



Address by  
**Dr ALA ALWAN**  
**REGIONAL DIRECTOR**  
**WHO EASTERN MEDITERRANEAN REGION**  
to the Second Round of the  
**LEADERSHIP FOR HEALTH PROGRAMME**  
**Oman, 15–27 November 2015**

Your Excellency – Dr Ahmed Bin Mohammed Al Saidi,  
Harvard Faculty,  
Regional Experts,  
Distinguished Participants,  
Dear Colleagues,

It gives me great pleasure to welcome you to the second round of the Leadership for Health Programme. I would like to convey my highest appreciation to the Government of Oman and His Excellency, Dr Ahmed Bin Mohammed Al Saidi, for graciously hosting this important event for the second consecutive occasion. I would also like to acknowledge the excellent collaboration that we have undertaken with the Harvard T.H. Chan School of Public Health over the past two years in the development and delivery of this unique programme.

In my opening remarks to the first round of this programme last year, I mentioned how dear this initiative is to my heart. This is because it is an initiative that is designed to strengthen the leadership skills of future health leaders from our Region, to be able to pursue the huge health agenda of our countries and contribute to achieving better health and equitable health outcomes.

Today, our Region is facing unprecedented social, economic and political challenges – rapid demographic transition and increasing awareness and expectations of the population; difficult and unstable economic conditions, resulting from local instabilities and changes in global markets; multiple man-made and natural emergencies. These are all challenges that emphasize the need for talented leaders with a particular set of skills to be able to respond to people's aspirations for better health.

When I assumed my responsibility as WHO Director for the Eastern Mediterranean in 2012, I worked with Member States to define five priorities for our collaborative work at WHO. These priorities are: 1) strengthening health systems and the pursuit of universal health coverage; 2)

intensifying action to promote health security and control communicable diseases; 3) scaling up action to promote health during the life course, particularly maternal and child health; 4) preventing and controlling noncommunicable diseases; and 5) emergency preparedness and response, with special support to countries experiencing humanitarian crisis.

Addressing these priorities requires attentive and motivated leaders who not only have the necessary skills but who have been adequately exposed to global, regional and national learning experiences to enable them to properly analyse the health situation in their countries, identify prevailing challenges, identify available options, and select appropriate solutions. I am privileged to have encountered, and am currently working with, a number of such leaders in the Region. We need to ensure that their number increases.

Containing emerging communicable diseases and epidemics; addressing the increasing burden of noncommunicable diseases; transitioning from the health-related Millennium Development Goals to addressing the new Sustainable Development Goals; and progressing towards universal health coverage, are all goals that require the involvement of a multitude of stakeholders – many of whom are not directly related to the health sector. Continuing on the path of “business as usual” is no longer sufficient. Engaging with, and dealing with, other sectors in addressing health priorities, and ensuring that health is not missed off their agenda, is essential and calls for adaptive leadership skills. All this needs to be done in the context of a changing environment, in which globalization and health diplomacy are playing an increasingly important role.

Dear Participants,

The WHO Regional Office has a longstanding tradition in contributing to leadership development. Among notable initiatives was the regional Health-For-All Leadership Development Programme, which was offered in the 1990s. Despite its initial promise and success, sustaining the programme became a challenge. On several occasions, I have reaffirmed my commitment to reviving and re-establishing a leadership programme that addresses the current gap in public health leadership in the Region.

“Leadership is earned and not given”. The aim of the Leadership for Health programme is to establish a critical mass of public health leaders. Our Region is a region full of solid achievements and great promise. Historically, we have led the health agenda, and have pioneered medical and health discoveries. I am confident that we have the capacity to do this again, with the commitment and perseverance of our current and future health leaders. This is our intent from the Leadership for Health programme. I am happy to state that the first round of the programme held last year has helped develop a nucleus of leaders in the Region who are already beginning to make a difference. I congratulate them on their successes. During the next few days, you will have the opportunity to hear from some of them on their continued efforts.

Lack of political will has often been cited as a fundamental factor in under-performance. We live in a region where civil society and the for-profit private sector play an increasingly important role in promoting public health and in delivering and financing health care. Similarly, health issues have never been as multisectoral as they are today. The role played by the social determinants of health in hindering, and promoting, health development cannot be ignored. The solution to lack of political will lies in effective public health leadership.

Our pursuit of quality in the leadership programme continues. Based on a comprehensive evaluation of the first round, we have worked with the Harvard T.H. Chan School of Public Health and other global and regional experts to further refine and improve the course design and content. It now consists of two phases. In the first phase, which you are now attending, you will have the opportunity to acquire knowledge of analytical tools and develop leadership skills necessary for effective reform and change. During the next phase in Geneva, you will learn more about the regional priorities; you will also meet with and learn from the experiences of renowned regional and global public health leaders. You will have an opportunity to develop skills in communication and health diplomacy, and to observe global health discussions at the highest level, including the sessions of the Executive Board of WHO.

As I have already stated, developing leadership among all important stakeholders is critical, so while the previous round of the programme focused only on the public sector, we have now included potential leaders from academia, the research sector and the nongovernmental sector. A limited number of WHO staff have also been included. I hope that this wider participation will stimulate even more fruitful debate, as well as cross-pollination of ideas and the beginning of relationships that will benefit individual countries and the Region in the months and years ahead.

During the next four weeks, you will be exposed to WHO's work and will observe global health discussions at the highest level. You will listen to and be given the opportunity to interact with those leading the health agenda at the global level, within and beyond WHO. I am thankful to the leaders from the Region who have freed up time to join us in Geneva in January and to share with us their wealth of experience. By listening to personal experiences and to individuals who have been involved in global discussions and with change on the ground, you will learn things you cannot find in books.

I am now immensely happy to formally launch the second round of the Leadership for Health Programme.

I wish you a successful programme and an enjoyable stay in Oman.