CURRICULUM VITAE DR IBRAHIMA SOCE FALL (ORIGINAL)

Family name (surname):	
FALL	
First/Other names:	
IBRAHIMA SOCÉ	41
Gender: MALE	
Place and country of birth:	Date of Birth (Day/Month/Year)
DAKAR, SENEGAL	08/02/1966
Citizenship: SENEGALESE	
If you have ever been found guilty of violation of any law (except full details: NOTHING TO DECLARE	
Civil status: MARRIED	Number of dependents: 02

STATEMENT OF VISION, STRATEGIES AND PRIORITIES

Health for all, all for health: towards a healthier, more prosperous and self-reliant Africa

This is Africa's century!

It is time to aim high, dream big, act bold and deliver impact. In all spheres, and in all the challenges facing the region, Africa is also blessed with great opportunities for prosperity to deliver health for all, by all. An Africa that claims its proper place in global leadership and an operationally competent and trusted WHO in the region, will be critical to realize this ambition.

We must also leverage the leadership of Member States and good governance, to drive community health priorities, and to build resilient people-centred health systems where innovation is central, and where collective impact is achieved through real collaboration – between local, regional and international partners, thereby unlocking the potential of Africa's population, and its youth in particular.

With over USD 500 billion in expenditure on health, the first two decades of the 21st century have seen unprecedented progress in health and socioeconomic sectors across Africa. Effective interventions against malaria, HIV, tuberculosis (TB), neglected tropical diseases (NTDs) and vaccine-preventable diseases have brought about important reductions in maternal, neonatal, and child mortality rates. More Africans than ever before are now living longer, healthier, more productive, and more prosperous lives. African governments demonstrated admirable leadership during the COVID-19 pandemic, while the continent's health systems have shown considerable resilience.

However, we still face a huge unfinished agenda.

The African continent continues to grapple with massive infectious disease burdens in HIV, malaria, NTDs and TB. Maternal, newborn and under-five child mortality rates remain alarmingly high across many parts of Africa with health system indicators remaining weak, especially in the key areas of access and quality. These challenging circumstances are further compounded by the rising prevalence of non-communicable diseases, resulting from lifestyle change and increased unplanned urbanization, and by the frequent health emergencies that beset healthcare systems, not to mention the increasing threat of climate change and deforestation. As a result, the African continent accounts for nearly 25% of the global burden of disease.

MY COMMITMENT

I am committed to a vision of a healthier, stronger, more resilient and self-reliant Africa.

My vision aligns with the Fourteenth WHO Global Programme of Work (GPW14) to deliver universal health coverage and primary healthcare, addressing socioeconomic determinants of health.

I will support WHO Africa Member States to consistently deliver quality healthcare, unlocking wellbeing and prosperity for all.

I aim to transform the WHO African Regional Office into a reliable, accountable, trusted,

diverse, and inclusive organization that provides high-quality, evidence-informed support to Member States.

I will reposition Africa at the center of global health leadership and decision-making, collaborating with Africa CDC, the African Union, Regional Economic Communities, partners, civil society, and the private sector. Country leadership and strong partnerships will be key in a defining era of health and socioeconomic development for Africa.

I pledge to work tirelessly with all parties to advance Africa's health and prosperity, fostering shared responsibility and collective action for global health security and equity.

Rooted in WHO's core principles, deeply committed to universal health coverage, primary healthcare, and ensuring health, safety, and service for everyone, the "Health for All, All for Health" strategy presents a strategic vision for WHO Africa.

VISION

Health for all, all for health – towards a healthier, more prosperous and self-reliant Africa.

MISSION

To support Member States in the Africa Region to consistently deliver comprehensive, quality healthcare for all citizens, to unlock wellbeing and prosperity.

PRIORITIES, ENABLERS AND SPECIAL INITIATIVES

My five strategic priorities are presented below, along with five strategic enablers and seven special initiatives that will provide the necessary foundation and resources for this far-reaching and ambitious strategy.

STRATEGIC PRIORITIES

STRATEGIC PRIORITY 1: Evidence-informed Health in All sectoral Policies and strong and resilient health systems that deliver health for all

Countries need evidence-based, unified policies to promote public health and equity, supported by robust health systems that address dynamic population needs. This priority ensures universal health coverage through primary healthcare, driven by country leadership and partner aligned strategies and resource allocation.

STRATEGIC PRIORITY 2: Enhanced preparedness, prevention, and response to pandemics and other health emergencies and humanitarian crises

This involves enhancing national capacities in health security, primary healthcare, health intelligence, and promotion and delivery of essential health services during emergencies.

An all-hazards approach to risk reduction and a capable, expanded health workforce will be my priority

STRATEGIC PRIORITY 3: Accelerating the reduction of maternal, newborn and under- five mortality, and the elimination and eradication of high impact communicable diseases. My focus will be on reducing maternal, newborn, and child mortality and lessening the burden of high-impact diseases through equitable access to quality health services, including sexual and reproductive health, mental health, nutrition, and immunization and a renewed push for their elimination and eradication or high impact diseases.

STRATEGIC PRIORITY 4: Combating the rise of non-communicable diseases and mental health disorders

Africa's NCD burden is growing rapidly and will soon exceed that of communicable diseases. Urbanization and lifestyle changes, including sedentary behavior, unhealthy diets, tobacco use, and alcohol consumption, contribute to this rise. Building on the Global Strategy for NCDs, I will prioritize an evidence-based, strategic, and multisectoral response.

STRATEGIC PRIORITY 5: Better health intelligence to guide responses to current and future health risks

Africa needs reliable data to inform healthcare strategies and ensure impactful interventions. I will prioritize supporting Member States in establishing robust health intelligence and data systems. My focus will be on human capacity, digital systems, analytical tools, and emerging technologies to enhance health intelligence for a dynamic and innovative health sector.

STRATEGIC ENABLERS

Strategic Enabler 1: A trusted, talented, skilled, motivated and diverse workforce at the WHO African Region

Strategic Enabler 2: Sustainable financing for the WHO African Region and Country Offices

Strategic Enabler 3: Realizing the benefits of emerging demographic, technological, and socio-economic advances

Strategic Enabler 4: Catalyzing transformative innovation, research and development

Strategic Enabler 5: Global and regional partnerships to respond to nationally defined priorities

SPECIAL INITIATIVES

Seven special initiatives will also be targeted at persistent, longstanding challenges faced by the WHO Africa region, as follows:

Enhancing female leadership within WHO through deliberate efforts to ensure emergence of women leaders.

Enhancing emergency leadership and workforce capacity through large-scale intensive training of qualified health emergency experts from National Public Health Institutes (NPHIs) and other authorized entities, in countries.

Protecting the health of girls, women, mothers, and marginalized groups in alignment with existing global strategies, via a multisectoral approach, ensuring access to quality care.

Reaching zero-vaccine-dose children through detailed stratification, identification, and implementation of national zero-dose vaccine reduction strategies, including addressing vaccine hesitancy.

Multi-disease elimination (MDE), in collaboration with Africa CDC, AU and the RECs, developing – for the first time – an overarching approach to ending many diseases, conditions, and risk factors,

Healthy Cities initiative, in collaboration with governments, mayors, UN-Habitat, the African Union, RECs and other partners, to promote health and enable healthy living in African cities.

Africa health technology, data and innovation leap, to address technological inequity and catalyse innovation on the African continent, in line with the WHO Global eHealth Strategy and Big Data Revolution for the SDGs and enhance innovations.

LEADERSHIP AND VALUES

As a dedicated public health leader with experience from rural practice to global health policy, I am committed to WHO's mission of promoting good health for all and serving vulnerable communities. My roles at all three WHO levels, including executive management, have equipped me to manage large-scale changes and ensure necessary reforms.

My leadership spans tackling health emergencies, communicable diseases, strengthening health systems, contributing to the Sustainable Development Goals, and addressing health challenges in resource-limited settings.

I aim to optimize existing approaches and partnerships while fostering innovation, driving positive transformations in global health. I am dedicated to building a strong, accountable workforce that prioritizes gender equity and nurtures the next generation, ensuring a diverse and inclusive environment.

I have zero tolerance for abuse and will ensure a positive workspace through respectful, inclusive leadership and effective prevention and response to abusive conduct. I reaffirm my commitment to professional investigations of Sexual Exploitation, Abuse, and Harassment (SEAH).

EDUCATION

Degree	Topics	Schools and years	Graduation Year
Doctorate (PhD)	Epidemiology and International Health	Tulane University USA, and UCAD Senegal	2015 (2009 – 2014)
Diploma	Executive Certificate of Global Health Diplomacy	Graduate Institute for International and Development Studies, Geneva	2014
Master of	Sustainable	Tulane University USA	2003
Science	Development		(2002 – 2003)
Master of	Public Health	Cheikh Anta Diop	1999
Public Health		University,	(1996 – 1998)
(CES)		Dakar	

Malariology Certificate	Malaria	Federation of French	1996
	epidemiology	Institutes of Tropical	
	analysis, prevention,	Medicine (Belgium and	
	and control	France) and OCEAC	
		Cameroon	
Diploma	Tropical Medicine	French Army Institute of	1995
(DTM&H)	and Epidemiology	Tropical Medicine,	(1994-1995)
		Marseille (IMTSSA)	
		and Aix Marseille	
		University	
Doctorate in	General medicine	Cheikh Anta Diop	1992
Medicine (Dr Med)	and surgery, with	University & Military	(1985 – 1992)
	dissertation	Academy for Health	
		(EMS) Dakar	

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.	English		3	3	3
	French	X			
Code 1: Limited conversation, reading newspapers, routine conversation.					
Conversation.	Portuguese				
Code 2: Engage freely in discussions; read and write more difficult materials.					
Code 3: Fluent (nearly) as in mother tongue.					

CAREER PROFILE

- 1. **Director WHO Global Neglected Tropical Diseases (NTD) programme** January 2023 Present
 - Strategic engagement to reposition NTDs withing the global health architecture in the context of UHC, PHC, Climate change, One Health and pandemic preparedness and response.
 - Initiated the R&D Blueprint for NTDs to accelerate control, elimination, and eradication of NTDs.
 - Initiated pan-NTD partner coordination to effectively lead the Global NTD programme and leverage the partners that constitute the NTD community.

• Initiated and coordinated the Global NTD reports 2023 and 2024

2. WHO Assistant Director-General for Emergency Response at UN Assistant-Secretary-General level

March 2019 - December 2023

- Led WHO's global response to all health emergencies, supervising all Incident Management Teams.
- Co-developed the new WHO Global architecture for health emergency preparedness and response, presented during the WHA in May 2022, incorporating lessons from Covid-19.
- Established the WHO department for Alert and Response Coordination (ARC) for comprehensive disease epidemic and emergency management.
- Developed the new WHO emergency response framework (ERF), guiding the organization's response to public health events.
- Co-supervised the training of over six million trainees on health emergency management via the www.OpenWHO.org platform.
- Designed the new emergency response division as part of WHO DG's transformation agenda in 2019, enabling rapid Covid-19 response.
- Appointed by WHO DG and UNSG to lead the public health response during the second largest Ebola outbreak in DR Congo in 2019 when it was out of control.
- Co-coordinated the global response to Covid-19 based on the WHO Global Strategic Preparedness and Response Plan (SPRP).
- Co-developed and implemented the Covid-19 Global Humanitarian Response, targeting 250 million vulnerable people in 63 countries.
- Co-chaired the Covid-19 Supply Chain Taskforce with WFP, coordinating a global supply chain system that delivered over 55% of biomedical supplies to over 100 countries during the early 2020 supply crisis.

3. Regional Emergencies Director for WHO and Director for Health Security and Emergencies in the African Region

April 2015 - March 2019

- Appointed during the largest Ebola Outbreak to successfully lead the second phase of the response.
- Organized the first Global Health Security conference in Cape Town in June 2015, leading to a unified IHR Joint External Evaluation tool, a national action plan for health security.

- Co-led the conception and implementation of the IHR JEE and National Action Plan on Health Security.
- Led WHO transformation for the health security pillar in the African Region in 2015.
- Initiated regional emergency hubs in Nairobi and Dakar for preparedness and response.
- Conducted the first outbreak risk analysis and mapping in Africa to develop evidence-based preparedness.
- Developed the first regional strategy for health security and emergencies in Africa, adopted in August 2016.
- Implemented country capacity-building programs for health emergencies, including JEEs and simulation exercises, training over 10,000 professionals.
- Led the response to over 500 outbreaks and health emergencies in collaboration with international and national partners, improving outbreak detection and control.
- Initiated the first national Emergency Medical Team (EMT) in Africa accredited by WHO globally.
- Co-led the development of the Global Strategy to "Eliminate Yellow Fever Epidemics" (EYE) in Africa and South America, "Ending Cholera: A Global Roadmap to 2030," and the Global Strategy to defeat meningitis by 2030.
- Led the development of the third generation Integrated Disease Surveillance and Response strategy (IDSR) for Africa in 2018.

4. WHO Representative in Mali

November 2012 – April 2015

- Led strategic work on health system policy development for Mali including the National Health Development Plan, the first national health financing plan, the Ebola response and recovery plan which repositioned WHO as the lead health agency.
- Lead manager for the GAVI HSS grant for Mali.
- Ensured the effective coordination of health sector partners and health humanitarian responses.

5. Head of United Nations Ebola Mission in Mali

November 2014 – April 2015

- Effective coordination of partners' response to the Ebola outbreak in Mali
- Rapid control of the Ebola outbreak in Mali that gave confidence to all affected countries.

6. Regional Adviser for malaria strategic planning and Coordinator AFRO malaria intercountry support teams

January 2004 – November 2012

- Led the effort to roll back malaria with over 50% reduction of cases and deaths in Africa using evidence-based strategic planning, country capacity building, stronger performance management and partnership.
- 7. Chief Medical Officer and public health programmes managers at district, provincial and national level.

 1992 2004

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.

Awards and recognitions	Date(s)
WHO Director General's Award for Excellence	2017, 2022
Commander of the National Order of the Lion, Senegal	
Officer of the Malian National Order	2015
Elected by distinction as a Fellow of the Royal College of Physicia (United Kingdom)	ans 2017
African Heroes Award from the Department of African Studies and the African Student Association, Ohio University, USA	2017
Medal of Honour of the Senegalese Military Health Services	2002
Best Communication Award at the first Dakar international medica	al conference 2000

Please list here major publications -

PUBLICATIONS

Dr. Fall has edited and published over 500 articles in the WHO weekly bulletin on outbreaks and health emergencies in Africa and over 150 peer-reviewed articles in top medical journals and book chapters. His work spans communicable diseases (NTDs, malaria, hepatitis, HIV, TB), non-communicable diseases (diabetes, cardiovascular diseases), sexual and reproductive health, disease surveillance, emergency preparedness and response, food safety, One Health, health system strengthening, immunization, capacity building, and monitoring and evaluation. Full Publications are available in the annex.

I provide further details on my vision, strategy and CV: Please see https://socefall.org (embargoed till June 14, 2024).