VISION STATEMENT

ENDORSED BY THE AFRICAN UNION

DR TEDROS ADHANOM GHEBREYESUS
Candidate for Director-General of the World Health Organization

TEDROS
Together for a healthier world

VISION STATEMENT
TODAY’S WORLD

The scientific, technological and social progress over the last century has lifted hundreds of millions of people out of poverty. The World Health Organization (WHO) has played a crucial role in this progress – achieving major milestones including eradicating smallpox and bringing polio eradication within reach. During the Millennium Development Goal era, WHO also drove tremendous progress towards combatting HIV, tuberculosis and malaria, and reducing maternal, child and infant mortality. It enacted the Framework Convention on Tobacco Control. Thanks to the actions of WHO, more people are living longer, healthier lives than ever before.

However, we live in a changing world, and WHO must be able to change with it. For all the progress we have made and improvements we have witnessed, daunting challenges – new and old – lie ahead. Climate and environmental change pose new threats. Unhealthy lifestyles are giving rise to non-communicable diseases that imperil public health. Globalisation has made it easy for infectious disease pathogens to spark pandemics that threaten lives and economic security. Antimicrobial resistance is threatening our ability to effectively treat common diseases and infections, and widespread population movements, global trade and inequities in access to basic health care and social protection are leading to complex global health challenges.

MY VISION

I envision a world in which everyone can lead healthy and productive lives, regardless of who they are or where they live. I believe the global commitment to sustainable development – enshrined in the Sustainable Development Goals – offers a unique opportunity to address the social, economic and political determinants of health and improve the health and wellbeing of people everywhere.

Achieving this vision will require a strong, effective WHO that is able to meet emerging challenges and achieve the health objectives of the Sustainable Development Goals. It will require revitalised WHO leadership that combines the public health, diplomatic and political expertise needed to address the most pressing challenges of our time.

“I envision a world where everyone can lead healthy and productive lives, regardless of who they are or where they live.”
We need a stronger and reformed WHO – fit for the 21st century – that belongs to all, equally. We need a WHO that is efficiently managed, adequately resourced and results driven, with a strong focus on transparency, accountability and value for money.

My public health experience – in Ethiopia, regionally and globally – is hands-on and rooted in the community. I have spent many years working alongside other health experts to deliver ambitious results that have had a profound impact on the lives of millions, often with limited resources. I am inclusive, engaging and decisive, and I have a proven track record of addressing tough health issues. Only by working together at all levels – from Geneva to regional offices and national capitals to local communities – can we move forward as one.

I will lead from the front and place WHO at the centre of global health action and broader international priorities by:

**Putting People First:**
The right of every individual to basic health services will be my top priority. I will champion mechanisms to meaningfully listen to, learn from and engage people and communities – including migrant, displaced and disabled individuals; people living in rural, urban slum and low-income areas; and other vulnerable populations. This engagement – and what we learn from it – will be at the centre of our efforts to mobilise resources and hold authorities accountable for the health of all, regardless of age, gender, income, sexual orientation or religion.

**Placing Health at the Centre of the Global Agenda:**
When people are healthy, entire communities and nations thrive – indeed, the whole world benefits. I will engage with Heads of State, Ministers across a wide range of portfolios, multilateral institutions, the UN system, civil society and the private sector to make access to health care and protection from infectious disease outbreaks a central component of the world’s security, economic and development agendas. This will include implementing the International Health Regulations and addressing emerging threats, such as antimicrobial resistance, climate and environmental change and non-communicable diseases. Such engagement will enable WHO and national health authorities to effectively perform their core functions, reaffirm WHO’s leadership in securing a healthier and safer world, and ultimately drive progress towards the Sustainable Development Goals.

**Engaging Countries and Strengthening Partnerships to Deliver Results:**
Improving global health requires effective engagement with all Member States and across multiple sectors. Under my leadership an enhanced and independent WHO will take a science-led and innovation-based approach that is results-oriented and responsive, maximises inclusive partnerships, and ensures collective priority setting with all stakeholders. In particular, I will champion country ownership, so that countries are at the table, as full and equal partners, to guide and make the decisions that will affect the health of their populations.

WHO’s work touches hundreds of millions of lives around the world. Every programme, every initiative, every allocation of funding is so much more than a statistic or line in a budget. It is a life protected. It is a child who gets to see adulthood. It is a parent who watches their child survive and thrive. It is a community living disease free or an entire country or region that is better prepared for emergencies or disasters. This is the difference WHO can make, working hand-in-hand with Member States and global partners.

I am a candidate for Director-General of WHO because I believe in the power of this organisation to make a tangible, positive impact. As Director-General, I would focus on the five key priorities outlined below – making adjustments to meet changing realities and needs – to strengthen WHO and improve the health and lives of people everywhere.

I hope you will join me in working together for a healthier world.

Dr Tedros Adhanom Ghebreyesus
LEADERSHIP PRIORITIES

As Director-General of WHO, Dr Tedros will focus on five key areas:

1. Health for All: Advancing universal health coverage and ensuring all people can access the health services they need without risk of impoverishment, including by driving domestic resources for health, strengthening primary health care, and expanding access to preventive services, diagnostics and medicines for communicable and non-communicable diseases.

2. Health Emergencies: Strengthening the capacity of national authorities and local communities to detect, prevent and manage health emergencies, including antimicrobial resistance, and more effectively manage the health effects of mass population movements.

3. Women, Children and Adolescents: Putting the well-being of women, children and adolescents and the centre of global health and development – and positioning health at the centre of the gender equality agenda.

4. Health Impacts of Climate and Environmental Change: Supporting national health authorities to better understand and address the effects of climate and environmental change on health.

5. A Transformed WHO: Building WHO into a more effective, transparent and accountable agency that is independent, science and innovation-based, results-focused and responsive. This will require striking a balance between bold reform and stability of the organisation.

1. HEALTH FOR ALL

“The right of every individual to basic health services will be my top priority.” – DR TEDROS

Ensuring universal health coverage without impoverishment is the foundation for achieving the health objectives of the Sustainable Development Goals (SDGs). Indeed, “health for all” must be the centre of gravity for efforts to achieve all of the SDGs – because when people are healthy, their families, communities and countries benefit. But we have a long way to go. About 400 million people – one out of every 17 of the world’s citizens – lack access to essential health services.

WHO’s top priority must be to support national health authorities’ efforts to strengthen their core responsibilities – including health workforce, service delivery and health information systems – and to enact policies aimed at ensuring health coverage, including mental health care, is equitable and affordable for all. Applying a one-size-fits-all approach will not be possible; unique systems are needed to meet countries’ unique needs. However, lessons learned must be shared across countries to drive progress.

Achieving universal health coverage is an ambitious goal, but it is one that can and must be achieved to create a healthier and more equitable world. This will require a health-in-all policies approach that also addresses the social, economic and political determinants of health. We will need strong commitments from and partnerships between all players, including national governments and bilateral and multilateral agencies, civil society and the private sector to overcome barriers in access to quality diagnosis and care, essential drugs and financial protection. We will need countries to increase domestic financing for health and pilot innovative financing strategies, including in partnership with the burgeoning private sector. And we will need a stronger focus on driving access to medicines to combat both communicable diseases, like HIV, tuberculosis, malaria, neglected tropical diseases and hepatitis, and non-communicable diseases, like cancer, heart disease, chronic respiratory diseases and diabetes.

Dr Tedros has the vision, drive, experience and perseverance needed to deliver on the ambitious, but achievable, health for all agenda. Most notably, he is credited with making major investments in Ethiopia’s health infrastructure and workforce that transformed the country’s health system, drove major progress toward its health goals, and now serves as a model for other countries to follow. He also played a key role in galvanising support for the 2015 Addis Ababa Action Agenda, in which countries committed to co-finance sustainable development initiatives, including those related to health.
KEY ACTIONS:

Drive progress toward universal health coverage and the SDGs:

- **Catalyse high level political leadership and commitment** for universal health coverage through proactive engagement and advocacy with global, regional and national political structures and leaders including heads of state and parliaments;
- **Foster new cross-sector partnerships and accountability** through organising Global Inter-Ministerial Summits, involving Ministers of Health and other relevant ministries, with the aim of creating a shared vision and goals, mobilising action and delivering and monitoring results on (1) universal health coverage, (2) health emergencies, including antimicrobial resistance and (3) the health impacts of climate and environmental change at the global and national levels;
- **Champion solutions to address barriers** in access to quality diagnosis and care, essential drugs and financial protection for health, including by promoting domestic resource mobilisation and innovative financing and by exchanging and scaling up best practices across Member States;
- **Continue sustaining and building on recent successes**, including around HIV, tuberculosis, malaria, neglected tropical diseases, polio and maternal, child and infant health;
- **Address non-communicable diseases and injuries** by scaling up evidence-based approaches to prevention, diagnosis and treatment, encouraging healthy lifestyles and well-informed decisions, strengthening prevention and treatment of substance abuse and accelerating the implementation of the WHO Framework Convention on Tobacco Control;
- **Strengthen countries’ capacity to address mental health issues** by ensuring sufficient resources and services – and efforts to reduce stigma – are in place.

Build more resilient health systems:

- **Provide Member States with the tools, guidance and support they need**, for policy and planning, service delivery and performance management, to ensure universal and equitable access to basic health services;
- **Develop more robust health information systems**, including by widening the use of digital technology, analytic capacity and gender disaggregation to promote data-driven decision-making;
- **Improve the training, recruitment and retention of an adequate health workforce** by encouraging governments to invest in medical education and create incentives for workers to remain both in the country and in more remote areas. Promote multi-country health training activities, with a particular focus on developing countries, small island states and fragile and conflict-affected states.

Strengthen primary health care and prevention:

- **Strengthen primary health care systems** to deliver evidence-based health promotion, prevention, treatment and rehabilitation services – and ensure integrated community engagement with the health system.

Increase access to life-saving vaccines, diagnostics and drugs to all and accelerate research and development:

- **Reach more people with life-saving products** by intensifying ongoing efforts to address market failures and strengthening WHO’s normative authority and advocating to increase the availability and accessibility of effective, safe and affordable drugs, diagnostics and vaccines where they are needed most;
- **Promote public-private partnerships** to drive the development of new products to meet the particular health needs of the poor and other vulnerable populations and ensure they are accessible to all.
2. HEALTH EMERGENCIES

"I will engage with diverse stakeholders to make health care and protection from infectious disease outbreaks a central component of the world’s security, economic and social development agendas.”

– DR TEDROS

We live in a world at constant risk of public health emergencies. The recent Ebola, Zika and Yellow Fever outbreaks, as well as the pandemics of Severe Acute Respiratory Syndrome (SARS), the Middle East Respiratory Syndrome (MERS) and various forms of influenza are cases in point. Moreover, health emergencies due to natural disasters, the impact of climate and environmental change, and mass population movements have become more frequent. These emergencies disproportionately affect countries with resource constraints and weak health systems. Antimicrobial resistance and the risk of accidental or deliberate health threats, including bioterrorism, are also increasing.

In today's increasingly interconnected world, public health emergencies can affect anyone, anywhere – and the recent Ebola crisis in West Africa showed us the dangers of being unprepared. The development of resilient and robust global and local health systems capable of preventing, detecting and responding to public health emergencies must therefore be a key priority. It is critical for WHO to have a strong and effective presence particularly in countries prone to public health emergencies. Complex public health emergencies demand a collective response with high-level political and diplomatic engagement at both the national and global levels. Local and international authorities must work together to put health at the centre of their security, economic and development agendas. We need to develop the capability to predict pandemics and other public health emergencies.

As Minister of Foreign Affairs, Dr Tedros acquired tremendous experience as a decision-maker, negotiator and health champion. He used his skills to engage decisively with international stakeholders, including Heads of State and civil society. And as Minister of Health, he successfully designed, evaluated and scaled up innovative community approaches for health crises. Together, these experiences qualify Dr Tedros to tackle the issue of global health security and ensure global and local preparedness for future emergencies, whenever and wherever they may arise.

KEY ACTIONS:
Ensure strong, coordinated and rapid global responses to health emergencies:

• Strengthen WHO’s capacity to lead by implementing and independently monitoring the newly-established WHO programme for outbreaks and health emergencies based on the ‘six ones’ (one programme, one line of authority, one set of emergency management processes and performance metrics, one workforce, one budget, and one set of emergency business rules and processes). Secure sustainable funding for the programme and regularly monitor and engage with emerging efforts, such as the recently-established Global Health Crisis Task Force;

• Harmonise emergency responses to ensure synergy and alignment between pandemic preparedness and response efforts at the global and local levels, as well as between existing and emerging health emergency financial instruments;

• Address antimicrobial resistance as a global health priority by working with agencies, such as the UN’s Food and Agriculture Organization (FAO) and the World Organisation for Animal Health (OIE), to advance a public health approach to monitoring and mitigating its impact. Accelerate the implementation of the Global Action Plan on Antimicrobial Resistance and the UN General Assembly Political Declaration on Antimicrobial Resistance;

• Champion the ‘One Health approach’ at all levels through fostering multi-sectoral collaboration to prevent, detect and respond to threats at the human-animal-environmental health interface and address the health impacts of climate and environmental change;

• Champion the significance of health during mass population movements by intensifying WHO’s engagement with organisations that are working on this issue both within and outside the UN System.

Bolster our front-line defence at the local level:

• Support the development of robust health systems, particularly at the primary health care and community levels, capable of leading prevention, detection, response and recovery efforts. Improve local capacity to use existing resources more strategically and efficiently when public health emergencies strike;

• Advance the full implementation of the International Health Regulations (IHR) 2005 by strengthening Member States’ capacity to meet and finance stipulated obligations to prevent, detect and respond to public health threats.

Champion innovation to predict and more effectively address health threats:

• Foster multi-sectoral and multi-agency collaboration as well as the development of new tools, such as big data, diagnostic tests and vaccines, to more effectively predict, prevent, detect and respond to emerging public health threats, including zoonotic diseases and antimicrobial resistance.
3. WOMEN, CHILDREN AND ADOLESCENTS

“I believe healthy, empowered girls and women have the potential to build stronger communities, and nations and ultimately transform entire societies” – DR TEDROS

Simply put, we cannot achieve the ambitious health and development targets in the SDGs unless we improve the health, dignity and rights of women, children and adolescents. In too many places, gender gaps, harmful cultural and social practices and gender-based violence are negatively impacting women, children and adolescents. They are unable to reach their full potential due to lack of access to maternal health, sexual and reproductive health and family planning services; adolescent mental health; early education and responsive parenting; malnutrition; sanitation issues, including menstrual hygiene management; and harmful traditional practices, such as child marriage and female genital mutilation.

Furthermore, the absence of data on the interplay between health and its social, economic and political determinants impedes the development of gender-responsive health policies. Innovation and research and development are needed to identify critical health issues and their root causes, and to provide quality services for both women and men with a gender lens.

When women are disempowered and their potential untapped, our societies are weaker today. Likewise, when we neglect the health and development needs of our children, our societies are destined to be weaker tomorrow. We can’t afford to lose out both today and tomorrow by not investing in women and children.

Dr Tedros has been a strong advocate for gender equality and the empowerment of women, children and adolescents throughout his public health and political careers. He will make gender equality a priority of his tenure as Director-General, including by ensuring balanced representation of women in the leadership of WHO. He believes that WHO can contribute to the transformation of society by positioning health at the centre of the gender equality agenda – and gender equality at the centre of the health agenda.

KEY ACTIONS:
Reach the most vulnerable:
• Re-orient WHO’s approach to women, children and adolescents by increasing the focus on reaching vulnerable populations, particularly in humanitarian, fragile and hard-to-reach settings;
• Address the unique needs of adolescents by advocating for stronger and better-resourced national adolescent health and well-being programmes and related measurement and surveillance efforts.

Drive progress toward the Global Strategy for Women’s, Children’s and Adolescents’ Health:
• Strengthen WHO’s capacity to monitor results, resources and rights, in line with the Global Strategy’s goals, and to hold governments accountable for their commitments to women, children and adolescents;
• Enhance engagement with civil society, including with women’s groups and gender advocates to deliver results.

Champion gender-responsive health policies:
• Advocate for increased investment (e.g., a Grand Challenge Initiative for adolescent health) to develop health and health-related innovations to empower women, children and adolescents and bring them to scale;
• Improve data on the intersection between gender and health to inform the development of programmes and policies that enhance equity and ensure women, men and young people can access services that meet their needs.
4. THE HEALTH IMPACTS OF CLIMATE AND ENVIRONMENTAL CHANGE

“Developing and nurturing resilient and effective community based structures and multi-sectoral approaches is critical to prevent, mitigate and respond to the health impacts of environmental risk factors and climate change.” – DR TEDROS

Environmental risk factors – including air, water and soil pollution; chemical exposures; ultraviolet radiation; and climate change – contribute to more than 100 different diseases and injuries.

Climate change and variations particularly impact many aspects of life that are inextricably linked to health: food security, economic livelihoods, air safety and water and sanitation systems. Climate-sensitive risk factors and illnesses are among the most important contributors to the global burden of disease and mortality, including undernutrition and communicable, non-communicable and vector-borne diseases. WHO estimates that 12.6 million people die each year as a result of living or working in an unhealthy environment, contributing to nearly one-quarter of deaths globally. Similarly, a WHO assessment concluded that climate change is expected to cause approximately 250,000 additional deaths per year between 2030 and 2050. The health impacts of climate and environmental change are and will continue to be disproportionately greater among vulnerable populations living in low-income countries, small-island developing states, mountainous regions, water-stressed areas, mega cities and coastal areas.

Fortunately, there is renewed global commitment to tackle climate change and implement the Paris Agreement, adopted at the UN Climate Change Conference in December 2015. Opportunities exist not only to tackle environmental health risk factors, including air safety, food security and water and sanitation, but also to transform the development of health care delivery systems by using low-carbon, more environmentally-friendly approaches. For example, access to health care can be made more reliable in resource-constrained settings through renewable energy sources that can supply power for lifesaving procedures that might not otherwise be possible. This could be game changing for people who rely on the between 200,000 and 400,000 hospitals and health clinics in developing countries that lack or have unreliable electricity supplies.

Preventing, mitigating and responding to the health impacts of climate and environmental change will require transformative new policies and innovations, as well as community-based and multi-sectoral approaches. Dr Tedros’ first-hand national experience in addressing the impact of climate and environmental change on health, particularly as it relates to food security and the enhanced use of climate services and information, demonstrates his leadership on and commitment to this priority.

**KEY ACTIONS:**

**Promote evidence-based decision-making and awareness:**

- Advocate for research and development to better understand, prevent and mitigate the health impacts of environmental risk factors on food security, air safety and water and sanitation at all levels;

- Champion and support global and regional coalitions to promote education and institutional capacity building on climate change mitigation, adaptation, impact reduction and early warning in the health sector;

- Strengthen national capacity to effectively access, understand and use climate services and information for health policy, planning and research through effective collaboration with national metrological and hydrological authorities.

**Secure funding to address health impacts of climate change:**

- Advocate for increased financial allocations at the global, regional and national levels to mitigate the health impacts of climate change through active engagement with climate financing instruments, donors and national governments – particularly to benefit small-island developing states and other settings with vulnerable populations.

**Promote sustainability:**

- Champion the use of low-carbon approaches in the health sector, including in facility construction, waste management, transportation and water, as well as procurement and supply chain systems.
5. A TRANSFORMED WHO

“Thanks to the actions of WHO, more people are living longer, healthier lives than ever before. However, we live in a changing world, and WHO must be able to change with it.” — DR TEDROS

WHO has been at the forefront of global health governance, primarily by supporting national authorities to deliver on their health responsibilities and commitments. WHO’s efforts have allowed millions to live longer, healthier lives than ever before.

The number of actors playing important roles in global health governance and service delivery has grown exponentially over the past two decades. To meet the evolving needs and challenges of the 21st century, WHO will need to broaden and intensify its engagement with a wider range of stakeholders across the public, private and civil society sectors. Strong, visionary leadership will be needed to put WHO at the centre of global health policy and partnerships – and ensure that the organisation delivers unparalleled value to its collaborations in the areas where it can have the greatest impact.

To strengthen its leadership in the global health space, WHO must attract and retain the best talent. Dr Tedros will review, nurture and refine WHO’s ongoing governance and managerial reforms to create an engaging and motivating environment for staff – while striking balance between reform and stability of the organisation to deliver results. In his roles as Minister of Health and Minister of Foreign Affairs, Dr Tedros implemented an open-door policy, ensuring that all staff, regardless of level, could meet with him directly to share ideas and concerns. He would bring the same open and transparent approach to WHO as Director-General and create appropriate mechanisms to interact with staff on a regular basis.

WHO must also be well-resourced to deliver game-changing results. Leveraging his strong experience in both resource mobilisation and diplomacy, Dr Tedros will work to secure more predictable and flexible funding for WHO by positioning health as a security, economic and development priority.

Dr Tedros has the technical expertise and leadership qualities needed to deliver real results for WHO. As Ethiopia’s Minister of Health and Vice-Chair of the World Health Assembly, he has played a central role in mobilizing resources and driving organisational change for the most impactful global health initiatives, including the Global Fund, Gavi, Roll Back Malaria, the Stop TB Partnership, UNAIDS and the International Health Partnership, among others.

KEY ACTIONS:

**Strengthen WHO’s leadership mantle:**

- **Harmonise work across the organisation** by articulating and advancing a shared vision and consensus on priorities across Headquarters, Regional and Country Offices and through formalising and expanding the Global Policy Group (currently comprised of the Director-General, Deputy Director-General and Regional Directors) to include current chairs of Regional Committees;

- **Foster, strengthen and streamline partnerships with organisations across sectors** to maximise synergies, prevent duplication of efforts and drive progress towards shared vision, global and local health commitments;

- **Regain WHO’s position and trust as the world’s preeminent global health leadership body** by re-engineering its processes, instituting human and organisational performance management measures, and demonstrating its ability to drive impact at the global and local levels, with a focus on both quick wins and medium- and long-term results.

**Enhance WHO’s ability to deliver results:**

- **Attract, harness and retain global talent** to make WHO a more diverse, inclusive and effective agency at all levels, particularly at the Regional and Country Offices;

- **Enhance predictability and flexibility of WHO’s financing** by establishing a time-limited Inter-Ministerial Advisory Commission composed of Ministers (Health, Finance and International Development) to solicit advice, innovative solutions and recommendations on assessed financial contributions from Member States;

- **Improve institutional effectiveness and accountability** by strengthening mechanisms to identify potential gaps, deficiencies and performance threats and by promptly and proactively introducing corrective measures.
ACCESS TO HEALTH CARE

As Minister of Health of Ethiopia from 2005 – 2012, Dr Tedros learned and demonstrated what it takes to increase access to health care with limited resources and community engagement, using primary health care as a platform. Under his leadership, Ethiopia invested in critical health infrastructure, expanded the health workforce and initiated pioneering financing mechanisms. These reforms helped expand health care access to tens of millions of Ethiopians, setting Ethiopia on a path to sustain and build on this success.

- **Health Service Delivery**: Dr Tedros invested in the creation of 3,500 health centres and 16,000 health posts to improve access to basic health care across the country. This decision played a key role in reducing child mortality by two-thirds, HIV infections by 90%, malaria mortality by 75% and mortality from tuberculosis by 64%.

- **Health Extension Programme**: Dr Tedros oversaw the training and deployment of 38,000 health extension workers as civil servants, which created a community-based and community-driven system with women at the core. The work of these health extension workers is complemented through the engagement of nearly 3 million women – called the health development army – who facilitate uptake of critical health services and locally-tailored behaviour change campaigns at the local level. This innovative Health Extension Programme has been replicated in more than a dozen countries across the continent.

- **Health workforce**: Dr Tedros prioritised training and skill building, leading to seven-fold increase in the number of health professionals from 16,500 to 115,000; and an increase in training capacity from three medical schools training 120 doctors per year, to 33 schools training 3,000 per year. In addition, Dr Tedros was a pioneer of task shifting. For example, the task shifting of caesarean sections to the non-physician category of health workers played a critical role in addressing maternal mortality in Ethiopia.

- **Health information system**: Dr Tedros was instrumental in transforming Ethiopia’s health information system and health data collection and use capacities. Under his leadership, the Ministry of Health developed an integrated, household-based health information management system that documents the health history of each family member. This resulted in significant improvements in data collection, monitoring and evaluation.

- **Health system financing and governance**: Dr Tedros laid the foundation for the introduction of health insurance schemes in Ethiopia that provide people in both the formal and informal sectors with full coverage of health services at any domestic facility without cost ceiling. Beyond this, Ethiopia was the first country sign a global compact with the International Health Partnership.

THE EXPERIENCE TO DELIVER RESULTS

Over three decades, Dr Tedros has developed a unique mix of political leadership and hands-on public health experience. He has been a distinguished leader who has saved and improved lives in Africa and around the world through reforming bureaucracies and delivering results. He has first-hand experience improving health outcomes in a country and region hardest hit by many of the world’s biggest health challenges. As Ethiopia’s Minister of Health, his comprehensive agenda of reform dramatically transformed the country’s health system, positively improving the lives of millions of Ethiopians. His global leadership on malaria, HIV/AIDS and maternal and child health has also been immensely impactful.

It is through Dr Tedros’ inclusive, engaging and decisive leadership – as well as his community and hands-on experience – that he has been able to bring health care closer to communities, respond to health outbreaks and emergencies, improve the health and well-being of women and children, invest in people, and spearhead innovative reforms to finance infrastructure and data systems.
that increased country ownership and encouraged more effective donor harmonisation. Dr Tedros also helped establish the pooled MDG Health Fund and facilitated the allocation of earmarked and disease-specific funding to address the pressing needs of the broader health system.

- **Access to essential medicines:** Recognising the urgent need to address Ethiopia’s inadequate pharmaceutical services and recurrent stock-outs of essential medicines, Dr Tedros helped to establish Ethiopia’s Pharmaceutical Supply Fund Agency, which instituted transparent and accountable business processes and helped to ensure the availability of a reliable supply of affordable, quality-assured medicines.

Today, thanks to Dr Tedros’ leadership, Ethiopia stands as a global model for effective health system reform and governance, and as an inspirational story of successful African-led development.

**INTERNATIONAL HEALTH INITIATIVES**

Dr Tedros undoubtedly understands the value of partnerships and the power of relationships, and he has shown impressive leadership at countless international organisations. Key successes include:

- **Board Chair, Global Fund to Fight AIDS, Tuberculosis and Malaria:** Dr Tedros helped to successfully transform the Global Fund’s operations. Under his chairmanship, the organisation secured a record-breaking US$11.69 billion in pledges during its third replenishment.

- **Board Chair, Roll Back Malaria Partnership:** During his two terms, Dr Tedros mobilised a record US$3 billion to support malaria programmes around the world. Under his leadership, the partnership created the Global Malaria Action Plan, expanding the organisation’s reach beyond Africa to Asia and Latin America.

- **Board Co-Chair, Partnership for Maternal, Newborn & Child Health:** While co-chairing an alliance of more than 700 organisations in 75 countries, Dr Tedros helped raise the profile of maternal and child health among global audiences and mobilise greater resources.

- **Chair, UNAIDS Programme Coordinating Board:** Dr Tedros helped dramatically increase country ownership for HIV prevention.

**GLOBAL HEALTH DIPLOMACY**

As Minister of Foreign Affairs from 2012 – 2016, Dr Tedros used his proven political, diplomatic and negotiation skills to continue championing global health priorities both nationally and internationally. Notably, he was instrumental in the African Union (AU)’s response to the Ebola epidemic, helping to shift the focus towards greater country ownership and to create a platform for countries to engage. Ethiopia played a significant role in the response effort, sending 200 health workers to join the AU team.

Dr Tedros also clearly demonstrated his skills as a consensus builder when he successfully helped bring together 193 UN Member States to agree to the Addis Ababa Action Agenda at the Third International Conference on Financing for Development in July 2015. This agenda is a historic milestone, forging a global partnership to finance and achieve the SDGs, including those related to health.

In 2012, under his leadership as Minister of Health, the Government of Ethiopia also partnered with the Governments of India and the United States on the historic Child Survival Call to Action to end preventable child and maternal deaths, targets of which are now enshrined in the SDGs.

**EDUCATION, RESEARCH AND SCHOLARSHIP**

Dr Tedros holds a Doctorate of Philosophy (PhD) in Community Health from the University of Nottingham and a Master of Science (MSc) in Immunology of Infectious Diseases from the University of London (UK).

Dr Tedros is a globally recognised health scholar and researcher and has first-hand experience in research, operations and leadership in dealing with emergency responses to epidemics. Dr Tedros believes human capital is central in any organisation or health system and has been a champion of human resources for health. In fact, he co-edited the widely acclaimed book “The Labor Market for Health Workers in Africa: A New Look at the Crisis,” which challenged established views on the migration of doctors from Africa. He has also contributed several book chapters on important topics, including how to manage health partnerships through country ownership.

In 1999, the American Society of Tropical Medicine and Hygiene recognised him as the Young Investigator of the Year for his community-based research on malaria incidence among children living near dams in northern Ethiopia, which was published in the British Medical Journal. Beyond this, Dr Tedros has published numerous other peer-reviewed articles in prominent scientific publications. In 2011, Dr Tedros became the first non-American recipient of the Jimmy and Rosalynn Carter Humanitarian Award, in recognition of his contributions to the field of public health. Dr Tedros was named as one of the ‘50 People Who Will Change the World’ by the UK Wired Magazine in 2012 and as one of the ‘100 Most influential Africans’ by New African Magazine in 2015. In 2016, he received the Award for Perseverance from Women Deliver, in recognition of his contributions to women’s health.

Dr Tedros’ candidacy for WHO Director-General is officially endorsed by the African Union. He would be the first WHO Director-General from Africa in the organisation’s nearly 70-year history.
“When there is country ownership, there will be country commitment. I will continue championing country ownership as a bedrock of my WHO vision to drive results and impact.”

Transforming WHO to meet the needs of its Member States in the 21st century will require responsive and decisive leadership.

As Director-General, Dr Tedros will commit himself to mobilising and empowering WHO staff, bringing Member States to the table to share their experiences and best practices, and forging strategic partnerships to deliver real results and improve the health and lives of people everywhere.

Be part of the process – share your views about the priorities and direction of WHO:

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