


APPENDIX 1. STANDARD CURRICULUM VITAE FORM

<p>Family name (surname): YAO</p> <p>First/Other names: N'da Konan Michel</p>	<p>Attach recent photograph</p> 
<p>Gender : Male</p>	
<p>Place and country of birth: Bouaké, Côte d'Ivoire</p>	<p>Date of Birth (Day/Month/Year): 25/07/1968</p>
<p>Citizenship: Ivorian (Côte d'Ivoire)</p>	
<p>If you have ever been found guilty of violation of any law (except minor traffic violations) give full details: I am not the subject of any current or previous legal proceedings.</p>	
<p>Civil status: Married</p>	

Statement of vision, priorities, and strategies

Vision
<p>I have the vision of healthier African communities, supported by a WHO Regional Office for Africa that is highly responsive to the needs of Member States.</p> <p>This vision focuses on delivering health programs and services that are context-sensitive, equitable, innovative, and affordable; prioritizing prevention and primary health care; effectively responding to emergencies; and fostering collaboration among all stakeholders to achieve measurable improvements in health and well-being of communities.</p>
Priorities
<p>My term will focus on the following priorities:</p> <ol style="list-style-type: none"> 1. Strengthen research and use of innovations in the health sector: Use of technological innovations and result of applied research to improve the supply of, and access to, quality health services for everyone, everywhere, and at all times. 2. Ensure Universal Health Coverage: Ensure the availability of a minimum supply of essential health services adapted to each epidemiological context, anchored in primary health care, geographically and financially accessible to all communities. 3. Facilitate the development of resilient health systems: Make health systems capable of detecting and responding effectively to natural and man-made related health emergencies more quickly, based on the “One Health” initiative. 4. Step up the fight against maternal and infant mortality: Improve the analysis of all risk factors and implement multisectoral actions, with a network of services adapted to each community. 5. Accelerate the reduction of the burden of communicable diseases: Reduce the prevalence and mortality of communicable diseases including major endemics, Vaccine Preventable Diseases (VPDs), Neglected Tropical Diseases (NTDs), through improved risk analysis and management, and an integrated multi-sectoral approach to services.
Strategies
<p>I propose a ten-point strategic approach for greater impact on communities and revitalized energies to achieve the Fourteenth WHO General Programme of Work, 2025–2028 (GPW-14) and 2030 Sustainable Development Goals (SDGs), taking into account the health threats posed by climate change and people’s lifestyles, based on the transformation agenda implemented by WHO/AFRO over the past decade.</p> <ol style="list-style-type: none"> 1. Base all interventions on upstream evidence and evaluation of downstream interventions: WHO will facilitate the collection and analysis of health data and determinants

of health, for relevant planning of activities based on the health status of communities in the short, medium, and long term, and to measure their impact.

2. Increase the use of technological innovations: WHO/AFRO will support countries to increase service delivery, disease surveillance and training through innovations including those related to biopharmaceutical knowledge, and artificial intelligence.

3. Strengthen the central role of countries in prioritizing and allocating resources: WHO will support integration of programmes and mobilizing key stakeholders with national authorities for a community-specific response.

4. Promoting a holistic approach to health: WHO/AFRO will support integrated programmes that consider health determinants, disease risk factors and causes of death; and prioritizing community-based prevention and health promotion measures.

5. Facilitate a co-construction approach with all stakeholders: WHO/AFRO will mobilize partners and establish a coalition of stakeholders and resources, including Regional Organizations, to support Member States in reducing the disease burden. This coalition will integrate initiatives such as local production of health supplies and pooled procurement.

6. Contribute to improve organization of health services and improve access to care: WHO/AFRO will help Member States, based on epidemiological data on public health risks, including those linked to climate change, to structure health services that are useful to communities. A multisectoral approach to primary health care will be favoured with a universal financial protection mechanism accessible to the most vulnerable.

7. Support dynamic training and motivation of health workforce: WHO/AFRO will contribute to the adaptation of curricula for health professions to take account of current and future threats to public health, for emergency response, and for the adoption of a preventive and multi-sectoral approach, while promoting the development of incentives to reduce the exodus of health workers.

8. Revitalizing integrated research for health: WHO/AFRO will support local research, including the African Pharmacopoeia, which contributes to scaling-up of proven local experiences and ensuring the effective participation of local communities.

9. Strengthen effective preparedness for emergencies of all kinds: WHO/AFRO will support Member States consolidate the achievements of the COVID-19 response, by strengthening the core capacities of the International Health Regulations (IHR), with a health system capable of rapidly monitoring and detecting any threat, and organizing a robust, coordinated and effective response, with scalable health services with required staff and supplies.

10. Increasing the motivation of WHO/AFRO staff and attracting talents: The motivation and well-being of WHO/AFRO staff will be prioritized as valuable resources in the service of

Member States, with a focus on equitable representation for each country. A supportive, gender-balanced, abuse-free, and performance-driven work environment will be fostered. Additionally, initiatives will be implemented to attract new talent and maintain constructive relationships with former WHO employees.

Degrees/Certificates obtained:

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

1. **Executive MBA** (in progress), University of Cumbria (UK) and Robert Kennedy College, Zurich (Switzerland).
2. **Certificate in Global Health Diplomacy** from the Geneva Institute for International Development Studies.
3. **In-depth training in Public Health (2001-2004)**, mainly on Health Services Management (Synthesis Exam for PhD candidates passed), Université de Montréal.
4. **Master of Science (MSc) in Community Health** (1999-2001); Department of Social and Preventive Medicine, University of Montreal, Canada.
5. **University Diploma in Disaster Medicine** (1997) University of Cocody Abidjan & University Paris XII Val De Marne (France).
6. **State Diploma of Doctor of Medicine (MD)**, (1988-1996, including 7 months of deployment for the Red Cross); University of Cocody (Felix Houphouët Boigny).
7. **Other trainings:**
 - Several leadership trainings for the United Nations: member of the WHO Country Representative Roster, and the United Nations Disaster Assessment and Coordination Team (UNDAC).
 - Several technical trainings in epidemiology, reproductive health, health systems, emergency coordination.

Knowledge of languages

		Mother Tongue	Speak	Read	Write
For languages other than the 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 newspapers, routine conversation. 2: Engage freely in discussions; read and write more difficult materials. 3: Fluent (nearly) as in mother tongue.	English		3	3	3
	French	X			
	Spanish		2	2	1
	Portuguese		1	1	1

Positions held

Please indicate here your work experience and positions held during your professional career, with the corresponding dates, duties, achievements/accomplishments and responsibilities. Extra pages may be added.

Work Experience

More than 27 years of experience (20 at WHO) in Public Health with expertise in the following areas:

- Public Health (emergency context and support to ordinary health systems).
- Leadership in Humanitarian and Health Emergency Responses.
- Health systems analysis, research, and rehabilitation.
- Public Health interventions management and evaluation.
- Public health capacity building for emergency management/preparedness/recovery (WHO, Member States).
- Global Health Diplomacy.

Duty travel to more than 33 countries in Africa, and indirect support to all 47 WHO/AFRO countries, during the COVID-19 pandemic as Incident Manager.

Positions held
<p>WHO Director of Strategic Health Operations (HQ), coordinates WHO's response to emergencies (health, natural and humanitarian disasters), since 17 August 2020</p> <ul style="list-style-type: none"> • Leading Operations Centre (EOCs) Unit. EOCs hosting Incident management Teams. Support to Regional and Country EOCs (WHO and Member States) • Head of the WHO Operations support teams: in Operations Support and Logistics, and Administration and Finance
<p>WHO Head of Programme for Emergency Operations, WHO Regional Office for Africa (AFRO), 18 July 2017 – 16 August 2020</p> <ul style="list-style-type: none"> • Responsible for WHO emergency response operations (response plan, operations centres, logistical, administrative, and financial support) in the African Region. • Emergencies Coordinator of major emergencies for WHO Regional Office for Africa (Ebola in DRC, COVID-19 for 47 countries in Africa).
<p>WHO Country Representative in the Central African Republic from 31 July 2014 to 17 July 2017</p> <ul style="list-style-type: none"> • Health System Recovery Plan, Epidemic Response and Resource Mobilization • Several interims of the United Nations System Coordinator and the Humanitarian Coordinator.
<p>Senior Public Health Advisor, Department of Emergency Risk Management and Humanitarian Response, WHO Headquarters in Geneva, from 01/03/2010 to 30/07/2014.</p> <ul style="list-style-type: none"> • Advisor/Coordinator in major crises: floods in Pakistan, drought in the Horn of Africa, crisis in Mali and Sahel region; Cholera in Haiti, Hurricane in the Philippines, and many others. • Responsible for the implementation of a training program for WHO emergency experts for deployment in emergency Operations.
<p>WHO Regional Office for Africa, Sub-regional Inter-country Emergency Focal Point, 12/2004 to 02/2010: Support for preparedness, response (coordination, planning and resource mobilization), assessment and early recovery from emergencies, as well as strengthening country response capacities. Direct support to more than 30 countries in Africa.</p> <ul style="list-style-type: none"> • December 2004- August 2007 (Kenya): covering 14 countries in East and Central Africa. • September 2007-February 2009 (Zimbabwe): covering 18 countries in the Eastern and Southern Africa subregion. • March 2009 – 28 February 2010 (Burkina Faso): covering 17 West African countries.
<p>Research and Teaching Assistant at the University of Montreal, 1/2002-12/2004</p> <p>Health Program Evaluation Coordinator, Research Program Support, Lecturing Master Students.</p>
<p>Public Health Assistant (Program Evaluation), 9/2000 - 6/2001 at the Local Health and Social Services Network Development Agency of Laval, Quebec, Canada.</p>

Coordinator of the Liberian Refugee Program in Côte d'Ivoire for the CIV Red Cross; combined with the function of international consultant for the IFRC, 9/1996 - 8/1999

- Community Health Program for Refugees; Red Cross Regional Support Team.

Emergency Response Team Leader of the Côte d'Ivoire Red Cross, 9/1995 - 8/1996: in charge of training, care service, response to epidemics and health project development.

Please state any other relevant facts that might help in the evaluation of your application. List your activities in the civil, professional, public or international domains.

Distinctions

- **"Benianh International Foundation"** Award for Best Student in the Field of Health in Côte d'Ivoire in 1998.
- **High distinction from Central African Republic** ("Commandeur dans l'ordre de la reconnaissance Centrafricaine") for contribution to Emergency response and health system recovery as WHO country representative.
- **WHO Director General Award for the 2017** to WHO/AFRO World Health Emergency Team (in my capacity of Emergency Operations Programme Manager)

Other activities

- Former President of the Public Health Students' Association (Master's degree then PhD: 2000-2004, Université de Montréal)
- Volunteer of the Côte d'Ivoire Red Cross (1992-1999)
- Member of the World Association of Disaster and Emergency Medicine
- Member of the Association of Ivorian International Civil Servants

Please list here major publications – especially the main ones in the field of public health, with names of journals, books or reports in which they appeared. An additional page may be used for this purpose, if necessary. (Please feel free also to attach a complete list of all publications). Do not attach the publications themselves.

Publications & Conferences (full list in appendix)

1. Zeng, W., Samaha, H., **Yao, M.**, Ahuka-Mundeke, S., Wilkinson, T., Jombart, T., Baabo, D., Lokonga, J.P., Yuma, S. and Mobula-Shufelt, L., 2023. The cost of public health interventions to respond to the 10th Ebola outbreak in the Democratic Republic of the Congo. *BMJ Global Health*, 8(10), p.e012660.
2. **Yao, M.** (2023). Leadership Approach in a Complex Disease Outbreak Management: The Case of the Tenth Ebola Virus Disease Outbreak in the Democratic Republic of the Congo. *Prehosp. Disaster Med*, 38(S1), S60-S60. doi:10.1017/S1049023X23001863.

3. Linda Meta Mobula LM, Samaha H, **Yao M**, & al. Recommendations for the COVID-19 Response at the National Level Based on Lessons Learned from the Ebola Virus Disease Outbreak in the Democratic Republic of the Congo. *Am. J. Trop. Med. Hyg.*, 00(0), 2020, pp. 1–6. doi:10.4269/ajtmh.20-0256
4. Elimian, K.O., Mezue, S., Musah, A., Oyebanji, O., Fall, I.S., Yennan, S., **Yao, M.**, Abok, P.O., Williams, N., Omar, L.H. and Balde, T., 2020. What are the drivers of recurrent cholera transmission in Nigeria? Evidence from a scoping review. *BMC Public Health*, 20, pp.1-13.
5. **Yao, N.K.M.** and Ndjoloko, T.B., 2019. Evolving Strategy and Incident Management Systems in Hard-to-Reach Areas and Fragile Security Settings: The Case of Ebola Response in the Democratic Republic of Congo. *Prehosp. Disaster Med*, 34(s1), pp.s16-s16.
6. **Yao, M.N.**, 2017. A multi-level and multi-sectoral coordination for an effective response to the cholera outbreak in Central African Republic. *Prehosp. Disaster Med.*, 32(S1), pp.S78-S79.
7. **Michel Yao**. “ Resilient Health Systems for Drought and Disaster Prone Areas in Western and Eastern Africa”; at the 18th World Congress on Disaster and Emergency medicine, 2013: ID 412: <https://www.cambridge.org/core/journals/prehospital-and-disaster-medicine/issue/journal-pdm-volume-28-issue-s1/C3D718C3B0483EA8D03276DDF217B839>
8. **Yao, M.N.**, 2011. (A253) Integrated Community-Based Interventions to Overcome a Deadly Cholera Outbreak in Zimbabwe. *Prehosp. Disaster Med.*, 26(S1), pp.s69-s70.
9. **Michel Yao**. Triple Impact of Food Insecurity, HIV/AIDS, and Poor Access to Services: The Experience of Southern Africa. *African Health Monitor*, June - December 2008. vo18-n2.P43-45

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

Sports: Basketball, Walking and Swimming

Hobbies: Cooking & Pastry; Reading, Music & Cinema

Volunteering for charitable activities in my spare time