity and sustainable financing. These are not separate problems. They call for a transformational approach pursued through determined action and close partnership with Member States.

My platform addresses these challenges through three priorities:

1. **Build a WHO the world can count on – Scientifically trusted, financially sustainable, universally accountable** - because WHO can only lead effectively when its science is trusted, its resources are sustainable, and its performance is accountable.

2. **When crisis strikes, WHO should already be there** - because I have led responses to health emergencies and know that appeals launched after a crisis is underway arrive too late.

3. **Universal Health Coverage - delivered, not just declared -** not a declaration, but a measurable commitment in the communities that need it most.

Three priorities. One argument: a WHO built on trust, driven by impact, and measured by value — for every person on earth.

My role is to provide the leadership that makes WHO a more credible platform for the change this moment demands. The priorities I present are not abstract commitments; they are rooted in experience and in work already underway.

Priority 1. Build a WHO the world can count on – Scientifically trusted, financially sustainable, universally accountable

WHO's authority rests not on its constitutional mandate alone, but on the confidence of its Member States and the people it serves. That confidence is earned through independent science, transparent decision-making, responsible stewardship of resources and disciplined management. WHO must remain focused on its unique mandate, strengthen its financial sustainability, uphold the highest standards of integrity and accountability, and demonstrate its value through measurable results. Its credibility is the foundation of its ability to convene the world, support countries, and act with authority when global health challenges emerge.

As Director-General, I will accelerate progress and ensure WHO continues to strengthen its role as a trusted, effective, and accountable organization that delivers on its mandate.

RESTORE SCIENTIFIC AUTHORITY AND PUBLIC TRUST IN HEALTH

- **Ground decisions in transparent, independent evidence.** Use open, well-governed advisory processes drawing on global expertise, with publication of evidence, criteria, and committee composition to ensure WHO's determinations are credible and open to scrutiny.

- **Counter misinformation as a strategic public health responsibility.** Treat timely, clear, and accessible communication as essential, working with countries, scientific institutions, and digital platforms to ensure reliable health information reaches populations effectively.

- **Sustain open and continuous engagement.** Maintain technical dialogue with all Member States, regardless of position, recognising that WHO's influence depends on consistent engagement.

- **Set and uphold global norms and standards.** Ensure WHO's guidelines are developed transparently, updated with evolving evidence, and credible enough to be adopted by countries through trust rather than mandate.

- **Advance research and close the global evidence gap.** Promote and coordinate research on priority global health challenges—including antimicrobial resistance, pandemics, and mental health—while strengthening research and innovation capacity in low- and middle-income settings.

FOCUS AND STREAMLINE THE WORKING OF WHO

- **Focus on WHO's unique mandate.** Prioritise core functions—normative guidance, emergency coordination, surveillance, and convening—while remaining transparent with Member States on what WHO leads versus what partners or national systems deliver.

- **Clarify accountability across all levels.** Align headquarters, regional, and country offices through clear reporting lines, common standards, and reduced duplication, enabling the organisation to act as one.

- **Uphold the highest standards of integrity.** Enforce a rigorous code of conduct and zero tolerance for abuse, harassment, exploitation, and misconduct, with protection for whistleblowers and accountability at all levels.

- **Embed independent performance evaluation**. Institutionalise results-based management and independent evaluation, ensuring programs are judged by outcomes and Member States can clearly assess results.

- **Invest in a high-performing workforce.** Strengthen attraction and retention of talent through merit, professional development, and respect for diversity, ensuring a capable and motivated global workforce.

SEEK SUSTAINED INVESTMENT AND STRATEGIC PARTNERSHIP FOR NATIONAL AND GLOBAL HEALTH

- **Strengthen the case for health investment.** At every level demonstrate the returns of health spending for prosperity, security, and equity; rebuild political and donor

support for sustained financing; and secure the independent financial base that allows WHO to lead that argument with credibility.

- **Secure predictable, flexible financing for WHO.** Consolidate assessed contributions, expand flexible funding, and demonstrate strong stewardship to sustain trust and independence.

- **Diversify the contributor base.** Expand support from emerging economies, development banks, and blended financing, including innovative public, philanthropic, and solidarity-based mechanisms.

- **Mobilise innovative, solidarity-based financing.** Champion mechanisms that pool risk and resources for pandemics, emergencies, and the poorest, recognising that global health is best advanced collectively.

- **Strengthen strategic partnerships for health.** Build transparent, accountable partnerships with Member States and key stakeholders aligned with WHO's mandate and country priorities.

Priority 2. When crisis strikes, WHO should already be there

The emergencies of our era arrive from multiple directions at once — outbreaks and pandemics, climate-related threats and natural disasters, and sudden or protracted conflicts. They respect no borders and require WHO to respond with speed, transparency and technical authority.

I have seen first-hand the complexity of responding simultaneously to major emergencies in Gaza, Sudan, Yemen, Somalia and Afghanistan, often when needs have already outpaced available resources. I have also seen how stronger preparedness, early warning and country capacity can prevent outbreaks from becoming crises. **The lesson is clear:** the most effective response begins before the emergency.

As Director-General, I will strengthen WHO's emergency and humanitarian health capacity, and **support countries to become the first and most effective responders** to health threats affecting their populations.

PROTECT HEALTH AGAINST EMERGING THREATS AND DURING EMERGENCIES

- **Strengthen all-hazards preparedness and resilient systems.** Build national and regional capacity to anticipate, withstand, and recover from threats—epidemic, climate, environmental, and conflict—recognising that resilient systems underpin both emergency response and universal health coverage.

- **Protect a rapid, rules-based alert and response function.** Safeguard detection and declaration processes through transparent criteria and independent expertise, while strengthening surveillance, laboratories, and the emergency workforce for early, locally driven action.

- **Sustain health in conflict and protect delivery.** Uphold protection of health care in fragile settings and ensure continuity of essential and emergency services for affected populations.

- **Operationalise pandemic preparedness commitments.** Translate strengthened International Health Regulations and the Pandemic Agreement into practice, supporting equitable access to medical countermeasures and effective pathogen access and benefit-sharing.

- **Address the health impacts of severe climate.** Support countries to understand, prepare for, and manage risks including heat, shifting disease patterns, and threats to water and food security, ensuring health remains central to the global climate agenda.

Priority 3. Universal Health Coverage - delivered, not just declared

Universal Health Coverage remains the central promise of global health. Since Alma-Ata, the world has accumulated decades of evidence on what works: strong primary health care, skilled health workers, equitable access to medicines and technologies, reliable data, and sustainable financing. The challenge is no longer knowing what to do, but translating knowledge into sustained action through political commitment, effective implementation, and accountability for results.

In the Eastern Mediterranean Region, I have worked with Member States pursuing ambitious health transformations, including countries emerging from conflict, facing protracted crises, or operating under severe constraints. These experiences have demonstrated that progress is possible when political leadership, strong institutions, and effective partnerships come together.

As Director-General, I will bring this experience to support countries worldwide in turning UHC commitments into measurable improvements in people's lives.

INTENSIFY THE ADVANCEMENT OF UNIVERSAL HEALTH COVERAGE

- **Put country capacity at the centre.** Focus WHO's technical cooperation on national priorities, strengthening core health system functions—including workforce, medicines and diagnostics, information systems, and financing—so that countries lead and WHO enables.

- **Accelerate primary health care as the foundation of UHC.** Renew commitment to people-centred, integrated services that address health needs across the life course and bring quality care closer to communities.

- **Close the equity gap.** Prioritise populations affected by fragility, conflict, poverty, exclusion, and other barriers to care, ensuring that progress is measured by reaching those furthest behind.

- **Strengthen accountability for results.** Improve data, measurement, and learning systems so that countries and partners can track progress, improve performance, and direct resources where they achieve the greatest impact.

- **Support sustainable, comprehensive UHC**. Help countries build the political commitment, institutions, and resources needed to deliver universal coverage across the full spectrum of health needs, including essential services, noncommunicable diseases, mental health, and ageing.

As Director-General, I will lead the effort to build a WHO that the world can count on: trusted in its science, impactful in its action, and accountable for the value it delivers.