

CURRICULUM VITAE:
Dr Tedros Adhanom Ghebreyesus
Candidate for Director-General of the World Health Organization
Endorsed by the African Union

I. General Information

Family name (surname): Adhanom Ghebreyesus	
First name: Tedros	
Gender: Male	
Place and country of birth: Asmara, Eritrea (formerly Ethiopia)	Date of birth (Day/Month/Year): 03/03/1965
Citizenship: Ethiopian	
If you have ever been found guilty of the violation of any law (except minor traffic violations) give full particulars: N/A	
Civil status: Married	Number of dependents: 5

II. Degrees/Certificates Obtained

Degree/Certificate Obtained	Issuing Institution
Doctorate of Philosophy (Ph.D.), Community Health	University of Nottingham, UK (2000)
Master of Science (MSc), Immunology of Infectious Diseases	University of London, UK (1992)
Bachelor of Science (BSc), Biology	Asmara University, Eritrea (formerly Ethiopia) (1986)

III. Knowledge of Languages

		Mother Tongue	Speak	Read	Write
<p><i>For languages other than mother tongue, enter the appropriate number from the code below to indicate the level of your language knowledge. If no knowledge, please leave blank.</i></p> <p>CODE:</p> <p>1. Limited conversation, reading of newspapers, routine correspondence.</p> <p>2. Engage freely in discussions, read and write more difficult material</p> <p>3. Fluent (nearly) as in mother tongue</p>	Arabic				
	Chinese				
	English	3	3	3	3
	French				
	Spanish				
	Russian				
	Others (please specify): Amharic [Fluent], Tigrigna [Fluent]				

IV. Positions Held: National Experience

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

Minister of Foreign Affairs, Ethiopia (November 2012 – Current)

I have used my proven diplomatic and negotiation skills to champion key health and development priorities. Key achievements:

- **Championing African-led development:** In 2013, as Chair of the Executive Council of the African Union (AU), I spearheaded the drafting of Agenda 2063, a global strategic framework aimed at accelerating Africa’s economic, political and social development through regional cooperation and solidarity.
- **Consensus building at the global stage:** As Chair of the main committee at the 2015 International Conference on Financing for Development, I successfully helped bring together 193

UN Member States to agree to the Addis Ababa Action Agenda, a historic milestone forging a global partnership to achieve and finance the Sustainable Development Goals (SDGs), including those related to health.

- ***Catalysing responses to public health emergencies:*** I played an instrumental role in the AU's response to the Ebola epidemic and promoting WHO's guidelines.

Minister of Health, Ethiopia (2005 – 2012)

I facilitated critical health investments and reforms that helped expand health care access to tens of millions of Ethiopians, achieving ambitious health targets and setting Ethiopia on a path to sustain and build on this success. Key achievements:

- ***Improving health infrastructure:*** I 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 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%.
- ***Strengthening health workforce:*** I oversaw the training and deployment of 38,000 health extension workers, creating a community-based and community-driven system with women at the core. This model has been replicated in more than a dozen countries across the continent. My efforts led to a 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.
- ***Paving the way to sustainability:*** Other key achievements included tackling inadequate pharmaceutical services and stock-outs of essential medicines, transforming weak information systems and poor health data collection, increasing country ownership of health programmes and encouraging more effective donor harmonisation.

V. Positions Held: Regional and Global Experience

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

I have extensive experience working at the regional and global levels to drive health and development progress.

Co-Chair and Co-Host, Child Survival Conference (2012-2013)

Under my leadership, Ethiopia co-hosted the inaugural Child Survival Conference, together with India, UNICEF and USAID. The conference called for governments and partners to sign A Promise Renewed, a pledge to work toward greater child survival. It was followed by a meeting hosted in Addis Ababa, which convened African Ministers of Health and deputy Ministers, peers and national, regional and global experts on child survival.

Chair, Global Fund to Fight AIDS, Tuberculosis and Malaria (2009-2011)

Under my chairmanship, the Global Fund raised record-breaking resources and instituted transformative new approaches to maximise its impact around the world. Key achievements:

- ***Improving institutional effectiveness:*** I oversaw a comprehensive reform agenda aimed at promoting transparency, improving financial management and enhancing performance.
- ***Mobilising unprecedented resources for global health:*** With my support, the Global Fund secured US \$11.69 billion in pledges for its Third Replenishment.

- **Strengthening health systems:** I championed critical investments to build strong and resilient health systems to effectively tackle HIV, tuberculosis and malaria.

Chair, Programme Coordinating Board for the Joint UN Programme on HIV/AIDS (UNAIDS) (2009-2010)

I helped intensify UNAIDS' work to drive global AIDS progress, with a focus on health systems strengthening and HIV prevention. Key achievements:

- **Increasing country ownership:** I advocated to dramatically increase country ownership for HIV prevention efforts and programmes.
- **Shaping the future of the AIDS response:** I oversaw the implementation of the new UNAIDS mission statement, which outlined its priorities and vision for the future.

Chair, Roll Back Malaria (RBM) Partnership (2007- 2009)

I helped RBM strengthen and expand its work to combat malaria. Key achievements:

- **Developing new frameworks:** I supported the development of the Global Malaria Action Plan, the world's first comprehensive blueprint for global malaria control and elimination.
- **Maximising our geographic reach:** Under my direction, RBM expanded its programme to Asia and Latin America to help accelerate malaria control in these regions.
- **Securing new resources for malaria:** With my support, RBM raised a record US \$3 billion to support malaria programmes around the world.

Co-Chair, Partnership for Maternal, Newborn & Child Health (2005-2009)

I played a major role in raising the global profile of maternal, newborn and child health (MNCH). I led the development of a three-year strategic framework that helped mobilise increased resources for MNCH and scale up coverage of essential services.

Additional Positions:

- Chair, Executive Council of Foreign Ministers of the AU (2013)
- Chair, AIDS Watch Africa (2013)
- Member, High-Level Task Force for the International Conference on Population and Development, (2012 – Present)
- Chair, Executive Council of Intergovernmental Authority on Development (IGAD) (2012 – Present)
- Member, High-Level Task Force for Innovative Financing for Health Systems (2008-2009)
- Board Member, Gavi, the Vaccine Alliance (2008 –2009)
- Vice President, 60th World Health Assembly and Chairman of the 56th session of the WHO Regional Committee for Africa (2007)
- Coordinating Board Member, Stop TB Partnership (2005 – 2006)
- Member, Global Leaders Council for Reproductive Health, The Aspen Institute (2011 - Present)
- Advisory Board, Ministerial Leadership in Health Program at Harvard University (2012 - 2014)
- Board Member, Tana High Level Forum on Security in Africa (2015-Present)

VI. PUBLICATIONS

Please list here a maximum of 10 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.

Admasu K, Balcha T, Ghebreyesus TA. Pro-poor pathways towards universal health coverage: lessons from Ethiopia. J Global Health. 2016.

Soucat A, Scheffler R, Ghebreyesus TA. The Labor Market for Health Workers in Africa: A New Look at the Crisis. World Bank Group. 2013.

Gilmore K, Ghebreyesus TA. What Will It Take to Eliminate Preventable Maternal Deaths? The Lancet. 2012.

Fassil H, Ghebreyesus TA. Managing Health Partnerships at the Country Level. Innovative Health Partnerships: The Diplomacy of Diversity. World Scientific. 2011.

Ghebreyesus TA et al. Tuberculosis and HIV: Time for an intensified response. The Lancet. 2010.

Coll-Seck AM, Ghebreyesus TA, et al. Malaria: Efforts Starting to Show Widespread Results. Nature. 2008.

Levine AC, Presser DZ, Rosborough S, Ghebreyesus TA, et al. Understanding Barriers to Emergency Care in Low-Income Countries: View from the Front Line. Prehospital and Disaster Medicine. 2007.

Byass P and Ghebreyesus TA. Making the World's Children Count. The Lancet. 2005.

Ghebreyesus TA et al. Incidence of malaria among children living near dams in northern Ethiopia: community based incidence survey. British Medical Journal. 1999.

Ghebreyesus TA et al. Community Participation in Malaria Control in Tigray Region Ethiopia. Acta Tropica. 1996.

VII. MISCELLANEOUS

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

My hobbies include reading, world history, and traveling to experience diverse cultures.

WRITTEN STATEMENT:

Please evaluate how you meet each of the “Criteria for candidates for the post of the Director-General of the World Health Organization”. In so doing, please make reference to specific elements of your curriculum vitae to support your evaluation. The criteria adopted by the World Health Assembly in resolution WHA65.15 are the following:

- (1) a strong technical background in a health field, including experience in public health;*
- (2) exposure to and extensive experience in international health;*
- (3) demonstrable leadership skills and experience;*
- (4) excellent communication and advocacy skills;*
- (5) demonstrable competence in organisational management;*
- (6) sensitivity to cultural, social and political differences;*
- (7) strong commitment to the mission and objectives of WHO;*
- (8) good health condition required of all staff members of the Organization; and*
- (9) sufficient skill in at least one of the official working languages of the Executive Board and the Health Assembly.*

Over three decades, I have been honoured to lead a career in health, politics and diplomacy. Having served a number of unique leadership roles – in Ethiopia, regionally and globally – I have gained the experience needed to lead WHO in a new era and create positive and lasting change.

(1) Technical Background

I have the technical expertise and public health knowledge needed to deliver results for WHO.

Under my leadership, Ethiopia’s Ministry of Health dramatically improved the country’s health system by tackling inadequate pharmaceutical services and stock-outs of essential medicines, building a robust community health workforce, transforming weak information systems, and ensuring greater country ownership to ensure sustainability. This experience demonstrates my ability to tackle complex issues at all levels of a health system – from supply chain management to data collection and service delivery.

I have a strong background in public health, with a Ph.D. in Community Health and a Master of Science in Immunology of Infectious Diseases. I studied epidemiology at the Danish Bilharziasis Laboratory (DBL) and Umeå University in Sweden. I am proud to be a globally recognised health scholar and researcher. In 1999, I was honoured as the American Society of Tropical Medicine and Hygiene’s Young Investigator of the Year for my community-based research on malaria incidence among children living near dams in northern Ethiopia. In 2011, I became the first non-American recipient of the Jimmy and Rosalynn Carter Humanitarian Award, in recognition of my contributions to the field of public health. In 2012, I was named an Honorary Fellow of the London School of Hygiene and Tropical Medicine and

named by *Wired Magazine* as ‘One of 50 People Who Will Change the World’.

(2) Experience in International Health

I understand the power of global partnerships, and have tremendous experience positioning international organisations as effective agents of change in global health and development.

Under my chairmanship, the Global Fund and RBM both raised record-breaking resources and facilitated reforms to improve institutional effectiveness and accountability. As Co-Chair for the Partnership for Maternal, Newborn and Child Health, I leveraged the collective voice of more than 700 organisations in 75 countries to make MNCH a global priority.

Additionally, I have worked tirelessly to champion country ownership, so that affected countries are able to guide and inform global health decisions that affect the health of their populations. As Chair of the Programme Coordinating Board at UNAIDS, I ensured greater country ownership for HIV prevention.

As Health Minister, I also had the opportunity to partner and collaborate with donors, governments and international health partnerships to yield tangible results.

(3) Leadership

Throughout my career, I have exercised inclusive, engaging and decisive leadership to advance ambitious health and development goals at the national and global level.

My skill as a consensus builder was demonstrated when I successfully helped galvanise broad support for the Addis Ababa Action Agenda, in which countries agreed to co-finance efforts to achieve the SDGs. I also played a pivotal leadership role in the AU’s response to the Ebola epidemic, facilitating greater country ownership, promptly mobilising 200 Ethiopian health workers to join the AU team and urging countries to adhere to the WHO guidelines.

(4) Communications and Advocacy

I have a strong track record of advocating for vulnerable groups and championing open and transparent communications to ensure everyone’s voice is heard.

As Health Minister and later as Foreign Minister, I implemented an open-door policy, ensuring that all staff, regardless of level, could meet with me directly to share ideas and concerns, allowing me to address both individual and systemic problems. I have brought this same communications approach to my interactions with partners at all levels.

I have been a lifelong advocate for gender equality and the empowerment of women, children and adolescents. I am a member of the Global Leaders Council for Reproductive Health and of the He For She movement. In 2016, I received the Award for Perseverance from Women Deliver, recognising my contributions to women’s health.

(5) Organizational Management

I have considerable experience leading broad reforms to improve efficiency, accountability and value-for-money.

Personnel and Management

Under my leadership, Ethiopia's Ministry of Health oversaw more than 200,000 staff, including both health professionals and administrators. At the Ministry of Foreign Affairs, I am responsible for a team of around 700 people in headquarters and another 1,086 people within our embassy network of 53 missions.

Operational Reform

As Health Minister, we completely reformed the health sector and expanded health care access to tens of millions of Ethiopians within a span of seven years. The comprehensive reform encompassed all key components of the health sector including workforce, service delivery, pharmaceutical supply, information management, health emergency and outbreak preparedness, and financing. New business processes and the implementation of Balanced Scorecard helped to improve planning and accountability and resulted in new organizational structure, legislations and manuals. This reform brought effectiveness, efficiency and accountability to the organisation. The operational reforms have been sustained by the Ministry of Health.

As Chair of the Global Fund we developed a comprehensive reform agenda aimed at improving the organisation's governance, business model, and fiduciary controls, and a focus on bigger, more impactful results. This reform has been the foundation for the new funding model of the Global Fund.

(6) Cultural, Social and Political Sensitivity

I have always drawn on the diversity of skills, backgrounds and knowledge of my teams and partners to achieve more effective results, and am deeply committed to ensuring health for all regardless of age, gender, income, sexual orientation or religion.

As Chair of the Executive Council of IGAD since 2012, I helped advance regional integration and overcome political and cultural tensions that once impeded collaboration. I also played a key role in resolving regional conflicts, including facilitating an agreement between the Federal Government of Somalia and Jubaland political actors that enabled a smooth political transition. This model is being used for other regional state formation.

My global leadership roles often call for clear understanding and sensitivity to cultural, social and political differences. Most notably, during the development of the Addis Ababa Action Agenda, I helped parties with polarised positions find common ground and helped forge a path for real and lasting partnerships to finance the SDGs.

(7) Commitment to the Mission of WHO

WHO's work touches hundreds of millions of lives around the world. I firmly believe that every programme, every initiative and 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 emergency and disaster.

This is the difference WHO can make, working hand-in-hand with Member States and global partners. I am a candidate for Director-General because I believe in the power of this organisation to make a tangible, positive impact.

(8) Good Health

I am in good health. I look forward to demonstrating this in the upcoming medical exam.

(9) Sufficient Skills in at Least One Official Working Language

I am a fluent English speaker. I am accustomed to working in international environments where multiple languages are used and spoken.

II. VISION

Please state your vision of priorities and strategies for the World Health Organization.

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've made and improvements we've witnessed, daunting challenges – new and old – lie ahead. I see these challenges as opportunities to position WHO to achieve the health objectives of the SDGs and to meet the needs of humanity in the 21st century.

My Vision

I envision a world where everyone can lead healthy and productive lives, regardless of who they are or where they live. Achieving this will require a stronger and reformed WHO that belongs to all of us equally, and that is efficiently managed, adequately resourced and results-driven – with a strong focus on transparency, accountability and value for money.

As Director-General, I will:

- Put people first;
- Place health at the centre of the global agenda; and
- Engage countries and strengthen partnerships to deliver results.

I will focus on five leadership priorities:

1. **A Transformed WHO:** Building WHO into a more effective, transparent and accountable agency that is independent, science and innovation-based, results-focused and responsive.
2. **Health for All:** Advancing universal health coverage and ensuring all people can access the health services they need without risk of impoverishment.
3. **Health Security:** Strengthening the capacity of national authorities and local communities to detect, prevent and manage health emergencies, including antimicrobial resistance.
4. **Women, Children and Adolescents:** Putting the well-being of women, children and adolescents at the centre of global health and development.
5. **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.

1. A Transformed WHO

To meet today's health challenges, WHO must ensure that its financial and human resources are focused on the areas where it can make the greatest impact. This will require strong leadership at the top that puts WHO at the centre of global health actions.

I will bring my inclusive and transparent leadership style to build partnerships and ensure 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.

Key Actions:

- ***Strengthen WHO's leadership and effectiveness*** by harmonising work across the organisation and with partners, fostering inclusive collaborations, working closely with national governments and enhancing both transparency and accountability.
 - ***Enhance WHO's ability to deliver results*** by attracting and nurturing global talent, securing sustainable financing and ensuring preparedness for and responsiveness to health emergencies.
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2. Health for All

Universal health coverage without impoverishment is the foundation for achieving the health targets of the SDGs – but we have a long way to go. About 400 million people globally still lack access to essential health services.

To close this gap, we must strengthen the capacity of national health authorities to deliver health services and enact policies aimed at ensuring health care is equitable and affordable for all. I will leverage my deep diplomatic and political experience to put WHO at the centre of these efforts.

Key Actions:

- ***Advance universal health coverage*** by providing national governments with the tools and guidance they need to build resilient health infrastructure, workforces and information systems that meet their countries' unique needs.
 - ***Champion financial protection for health*** by promoting domestic and innovative financing mechanisms and encouraging countries to share best practices.
 - ***Advance access to life-saving vaccines and drugs, and accelerate research and development*** to develop new tools that address pressing and persistent health challenges.
 - ***Drive progress toward the SDGs*** by fostering partnerships to build on recent successes, including around polio, HIV, tuberculosis, malaria, and maternal, child and infant mortality, and address growing concerns, like non-communicable diseases.
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3. Health Security

In today's increasingly interconnected world, public health emergencies – from disease outbreaks and antimicrobial resistance to natural disasters and bioterrorism – can affect anyone, anywhere. The recent Zika and Ebola crises show us the dangers of being unprepared.

It is imperative that we build stronger and more resilient health systems at the global and local levels that are capable of preventing, detecting and responding to public health emergencies before they become global crises. I will draw on my proven decision-making skills and successful experience managing health crises to bolster WHO's leadership on health security.

Key Actions:

- ***Ensure strong, coordinated and rapid global responses to health emergencies*** by strengthening WHO's capacity to lead from the front, harmonise efforts and foster multi-sectoral collaboration.
 - ***Bolster our front-line defence against public health threats*** by supporting the development of robust national and community health systems that can prevent and manage crises, including challenges associated with migration and displacement.
 - ***Champion innovation*** to ensure readiness to effectively predict and address emerging health threats, including antimicrobial resistance.
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4. Women, Children and Adolescents

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. We must intensify our efforts to address the underlying causes of discrimination and inequality that keep these groups from reaching their full potential.

I will build on my decades of experience addressing the health needs of women, children and adolescents to make WHO a driver of sustainable development for all.

Key Actions:

- ***Reach the most vulnerable*** by prioritising the needs of women, children and adolescents, particularly in fragile states and low-resource settings.
 - ***Advance progress toward the Global Strategy for Women's, Children's and Adolescents' Health*** by advocating for more and stronger partnerships and larger investments.
 - ***Champion gender-responsive health policies*** by improving data on the intersection between gender and health.
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5. Health Impacts of Climate and Environmental Change

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.

Mitigating the health impacts of climate and environmental change will require transformative new policies, innovations and health care delivery systems. The Paris Agreement – adopted at the UN Climate Change Conference in December 2015 – generated renewed commitment to tackle these challenges, but delivering on these promises will require strong and decisive leadership.

I will draw on my first-hand experience addressing health impacts of climate change in Ethiopia to spearhead a strong WHO response to climate and environmental changes.

Key Actions:

- ***Promote evidence-based decision-making*** by providing national health authorities with the information and resources they need to address the health impacts of climate and environmental change.
- ***Secure earmarked funding*** by advocating for increased financial allocations from climate financing instruments, donors and national governments.
- ***Promote sustainability*** by increasing the use of innovative low-carbon approaches in the health sector.

The full version of my vision statement is available at www.DrTedros.com