

The Unjust Candidacy of Dr. Tedros A. Ghebreyesus for WHO Director General Position

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Introduction

- Since 1991, Ethiopia has been ruled by Tigray People's Liberation Front (TPLF) that practices ethnic apartheid to stay in power
- The Amhara, 30-40% of Ethiopia's population, are singled out in this atrocity
- TPLF controls all aspects of Ethiopia
 - The military is run almost exclusively by TPLF Generals
 - TPLF and its affiliates own major economic sectors of the country

Introduction cont'd...

- 2003 - Dr. Ghebreyesus who was already a member of TPLF became deputy Minister of Federal Minister of Health (FMOH).
- 2005-2012 – he was Minister of the FMOH.
- 2012-2016 – he was Minister of Foreign Affairs.
- May 24, 2016 - he announced his candidacy for WHO Director General position.

Methods

- Secondary data published by the FMOH of Ethiopia were reviewed including
 - Demographic and Health Survey (DHS 1-5)
 - Health Sector Development Plan (HSDP II-IV)
 - Health Sector Transformation Plan (HSTP), and
 - Health and Health Related indicators (HHRI)
- Other published articles related to the topic were also reviewed.

- Results of the Review

1. Discrimination/Marginalization

- Among regions of Ethiopia, it is easy to observe
 - Unequal immunization coverage
 - Unequal per capita expenditure
 - Unequal iodized salt distribution
 - Tigray Region has highest Antenatal Care Service (ANC) utilization and highest Skilled Birth Attendance
 - “Khat”, a stimulant drug, is banned in “Tigray region” but promoted in other regions

Unequal Immunization Coverage

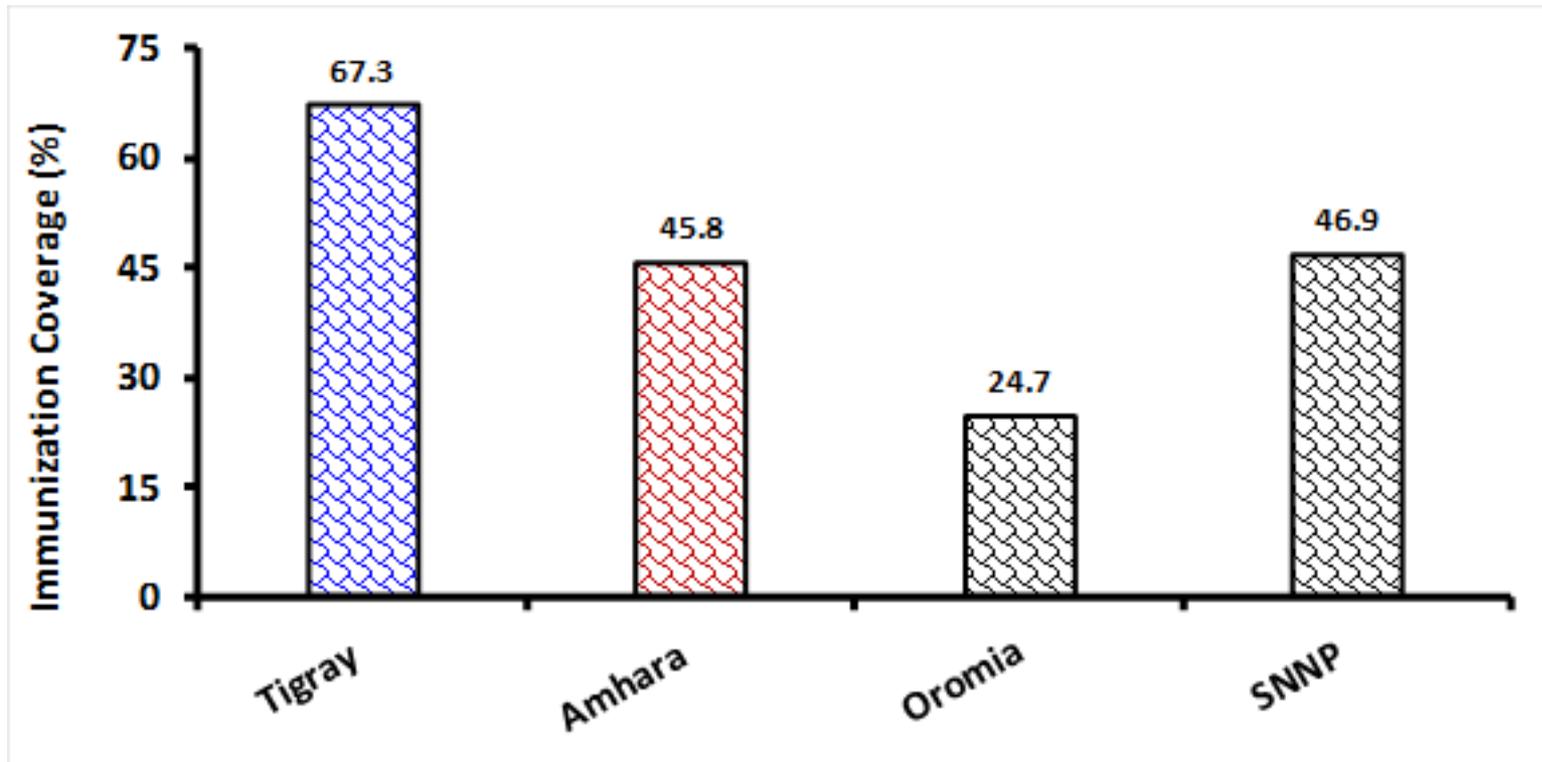


Figure 1: Full immunization coverage 2016

Source: *Demographic and Health Survey (DHS) 2016*

“Amhara region” has lowest iodized salt distribution

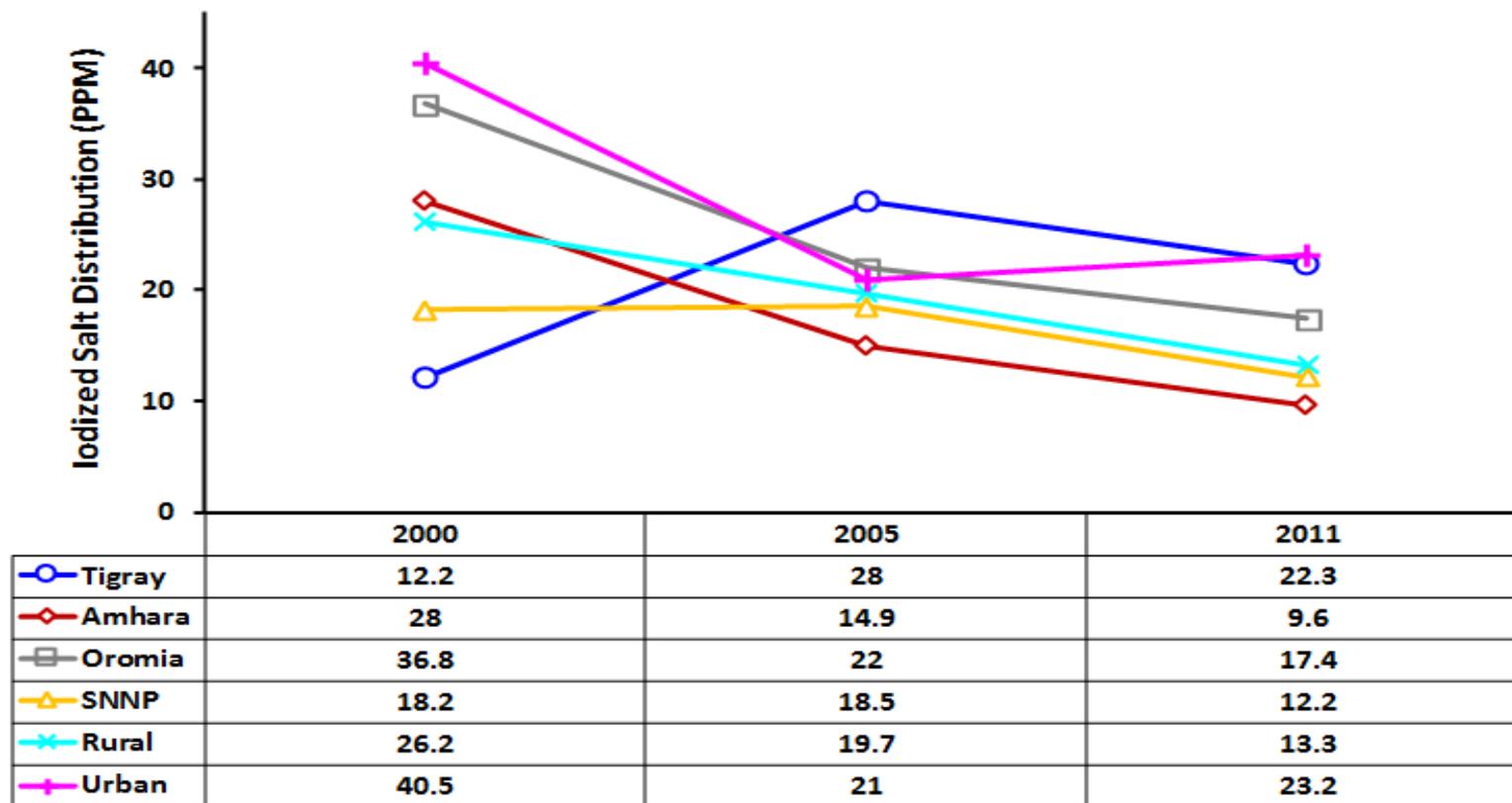


Figure 2: Iodized salt distribution by regions and Rural/Urban >25 ppm for 2000 and >15 PPM in 2005 and 2011

Sources: Demographic and Health Survey (DHS) (2000, 2005 and 2011)

“Tigray Region” has highest ANC and skilled birth attendance

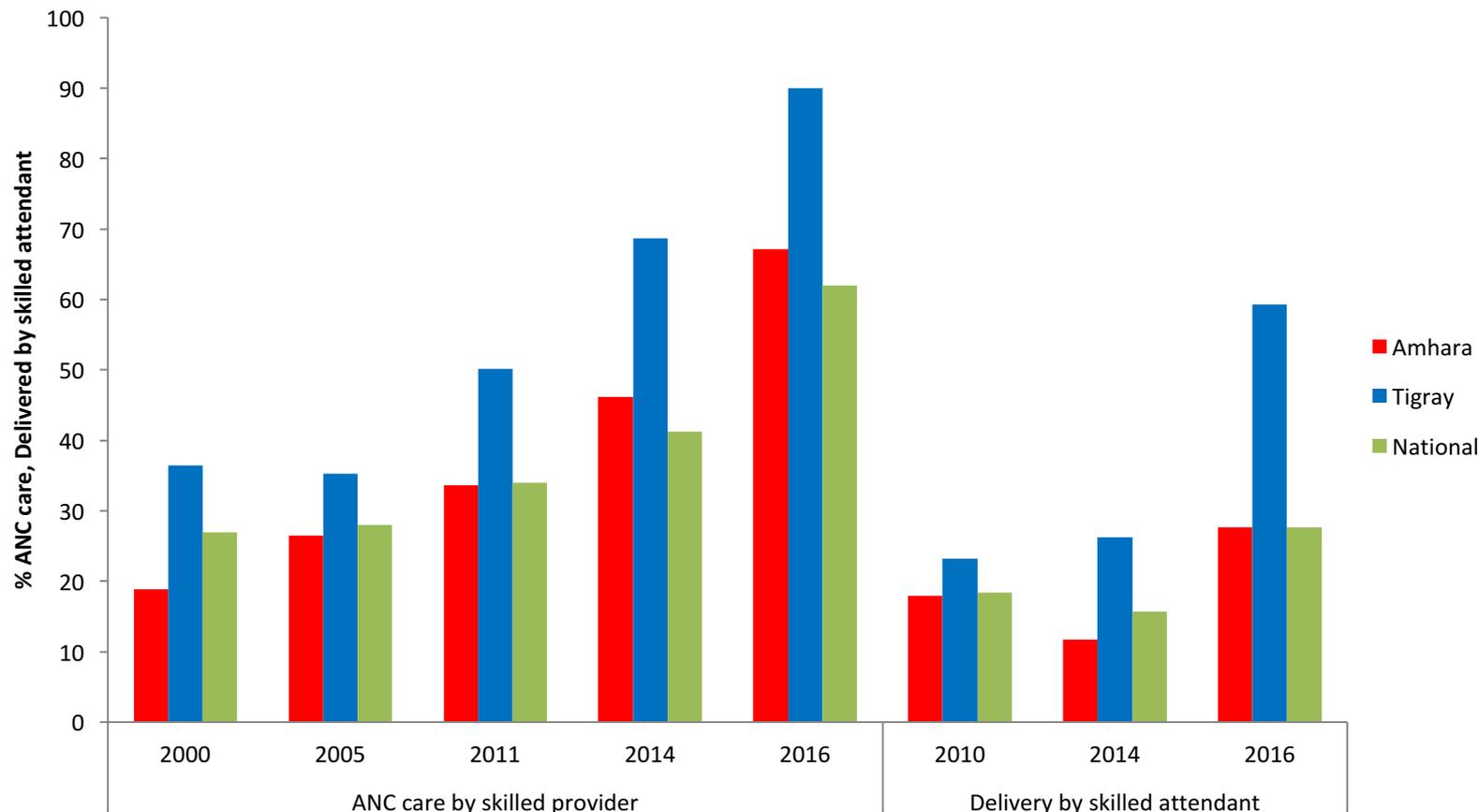


Figure 3: ANC and Delivery by Skilled Birth Attendant for “Amhara and Tigray regions” in the year 2000, 2005 & 2011 compared with National Rates

Sources: Demographic and Health Survey (DHS) (2000, 2005 & 2011)

Correlation of Per capita expenditure and IMR

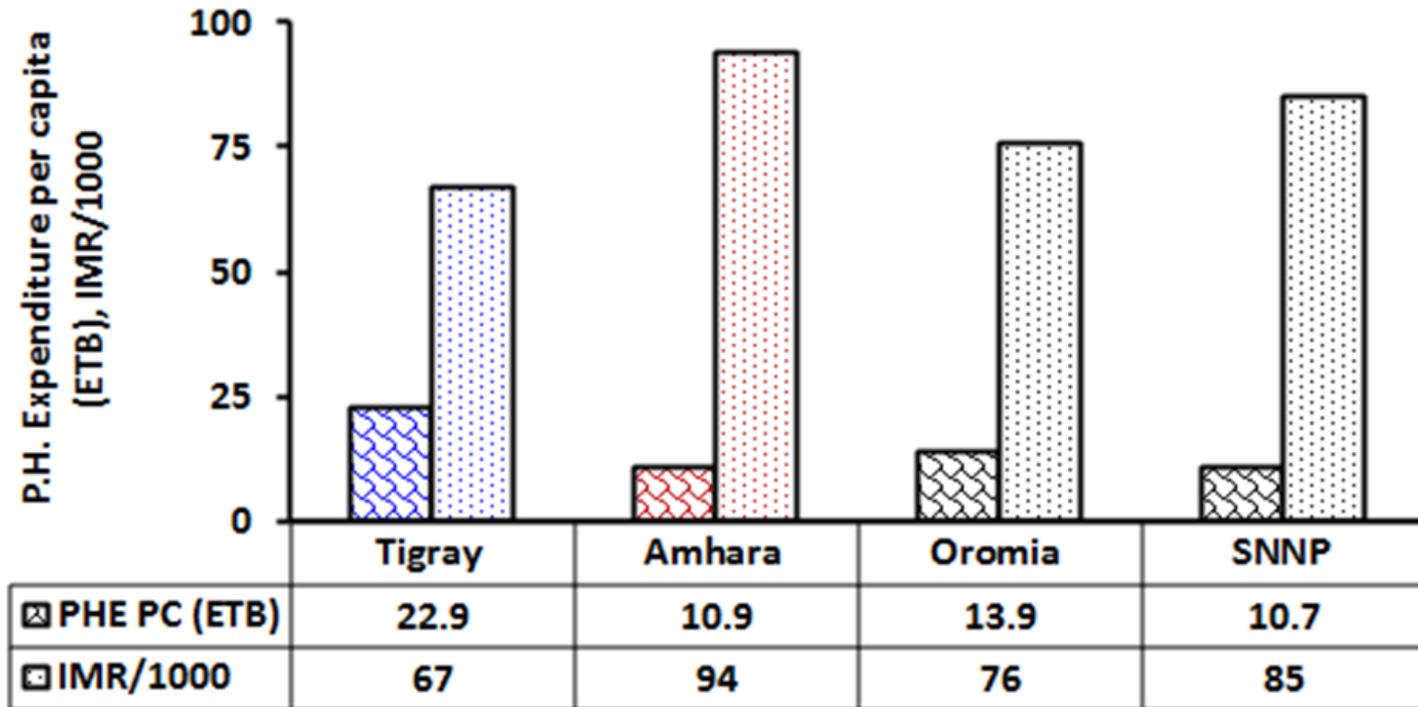


Figure 4: Demographic, per capita expenditure and Infant Mortality Rate (IMR) (2009)

Source: *Reviewing Ethiopia's Health System Development* by Richard G. 2009

2. Health Policy utilized as strategy to control Amhara's population growth

- “Amhara region” has the highest Contraceptives Acceptance Rate and Injectable Contraceptives Use resulting in the least fertility rate in the country
- “Amhara Region” lacks life saving programs like Antenatal care, immunization, skilled birth attendance and iodized salt distribution
- “Amhara region” has the highest **perinatal, neonatal, infant, and under five mortality rate**
- In total, 2.5 million Amhara had vanished from the 2007 census

Amharas have the highest rates of contraception use

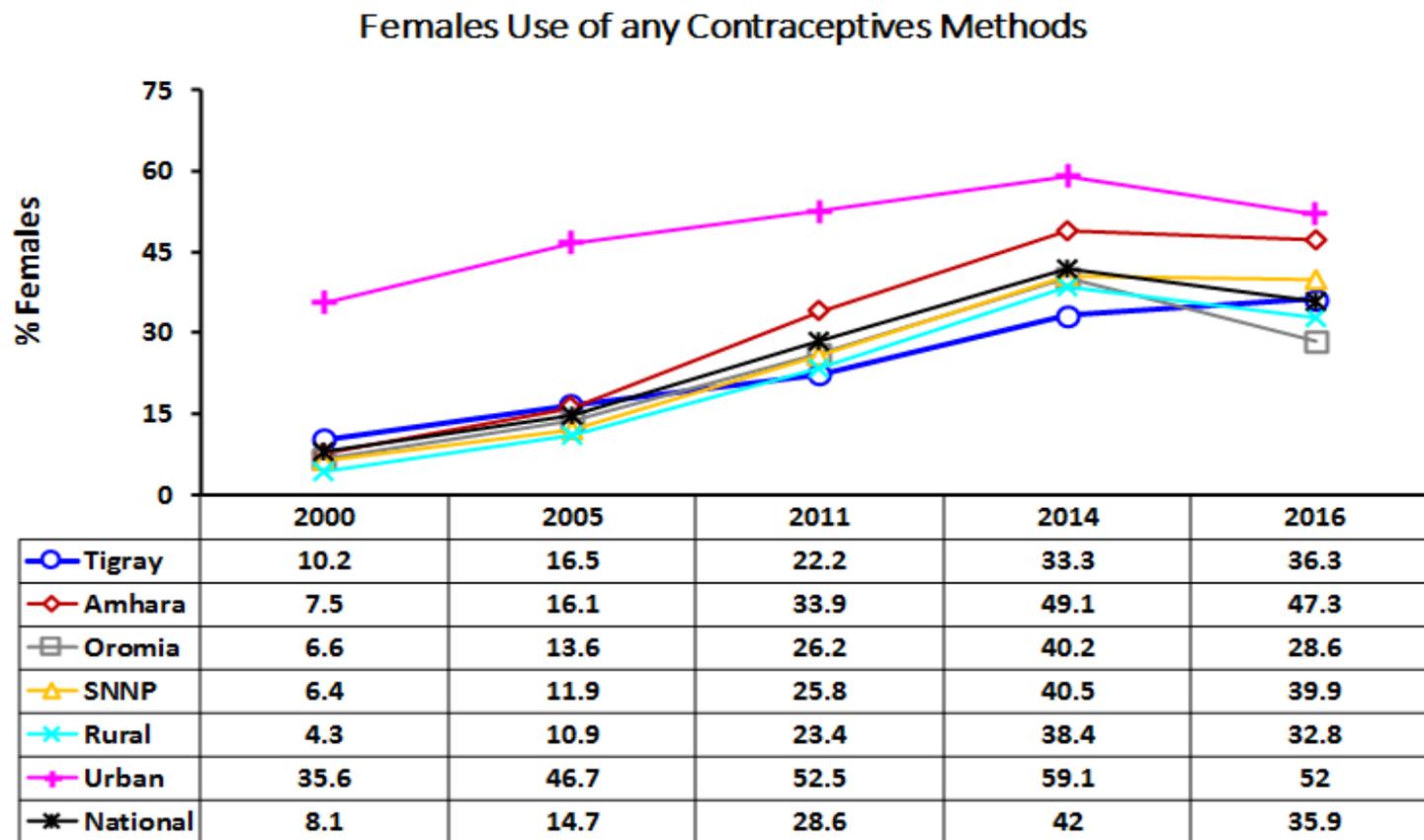


Figure 5: Females use of any contraceptives methods (2000, 2005, 2011, 2014 and 2016)

Sources: Demographic and Health Survey (DHS) (2000, 2005, 2011, 2014 and 2016)

Amharas have the highest rates of Injectable Contraceptives use

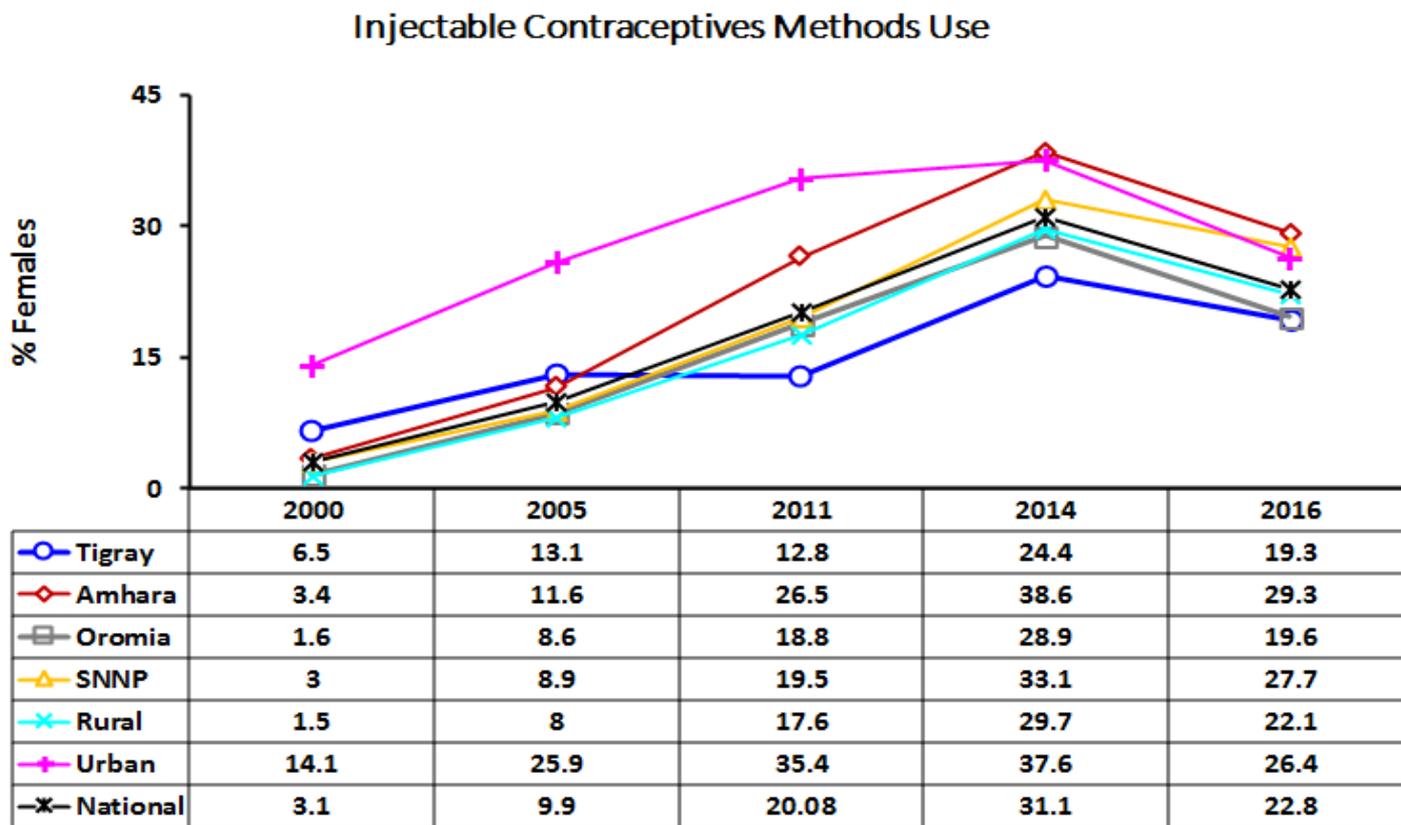


Figure 6: Injectable contraceptives methods use (2000, 2005, 2011, 2014 and 2016)

Sources: Demographic and Health Survey (DHS) (2000, 2005, 2011, 2014 and 2016)

Amharas fertility rate is the least among Ethiopians

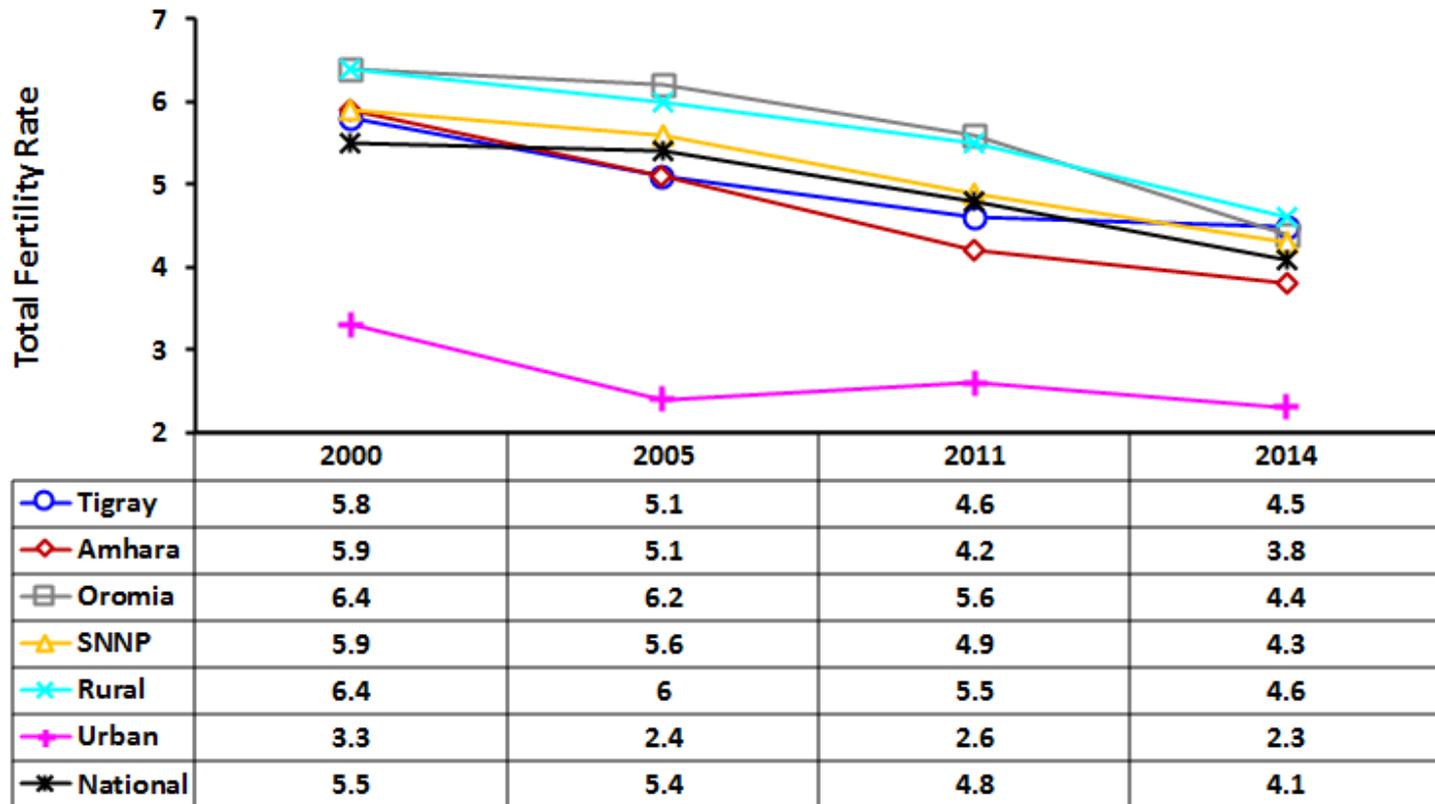


Figure 7: Total fertility rate (TFR) (2000, 2005, 2011 & 2014)

Sources: Demographic and Health Survey (DHS) (2000, 2005, 2011 & 2014)

“Amhara region” has the highest PMR

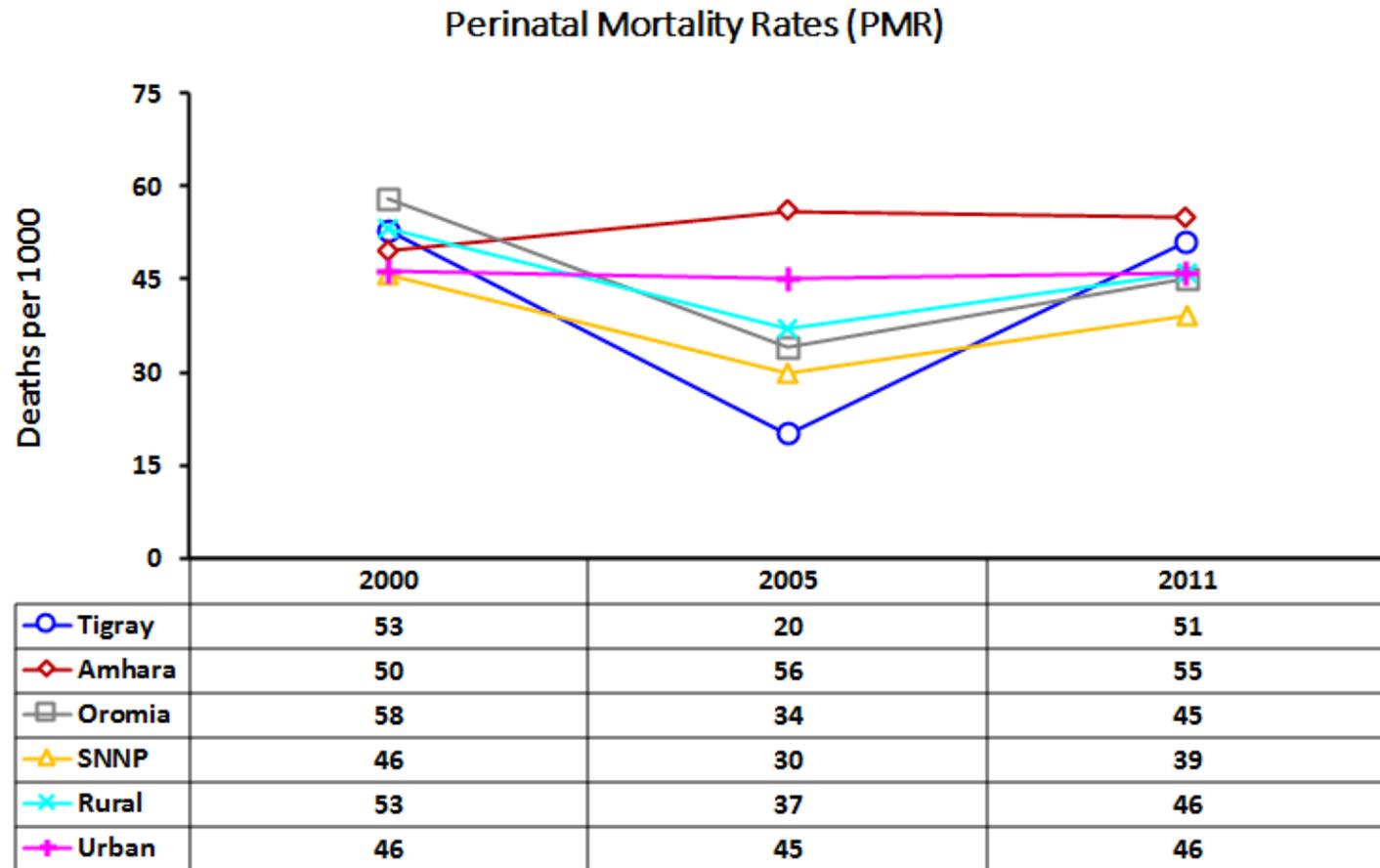


Figure 8: Perinatal mortality rate (PMR) (2000, 2005 & 2011)
 Sources: Demographic and Health Survey (DHS) (2000, 2005 & 2011)

“Amhara region” has the highest NMR

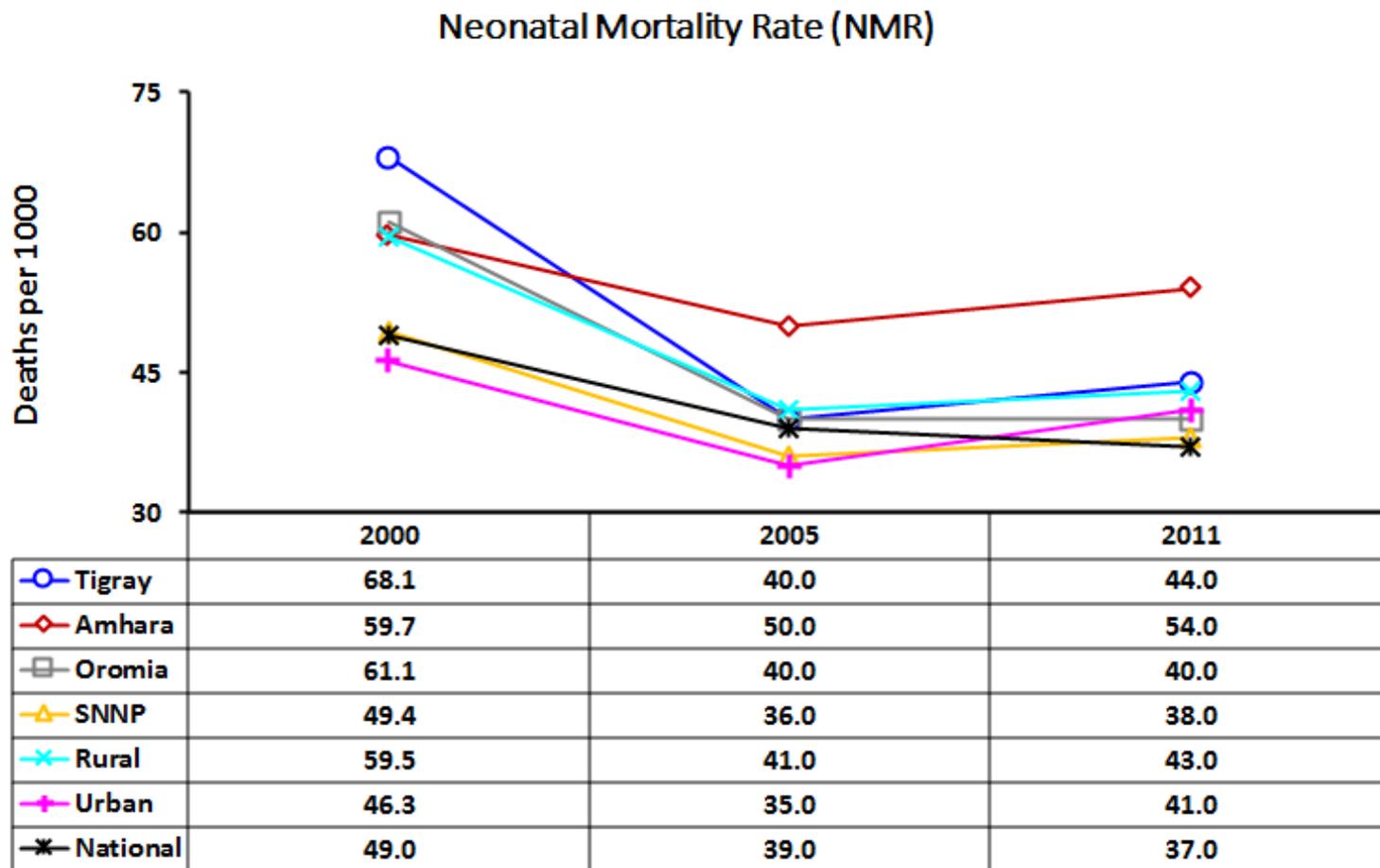


Figure 9: Neonatal mortality rate (NMR) (2000, 2005 & 2011)

Sources: Demographic and Health Survey (DHS) (2000, 2005 & 2011)

“Amhara region” has the highest IMR

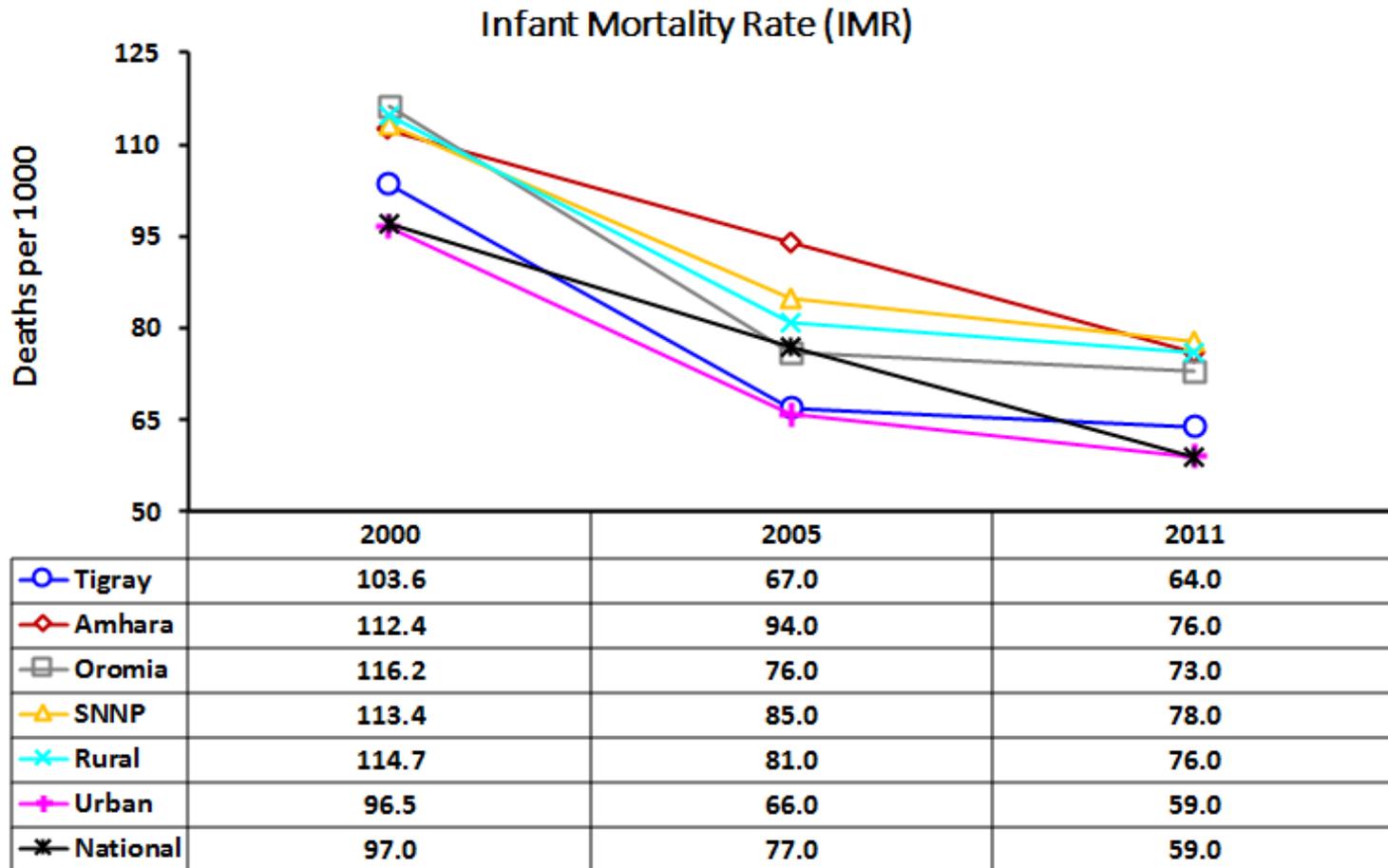


Figure 10: Infant mortality rate (IMR) (2000, 2005 & 2011)

Sources: Demographic and Health Survey (DHS) (2000, 2005 & 2011)

“Amhara region” has also the highest in U5MR

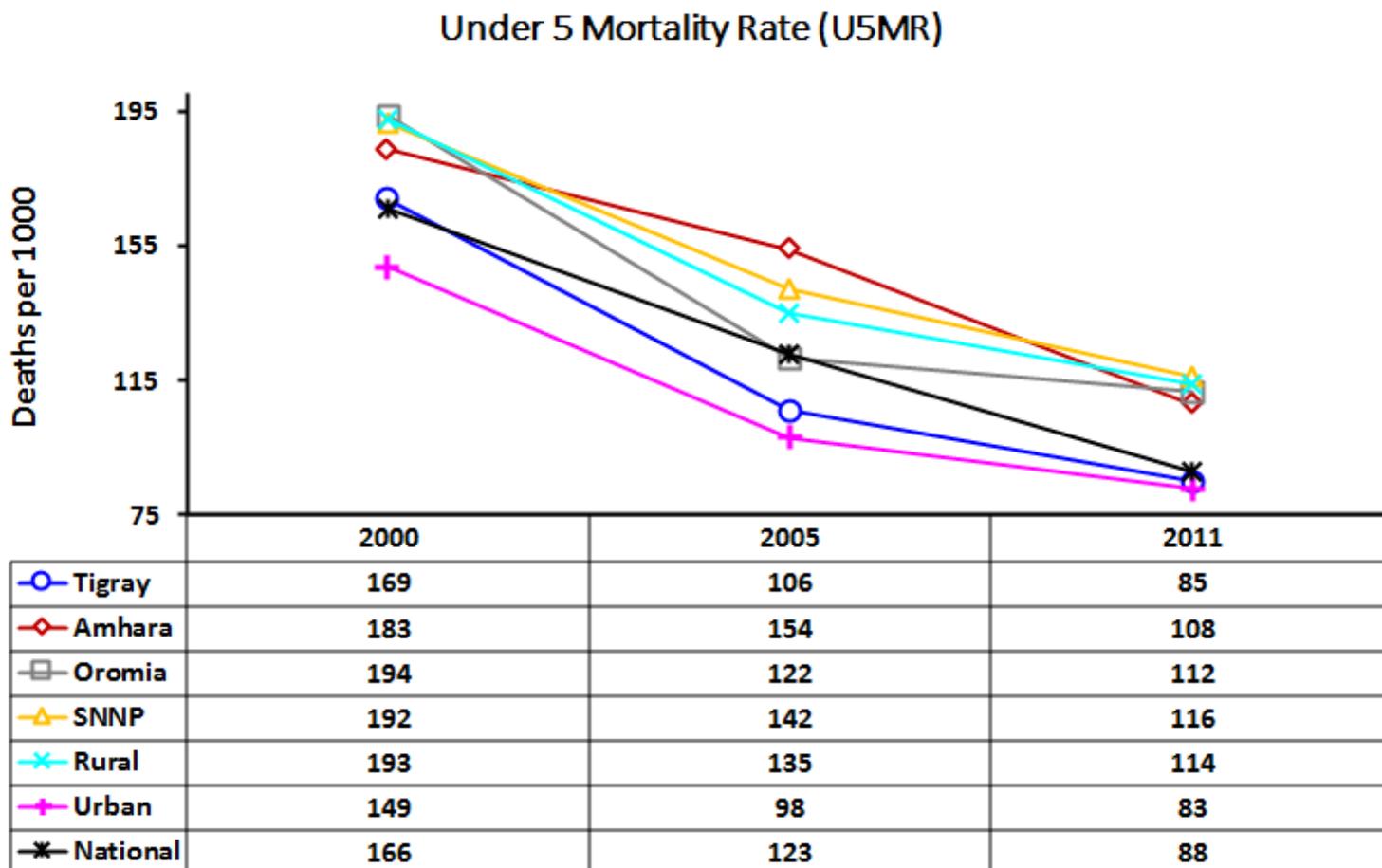


Figure 11: Under 5 mortality rate (U5MR) (2000, 2005 & 2011)

Sources: Demographic and Health Survey (DHS) (2000, 2005 & 2011)

Observed versus expected population based on prediction from previous census and estimated population growth rate

Ethnic group and national population census	Actual 1984*	1994 based on 1984 estimates	Actual 1994	2007 based on 1984 estimates	2007 based on 1994 estimates	Actual 2007
Amhara	12,055,250 (28.288%)	16,170,175	16,007,933 (30.1%)	22,126,832	23,687,258	19,867,817 (26.9%)
Tigre**	2,415,871	3,240,502	3,284,568 (6.2%)	4,746,924	4,540,067	4,483,776 (6.1%)
Oromo	12,387,664 (29.068%)	16,616,055	17,080,318 (32.1%)	24,340,415	23,609,128	25,488,344 (34.5%)
National population*	39,868,572	53,477,265	53,477,265	78,337,417	73,918,505	73,918,505

Table 1: National and Amhara population differences from estimates based on 1984, 1994 and 2007 CSA

Sources: Ethiopian Central Statistics Authority (CSA), Ethiopia FMOH Health and health related indicators (HHRI's) 2015 and Moresh Amhara Organization study on depopulation of Amharas 2014

Declining proportion of the Amhara

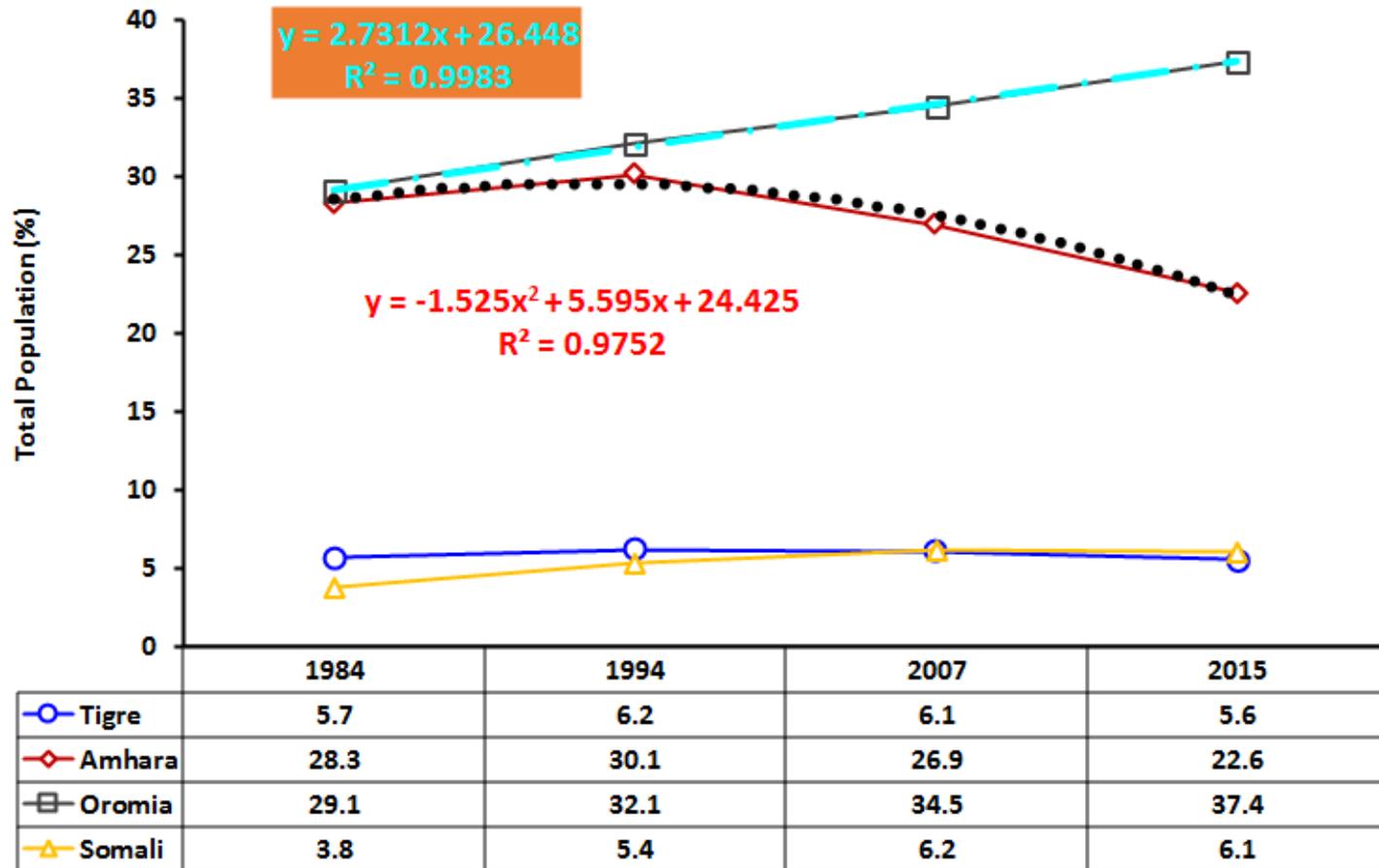


Figure 12: Percentage “regional” population compared to country total.
 Source: Ethiopian Central Statistics Authority (CSA)

The effect of decades of Amharas depopulation by TPLF

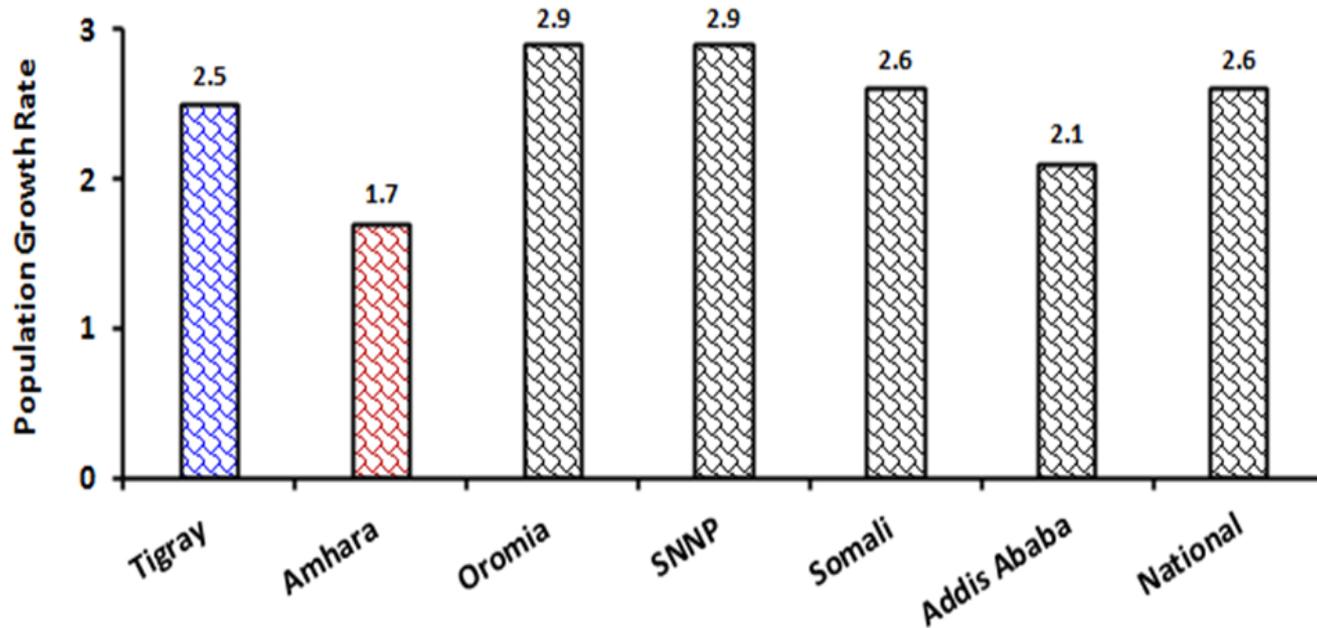


Figure 13: Ethiopia annual population growth rate by “Region” 2015

Source: Ethiopia FMOH Health and Health Related Indicators (HHRI's) 2015

3. Biased policies, inaction and impartiality

- Amharas, compared to other ethnic groups were less likely to engage in risky sexual behavior
- Ironically, Amharas are the most affected by HIV/AIDS but are the least likely to get treatment

Sexual behavior in various regions

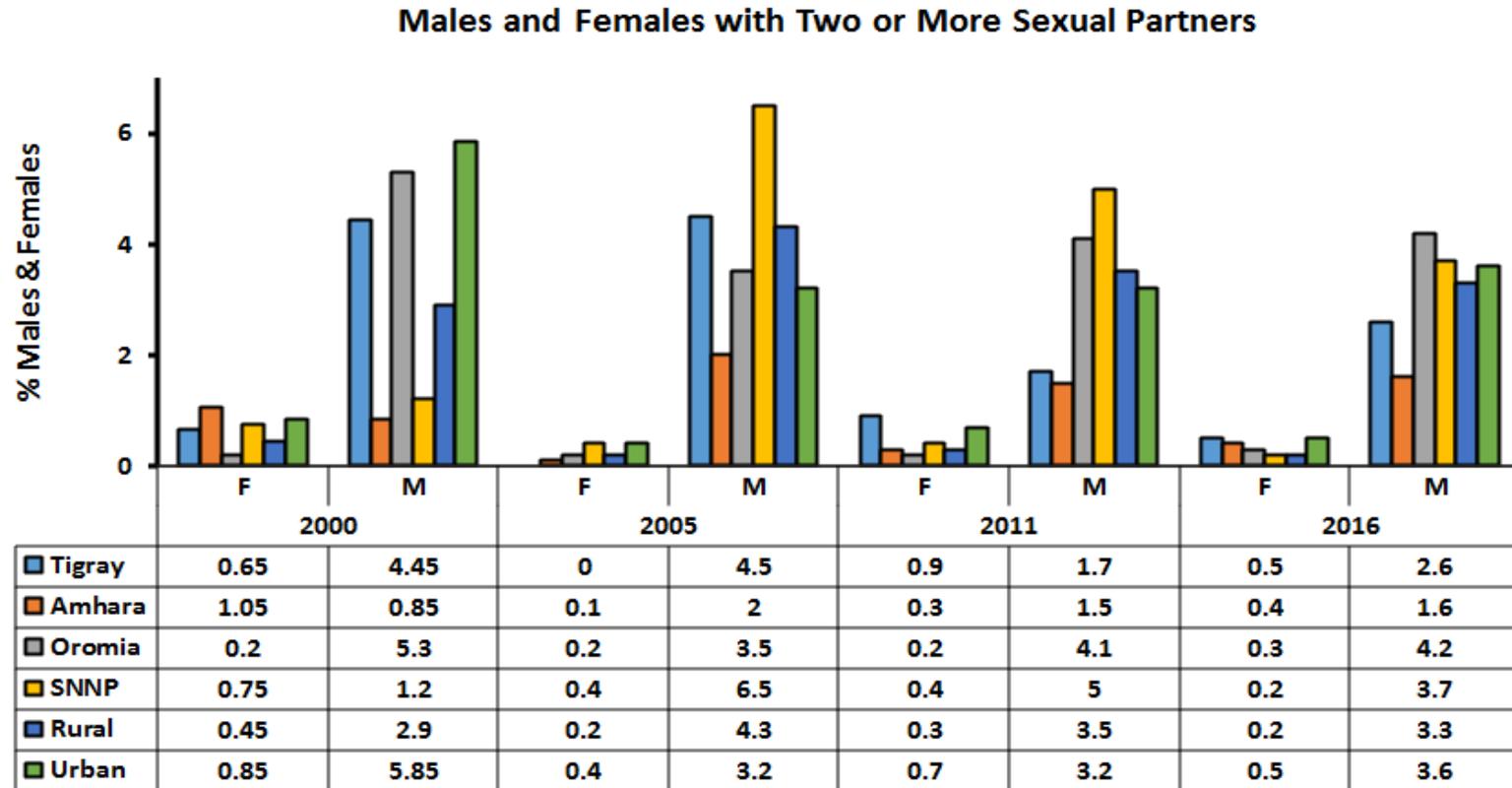


Figure 14: Percentage 15-49 years old who had 2+ sexual partners in the past 12 months excluding spouse or cohabiting sexual partner Females (F), Males (M) (2000, 2005, 2011 & 2016)

Sources: Ethiopia Demographic and Health Survey (DHS) (2000, 2005, 2011 & 2016)

Sexual behavior in various regions

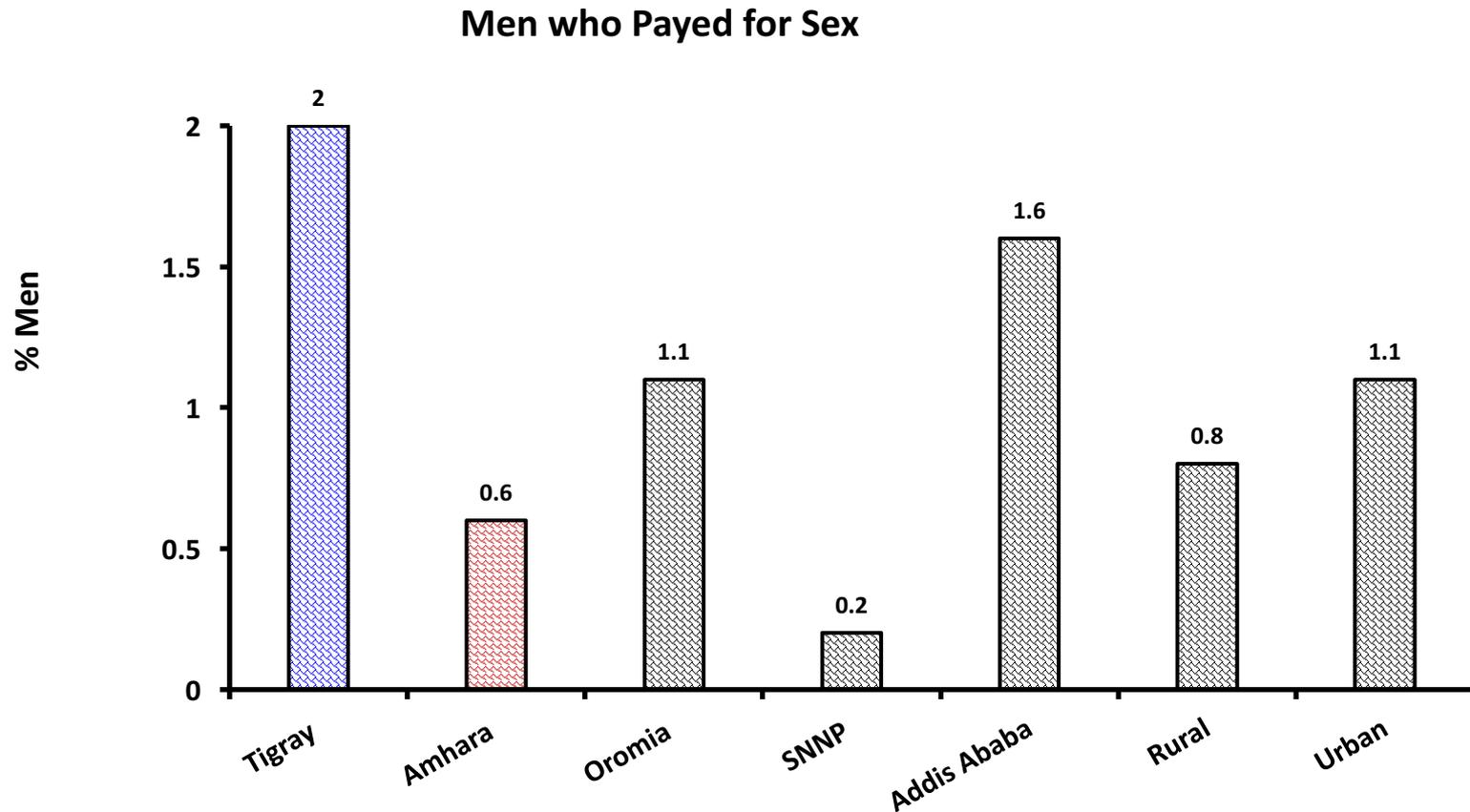


Figure 15: Percentage of men age 15-49 reporting payment for sexual intercourse in the past 12 months by “Regions” 2005

Source: Ethiopia Demographic and Health Survey (DHS) 2005

Rural Amhara devastated by HIV

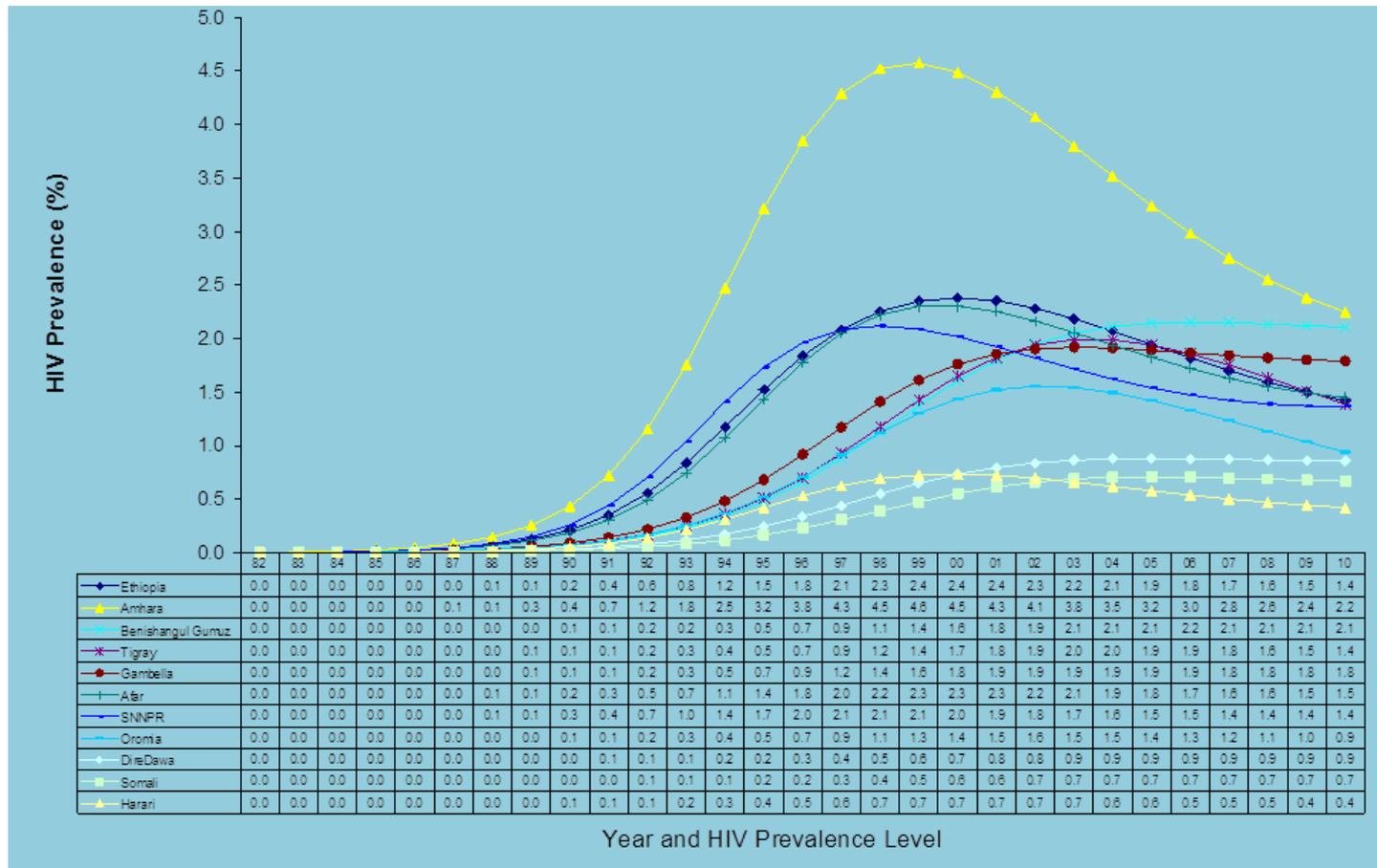


Figure 16: Estimated and Projected HIV Prevalence, Adult Population 15 - 49, Rural Ethiopia and Regions, 1982 – 2010
 Source: AIDS in Ethiopia: Sixth report 2010

HAART use in various regions

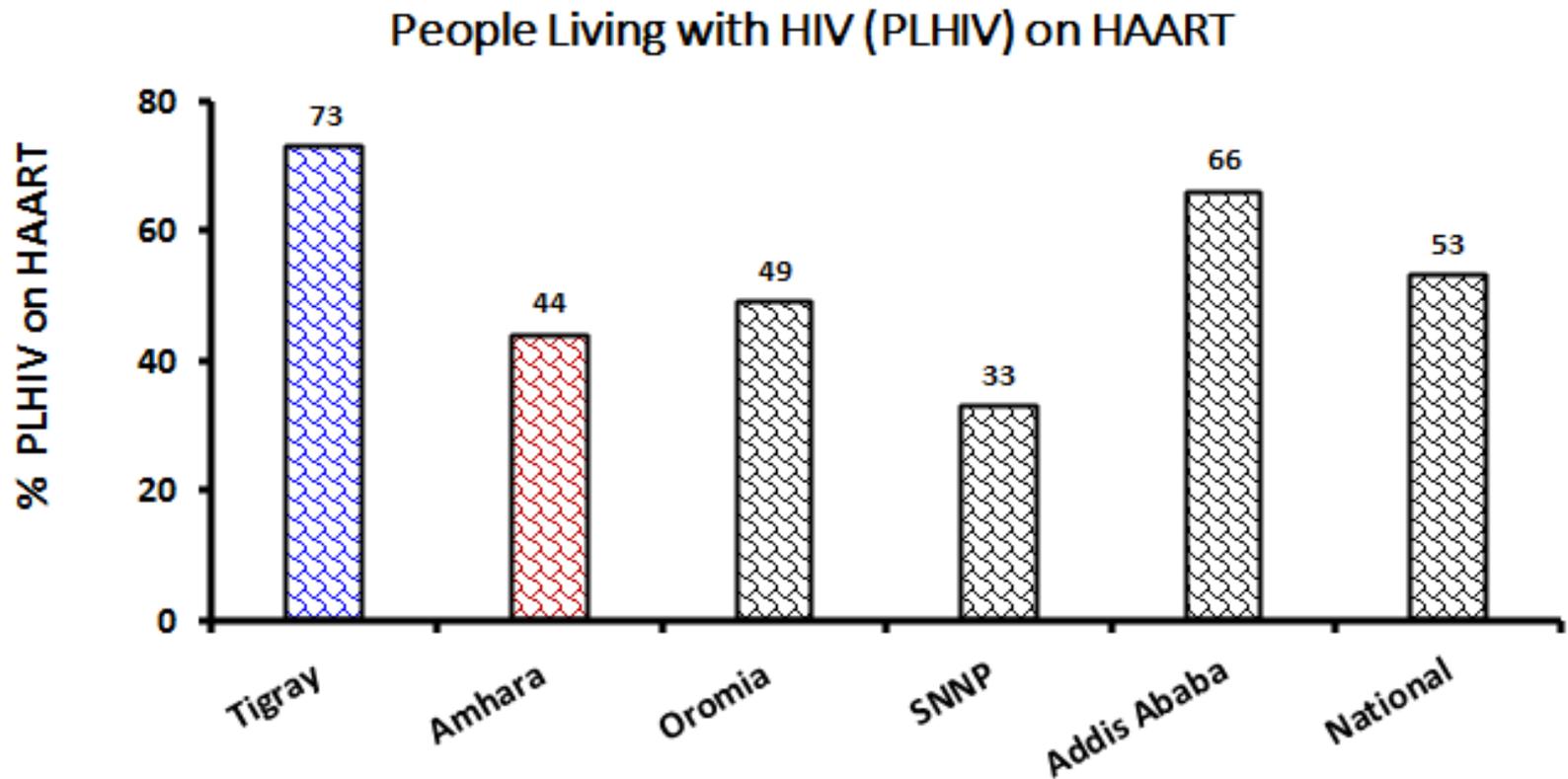


Figure 17: People living with HIV (PLHIV) on HAART across “Regions” 2009/2010
Source: Health Sector Strategic Plan (HSDP) IV 2010

4. Corruption and misuse of budget

- The Global Fund to Fight AIDS Tuberculosis and Malaria granted Ethiopia \$1,306,035, 989 over the years.
- However, according to the 2012 audit report of the Global Fund's Office of the Inspector General, the office of Dr. Ghebreyesus inappropriately used the money. The inappropriate actions include
 - Misappropriation of funds
 - Use of donor funds for unsound programs and political purposes and
 - Construction of substandard health facilities
- The Ethiopian government has been asked to refund \$7,026,929.00.

5. Disregard for human life

- TPLF/EPRDF led government abuses foreign aids and uses it as a weapon to repress its citizens
- According to Human Rights Watch Report titled **“Development without Freedom: How Aid Underwrites Repression in Ethiopia”**, the TPLF led Ethiopian government was using aid to suppress political dissent by conditioning access to essential government programs on support for the ruling party where many families of opposition members were barred from participation in the food-for-work or "safety net" program, which supports 7 million of Ethiopia's most vulnerable citizens.

6. Incompetency/Inaction

- Ethiopia was affected by Cholera epidemic almost every year during Dr. Ghebreyesus's tenure and his refusal to declare the epidemic resulted in the dissemination of the disease throughout the country
- Dr. Ghebreyesus also didn't take appropriate and timely action when he was Minister of Foreign Affairs of Ethiopia.
 - Thousands of immigrant Ethiopians were killed in Saudi Arabia, South Africa, Libya and Yemen as a result of xenophobia and his failure to protect his citizens.

7. Lack of Transparency

- Dr. Ghebreyesus intentionally covered up Cholera outbreaks to protect his government's image instead of prioritizing public safety to which he was primarily accountable
- Dr. Ghebreyesus's government never allowed international organizations to investigate humanitarian crisis in Ethiopia

8. Maleficence and risking public safety

- Millions of Ethiopian children are affected by iodine deficiency because of Dr. Ghebreyesus's unjust distribution of iodized salt
- Dr. Ghebreyesus failed to save the lives of people and the environment affected by tannery waste disposal

9. Accountability

- Dr. Ghebreyesus, as the member of TPLF's Executive, is responsible for all of the atrocities committed by TPLF on Ethiopians, especially the systematic ethnic cleansing and genocide of Amharas.
- Sadly, WHO is unaffected by the criminal records of Dr. Ghebreyesus

10. Violation of basic human right

- “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”
- Dr. Ghebreyesus’s government restricted freedom, violated Human rights and stifled democracy
- Dr. Ghebreyesus’s actions are against WHO principles that are profoundly embedded in advancing humanity by vigorously addressing complex health issues and abiding by international human right laws

11. Lack of Integrity/Truthfulness/Honesty

- Dr. Ghebreyesus promises to address health inequalities, however his record as MOHE speaks loudly against him
 - He used family planning methods to control the population growth of the Amharas, which his party labels as number one enemy.
 - There is rampant inequality of health and wealth between the different regions of Ethiopia.
 - Dr. Ghebreyesus discriminated against his own citizens based on their ethnic backgrounds

NoTedros4WHO!!!

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