



Candidate for the post of
**REGIONAL DIRECTOR OF
THE EUROPEAN REGION**
of the World Health Organization
2025-2030

DR HANS KLUGE

*The Kluge-ethos:
listening to Member States & following
through on commitments made.*
@WHO



UNITED ACTION *for* BETTER HEALTH



With strong support from my home country, Belgium, I am honored to run for re-election as Regional Director of the World Health Organization Regional Office for Europe (WHO/Europe) for the 2025–2030 term.

During my mandate, my ethos was to listen carefully to all 53 Member States in the region and, just as importantly, to follow through on the commitments I made.

The vision statement presented in this brochure is based on the questions raised during and after my hearing at the virtual forum by the Regional Evaluation Group and all WHO European Member States on 19 June 2024, as part of the Regional Director nomination process.

I have carefully considered these important questions, and I hope that the answers, organized here by topic, will clearly convey my future goals and plans for WHO/Europe.

If re-elected for a second term, I will remain committed to the same guiding motto:
UNITED ACTION FOR BETTER HEALTH.

we must stand
UNITED

we need to take
ACTION

we aim to ensure
BETTER HEALTH
for all

COLLABORATION *with* COUNTRIES

How do you see WHO/Europe's collaboration with countries?

Listening to, anticipating, and responding to the needs of Member States is a fundamental mission of WHO. As Regional Director, my role is to listen, take action, and unite all stakeholders to achieve better health for all in Europe.

Countries are at the core of our European Programme of Work 2020–2025 (EPW) and will continue to be. Here are a few examples of key country-focused initiatives achieved during my current term, amidst five years of ongoing crises:

- The Pan-European Leadership Academy, which supports a new generation of public health leaders and addresses underrepresentation in the UN system.



- The first WHO/Europe Country Collaboration Strategy, adopted at the 72nd session of the Regional Committee.
- A new WHO European enabling hub in Istanbul, providing agile, high-quality services to countries.
- WHO/Europe now has more staff based in countries (67%) than in the Copenhagen Regional Office (33%) for the first time.

- An increase in the budget allocated to Country Offices from 37% to 48% since 2020.
- Nine countries now have international policy advisors who provide guidance on Universal Health Coverage through our partnership with the European Union.
- The WHO European Global Health Diplomacy Dialogue programme, which enhances the skills of our counterparts in the Ministries of Health and Foreign Affairs, as well as WHO Representatives.

What are your plans for sub-regional collaboration?

My country-by-country approach has been enhanced by an innovative sub-regional strategy to address the diversity among the 53 Member States in the WHO European Region. Here are some key examples:

- The Roadmap for Health and Well-being in the Western Balkans , endorsed by heads of governments in Budva, Montenegro, at the Central European Initiative Summit on 3 December 2021.
- The Roadmap for health and well-being in Central Asia, adopted at the Consultative Meeting of the heads of states on 14 September 2023 in Dushanbe, Tajikistan.

- The launch in 2022 of the first Roadmap towards better health in small countries in the WHO European Region, followed by regular summits.
- WHO/Europe and Eurasian Economic Commission guidelines on transport during the COVID-19 pandemic.
- A joint evaluation of information and communication technologies in health systems with the Commonwealth of Independent States' Health Council.
- Model laws on tobacco control and on medicines developed with the Interparliamentary Assembly of the Commonwealth of Independent States.

- The first Leadership Course in Health Emergencies held with the Organization of Turkic States in Istanbul, Türkiye.
- The European Union and WHO/Europe Solidarity for Health Initiatives in the Eastern Partnership, including on COVID-19 vaccine deployment and efforts to improve immunization rates.

I plan to further strengthen the sub-regional *modus operandi*, especially through the flourishing Small Countries Initiative, by amplifying the exchange of knowledge and experiences globally, including with Small Island Developing States.

What is your policy for the countries of Central Asia?

With one-third of its population under 30, Central Asia has great social and economic potential to transform towards equitable and resilient health systems. Our work in Central Asia is a key example of our sub-regional approach and has been a priority during my first term. I plan to advance this collaboration through several promising programmes that emerged from the first Central Asia Health Investment Forum, held in Bishkek, Kyrgyzstan, on 26–27 June 2024.

The next steps are:

- Encouraging the five Central Asian Member States to increase their domestic health funding.

- Strengthening WHO Country Offices in these countries, including setting up sub-regional technical hubs.
- Partnering with donors who participated in the Forum to implement their pledges through the established Partners Group.

How do you view WHO's partnership with the European Union?

During my first term, I prioritized strengthening our relationship with the European Union (EU) and its key institutions, given that all 27 EU Member States are also part of the WHO European Region. At the start of my term, which coincided with the new EU political cycle, we worked with the European Commission to create a Joint Declaration for a strategic, results-oriented partnership for health in Europe.

The COVID-19 pandemic underscored the importance of this collaboration. It enabled us to coordinate pandemic responses, ensure equitable vaccine distribution, share critical data, and bolster health system resilience.

We collaborated closely with European Commissioners and Directorates, including SANTE, HERA, REFORM, NEAR, INTPA, ECHO, as well as the European Centre for Disease Prevention and Control and the European Medicines Agency. Our joint efforts covered emergency preparedness and response, universal health coverage and resilient health systems, digital health and artificial intelligence, mental health and noncommunicable diseases and other areas. The EU's financial contribution to the WHO European Region has reached its highest level since our partnership was established.

We have also strengthened our ties with the EU Council Presidencies, the European Parliament, and the European Committee of Regions. Moving forward, I will continue to prioritize this precious partnership, leveraging our combined efforts to improve health outcomes in EU Member States and extend support to neighboring countries.

What are your plans for interregional collaboration?

Strengthening WHO's ability to meet the needs of its Member States requires harmonious delivery across all three levels of the organization. I plan to continue actively participating in and supporting the WHO Global Policy Group, alongside the WHO Director-General and my fellow Regional Directors. My focus will be on enhancing direct inter-regional and horizontal collaboration through impactful initiatives established during my current term. These initiatives include efforts on¹:

- Migration, in collaboration with AFRO and EMRO;
- Primary health care and health workforce, working with AFRO, SEARO, and WPRO;

1. The acronyms used here and in the document: WHO Regional Office for Africa (WHO/AFRO), WHO Regional Office for the Eastern Mediterranean (WHO/EMRO), the Pan American Health Organization (PAHO), WHO Regional Office for South-East Asia (WHO/SEARO), WHO Regional Office for Western Pacific (WHO/WPRO),

- Global health diplomacy, with EMRO and PAHO;
- Communicable diseases, in partnership with SEARO;
- Quality of care, engaging with AFRO, EMRO and SEARO;
- Climate change, with PAHO and WPRO.

For example, in the area of climate change and health, we will invite other Regional Offices as observers to the Pan-European Commission that I plan to establish in February 2025, if re-elected. I will consult with WHO Headquarters and fellow Regional Directors to ensure that the Commission's Call to Action is aligned with our collective goals.

It is essential that we continue to highlight the strengths of Europe and Central Asia while drawing lessons from the successes of other Regional and Country Offices. This collaboration is particularly important during conflicts and emergencies. WHO/Europe has played a leading role in inter-regional knowledge exchange and support throughout the COVID-19 pandemic and the mpox outbreak. Currently, we are working closely with WHO/EMRO to address the severe impact of the conflict in Israel and the occupied Palestinian territories. In the spirit of international health innovation and dialogue, upon request, WHO/Europe is also prepared to support the Shanghai Cooperation Organization and the BRICS+ Initiative.

LEARNING

from **EXPERIENCE**

With your current experience, what would you have done differently during your first term?

Reflecting on my first term, I have identified three key lessons that will guide my work if re-elected:

- I've learned that listening to Member States not only addresses their questions and requests but also provides valuable guidance, solutions, and answers. To enhance this, we must maximize opportunities for consultative work and reinforce WHO's role as a connector and facilitator. I have already made progress in this area and plan to build on it during my second term.



- I also underestimated the extent to which fake news affects health and public trust, complicating WHO's work and my own efforts. To address this, I established the first WHO/Europe's Behavioral and Cultural Insights Unit to leverage the right information in the right way to our target audiences. Furthermore, I placed trust in public institutions, including health, on top of the agenda of the Tallinn Conference on Health Systems in December 2023 to inspire new approaches to our traditional paradigms of thinking and policymaking. But there is still much more work to be done.
- I certainly acknowledge that staff wellbeing was significantly affected during the COVID-19 pandemic and further strained by multiple other crises in the region, resulting in a more lasting impact than I had anticipated. Addressing this ongoing issue will be a top priority.

I also identified five operational principles to guide my second term if re-elected:

- 1.** Advance participatory governance that puts Member States first.
- 2.** Maintain close and continuous contact with each Member State.
- 3.** Support WHO/Europe staff, in collaboration with the Staff Association, to improve working conditions and enforce a zero-tolerance policy on harassment, including sexual harassment.
- 4.** Ensure alignment and internal consistency at all levels of the organization.
- 5.** Strengthen WHO/Europe's scientific evidence base and rigorous financial management.

ACHIEVEMENTS *of the* *European Programme of* *Work* **2020-2025**

Do you plan to evaluate the European Programme of Work 2020-2025?

Absolutely. Evaluating the current European Programme of Work (EPW) will be a key part of the participatory and innovative consultation process with Member States and partners that I plan to use for developing the EPW for the next five years, in alignment with the 14th Global Programme of Work (GPW14). Public health evaluation is essential but often overlooked.

I have already commissioned the London School of Hygiene and Tropical Medicine to carry out an independent review of the quality of science and evidence produced by the WHO/Europe for policymaking².

2 «Generating and disseminating evidence for policy», Seventy-third Regional Committee for Europe: Astana, 24-26 October 2023
<https://iris.who.int/handle/10665/361900>



If re-elected, I will ensure that formal, country-driven, and results-based evaluations become a central component of all our programmes.

This approach will help facilitate the exchange of experiences, enhance decision-making, and strengthen the scientific foundation of the organization, leading to more evidence-based and informed guidance.

During my mandate, we have improved the preparation and organization of governing body meetings, including Regional Committee sessions. We have presented several aspects of EPW 2020–2025 to the Regional Committee for specific resolutions, ensuring collective commitment and reporting on these initiatives with timely data and impact measurement.

All technical and enabling programmes also contribute to the six-monthly corporate evaluation reviews.

Some key achievements including the four flagship programmes under EPW 2020–2025, as endorsed at the 70th session of WHO/Europe’s Regional Committee, include:

Immunization Agenda 2030:

Facilitated the administration of 1.7 billion COVID-19 vaccines, saving 2.1 million lives.

Maintained a polio-free region despite outbreaks in four countries since 2020.

Behavioral and Cultural Insights (BCI):

Created the world’s first Member State-endorsed European regional action framework for behavioral and cultural insights in 2022.

Established a 48-Member State BCI network in 2023.

Digital health:

Supported the development of 44 national digital health strategies or plans since 2020.

Mental health:

Launched the Pan-European Mental Health Coalition and supported mental health policies and legislation in 42 countries, including in emergency settings.

The Pan-European ('Monti') Commission on Health and Sustainable Development, learning lessons from COVID-19 pandemic, which spearheaded investments and reforms to enhance the resilience of health and social care systems. Concrete achievements include:

- The Economy of Wellbeing Initiative.
- The G-20 Joint Task Force on Health and Finance under the Italian G-7 Presidency.

- The Pan-European Network for Disease Control.
- The quadripartite FAO/UNEP/WHO/WOAH action plan on One Health.

A comprehensive list of achievements under EPW can be found in the Regional Committee's Annual Reports of the Regional Director³.

3 <https://iris.who.int/handle/10665/361900>

next **EUROPEAN** **PROGRAMME** *of* **WORK**

In preparing the next EPW, how do you plan to ensure coordination between the regional and global levels to avoid redundancies and gaps?

To ensure effective coordination and avoid redundancies and gaps, everything we plan must have equity at its heart, leave no one behind and ensure health for all. These principles are central to both previous and the next EPW programmes.

The EPW framework for the next five years will be developed using a participatory governance approach with the Member States of the region, partners such as civil society and staff. Member States will be both the creators and beneficiaries of the programme, while the Regional Office will serve as an advisor, providing evidence and foresight.



I envision the next EPW as consisting of two-thirds continuation of EPW 2020–2025 and one-third innovation. It will address the specific needs of the WHO European Region and align with the global challenges outlined in the GPW14 and the Sustainable Development Goals. Coordination and alignment between the global and regional levels will be actively monitored through the regional governing bodies.

Like the current EPW, the next programme will retain flexibility to respond to unforeseen events and health crises while ensuring the continuity of essential health services through a ‘dual track’ approach.

Regarding **innovation** part of the new EPW, based on my daily interactions with Member States, I propose focusing on four key areas where WHO/Europe can push the frontiers:

1. National health security

I am firmly committed to alleviating the suffering caused by wars and conflicts in the region.

Pandemic prevention and preparedness will remain a top priority, promoting agreement and action across the Region, including simulation exercises and addressing the risk of unequal access to countermeasures. We will work diligently to ensure that no country is left behind.

As part of national health security issues, addressing Antimicrobial Resistance (AMR) will involve promoting a 'One Health' approach, tackling multidrug-resistant tuberculosis, and addressing increases in HIV and hepatitis, especially among vulnerable groups.

Above all, linking investments in health with health security will help keep health high on the political agenda and support global health efforts.

2. Unfinished Noncommunicable Diseases (NCDs) and Mental health agenda

I plan to pursue two key workstreams:

- “Race to the Finish”: accelerate progress towards the global monitoring framework and SDG targets for NCDs, with a focus on preventing cardiovascular diseases and cancers, which have a significant impact on public health in Europe.
- “NCD Vision 2050”: build an NCD-resilient European Region that integrates NCD prevention with climate change strategies. This includes addressing the commercial determinants of NCDs, supporting national innovation policies, and scaling up engagement of civil society, people with lived experience, and youth.

Building on the progress made by the Member States, WHO/Europe, and partners in prioritizing mental health, we will significantly scale up efforts to enhance mental well-being across the life-course.

3. Climate change crisis

The climate crisis is a health crisis. It is imperative for the region to implement the Budapest Declaration (2023) and COP29 health commitments. If re-elected, I will launch the Pan-European Commission on Climate Change and Health to enhance leadership on climate change within the health sector. I will also focus on building climate-resilient health systems and communities, particularly by addressing the increasing health impacts of extreme heat.

4. Ageing in good health

Promoting healthy aging begins in early childhood and requires enhancing disease prevention and health promotion throughout a person's life. I am committed to leading the participatory development of:

A. A strategy and framework for action on healthy aging that connects community organizations – focused on physical health, mental health, and social services – with primary and long-term care, placing significant emphasis on access, including palliative care; and

B. A regional child and adolescent health strategy for 2030, in collaboration with UNICEF, that addresses physical, social, and psychological determinants of health through a comprehensive, community-involved approach.

I will seek Member States' opinions on the **health consequences of violence, particularly against women and young girls**, including intimate partner violence. I am dedicated to supporting Member States and collaborating with UN agencies to assist military personnel with combat-related post-traumatic stress and to address the risk of domestic and other forms of violence through a comprehensive health system approach.

Regarding the **continuation** part of the new EPW, my vision for the WHO European region focuses on building more **resilient health systems** across all 53 Member States with strong social participation, especially for reaching vulnerable populations. Success will depend on achieving universal health coverage and financial protection, including access to affordable essential and innovative **medicines**. I am proud of our progress in measuring **financial protection** and developing actionable policies at country level, leading among all WHO regions.

“I strongly believe *that what can be measured,*
we can fix.”

Our efforts in documenting and analyzing health workforce numbers have already influenced policy agendas, beginning with the High-Level Meeting on Health and Care Workforce in Europe (Bucharest, 2022) culminating in the Bucharest Declaration. Despite Member States commitment, I remain deeply concerned about ongoing and future shortages of health workers in our region. Therefore, we will continue to prioritize investment in the **health workforce**, focusing on retention, lifelong learning, working conditions, and the complementary roles of digital technologies and artificial intelligence.

We will help gather evidence to develop policies, norms, and guidance for safe, ethical, and trustworthy **artificial intelligence** in European health systems, and establish a framework for measuring digital health equity. This vision aligns with the outcomes of the “Tallinn Charter’s 15th Anniversary Health Systems Conference: Trust and transformation”, held in Estonia in December 2023.

The magic bullet: Primary Health Care (PHC)

As a family doctor, I believe that if PHC takes a central place in policy priorities, is well-resourced, staffed, and digitalized to modern standards, it can address all our priorities effectively and simultaneously. If re-elected, I will continue to elevate PHC in policy agendas, expand cross-country experience exchanges through WHO PHC Demonstration Platforms hosted in Kazakhstan, Sweden, and Spain, and provide customized business cases for investing in PHC for any country that requests it, in alignment with the historical Alma-Ata and Astana Declarations on PHC.

What actions do you plan for antimicrobial resistance?

Following the adoption of the Roadmap on antimicrobial resistance (AMR) for the WHO European Region 2023–2030 at the 73rd session of the Regional Committee, we will initiate consultations with Member States in early 2025 to develop an AMR Accountability Index. This Index will focus on setting targets and soft-benchmarking Member States' progress and AMR resilience. An independent WHO European panel will be established to advise the Regional Director and produce annual reports, including country-specific recommendations. We will leverage the successful verification and certification mechanisms used for communicable diseases to establish and showcase the Index's impact, potentially paving the way for its global rollout.

We will support countries in achieving the targets outlined in the AMR Roadmap. Using the AMR Compass, we will advocate for prioritizing interventions and setting national targets to accelerate action against AMR. Key interventions will include prevention and control measures, raising community awareness, enabling behaviours, educating the workforce, and encouraging the industry to ensure access to both existing and new affordable antimicrobial medicines, in conjunction with the WHO/Europe's Access to Novel Medicines Platform.

What will be your objectives for the Youth4Health initiative?

The Youth4Health network, launched at the Tirana Health and Well-being Forum for Youth in 2022, is our first-ever network which connects young people and youth organizations with the work of WHO/Europe. The Youth4Health programme will enhance youth engagement and visibility across all technical areas and WHO Country Offices in our region. Our objectives include:

- Supporting youth involvement: we will assist technical teams and WHO Country Offices in planning activities that involve young people. This includes organizing high-level events, producing publications, launching campaigns, and including youth representatives on Technical Advisory Groups.

- Strengthening the Youth4Health network: we aim to reinforce the network by promoting existing youth initiatives – such as empowering young people and youth organizations to help reduce excessive alcohol use – and supporting the development of new youth networks at WHO Country Offices focused on specific issues, including sexual and reproductive health and rights, gender equality and others.

WHO/Europe will continue to invest in developing the skills and knowledge of its workforce to help them engage with young people effectively and sustainably. Youth will be key partners in the development of the next EPW.



Tirana 2022 Health and Well-being Forum for Youth
25–27 October 2022, Tirana, Albania



#Youth4Health

*First-ever #Youth4Health Forum, Tirana 2022.
Our Youth, our future ! @WHO*

How do you view the issue of genomic medicine and personalized treatments, particularly in relation to increasing equity in health?

WHO/Europe will develop a roadmap to integrate genomic medicine and personalized treatments into public health systems through a tiered approach, which includes:

- prioritizing the use of these technologies in areas where they have proven significant impact, affordability, and cost-effectiveness, such as rare diseases.
- strengthening public health infrastructure by investing in genomic literacy and training for healthcare professionals.

- leveraging WHO/Europe's Access to Novel Medicines Platform and collaborating with public-private partnerships.
- advocating to policymakers for the inclusion of these treatments in universal health coverage schemes, leaving no one behind.

Equity is fundamental to public health, and we must ensure that the advancements in genomic medicine do not worsen existing disparities. To prevent these innovations from being accessible only to the wealthy, we need to advocate for strong public health policies that make these treatments affordable and accessible for everyone.

INTERNAL MANAGEMENT *and* WORKING CONDITIONS

What do you intend to do for your commitment to staff and in the face of cases of harassment and bullying?

My commitment to staff well-being is unwavering, and I will continue to build on our efforts to create a safe, respectful, and supportive workplace.

To strengthen our existing initiatives, I launched the Respectful Workplace Programme, which will continue to foster a safe environment for all staff members. I have appointed a senior coordinator to oversee this work, ensuring consistency and effective follow-up based on the outcomes of our annual Staff Wellbeing Surveys. This role will ensure that our actions are informed by staff feedback and are thorough and effective.

We will maintain and reinforce robust and responsive zero-tolerance policies against harassment and bullying.



Reporting mechanisms will be continuously refined to ensure confidentiality, accessibility, and fairness for everyone.

Training for all staff, including those in leadership roles, will remain a priority to ensure we model the behaviors we expect, particularly in emotional intelligence, handling difficult conversations, and conflict management. Additionally, I am committed to maintaining open dialogue with staff through forums, regular retreats at all levels, and my 'Ask Hans' inbox, which will help continuously adapt to the needs of the staff.

My promise is clear: to maintain a workplace where respect, dignity, and safety are paramount, ensuring that every staff member can thrive in a supportive environment. Above all, I hold myself and senior managers to the highest standards of behavior. At WHO/Europe, we lead by example.



Interacting with our remarkable WHO Gaziantep Field Office team. @WHO

Will you continue with the same determination to maintain gender balance in staff recruitment at the Regional Office?

I am proud of WHO/Europe's progress in achieving gender balance, and I remain committed to further advancing gender equity, especially within the executive leadership, if re-elected. Currently, 58% of our staff are women, with nearly half of them in senior positions (P4-level and above). At the higher levels (P6/D1 and above), women constitute nearly 47%, and this is expected to increase with the upcoming global reclassification of WR positions. While we already excel in gender parity, I am dedicated to enhancing it further.

In addition to gender balance, geographical diversity is crucial. With staff representing 90 nationalities, WHO/Europe leads in global representation among all Regional Offices.

During your missions, how is the office managed in your absence and how do you keep the staff motivated ?

Balancing field missions with time at the Regional Office in Copenhagen is crucial. Given that 66% of our staff is based outside Copenhagen, my frequent travel helps me stay connected and ensures that WHO/Europe's services remain agile and responsive to the evolving needs of our countries across our vast region. This approach also helps to keep both our country counterparts and our staff motivated.

To ensure smooth operations while I am on field missions, I have recruited a senior manager, a former Director of Programme Management, to oversee office administration. I remain of course accessible for important managerial decisions during my missions. Also, my executive team plays a crucial role in maintaining continuity in the office.

The high emotional intelligence of my Directors, our biannual Executive Council retreats and very close collaboration have fostered a strong team spirit, embodying our motto: ‘One for all, all for one.’

During WHO’s travel ban week, I actively participate in all Divisional staff meetings at the Regional Office. I also maintain an open-door policy and manage the “Ask Hans” email box, where colleagues can provide feedback anonymously or otherwise. An independent review of the Regional Director’s Office revealed that I spend 30% of my time engaging with staff.

It’s important to note that recent audits have confirmed WHO/Europe is rated ‘low risk’ by both external and internal auditors. For instance, Country Offices in Ukraine, Uzbekistan, and Moldova have promptly addressed all audit recommendations, and European Commission verification missions of EU-funded projects have identified no ineligible expenses.

CO2

footprint

Do you take into account the ecological consequences of your travels?

I am committed to leading by example in environmental responsibility and strive to follow ecological and climate recommendations as closely as possible. We regularly address these issues at townhall meetings, fostering a collective commitment to evaluating the environmental impact of each trip. We encourage the use of video conferencing over travel for short missions, although I recognize that direct contact with Member States, especially for advocacy with Heads of State, supporting health workers in challenging situations, and engaging with non-state actors, remains essential.

The EPW highlighted the need for increased engagement at the country level, requiring more personal involvement and visibility with on-ground partners.

The increase in staffing at WHO Country Offices will help us meet our EPW commitments with reduced travel from the Regional Office. Additionally, we aim at limiting travel for global conferences where WHO Headquarters staff can represent the organization and encouraging train travel where feasible, although this is limited by the geography of our vast region.

In 2024, WHO/Europe began tracking our overall carbon footprint to better understand and manage the environmental impact of our missions. This initiative will help us monitor and reduce the environmental impact of our travel and implement necessary improvements.

COLLABORATION *with* HEALTH EDUCATION INSTITUTIONS

How do you foresee collaboration with medical universities?

Strengthening collaboration with medical universities and other educational institutions for health workers, including nurses, midwives, and social workers, is crucial. This partnership will focus on working across governments and sectors to update curricula and prepare students for both current and future health challenges. Key areas for inclusion in curricula include climate change, social participation, behavioral insights, artificial intelligence in medicine, pandemic preparedness, NCD risk factors, multi-morbidity requiring multidisciplinary primary health care teams, and interdisciplinary specialist approaches balancing clinical care with prevention.

Collaborating with universities will enhance the scientific dimension of WHO/Europe's work, a priority for me. WHO Collaborating Centres can play a vital role in this partnership.



By systematically engaging with universities and health professionals, WHO/Europe can harness the collective expertise of the (para)medical, nursing, and health workforce communities. This approach will build public trust and drive positive health changes across the region and beyond. To support this, we will establish mechanisms such as research partnerships, joint training programmes, and collaborative funding opportunities to effectively transform curricula.



*Healthcare workers, our hero's.
Advocating for their needs remains my top priority.
@WHO*

ROLE *of* PUBLIC-PRIVATE PARTNERSHIPS

What do you think of the role of public-private partnership in healthcare?

Public-private partnerships (PPPs) are a valuable tool in healthcare, particularly for addressing complex challenges that neither the public nor private sector can handle alone. The recent pandemic highlighted the critical role that the private sector can play in pandemic preparedness and response. However, it is essential to ensure that these partnerships are well-regulated and accountable to balance public needs with profit-driven motives, avoiding scenarios where private interests overshadow public health priorities.

I believe that medicines, health technologies, and digital health are key areas where PPPs can advance efficiency and equity.



During my mandate, we successfully launched two major PPPs in these areas, adhering to WHO's Framework for Engagement with Non-State Actors (FENSA) to ensure transparency, prevent conflicts of interest, and support Sustainable Development Goals 3 and 9:

- In 2023, we established the WHO European Access to Novel Medicines Platform, building on the “Oslo Medicines Initiative” and supported by the 73rd session of the Regional Committee. This platform fosters dialogue among Member States, patients, payers, and the pharmaceutical industry to improve access to new, high-cost medicines.
- We also launched the Strategic Partners Initiative on Data and Digital Health/AI, which unites over 100 public and private stakeholders to bridge gaps between public needs and private solutions.

Overall, the success of PPPs in health largely depends on aligning public health objectives with private sector goals. It is essential to structure these partnerships transparently, with clear accountability and equitable access. Public health must remain the primary focus, supported by strong regulatory measures and public oversight. When managed effectively, PPPs can drive innovation and enhance the sustainability of health systems across Europe.

CONFLICTS *affecting the* WHO EUROPEAN REGION

What can be the role of the Regional Director in the two wars affecting the region, particularly in stopping attacks on health personnel and infrastructure?

Every attack on health facilities and personnel represents a grave violation of international humanitarian law. Both the WHO Director-General and I have consistently condemned such attacks. We will continue to denounce and actively work to prevent harm to health workers, patients, and infrastructure.

To achieve this, ongoing and open dialogue with all parties is essential. Health should never be politicized: there is no health without peace. Political neutrality remains crucial for WHO's humanitarian efforts.



I am firmly committed to alleviating the suffering of millions affected by the devastating impact of war and conflict in the region. I will continue to visit Ukraine regularly to support the Ministry of Health and its workforce in their response, recovery, and reform efforts.



Any attack on hospitals is completely unacceptable. Health is never a target! @WHO

Amid the devastating conflict in Israel and the occupied Palestinian territories, I will continue to advocate for the immediate release of hostages, ensuring they receive medical care, calling for a ceasefire, and pushing for a significant increase in humanitarian assistance to Gaza. Any attack on health workers and facilities is unacceptable. I will continue working tirelessly to facilitate the medical evacuation of severely ill or wounded children and women from Gaza to European countries.

To date, we have successfully coordinated the evacuation of 600 children and their relatives from Gaza to Europe. I extend my deepest appreciation to all countries involved in saving lives. My guiding principle is: ‘To save one child is to save the world.’

WHO/Europe will also continue to support the Israeli Ministry of Health in addressing mental health and gender-based violence for the victims of the 7 October 2023 brutal attacks, as well as their families, and the first responders involved in these tragic events.



IMPACT *and* LEGACY

What would you like people to say in five years about your contribution to health in the region?

I hope to leave a legacy as a trusted partner to the Ministries of Health and Foreign Affairs, who provided Member States with concrete services to enhance the health of their populations, regardless of the circumstances.

I would like to be seen as a leader who earned the respect of heads of states and governments as a credible and convincing voice for substantial investments in health.

I would be honored to be acknowledged as a genuine collaboration partner with health workers and civil society, working together to ensure no one is left behind.

Also, I hope to be a respected WHO manager who effectively balanced scientific insights with practical action, inspired the team, and left a well-managed and financially robust office for my successor.

What was most challenging as Regional Director in your first mandate?

My dedication to hard work has never wavered, yet the broad ranging requests from 53 Member States and WHO Headquarters with limited means have been particularly challenging during these five years of perma-crises.

My lifebuoy and greatest support during these tough times has been my family – my beloved wife Ekaterina and our wonderful daughters, Anastasia and Sofia.

Their pride in my work and their unwavering support have been a constant source of inspiration and energy. Just as primary health care is the backbone of a resilient health system, my family has been the cornerstone of my well-being.



My family, My Harbor. @Kluge