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International Organizations Leadership Recruitment Policies: the Failed Experiment of Dr. Tedros A. Ghebreyesus Candidacy for WHO Director General Position

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ABSTRACT

In this research article we argue that diplomatic support afforded to an individual is less important than the leadership qualifications or credentials in selecting individuals for International Public Health Organizations. In that regard, we present a case of Dr. Tedros A. Ghebreyesus's candidacy for World Health Organization (WHO) Director General position as an example of diplomatic backing playing more importance for open vacancies of such magnitude than the individual's background or credentials. Irrespective of the final outcome, the fact that an individual accused of systematic genocidal violence and human right violations by his opponents, who could even be subject to criminal investigations in the future at his own country or at International level, became one of the top three contenders for WHO Director General position is by itself an indication that the foundational principles in the recruitment policy for leadership role at International Public Health Organizations are violated. This paper details how the former Ethiopian Minister of Federal Ministry of Health (FMOH) and Foreign Affairs, Dr. Tedros Adhanom Ghebreyesus, is accused by his political opponents for the role he played in systematic genocidal violence and gross human right violations including but not limited to arbitrary detentions and extrajudicial executions. In light of the above, it is concerning that this individual is among the top finalists for the WHO Director General position despite his abysmal human right record as a leader. It is evident that his prospects are due to the unanimous support from 54 African countries in the African Union (AU) without, we feel, due considerations of his past track records. We argue that a position as important as WHO Director General should be conducted and determined according to WHO's general principles and ethical standards. We therefore recommend that International Public Health Organizations like WHO have criteria that helps to recruit individuals with exemplary credentials irrespective of the presence of diplomatic backing.

ACRONYMS

AWD = Acute Watery Diarrhea

ANC = Antenatal Care

APU= Amhara Professionals Union

ART = Antiretroviral Therapy

CAR = Contraceptives Acceptance Rate

CFR = Case Fatality Rate

CMR = Child Mortality Rate

CSA = Central Statistics Authority

DHS = Demographic and Heath Survey

DPT1 = Diphtheria-Pertussis-Tetanus 1st Vaccine

EDHS = Ethiopia Demographic and Health Survey

EC = Ethiopian Calendar

EFY = Ethiopian Fiscal Year

EPLF = Eritrean People Liberation Front

EPRDF = Ethiopian People Revolutionary Democratic Front

ETB= Ethiopian Birr

F = Female

FP = Family Planning

FMOH = Federal Ministry of Health

GC = Gregorian Calendar

HHRI = Health and Health Related Indicators

HIV/AIDS = Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

HSDP = Health Sector Strategic Plan

HSTP= Health Sector Transformation Plan

HAPCO = HIV/AIDS Prevention and Control Office

ICC = International Criminal Court

IMR = Infant Mortality Rate

ITN = Insecticide Treated Net

M = Male

MMR = Maternal Mortality Ratio

NA = Not Applicable

NMR = Neonatal Mortality Rate

OLF = Oromo Liberation Front

PCI = Percutaneous Coronary Intervention

PEPFAR = President's Emergency Plan for AIDS Relief

PLHIV = People Living with HIV

PPM = Parts per Million

PMR = Perinatal Mortality Rate

SNNPR = Southern Nations Nationalities and Peoples Region

SB = Still Birth

TFR = Total Fertility Rate

TPLF= Tigray People's Liberation Front

TV = Television

U5MR = Under 5 Mortality Rate

USD = US Dollar

WHO = World Health Organization

EXECUTIVE SUMMARY

Dr. Ghebreyesus fails to satisfy the qualities that are expected from a WHO Director General position because his direct or indirect involvement while serving his party, TPLF, violated core basic and WHO ethical values and lacks many competencies required for the position as summarized below:

1. **Discrimination/Marginalization:** Dr. Ghebreyesus implemented preferential treatment of "Tigray region" at the expense of other "Regions" especially "Amhara region" resulting in significant disparities in health coverage and outcomes between "Tigray region" and "Amhara region". TPLF/EPRDF led government, in which Dr. Ghebreyesus was one of the top leaders who effectively banned a stimulant substance by the name "Khat" in "Tigray region" but didn't take any measure in "Amhara region". WHO needs an individual who treats all human beings equally not someone who treats differently even his own citizens.

2. **Crime against Humanity:** Dr. Ghebreyesus and his government should be accountable for distributing iodine deficient salt to Ethiopians, affecting pediatric brain development permanently especially "Amhara region" children where the land is normally iodine deficient compared to other parts of the country. The sad part even with the national shortage, "Tigray region" had seen preferential increased Iodized salt distribution while "Amhara region" showed consistent decline in distribution of iodized salt during Dr. Ghebreyesus tenure. This is double crime. First distributing Iodine deficient salt to Ethiopians by itself is violation of the basic principles of ethics, non-maleficence, and is a crime. Second, preferential treatment of "Tigray region" to get iodized salt compared to "Amhara region" though there was overall shortage of Iodized salt in the country. A person who has been involved in such kind of crime should rather be investigated instead of to be awarded a prestigious leadership position at WHO.

3. **Systematic genocidal violence:** The TPLF has historically labelled the Amharas as the historical enemy of the Tigray people. This is expressed in the TPLF manifesto published in 1975. When Dr. Ghebreyesus was Minister of Ethiopian FMOH, he used his Ministry to play a role in accomplishing the objectives of TPLF. The Amhara population lost more than 2.5 million people between the 1997 and 2007 census compared to the projections. Every major ethnic group showed increase in average of 2.6% whereas the Amharas showed only a 1.9% per annum growth. Though population growth is politicized in Ethiopia, loss of millions of Amharas is equivalent of genocide and needs further investigation. Given this depopulation of Amharas, no one would expect a contraceptive is the number one priority in "Amhara region" compared to other "Regions". In addition both IMR and U5MR was the highest in "Amhara region". Dr. Ghebreyesus has served to accomplish agenda of TPLF to depopulate Amharas. "Amhara region" stood the top only in family planning especially in use of injectable "contraceptives" effectively making many Amhara women barren.

4. **Biased policies, inaction and impartiality:** Though HIV/AIDS affected "Amhara region" than any other "Regions" in Ethiopia for reasons not yet known, appropriate measures should have been taken before, during and after Dr. Ghebreyesus era under TPLF led government to minimize the impact of the disease. Unfortunately, in "Amhara region" both HIV testing and HIV treatment achievement was by far less than "Tigray region", a "Region" with less success on contraceptives use compared to "Amhara region". WHO gives priority to underserved population and needs an individual with no partiality.

5. **Corruption and misuse of budget**: Though Dr. Ghebreyesus touts his role as Chair for Global Fund to fight AIDS, Tuberculosis and Malaria from 2009-2011, Inspector General of Global Fund Office reported weakness in accounting, poor budget preparation and monitoring, inadequacies of internal audit and overall poor financial management of FMOH during his leadership. Appointing Dr. Ghebreyesus to this prestigious position will only bring corruption to WHO.

6. **Disregard for Humanity:** Dr. Ghebreyesus's party, the TPLF, has often been accused of using aid as a weapon. Many International organizations brought evidence that the TPLF led Ethiopian government is 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. It will be a failure for WHO to appoint an individual who gives priority to political agenda at the expense of human life.

7. **Incompetency/Inaction:** Because of Dr. Ghebreyesus leadership incompetency, Ethiopia was affected by Cholera almost every year during his tenure and actually his refusal to declare epidemic actually caused the disease to be disseminated throughout the country. Multiple WHO reports as well as reports by the Inspector General of Global Fund Office reported that Ethiopian Ministry of Health led by Dr. Ghebreyesus, showed incomplete basic information data collection, discrepancies among the data and population denominators excessiveness resulting in poor if not useless reporting. In addition, when ISIS slit the throats of migrant Ethiopians in Libya, Dr. Ghebreyesus, who was the Foreign Minister at that time, took an embarrassingly long time before he identified the victims as Ethiopians and was unwilling to identify them individually to help the victims' family. His government, in fact, harassed the family members that voiced complaints against the government. When xenophobic attacks in South Africa killed six Ethiopians, the government didn't do a single thing to stop it or demand South Africa's government to take action. As a result of Dr. Ghebreyesus's silence, such attacks continue to occur. When Ethiopians protested about the mistreatment of their country men and women in Saudi Arabia, the government of Ethiopia arrested the protesters even though no real measure was taken to stop the harassment and mistreatment of Ethiopians in Saudi Arabia. We feel that the WHO is such a prestigious organization that Dr. Ghebeyesus is not fit for WHO Director General position given his track records.

8. **Lack of transparency:** One of the basic principles of WHO or any other organization is transparency. Dr. Ghebreyesus failed to be transparent by forcing the Ethiopian Ministry of Health not to report and cover up a Cholera epidemic throughout most of his tenure by simply renaming a deadly epidemic as Acute Watery Diarrhea (AWD) despite the isolation of Vibrio cholerae as a causative agent. He refused to declare a State of Emergency over the said Cholera epidemic, giving priority to his political agenda and his party's government image regardless of the effect of this deadly disease on helpless women and children. Due to the lack of a State of Emergency, basic sanitation was not implemented and the capacity to monitor public health surveillance not increased. Many non-governmental organizations (NGOs), both International and Domestic, have reported to have their work stifled by the government if the work either doesn't align with the political agenda of the government or make the government look good. His worry was impact of a public admission of a Cholera epidemic on tourism and the subsequent political image of his party.

9. **Maleficence and risking public safety**: Iodine deficient salt was distributed in Ethiopia during Dr. Ghebreyesus tenure, violating the basic principles of ethics: non-maleficence. In addition, Dr. Tedros Adhanom Ghebreyesus and his team never gave attention to his people grievances despite multiple complaints from the affected people in "Amhara region" and other "Regions" because of poorly treated and handled chemical waste products.

10. **Poor judgement:** Dr. Ghebreyesus has shown poor judgement many times during his tenure as Minister of FMOH and Foreign Affairs. The latest scandal while he was Minister of Foreign Affairs involved a 14 year old teenager by the name "Beritu Jaleta", and clearly shows his poor judgement. . It is unimaginable to think a person of his position will trust a teenager without confirming the source and make a promotion that a 20 million Australian Dollars was awarded to a teenager by Australian government and will be used to build a school in Ethiopia, "Oromia region".

11. **Lack of accountability:** Dr. Ghebreyesus is still proud of his role as a TPLF executive member and served as Minister of Foreign Affairs of TPLF/EPRDF led government making him accountable to each and every atrocity committed by TPLF on Ethiopians during his tenure, especially the ethnic cleansing and genocidal violence committed against the Amharas. It would be unjust to selectively credit him for so called "positive actions" undertaken by the TPLF led government and shy away from government failures and suspected criminal activities. Accountability, transparency and integrity have never been part of Dr. Ghebreyesus's leadership quality as witnessed during his tenure. The scapegoats for every disaster his ministries cannot handle are Ethiopian people, nature and foreigners. WHO needs an individual who will take full responsibility and accountability for all his/her actions in the previous organizations he/she served.

12. **Violation of basic Human Rights/Suppression of freedom of expression**: Dr. Ghebreyesus is a member of an ethnic-based party, TPLF that was repeatedly designated by many International Organizations as a dictatorial and repressive regime. Dr. Ghebreyesus used the Ministry of Health as well as the Ministry of Foreign Affairs to implement his party's ideology during his tenure at the helm of those Ministries. Ironically, Dr. Ghebreyesus is competing for this prestigious WHO leadership position while his party is currently ruling Ethiopia under a "State of Emergency" which imposed broad restrictions on freedom of assembly and gave security forces wide powers to arrest and kill People. To the contrary, TPLF led EPRDF government failed to declare state of emergency during Cholera epidemics.

13. **Integrity/Truthfulness/Honesty:** Though Dr. Ghebreyesus and his government claim maternal mortality ratio (MMR) decreased in Ethiopia in his time, there is actually no statistically significant difference in MMR for decades in Ethiopia as confirmed by a study done by the current Ethiopian FMOH, Dr. Yifru Berhan. Claiming that MMR was decreased during his tenure while the data shows otherwise is unacceptable and unprofessional.

INTRODUCTION

Ethiopia is an ancient country with a history more than 3000 years. It is one of the few African countries that have maintained its independence from Colonialism. Ethiopia was ruled by successive Emperors and Kings with a Semi-feudal government up until 1974. Between the period of 1974-1991, the military, under the name Ethiopian Worker's Party (Derg), ruled the country by force. In 1991, three liberation fronts namely Eritrean People's Liberation Front (EPLF), Tigray People's Liberation Front (TPLF) and Oromo Liberation Front (OLF) took power and divided the country into fabricated ethnic boundaries which never existed before in the history of Ethiopia. As malicious as this ethnic division was, even worse was the way these ethnic boundaries were decided on with no representatives from the Amhara people (represents 1/3 of Ethiopians), those with mixed ethnic backgrounds, and those who identify themselves as Ethiopians only. The result was the maltreatment of millions of Amharas and other Ethiopians and being labeled as "Living out of their Regions". At present, Ethiopia is following ethnic federalism structured into nine ethnic Regional States which include Tigray, Afar, Amhara, Oromia, Somali, Benishangul-Gumuz, Southern Nations Nationalities and Peoples (SNNP), Gambela, and Harari. There are also two special City Administrations, Addis Ababa and Dire Dawa Administration Councils. The current ethnic federalism has effectively divided and polarized Ethiopians helping TPLF remain in power for decades while making Ethiopia one of the fragile states in the world[1, 2]. The current Ethiopian regime led by the TPLF dominated Ethiopian People Revolutionary Democratic Front (EPRDF) has been ruling Ethiopia with an iron fist for the last 26 years and has one of the worst human rights violations record in the world. Ironically, TPLF represents the Tigre ethnic group that makes up only 6.1% of the Ethiopian population but dominates the EPRDF leadership. As a result, TPLF controls all aspects of Ethiopia. The military is run almost exclusively by Tigre Generals. TPLF and its affiliates own major economic sectors of the country. Key government positions are held by Tigrians. On the contrary, Amharas have been marginalized for decades in every form as they were labeled as "Tigray's enemy" by the TPLF in its 1975 manifesto[3]. The TPLF has caused great disparities among the Amhara people across all sectors of health and development index.

Dr. Ghebreyesus hails himself as Tigre descendant and is a key member of the TPLF. Dr. Ghebreyesus has been the member of TPLF/EPRDF's top leaders and has personally participated in decisions that claimed the lives of many innocent Ethiopians including the post 2005 election massacre of peaceful hundreds of demonstrators for which no one has been accountable to date. Dr. Tedros Adhanom Ghebreyesus joined the Ethiopian Ministry of Health in 1986 as public health expert and his leadership role started in 2001 as head of "Tigray Region" Health Bureau. In 2003 he became deputy Minister of Federal Minister of Health (FMOH) and from 2005-2012 he was Head of the FMOH of Ethiopia. He was Ministry of Foreign Affairs from 2012-2016. In May 24, 2016 he announced his candidacy for WHO Director General position.

Amhara Professionals Union (APU), a legally registered civic organization in the USA, would like to present its deepest and serious concerns over Dr. Ghebreyesus's candidacy for WHO's

Director General position. We as APU believe Dr. Ghebreyesus should be judged on his records both as Professional in his roles at the Ministry of Health and as a Politician being a chief agent of TPLF serving as Minister of Foreign Affairs in a country where key positions are held based on ethnic loyalty. Even though the TPLF led EPRDF regime in which Dr. Ghebreyesus is a member committed crime against humanity on all Ethiopians as reported by different local and international organizations, we will focus on atrocities committed on Amharas given the fact that TPLF declared the people of Amhara as "Tigray's enemy" in its 1975 manifesto[3]. The Amhara people are subjected to systematic marginalization, deprivation of services and unfair resources allocations. The "Amhara Region's" poor performance in almost all health indicators is the best example to highlight for two reasons. First, TPLF from the start labeled Amharas as its enemy[3] and secondly it will be evident that Dr. Ghebreyesus and his party TPLF do not treat all human beings equally without considering their ethnic background. Despite his incompetence and direct involvement in countless atrocities and being a suspect of systematic genocidal violence against Ethiopians, Dr. Ghebreyesus is short listed by WHO among the top three candidates for WHO Director General position. It is really an irony that WHO, which defines health as a general well-being of an individual not just an absence of disease[4], considers an individual suspected of systematic genocidal violence and crimes against humanity for such a prestigious position.

The world health organization (WHO) is the highest UN body promoting health equity and wellness among all humans in the world. Great deal of resources- monetary, material and human is invested on the organization. Due diligence is crucial in recruiting the employees, especially the leaders, and we feel the above ought to have professional integrity, honesty, transparency and high ethical standards. However, recently WHO violated its core values by considering an individual suspected of several crimes in his home country by marginalizing Amharas and other Ethiopians for WHO Director General position. It is a paradox for us to see someone as highly associated with an extremely repressive regime as the EPRDF, which is currently ruling the country under a "State of Emergency", nominated to this prestigious position.

METHODS

DEFINITIONS:

- Core values: Core values are the guiding principles that dictate behavior and action. Core values can help people to know what is right from wrong; they can help companies to determine if they are on the right path and fulfilling their business goals; and they create an unwavering and unchanging guide.
  From http://examples.yourdictionary.com/examples-of-core-values.html Accessed on 3/20/2017
- Ethics: The Charter for the Public Service in Africa refers to ethics as "the standards which guide the behaviors and actions of personnel in public institutions" Article 22 of this Charter further provides ethics to mean a sound culture based on ethical values and principles. Such values and principles according to the Charter include: efficiency, professional discipline, dignity, equity, impartiality, fairness, public – spiritedness and courtesy in the discharge of duties. From http://unpan1.un.org/intradoc/groups/public/documents/un-dpadm/unpan038789.pdf
- The four fundamental ethical principles are:
  - The Principle of Respect for autonomy-Public servants have an obligation to have an obligation to respect the autonomy of other persons, which is to respect the decisions made by other people concerning their own lives.
  - The Principle of Beneficence- Public servants have an obligation to bring about good in all their actions
  - The Principle of non-maleficence- Public servants have an obligation not to harm others: "First, do no harm."
  - The Principle of justice- Public servants have an obligation to provide others with whatever they are owed or deserve. In public life, we have an obligation to treat all people equally, fairly, and impartially. From http://web.mnstate.edu/gracyk/courses/phil%20115/Four_Basic_principles.htm Accessed on 3/20/2017
- WHO ethical principles:

As a specialized agency of the UN system, WHO is firmly committed to the following ethical principles:

- Loyalty to WHO's goals, mission, priorities, and policies
- Integrity and honesty in actions and decisions that may affect WHO
- Impartiality and independence from external sources and authorities
- Discretion
- Respect for the dignity, worth, equality, and diversity of all persons
- Accountability
- Technical excellence

From http://www.who.int/about/ethics/en/ Accessed on 3/20/2017

- Professionalism: is defined as the overall value that encompasses all other values that guide the public service. The rationale behind professionalism is that public servants should be neutral, impartial, fair, competent and serve the public interest in carrying out their duties. From http://unpan1.un.org/intradoc/groups/public/documents/un-dpadm/unpan038789.pdf
- Professional ethics: Professional ethics encompass the personal, organizational, and corporate standards of behavior expected by professionals. From https://en.wikipedia.org/wiki/Professional_ethics Accessed on 3/20/2017
- Humanity: All human beings collectively; the human race; humankind. From http://www.dictionary.com/browse/humanity Accessed on 3/20/2017
- Health: WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity
- Freedom: the power or right to act, speak, or think as one wants without hindrance or restraint. From https://en.oxforddictionaries.com/definition/freedom Accessed on 3/21/2017
- Freedom of expression: According to the Universal Declaration of Human Rights, freedom of expression is the right of every individual to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers. From https://freedomhouse.org/issues/freedom-expression Accessed on 3/30/2017
- Crime: An action or an instance of negligence that is deemed injurious to the public welfare or morals or to the interests of the state and that is legally prohibited. From http://www.dictionary.com/browse/crime Accessed on 3/20/2017
- Hate: Intense hostility and aversion usually deriving from fear, anger, or sense of injury From https://www.merriam-webster.com/dictionary/hate Accessed on 3/20/2017
- Hate Crime: A hate crime (also known as a bias-motivated crime) is a prejudice-motivated crime, which occurs when a perpetrator targets a victim because of his or her membership (or perceived membership) in a certain social group. Non-criminal actions that are motivated by these reasons are often called "bias incidents". From https://en.wikipedia.org/wiki/Hate_crime Accessed on 3/21/2017
- Prejudice: An unfavorable opinion or feeling formed beforehand or without knowledge, thought, or reason. From http://www.dictionary.com/browse/prejudice Accessed on 3/20/2017
- Discrimination: The unjust or prejudicial treatment of different categories of people, especially on the grounds of race, age, or sex. From https://en.oxforddictionaries.com/definition/discrimination Accessed on 3/20/2017
- Genocide: is the deliberate killing of a large group of people, especially those of a particular nation or ethnic group. From https://en.oxforddictionaries.com/definition/genocide Accessed on 3/21/2017

- Genocide Crime: The Convention on the Prevention and Punishment of the Crime of Genocide approved by United Nations defines genocide as:

Genocide means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such:

(a) Killing members of the group;

(b) Causing serious bodily or mental harm to members of the group;

(c) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part;

(d) Imposing measures intended to prevent births within the group;

(e) Forcibly transferring children of the group to another group. From https://www.ushmm.org/wlc/en/article.php?ModuleId=10007043 Accessed on 3/21/2017

- Ethnic cleansing: The mass expulsion or killing of members of an unwanted ethnic or religious group in a society. From https://en.oxforddictionaries.com/definition/us/ethnic_cleansing Accessed on 3/21/2017.
- Ethnic cleansing: is the systematic forced removal of ethnic or religious groups from a given territory by a more powerful ethnic group, with the intent of making it ethnically homogeneous. The forces applied may be various forms of forced migration (deportation, population transfer), intimidation, as well as mass murder and genocidal rape. Ethnic cleansing is usually accompanied with the efforts to remove physical and cultural evidence of the targeted group in the territory through the destruction of homes, social centers, farms, and infrastructure, and by the desecration of monuments, cemeteries, and places of worship. From https://en.wikipedia.org/wiki/Ethnic_cleansing Accessed on 3/21/2017
- Public safety: Public Safety refers to the welfare and protection of the general public. It is usually expressed as a governmental responsibility. Most states have departments for public safety. The primary goal of the department is prevention and protection of the public from dangers affecting safety such as crimes or disasters. From https://definitions.uslegal.com/p/public-safety/ Accessed on 3/21/2017
- Integrity: Integrity is the qualifications of being honest and having strong moral principles; moral uprightness. From https://en.wikipedia.org/wiki/Integrity Accessed on 3/21/2017
- Discretion: is the quality of having or showing discernment or good judgment or ability to make responsible decisions. From https://www.merriam-webster.com/dictionary/discretion Accessed on 3/21/2017
- Honesty: Honesty refers to a facet of moral character and connotes positive and virtuous attributes such as integrity, truthfulness, straightforwardness, including

straightforwardness of conduct, along with the absence of lying, cheating, theft, etc. Honestly also includes being trustworthy, loyal, fair, and sincere. From https://en.wikipedia.org/wiki/Honesty Accessed on 3/21/2017

- Dignity: is an innate right to be valued, respected, and to receive ethical treatment. From https://en.wikipedia.org/wiki/Dignity Accessed on 3/21/2017
- Transparency: implies openness, communication and accountability. From http://unpan1.un.org/intradoc/groups/public/documents/un-dpadm/unpan038789.pdf
- Accountability: the processes by which those who exercise power whether as governments, as elected representatives or as appointed officials, must be able to show that they have exercised their powers and discharged their duties properly. From http://unpan1.un.org/intradoc/groups/public/documents/un-dpadm/unpan038789.pdf
- Impartiality: is a principle of justice holding that decisions should be based on objective criteria, rather than on the basis of bias, prejudice, or preferring the benefit to one person over another for improper reasons. From https://en.wikipedia.org/wiki/Impartiality Accessed on 3/21/2017
- Discrimination: is the unjust or prejudicial treatment of different categories of people, especially on the grounds of race, age, or sex. From https://en.oxforddictionaries.com/definition/discrimination Accessed on 3/21/2017
- Marginalization: is the treatment of a person, group, or concept as insignificant or peripheral. From https://en.oxforddictionaries.com/definition/marginalization Accessed on 3/21/2017
- Bias: is prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair. From https://en.oxforddictionaries.com/definition/us/bias Accessed on 3/21/2017
- Competency: is the ability to do something successfully or efficiently. From https://en.oxforddictionaries.com/definition/competence Accessed on 3/21/2017
- Inaction: is lack of action where some is expected or appropriate. From https://en.oxforddictionaries.com/definition/inaction Accessed on 3/21/2017
- Trustworthiness: is the ability to be relied on as honest or truthful. From https://en.oxforddictionaries.com/definition/trustworthiness Accessed on 3/21/2017
- Corruption: is the abuse of entrusted power for personal gain. From http://unpan1.un.org/intradoc/groups/public/documents/un-dpadm/unpan038789.pdf
- Cronyism: is the practice of partiality in awarding jobs and other advantages to friends or trusted colleagues, especially in politics and between politicians and supportive organizations. From https://en.wikipedia.org/wiki/Cronyism Accessed on 3/21/2017
- Nepotism: is based on favoritism granted to relatives in various fields, including business, politics, entertainment, sports, religion and other activities. From https://en.wikipedia.org/wiki/Nepotism Accessed on 3/21/2017

DATA COLLECTION

We reviewed secondary data published by the Federal Ministry of Health of Ethiopia including Demographic and Health Survey (DHS) (DHS 1-5)[5-9], Health Sector Development Plan (HSDP)/Health Sector Transformation Plan (HSTP) (HSDP II-IV and HSTP) [10-13] and Health and Health Related indicators (HHRI) [14]. These resources are the data Dr. Ghebreyesus used to show the world his "achievements". We reviewed DHS data starting from DHS 2000 even before Dr. Ghebreyesus became the Minister of Federal Ministry of Health of Ethiopia, as he was part of the Heath System as the head of "Tigray region" Health Bureau. We also reviewed other published papers related to Ethiopia Health during and after his tenure. This review focuses on the discrepancies between the favored "Tigray region" and disfavored "Amhara region" to show Dr. Ghebreyesus violated core ethical principles and committed crime against humanity as Minister of FMOH and as Chief Executive Member of TPLF led government. We focused on Amharas as TPLF labeled Amhara people as its "number 1 enemy" from its inception as per its 1975 manifesto[3]. Though we focused on the difference between "Amhara region" and "Tigray region" to show Dr. Ghebreyesus preferential treatment of "Tigray region", we will compare data with other "Regions" with emphasis on "Oromia region" and "Southern Nations, Nationalities and People (SNNP) region" as the four "Regions" constitute the majority of Ethiopian population. The National Data has been reported to the International community mostly without highlighting the significant discrepancies in "Regional" performances under Dr. Ghebreyesus's tenure and after that. This review focused on "Regional" differences between "Tigray region" and other "Regions", particularly the "Amhara region". The study will assess to what extent the "Amhara region" has the least achievements in most health indicators and remain to have poor performance in almost every health indicators compared to "Tigray region" under Dr. Ghebreyesus's leadership except "contraceptives" use which was carried out deliberately to depopulate Amhara population under the cover of Family Planning.

RESULTS AND DISCUSSION

All the results of this review are discussed in relation to WHO Core Values and Basic Ethics Principles violated by Dr. Tedros A. Ghebreyesus and his party TPLF suspected crime against Humanity and systematic genocidal violence on Ethiopians and particularly on Amharas.

1. Discrimination/Marginalization

1.1 Health service discrepancies between "Amhara region" and "Tigray region" and poor performance of "Amhara region" in Health Indicators: An evidence of TPLF-led EPRDF government, in which Dr. Tedros Adhanom Ghebreyesus is a top member, deliberate marginalization of the Amhara people

According to HSDP 2005, there was significant difference in health coverage between "Amhara region" and "Tigray region" as shown on Table 1[6].

Regions	Population	Number of hospitals	Population to hospital ratio	Number of physicians	Population to Physician ratio	Potential service coverage (%)
Amhara	**18,626,047**	**18**	**1,034,780**	**131**	**142,184**	**57.2**
Tigray	**4,223,014**	**15**	**281,534**	**77**	**54,844**	**96.5**
Oromia	25,817,132	30	860,571	186	138,802	67.2
SNNP	14,489,705	17	852,336	106	136,695	90.9

Table 1: Health coverage among different "Regions" in Ethiopia 2005

Source: Demographic and Heath Survey (DHS) 2005

* The physician to population ratio is much lower than the WHO minimum standard of one physician for 10,000 people but the difference in the ration between "Amhara region" and "Tigray region" is quite significant

*Physicians number is mainly based on health workers in the public sector due to lack of complete report from the private sector while substantial number of physicians working in the private sector are also providing service to the public.

The distribution of mid-level professionals also followed similar pattern with significantly low number of nurses per population in Amhara compared to Tigray regon[15] (Figure 1).

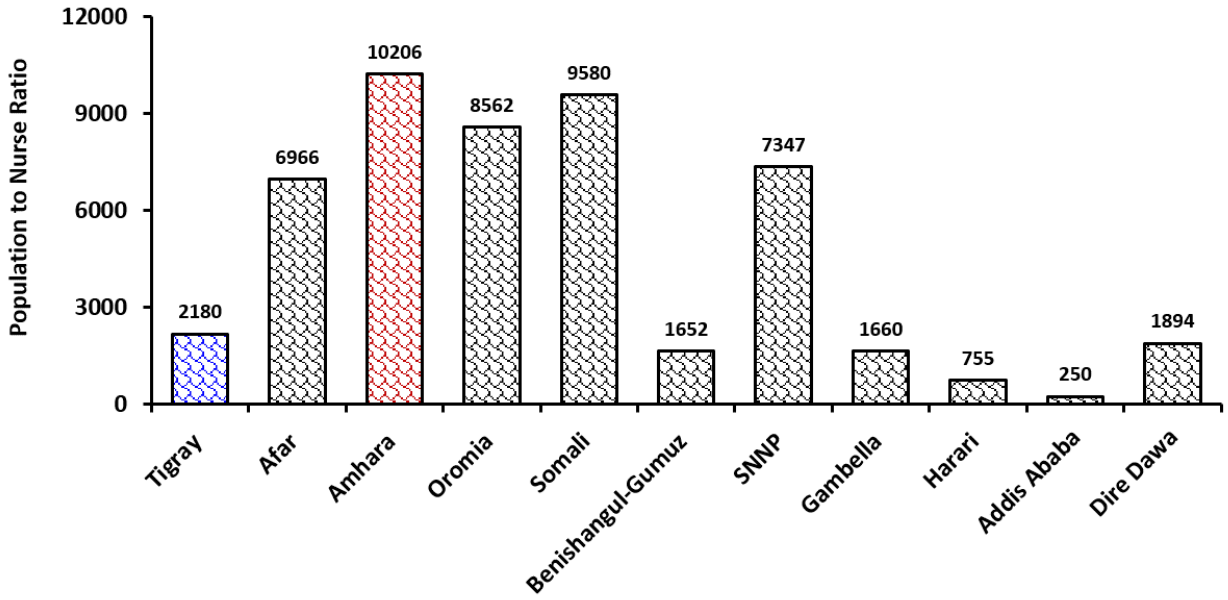


Figure 1: Population to Nurse ratio by "Regions": 2014

Source: Aynalem Adugna, Health Institutions and Services 2014

Infant mortality rate (IMR) is an important indicator of health care coverage, quality of health care delivery and development. The "Amhara region" has one of the highest IMR in the country (Figure 2)[16]. This disproportional IMR is one reason why Amharas population subsequently decreased compared to other ethnic groups in Ethiopia.

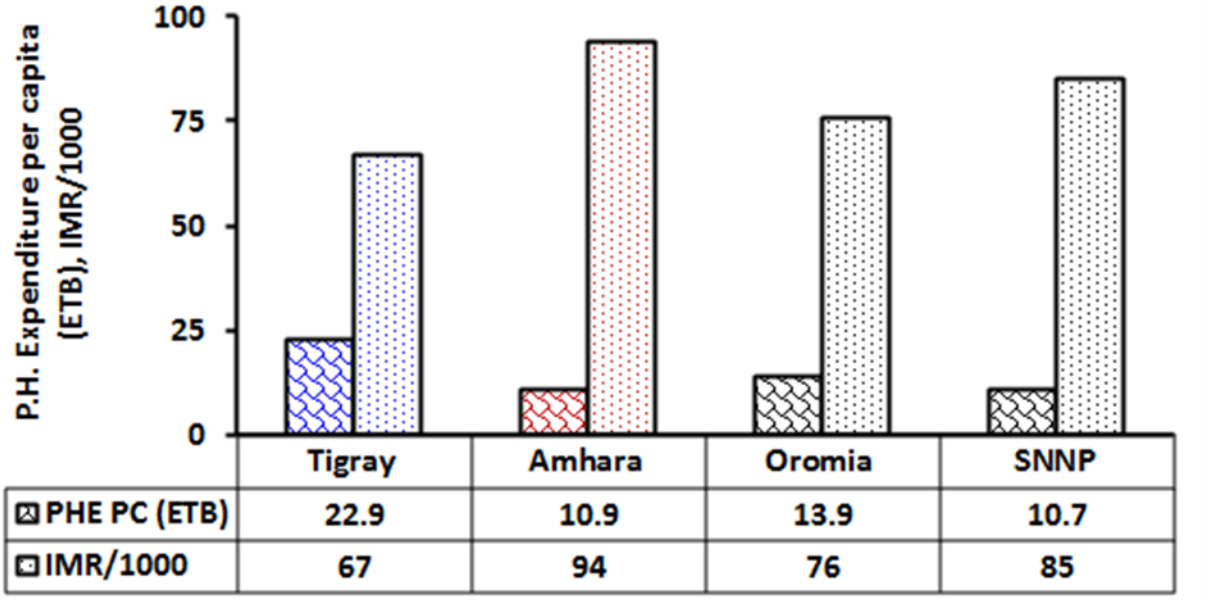


Figure 2: Demographic, per capita expenditure and Infant Mortality Rate (IMR) (2009)

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

In subsequent years, government data shows the favored "Tigray region" consistently outperforming all other "Regions" in terms of population health care access compared to all other "Regions". Health care delivery in Ethiopia is largely driven by the Central Government. The significant "Regional" differences are the result of lack of equity in infrastructure development and resource allocation including foreign assistance and funds.

The health coverage and overall Physician to Population and Nurse to Population coverage in "Tigray region" is 5X than that of "Amhara region". It is natural to expect that Dr. Ghebreyesus as the Minster of Federal Ministry of Health should have worked for equal health coverage of all Ethiopians and improve health coverage across underserved "Regions". However, he rather allowed further increase in the gap between his favored "Tigray region" and the disfavored "Amhara region".

One example is the Federal Government plan to build 3 additional Tertiary Referral Hospitals in Mekelle, Hawassa and Bahir Dar in late 1990's and early 2000's. Whereas "Amhara region" has been under served compared to "Tigray region" in terms of Health Coverage from the beginning but under era of Dr. Ghebreyesus and after him, Mekelle Tertiary Hospital was finalized capable of providing expensive services including Renal Transplant, state of the art Catheterization Lab and Cardiac Surgery while the Tertiary Hospital in Bahir Dar, "Amhara region", has not even been built yet[17-19]. Aljazeera TV rather reported the devastating effect of Trachoma, which is one of the easily preventable diseases with appropriate education and treatment without requiring sophisticated and expensive resources, in "Amhara region". Aljazeera TV in its program categorized Amharas as "the poorest of the poor" not only in Ethiopia but also the world[20]. "Tigray region" despite being peripheral in terms of location with no special resources other than the preferential treatment given by the TPLF led government, outperformed all other "Regions" in almost all Health Indicators except family planning services as shown in the data in this and many other studies. This is evidence that Dr. Ghebreyesus clearly discriminated Ethiopians based on their ethnic background and he and his party marginalized especially Amharas violating the core principles of WHO including impartiality to their people they are serving.

1.2 Khat use restricted in "Tigray region" while widely disseminated in the deeply religious "Amhara region" since TPLF came to power

Khat (*Catha edulis*) is evergreen plant that contains psychoactive substances, cathinone and cathine, which produce central stimulation analogues to amphetamine[21]. Though banned in many countries including USA, Ethiopia earns millions of dollars yearly from Khat sell alone and Khat growers are among some of the well-to-do farmers[22]. Khat is mainly chewed in the Central, Southwest and Eastern part of Ethiopia. Several studies have shown the physical and psychiatric effect of khat[23]. However, thanks to the discriminatory policies of Dr. Ghebreyesus and his TPLF led government, while Khat chewing and circulation is banned and Khat plantation and chewing is in the decline in "Tigray region", Khat consumption has now become ubiquitous in "Amhara region". This is a strange phenomenon, as the "Amhara region" is one of the conservative

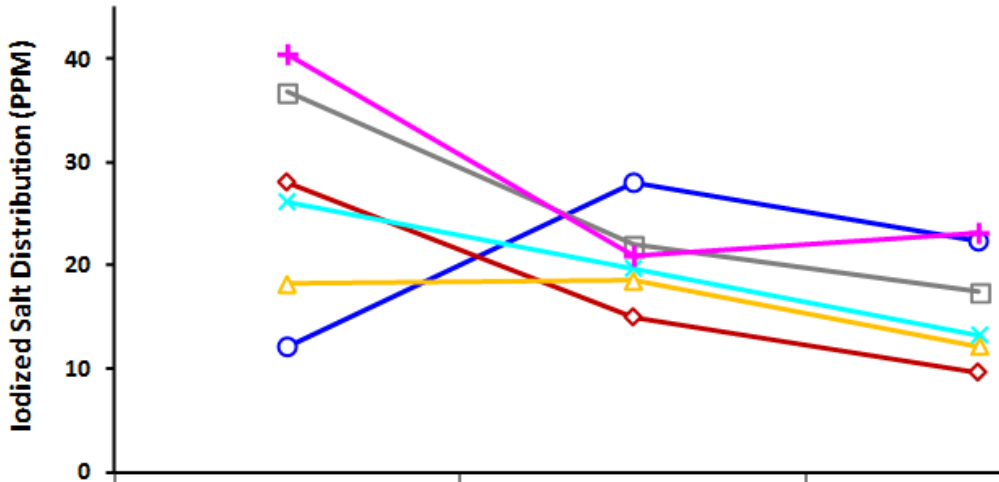
bastions of Ethiopia's Christian Heartland, just like "Tigray region", where Khat had traditionally been despised[24]. A prevalence of 27% life time chewing was reported among college students in the "Amhara region"[25]. Dr. Ghebreyesus as Minister of Ethiopian FMOH has allowed drug abuse to devastate "Amhara region" youth while rightly banning it in "Tigray region". Dr. Ghebreyesus showed partiality violating WHO core ethics principles when it comes to policy implementation of stopping rampant use of Khat in areas like "Amhara region" where it was not a common practice before the era of TPLF.

2. Crime against Humanity

Iodine deficient Generation under TPLF: No shame under TPLF or Dr. Ghebreyesus despite horrendous and untold crime by distributing non-Iodized salt to Ethiopians

It is well known even centuries ago the importance of Iodine for health of humans especially infants and children who need it the most during rapid brain development stage. Given the shortage of Iodized salt in Ethiopia, Iodine deficiency can cause irreversible mental retardation in children, especially in the highland areas known to be Iodine deficient for a long time like the current "Amhara region". As Minister of Health and executive member of TPLF, Dr. Ghebreyesus main role should have been to make sure Ethiopians health is not affected due to distribution of non-Iodized or Iodine deficient salt. Dr. Ghebreyesus should therefore be accountable both as his role as Minister of Federal Ministry of Health and Chief executive member of TPLF led government for not taking appropriate and timely action while Iodine deficient salt was distributed throughout Ethiopia affecting Generations healthy development of brain and other organs in the body.

Despite the overall shortage of Iodized salt in the country, we saw special treatment of "Tigray region" under Dr. Ghebreyesus's clock suggesting continued preferential treatment of "Tigray region"(Figure 3 and 4) [5-7].

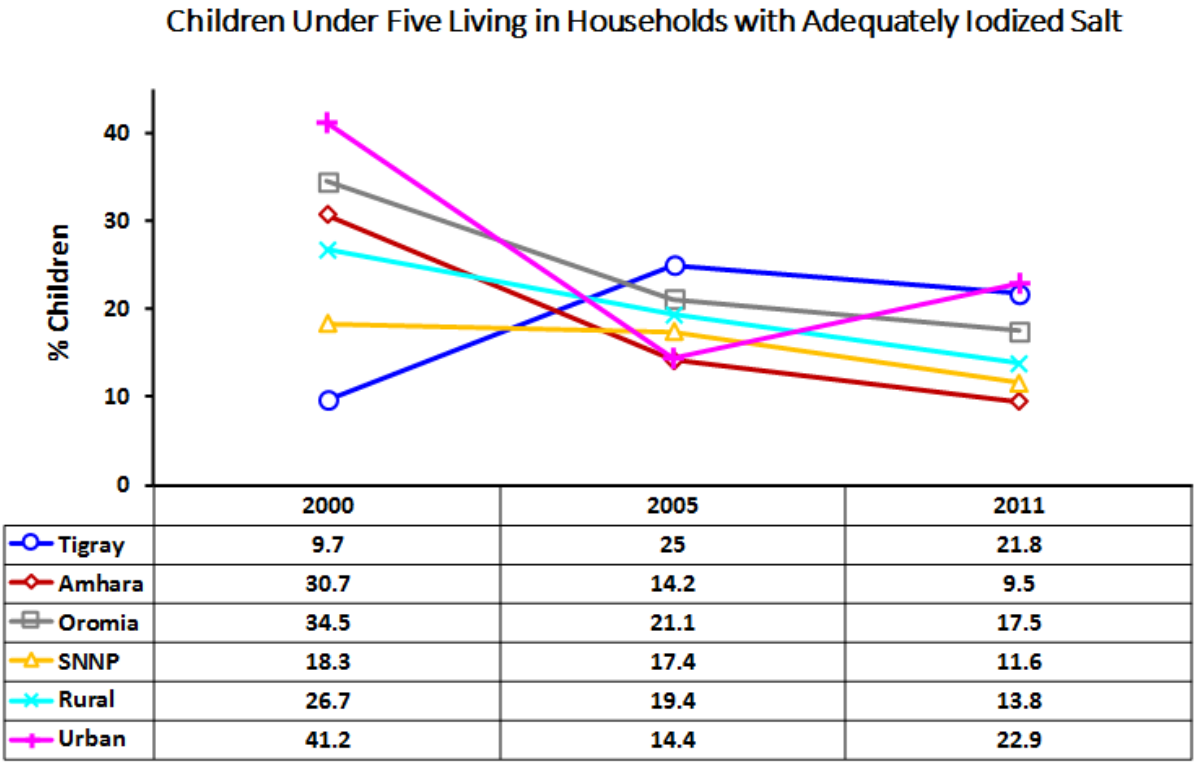


	2000	2005	2011
Tigray	12.2	28	22.3
Amhara	28	14.9	9.6
Oromia	36.8	22	17.4
SNNP	18.2	18.5	12.2
Rural	26.2	19.7	13.3
Urban	40.5	21	23.2

Figure 3: Iodized salt distribution by regions and Rural/Urban >25 ppm for 2000 and >15 PPM in 2005 and 2011

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

* Salt that contains at least 15 ppm (parts per million) is considered to be adequately Iodized. Color coding in the salt-testing kits used in Ethiopia ranged from 0 ppm to 100 ppm at a 25 ppm interval. Adequately Iodized salt in this case refers to 25+ ppm.



	2000	2005	2011
Tigray	9.7	25	21.8
Amhara	30.7	14.2	9.5
Oromia	34.5	21.1	17.5
SNNP	18.3	17.4	11.6
Rural	26.7	19.4	13.8
Urban	41.2	14.4	22.9

Figure 4: Percentage of children under five living in households with adequately Iodized salt (2000, 2005 and 2011)

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

As can be seen from Figures 3 & 4, Dr. Ghebreyesus should have been ashamed of his role both as "Politician" (Executive Committee member of TPLF) and "Professional" (head of FMOH) when non-Iodized salt was distributed under his tenure. One can see how the distribution of Iodized salt improved in "Tigray region" while there was a dramatic decrease in "Amhara region" compared to other "Regions" once he became Head of the FMOH. Under Dr. Ghebreyesus and his political party TPLF leadership, millions of children's mental development was affected throughout the country with more children in "Amhara region" affected given its geographic location. As per WHO definition of health, health is not the mere absence of disease. Dr. Ghebreyesus and his team should be held accountable for what they did instead of awarding him the position of WHO's Director General. We suspect that the pouring support he received from member countries of African Union is based on mere political calculation because of the fact that "he is from Africa" without detail analysis of his track record.

On top of distributing Iodine deficient salts, multifaceted atrocities were committed on Amhara children physical and mental health as evidenced by TPLF media report itself, which states that only 32% of students who took 10th grade exam from "Amhara region" passed their exam in 2016[26]. This is the added impact of multiple factors waged against Amharas by TPLF, including malnutrition and mineral deficiencies. The result of this is that the "Amhara region" is now the

least in all health and development aspects among all other "Regions" in the country and it is declining in both health and education standing of its previous years.

Dr. Ghebreyesus was a Minister of Foreign Affairs of such a government and yet he is being considered for WHO Director General position. He violated even the basic principles of ethics, non-maleficence by causing damage to his own people as Minister of FMOH. Even with this limited Iodized salt distribution, he preferentially treated "Tigray region" while marginalizing "Amhara region" committing crime on top of other crimes. It is by itself sad that Dr. Ghebreyesus made it to the top three candidates for this prestigious organization's Director General position. However, it will be even more disastrous and a sad day in WHO history if member countries decide to elect someone who violated WHO's core values time and again at his home country.

3. Systematic genocidal violence

A genocide suspect cannot be WHO's Director General: Deliberate and systematic depopulation of Amharas and persistent decline in Amhara population under TPLF regime and Dr. Tedros A Ghebreyesus, which is equivalent to genocide

Let's now see the use of contraceptives in which "Amhara region" outperformed all other "Regions" despite consistent decline in Amhara population as reported on the Census while "Amhara region" has been the least in almost all other Health Indicators. As can be heard in the following link (https://www.youtube.com/watch?v=2iRwEudb3NM), the girls who became barren because of the "contraceptive" given to them are clearly stating that they were not aware of about the possible side effects of the "contraceptive" given to them and many women became infertile since then[27]. The data and the video shown in section 3 indicate the coverage of contraceptives use in "Amhara region" doesn't look "contraceptive" was given by informed consent. While we understand that Family Planning (FP) is an important health service, it shouldn't be forced by any means. It would be even a tragic weapon if it is forced on women for the purpose of selectively reducing the population of a certain group. There is no way that a population with less information access, like the Amhara, will have nearly 100% contraceptive acceptance rate different from other similar "Regions" in Ethiopia unless there was coercion. Autonomy with a right to get full information for any treatment is one of the core principles of ethics and violating this is violating the core principles of WHO. Plus anyone should ask, why TPLF led government is pushing more on FP in "Amhara region" while the number of Amharas have been declining compared to other Ethiopians as shown by the Ethiopian Census from time to time for reasons undisclosed officially so far[28]. As we can see on Figure 7 & 8, "Amhara region" was "successful" or "outperformed" all other "Regions" mainly in FP, especially in injectable contraceptives while being the least performer in most other Health Indicators. This clearly shows that there was a deliberate action to depopulate Amhara people. This is without taking into considerations those Amharas who were living outside of the so called "Amhara region" targeted by TPLF using different means including killings and displacement to the extent

of systematic genocidal violence. Hundreds of thousands to millions of Amharas were displaced and killed from almost every corner of Ethiopia only because they were Amharas by the party of Dr. Ghebreyesus with multiple evidences available as seen in the recent book published by one of the Amharas civic organiation[29]. Yet, Dr. Ghebreyesus who hails his association with TPLF aspires to lead WHO, an organization with principles deeply embedded with human right respect and equality. We will repeat it again that electing Dr. Ghebreyesus will be a dark day for WHO as well as for those who demand equality and respect of basic human rights for all people in the world.

Let us start with the premises that the people in the "Amhara region" have more knowledge and information about FP methods than people in other "Regions" that led to a higher use of contraceptive methods. As shown in Figures 5 & 6 and Table 2 the data does not clearly support this hypothesis.

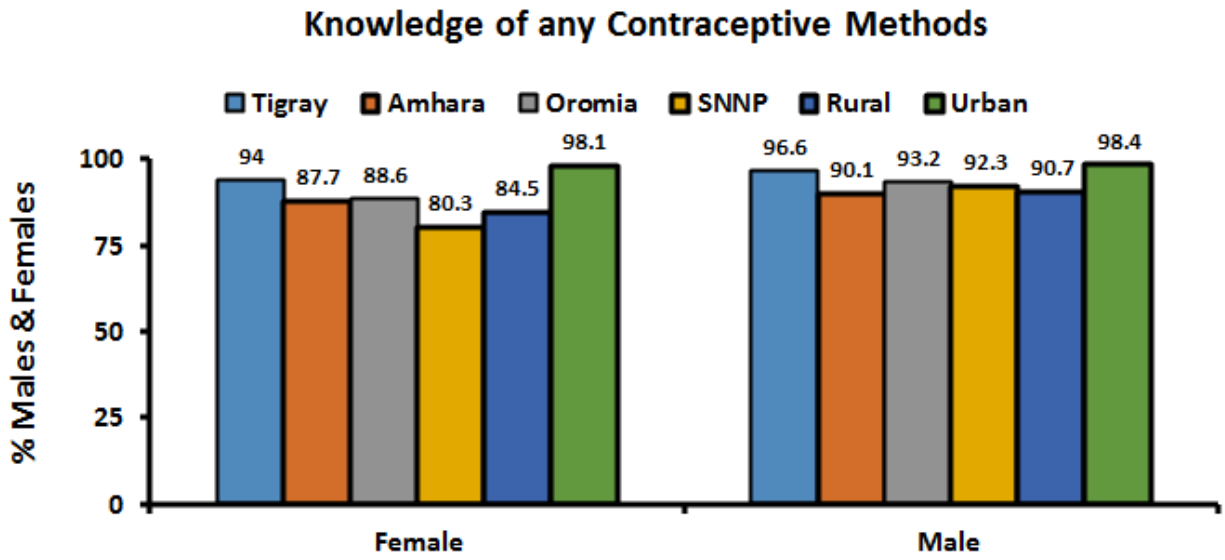


Figure 5: Knowledge of any contraception methods 2000

Source: Demographic and Heath Survey (DHS) 2000

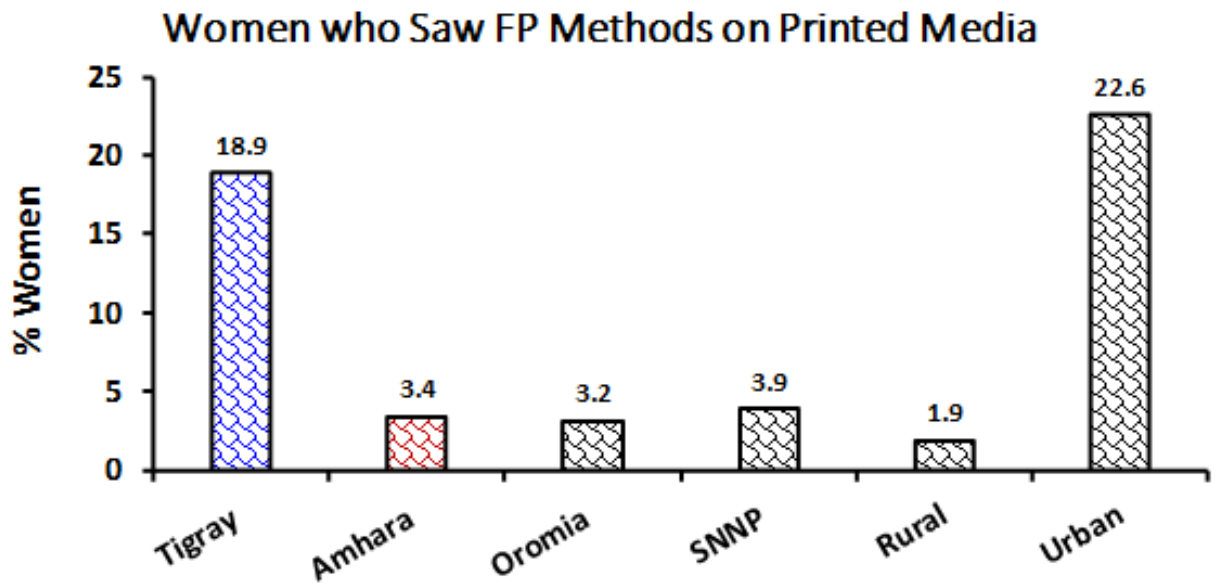


Figure 6: Percentage of Women who saw FP methods on Printed Media 2000

Source: Demographic and Heath Survey (DHS) 2000

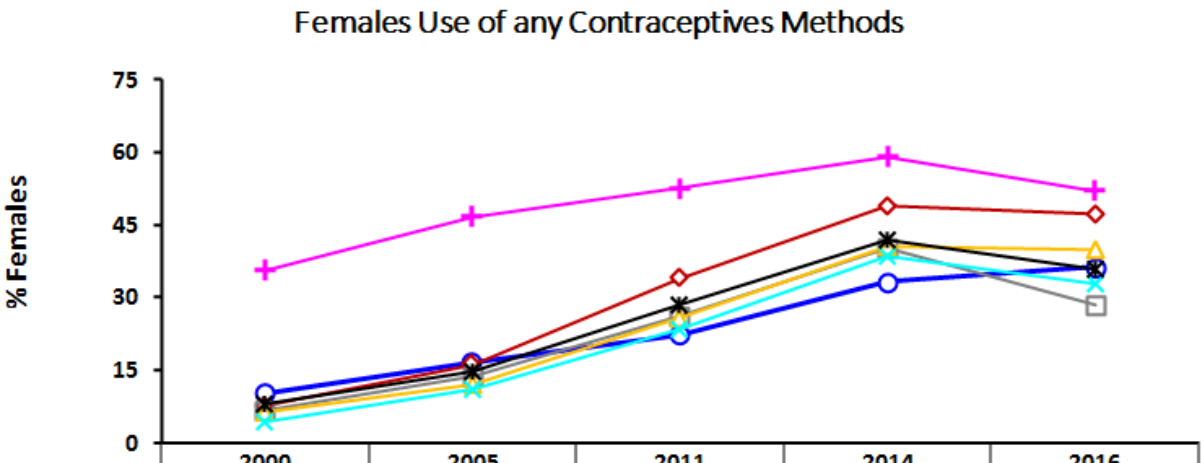
Let us now assess exposure of information to Family Planning (FP) or Contraceptive methods on different Medias.

Exposure to FP methods by Regions	Females			Males		
	Radio 2000/2005/2011	TV 2005/2011	Printed Materials 2005/2011	Radio 2005/2011	TV 2005/2011	Printed Materials 2005/2011
Amhara	**11.1/24.9/28.8**	**6.2/14.0**	**6.3/12.8**	**34.6/40.7**	**8.1/18.8**	**15.8/31.5**
Tigray	**24.5/34.8/34.2**	**13.9/22.6**	**11.5/24.3**	**36.9/42.1**	**17.6/29.7**	**18.9/39.9**
Oromia	15.0/34.5/37.4	11.1/14.0	8.0/12.2	42.7/59.4	13.7/22.5	12.0/25.8
SNNP	13.1/18.2/26.0	3.7/14.8	4.5/13.4	30.0/40.1	13.0/21.4	12.1/33.1
Rural	21.1/26.3	2.0/6.5	3.1/7.1	33.0/46.1	6.8/14.1	9.9/22.6
Urban	66.7/57.3	54.6/55.1	32.6/43.9	67.8/66.8	57.8/62.6	42.1/69.2

Table 2: Exposure to family planning (FP) methods (Radio + TV + Print materials) (2000, 2005 and 2011)

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

As Table 2 shows, people in "Amhara region" had less knowledge and access to FP information compared to people in "Tigray region". The trend in FP usage and especially its exceptional increase use of FP in "Amhara region" throughout the rule of TPLF is clearly visible in Figure 7.



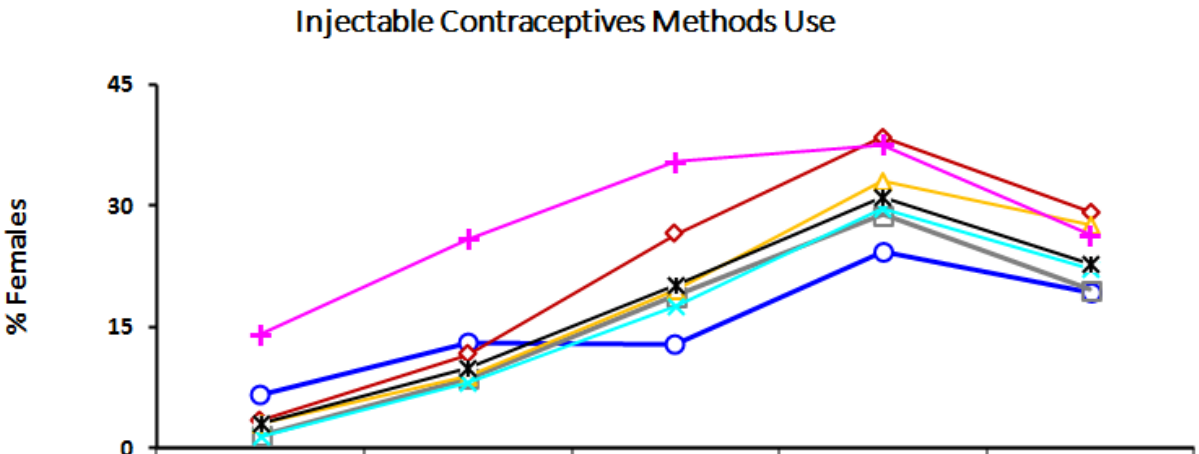
	2000	2005	2011	2014	2016
Tigray	10.2	16.5	22.2	33.3	36.3
Amhara	7.5	16.1	33.9	49.1	47.3
Oromia	6.6	13.6	26.2	40.2	28.6
SNNP	6.4	11.9	25.8	40.5	39.9
Rural	4.3	10.9	23.4	38.4	32.8
Urban	35.6	46.7	52.5	59.1	52
National	8.1	14.7	28.6	42	35.9

Figure 7: Females use of any contraceptives methods (2000, 2005, 2011, 2014 and 2016)

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

* Contraceptive Coverage in "Amhara region" which was a little below from the national average in the year 2000 was shown to be strikingly higher than the national average in the years to follow.

When we focus on injectable contraceptive which is sometimes given in campaign at times with "coercion" especially in "Amhara region" as witnessed by Amhara women (https://www.youtube.com/watch?v=2iRwEudb3NM)[27], we can see that the coverage of injectable contraceptive use once again was so much higher in "Amhara region" (Figure 8).



	2000	2005	2011	2014	2016
Tigray	6.5	13.1	12.8	24.4	19.3
Amhara	3.4	11.6	26.5	38.6	29.3
Oromia	1.6	8.6	18.8	28.9	19.6
SNNP	3	8.9	19.5	33.1	27.7
Rural	1.5	8	17.6	29.7	22.1
Urban	14.1	25.9	35.4	37.6	26.4
National	3.1	9.9	20.08	31.1	22.8

Figure 8: Injectable contraceptives methods use (2000, 2005, 2011, 2014 and 2016)

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

*Coverage of injectable contraceptives in "Amhara region" was higher than the national average at all times between 2000 and 2016. The year 2014 was strikingly high where the coverage of injectable contraceptives in "Amhara region" was even higher than the overall prevalence in Urban Ethiopia.

According to the 2015 Health and Health Related Services in Ethiopia, "Amhara region" was once again much higher than other "Regions" in terms of the overall Contraceptives Acceptance Rate (CAR) for unknown reason but likely by coercion (Table 3)[14].

Region	Women aged 15-49	New & Repeat Acceptors	Performance (%)
Tigray	**1,014,033**	**605,753**	**59.7**
Afar	343,394	114,279	33.3
Amhara	**4,126,718**	**4,009,654**	**97.2**
Oromia	**6,276,820**	**4,666,468**	**74.3**
Somali	1,076,225	60,955	5.7
Ben-Gumuz	207,935	103,725	49.9
SNNPR	3,625,958	2,624,322	72.4
Gambela	94,479	19,485	20.6
Harari	53,383	27,590	51.7
Addis Ababa	**1,056,843**	**349,566**	**33.1**
Dire Dawa	107,272	40,597	37.8
National	**18,062,253**	**12,622,394**	**69.9**

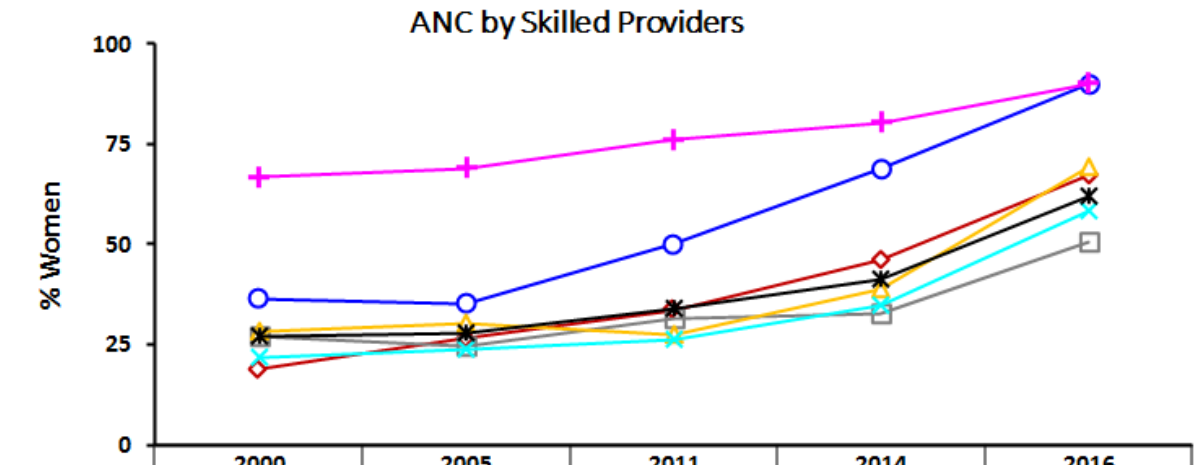
Table 3: Contraceptive Acceptance rate by Region (2015)

Source: Ethiopia FMOH Health and health related indicators (HHRI's) 2015

* Contraceptive Acceptance Rate (CAR): proportion of women of reproductive age (15-49 years) who are not pregnant who are accepting a modern contraceptive method (new and repeat acceptors). Each acceptor is counted only once, the first time s/he receive contraceptive services in the calendar year.

Figures 7 & 8 and Table 3 shows "Amhara region" was number one in FP use especially in injectable contraceptives despite low information access and knowledge regarding FP methods compared to "Tigray region".

Before we reach any conclusion, let us further see in case "Amhara region" people have higher acceptance rate of other medical services with limited information and if that was the case it would be reflected in Antenatal Care (ANC), Institutional Delivery, Vaccinations and as a result in Maternal Mortality Ratio (MMR). We hereby compare ANC coverage, Institutional Delivery, Vaccination Rate Services and MMR between different "Regions" (Figures 9-22).

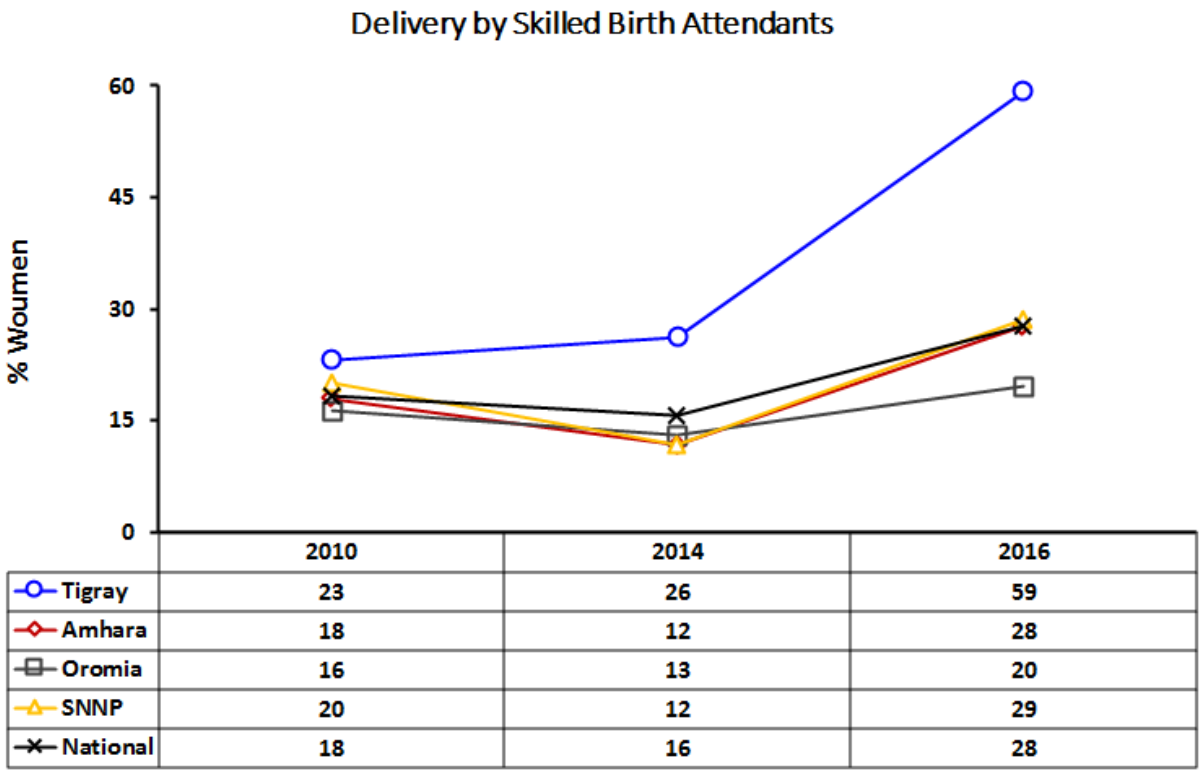


	2000	2005	2011	2014	2016
Tigray	36.4	35.3	50.1	68.7	90
Amhara	18.9	26.5	33.6	46.2	67.1
Oromia	27	24.8	31.3	32.7	50.7
SNNP	28.4	30.3	27.3	39	69.3
Rural	21.6	23.7	26.4	34.8	58.3
Urban	66.6	68.9	76	80.3	90.1
National	27	28	34	41.2	62

Figure 9: ANC by skilled providers (2000, 2005, 2011, 2014 and 2016)

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

Figure 9 shows “Tigray region” being number 1 in ANC by skilled providers and Figure 10 shows “Tigray region” again number 1 in delivery by skilled birth attendants.



	2010	2014	2016
Tigray	23	26	59
Amhara	18	12	28
Oromia	16	13	20
SNNP	20	12	29
National	18	16	28

Figure 10: Delivery by skilled birth attendants (2010, 2014 & 2016)

Sources: Health Sector Strategic Plan IV 2010 & Demographic and Heath Survey (DHS) (2014 & 2016)

As shown in Figures 7-10 and Table 3, the "Amhara region" was consistently under achiever compared to "Tigray region" except in contraceptives use which by itself speaks a lot. The impact of under service is witnessed in MMR as well as in IMR and U5MR.

Next, we compare MMR, Perinatal, Neonatal, Infant and Under5 Mortality Rates at different "Regions" in Ethiopia.

Graph 11 was taken from Ethiopian Demographic Health Survey 2016. It depicts MMR with its Confidence Intervals for the various years Demographic Health Survey was conducted. As illustrated on Graph 11, MMR did not show a steady decline contrary to Dr. Ghebreyesus's claim. It still remains the same to what it has been in 1998 which is depicted by the overlap of the Confidence Intervals. MMR has not shown statistically significant improvement for twenty-one years according to the graph the Ministry put forward. A study by the current Head of Ethiopian FMOH also confirmed that there has been no significant change in MMR over the last three decades[57]. This not only is shameful for our country, but calls for further investigation on what has been going on and needs an urgent intervention.

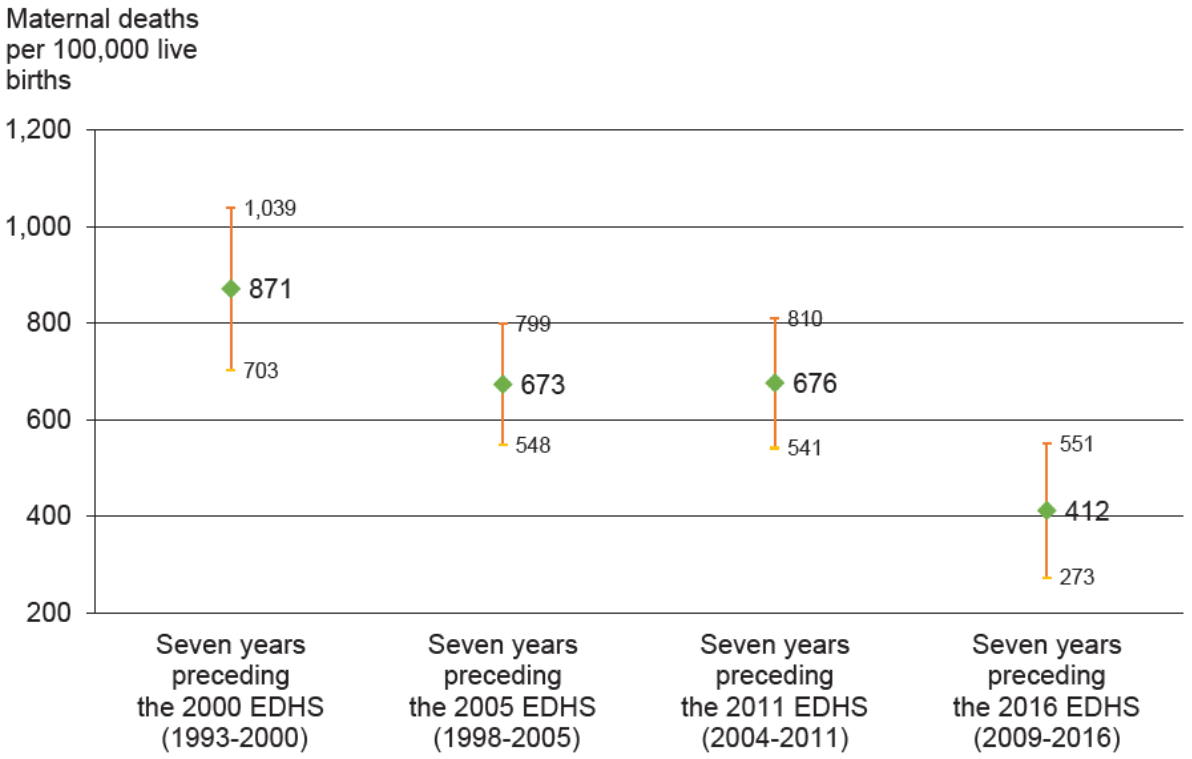
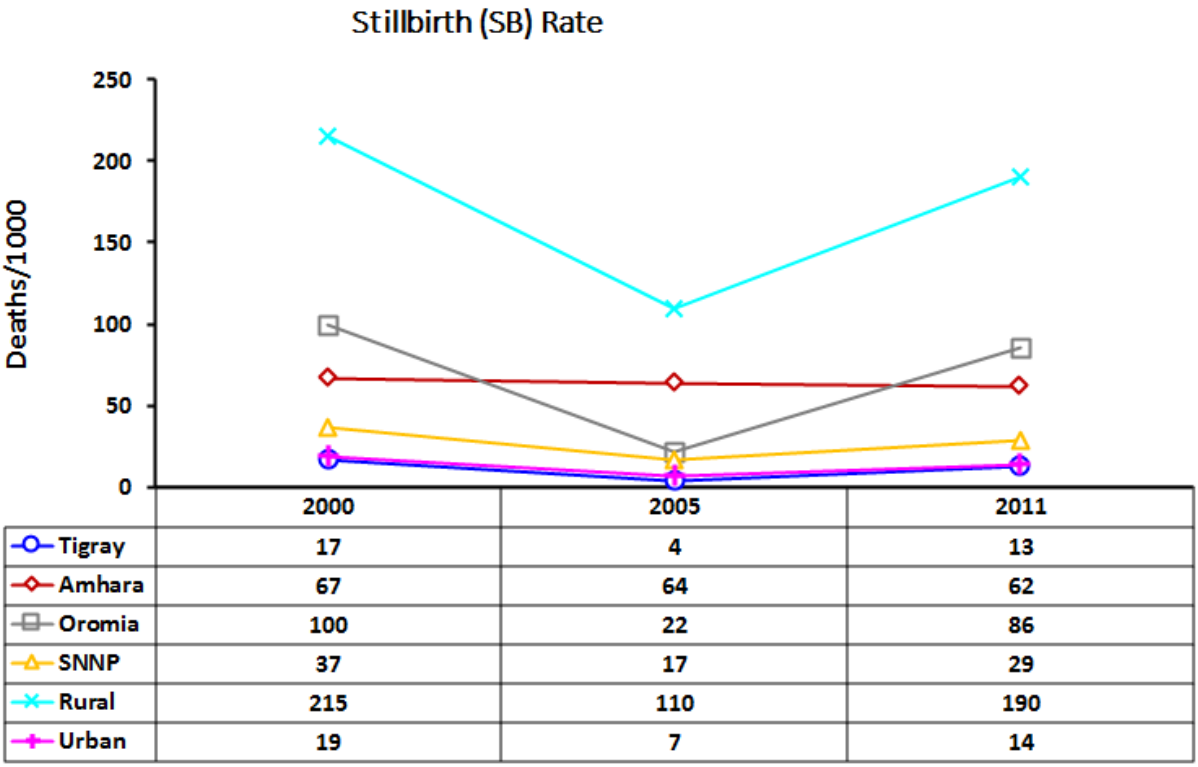


Figure 11: Maternal mortality ratio (MMR) with confidence intervals for the 7 years preceding the 2000, 2005, 2011, and 2016

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

Please note that there was no statistically significant reduction in MMR particularly when Dr. Ghebreyesus was the leader at the Ministry of Health from 2003-2012. We call upon your esteemed Organization to look into the matter seriously and salvage the forgotten mothers instead of awarding an individual who didn't bring statistically significant change in MMR in his home country.

Just like MMR, "Amhara region" was the highest in terms of Perinatal, Neonatal, Infant and Under5 mortality rates (Figures 12-16).



	2000	2005	2011
Tigray	17	4	13
Amhara	67	64	62
Oromia	100	22	86
SNNP	37	17	29
Rural	215	110	190
Urban	19	7	14

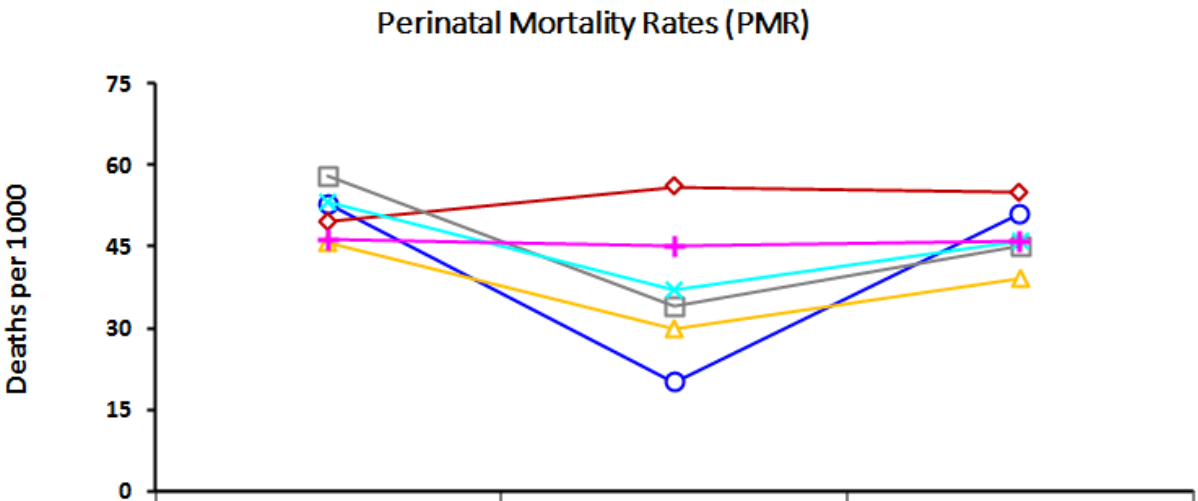
Figure 12: Still birth (SB) (2000, 2005 and 2011)

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

* Stillbirths are fetal deaths to pregnancies lasting seven or more months

* Early Neonatal deaths are deaths among live-born children age 0 to 6 days

* Perinatal Mortality rate is the sum of the number of stillbirths and early Neonatal deaths divided by the number of Pregnancies of seven or more month's duration

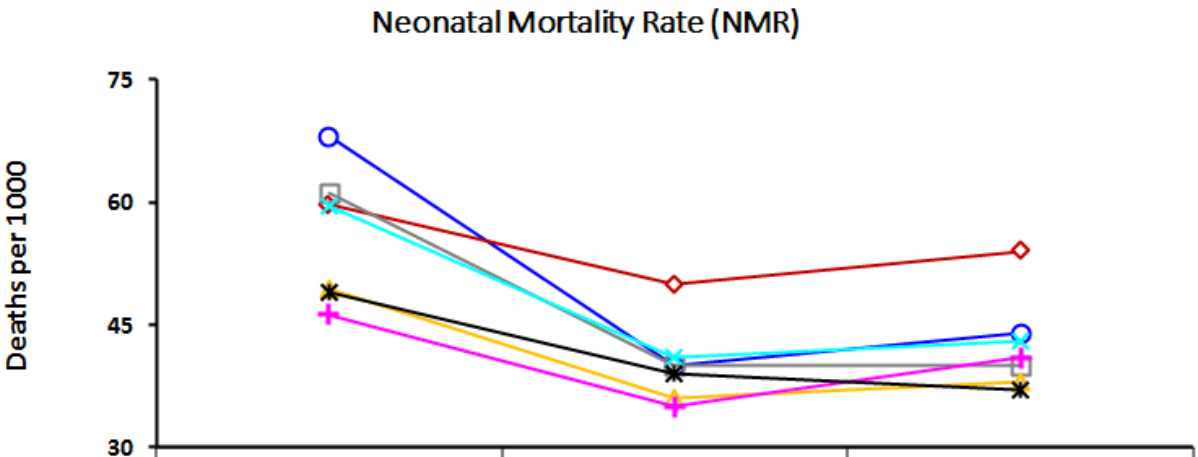


	2000	2005	2011
Tigray	53	20	51
Amhara	50	56	55
Oromia	58	34	45
SNNP	46	30	39
Rural	53	37	46
Urban	46	45	46

Figure 13: Perinatal mortality rate (PMR) (2000, 2005 & 2011)

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

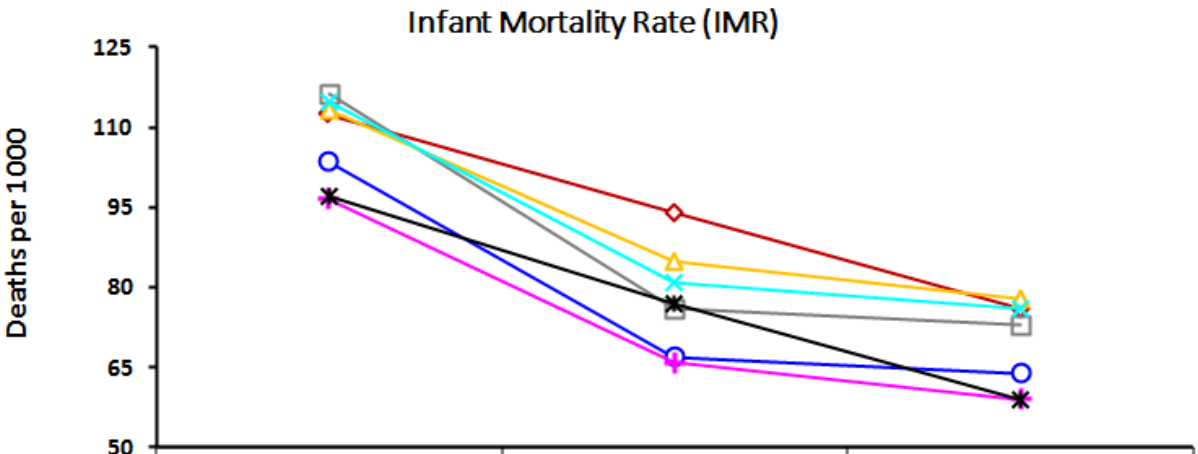
"Amhara region" had the highest neonatal mortality rate (NMR), infant mortality rate (IMR) and under 5 mortality rate (U5MR) too as shown below (Figures 14-16):



	2000	2005	2011
Tigray	68.1	40.0	44.0
Amhara	59.7	50.0	54.0
Oromia	61.1	40.0	40.0
SNNP	49.4	36.0	38.0
Rural	59.5	41.0	43.0
Urban	46.3	35.0	41.0
National	49.0	39.0	37.0

Figure 14: Neonatal mortality rate (NMR) (2000, 2005 & 2011)

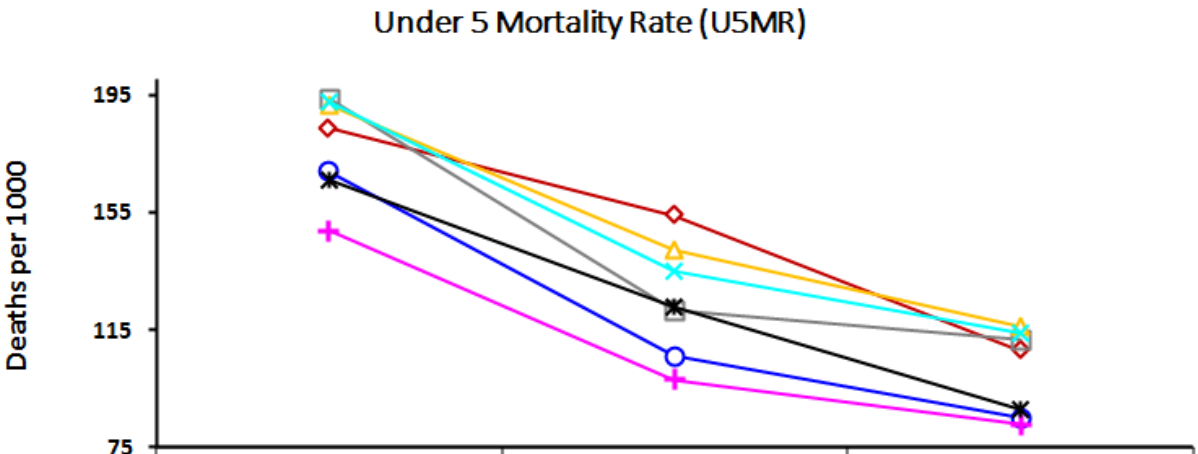
Sources: Demographic and Heath Survey (DHS) (2000, 2005 & 2011)



	2000	2005	2011
Tigray	103.6	67.0	64.0
Amhara	112.4	94.0	76.0
Oromia	116.2	76.0	73.0
SNNP	113.4	85.0	78.0
Rural	114.7	81.0	76.0
Urban	96.5	66.0	59.0
National	97.0	77.0	59.0

Figure 15: Infant mortality rate (IMR) (2000, 2005 & 2011)

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



	2000	2005	2011
Tigray	169	106	85
Amhara	183	154	108
Oromia	194	122	112
SNNP	192	142	116
Rural	193	135	114
Urban	149	98	83
National	166	123	88

Figure 16: Under 5 mortality rate (U5MR) (2000, 2005 & 2011)

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

As shown in Figure 12-16, though there was a decreasing trend in Still births, Neonatal, Infant and Under 5 mortality rates, sadly the changes were stagnant in "Amhara region" compared to other "Regions" especially compared to the favored "Tigray region" and you can imagine how many future generation of Amhara lives were lost due to Dr. Ghebreyesus's Ministry of Health and his party TPLF/EPRDF led government discriminatory policy by marginalizing Amharas contributing to depopulation of Amharas.

Let's compare specifically only "Amhara region" and "Tigray region':

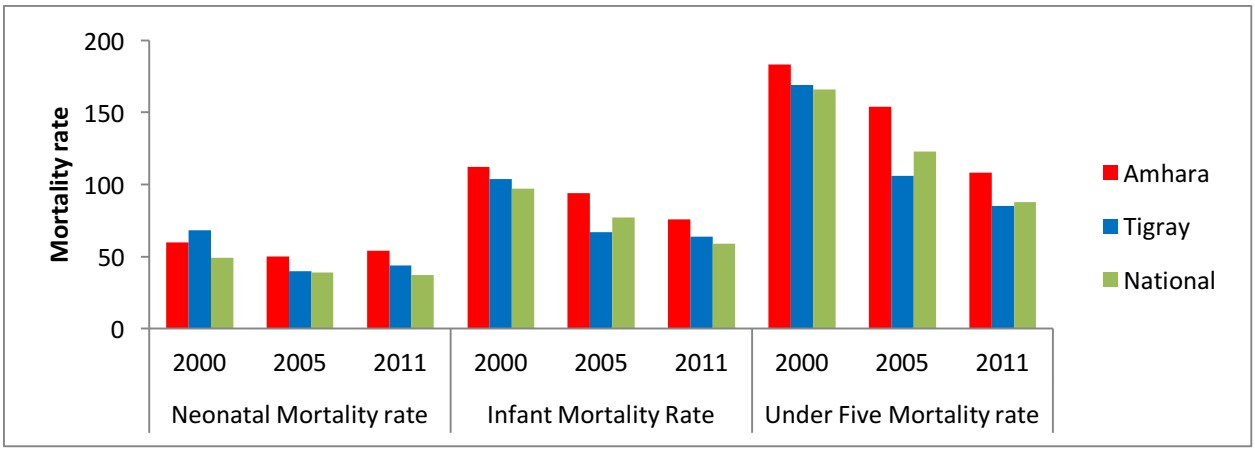


Figure 17: Selected Mortality indicators for "Amhara and Tigray regions" in the year 2000, 2005 & 2011 compared with National Rates

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

The high Mortality Rates in this age group not only reflect the poor service delivery in "Amhara region" but also were among the factors for the significant reduction of the Amhara population. A concerned Health Minister would have analyzed the data and intervened to reduce the mortality rates. Figure 17 also shows U5MR in "Tigray region" was even better than the national U5MR in 2005 and 2011 while "Amhara region" was underperformer.

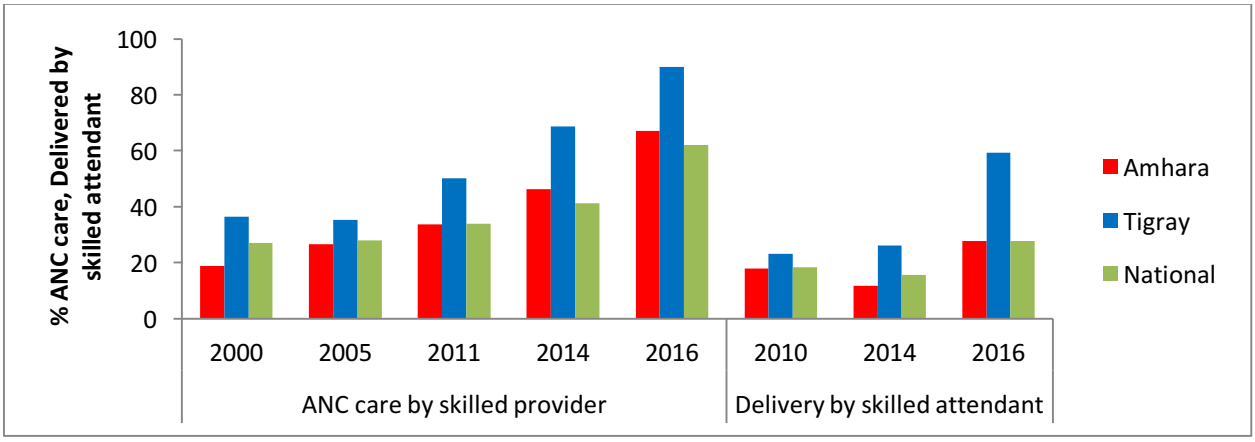


Figure 18: ANC and Delivery by Skilled Birth Attendant for "Amhara and Tigray regions" in the year 2000, 2005 & 2011 compared with National Rates

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

"Amhara region" is the least for positive indicators and the highest in negative indicators as seen in Figures 17 & 18 especially when compared to "Tigray region". Sadly, WHO has listed one of the leaders of such a government who discriminates its own citizens based on their ethnic background among the top 3 contenders to its top position.

The immunization coverage in Ethiopia in general and "Amhara region" in particular has been an area which was neglected for a long time. This has caused outbreaks of Measles and other vaccine preventable diseases and many children that could have been saved have succumbed to death. Dr. Ghebreyesus was focused on building his own reputation while his contribution in this area remains obscure. We have selected DPT3 coverage as it is one of the most important indicators of service provided. As pentavalent vaccine was introduced recently, we have graphed DPT3 for the censuses conducted in 2000, 2005 and 2011 and have used Penta3 for 2016.

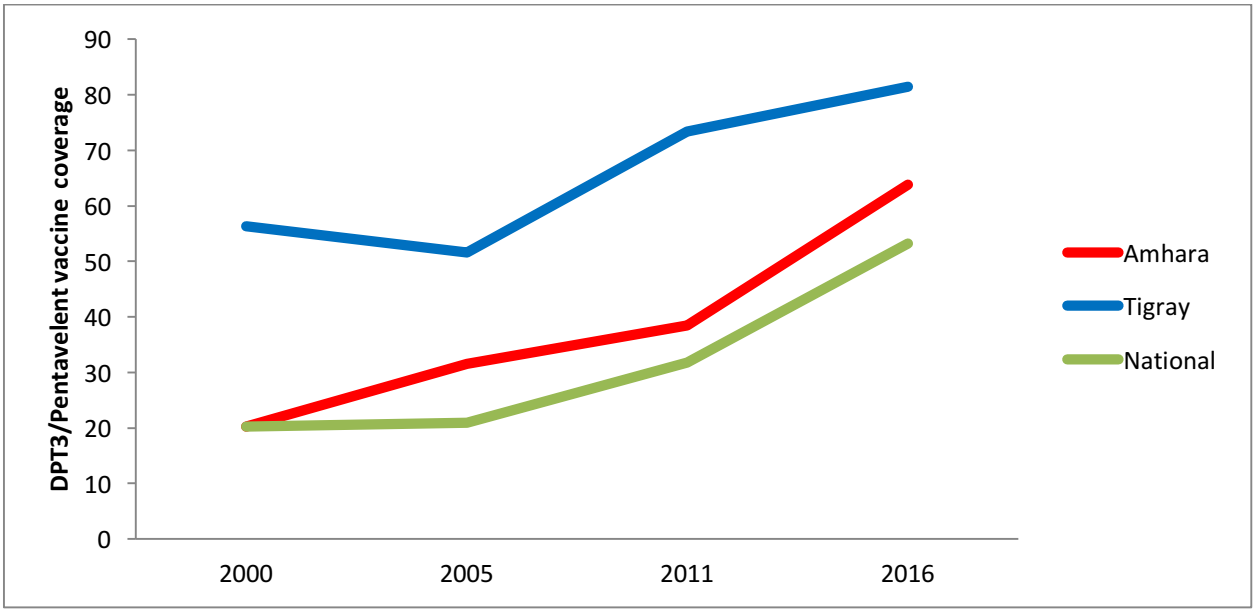
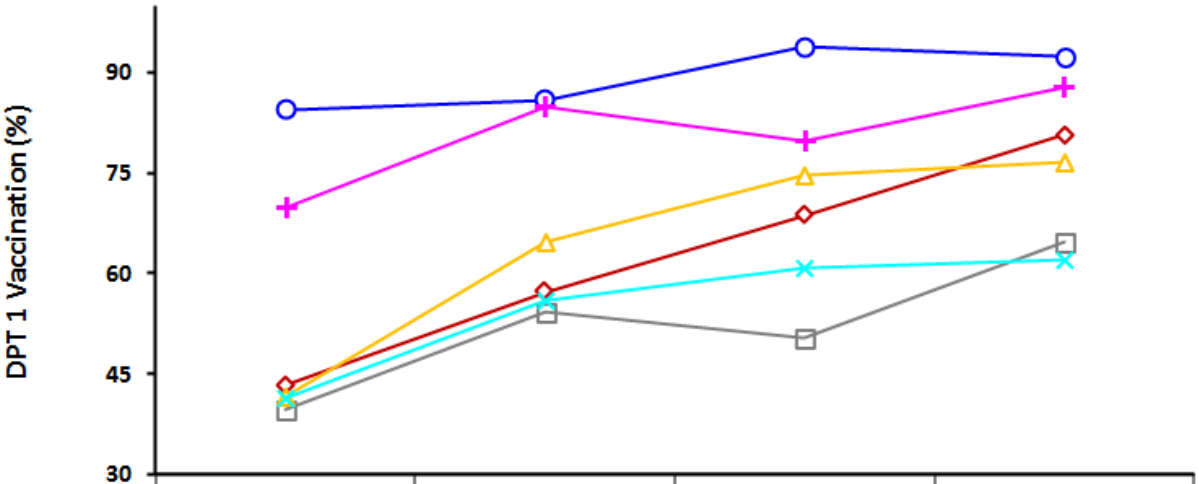


Figure 19: DPT3 and Pentavalent coverage for "Amhara and Tigray regions" in the year 2000, 2005, 2011 & 2016 compared with National Rates

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

Even DPT1 vaccination that coincides with the time when most Ethiopian mothers start to use contraceptives was less in "Amhara region" compared to "Tigray region" as shown in Figure 20 though "Amhara region" was the highest in FP use. This discrepancies showed that FP methods were aggressively pushed in the "Amhara region" while other health services that are very much related to family wellbeing and planning were purposely overlooked.



	2000	2005	2011	2016
Tigray	84.5	85.9	93.8	92.3
Amhara	43.3	57.2	68.6	80.8
Oromia	39.6	54.2	50.4	64.8
SNNP	41.6	64.8	74.7	76.7
Rural	41.4	55.9	60.9	62.1
Urban	69.9	84.9	79.8	87.8

Figure 20: DPT 1 Vaccination (2000, 2005, 2011 & 2016)

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

* DPT1 is mostly the time most women start using contraceptives if they decided to use contraceptives for family planning (FP)

As per DHS 2016, the preferred "Tigray region" from which Dr. Ghebreyesus originates was number 1 compared to other "Regions" in the country in full immunization coverage though Ethiopia vaccines coverage is overall less than many other countries (Figure 21).

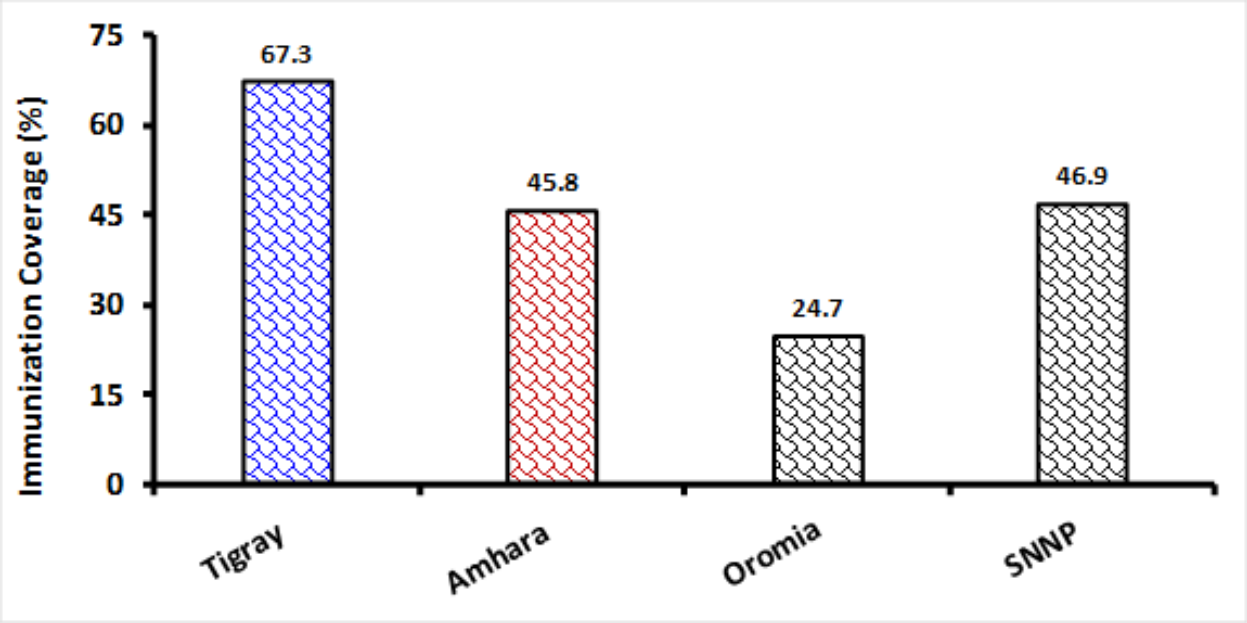


Figure 21: Full immunization coverage 2016

Source: Demographic and Heath Survey (DHS) 2016

Some of the graphs above showed that "Oromia region" was underperforming in some of the Health Indicators even worse than "Amhara region". However we didn't focus on underperformance of other "Regions" compared to "Tigray region" as the purpose of this paper is mainly to show how Dr. Ghebreyesus and his party TPLF marginalized and committed crimes against Humanity on Amharas as stated on the 1975 TPLF manifesto from its inception that declared Amharas as enemy of "Tigray"[3].

Under Dr. Ghebreyesus's administration, the government has pleaded for nutritional support repeatedly. Nutritional problems should have been solved but even to date, the administration is blaming nature and is pleading for help. This is a problem that needs inter-sectoral collaboration. Unfortunately, we have seen time and again that the current government of Ethiopia uses foreign aid as an instrument of politics as reported by different international Medias and organizations instead of using the aid for the welfare of the next generation without prejudice[33] (http://news.bbc.co.uk/2/hi/programmes/newsnight/9556288.stm). These are among the reasons that made us ask your esteemed institution to look at the matter more seriously before awarding an individual suspected of crimes against Humanity in his home country. To show magnitude of nutritional problem in Ethiopia and in particular the disfavored "Amhara region", we have selected a graph (Figure 22) showing stunting which is associated with the prevalence of chronic malnutrition in "Amhara and Tigray regions" and compared it with the National rate. Figure 22 shows "Amhara region" children were the most affected by stunting.

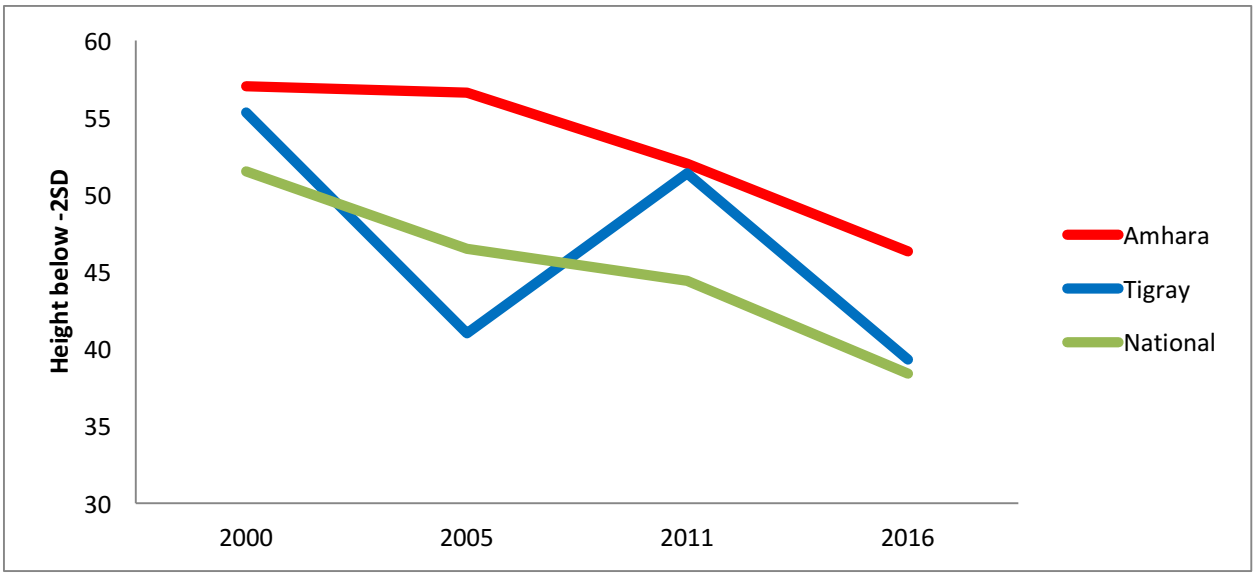


Figure 22: Prevalence of Stunting in "Amhara and Tigray regions" compared to National rate

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

Sadly, "Amhara region" is the least even in insecticide treated bed net (ITN) distribution even though 75% of "Amhara Region" is prone to Malaria (Figure 23).

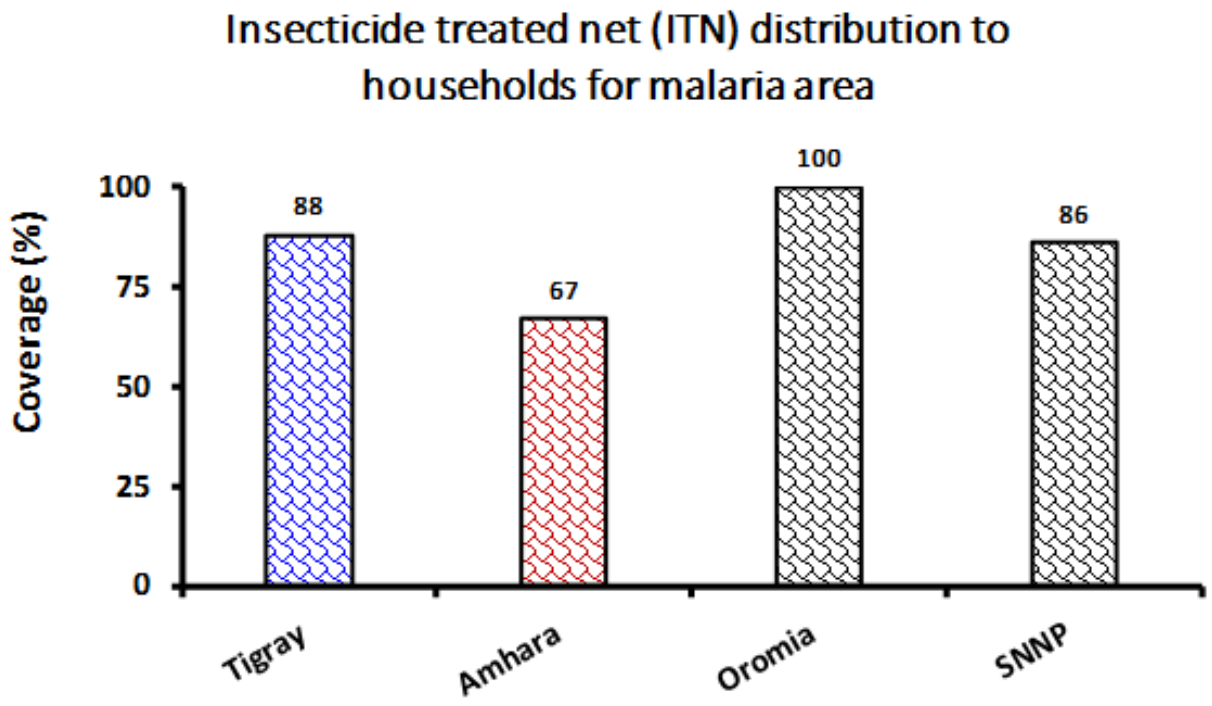
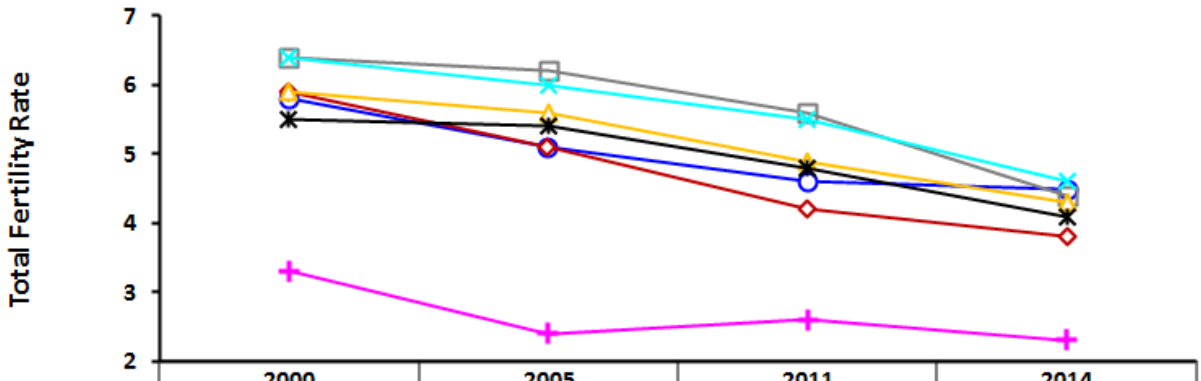


Figure 23: Insecticide treated net (ITN) distribution percentage to households for malaria area 2015

Source: Ethiopia FMOH Health and health related indicators (HHRI's) 2015

As seen in Figures 7 & 8, "Amhara region" consistently outperformed all other "Regions" only in contraceptives use mainly in injectable contraceptives. There is no reason other than "coercion" by the government on "Amhara region" women to consistently utilize selectively contraceptives from all health services readily available to them. As supporting evidence, we have seen Videos from witnesses who became barren after getting contraceptives without getting proper informed consent (https://www.youtube.com/watch?v=2iRwEudb3NM).

Next we will examine the Fertility Rate and subsequently Population Growth Rate differences among different "Regions". We clearly understand that Population Growth is affected by many factors along with contraceptives use. However we would like to show that the Amhara people have been the target of TPLF both through policies that are designed to impact the Amharas negatively as well as through direct biological interventions. These actions generally by TPLF and particularly by Dr. Tedros A. Ghebreyesus led organizations were nothing short of horrible systematic genocide that is still in progress (Figures 24-26 & Table 4&5).



	2000	2005	2011	2014
Tigray	5.8	5.1	4.6	4.5
Amhara	5.9	5.1	4.2	3.8
Oromia	6.4	6.2	5.6	4.4
SNNP	5.9	5.6	4.9	4.3
Rural	6.4	6	5.5	4.6
Urban	3.3	2.4	2.6	2.3
National	5.5	5.4	4.8	4.1

Figure 24: Total fertility rate (TFR) (2000, 2005, 2011 & 2014)

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

As shown on Figure 24, the "Amhara region" fertility rate was slightly higher than that of "Tigray region" in DHS 2000 but in DHS 2014 "Amhara region" was reported to have a far less fertility rate than "Tigray region" and for unknown reason TFR difference was not reported at "Regions" level in DHS 2016. "Amhara region" was higher in NMR, IMR and PMR and lower in ANC coverage and Institutional Delivery but miraculously higher in contraceptives use. In addition, TFR decreased significantly in "Amhara region" compared to other "Regions" during

era of TPLF/EPRDF led government. This is not by coincidence, while TPLF, an organization that labeled Amharas as its "number 1 enemy" starting from its inception is on power[3]. TPLF committed countless atrocities on Amharas ever since it was established[29].

When assessing Amharas Population growth versus other ethnic groups in the country, it is clear that a number of atrocities including systematic genocide were committed by TPLF on Amharas in every corner of the country, as contraceptives alone cannot explain stagnant Amhara population growth[14, 30, and 31].

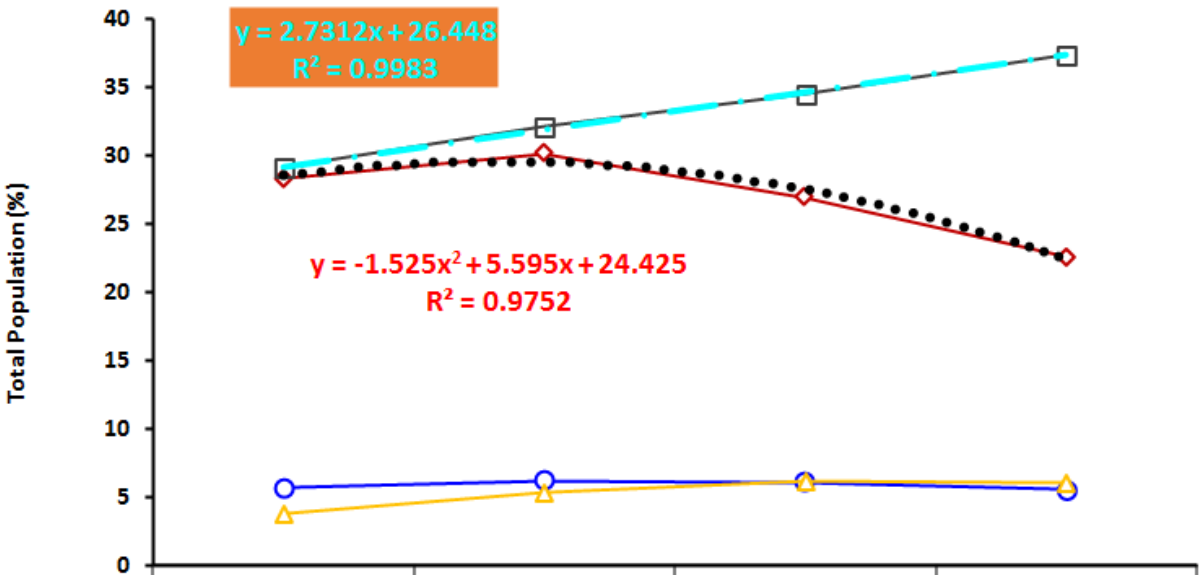
Year	**Amhara**	**Tigre***	**Oromo**	Gurage	Welayta	**Somali**	National *
1984*	**12,055,250 (28.288%)**	**4,149,679 (9.737%)**	**12,387,664 (29.068%)**	1,855,905 (4.355%)	1,092,958 (2.565%)	**1,613,394 (3.786%)**	42,616,876
1994	**16,007,933 (30.1%)**	**3,284,568 (6.2%)**	**17,080,318 (32.1%)**	2,290,274 (4.3%)	1,269,216 (2.4%)	**3,160,540 (5.4%)**	53,477,265
2007	**19,867,817 (26.9%)**	**4,483,776 (6.1%)**	**25,488,344 (34.5%)**	1,867,350 (2.5%)	1,707,074 (2.3%)	**4,581,793 (6.2%)**	73,918,505
2015 census projection	**20,399,004**	**5,055,999**	**33,691,991**	NA	NA	**5,452,994**	90,076,012

Table 4: Ethiopia population census from 1984 – 2015

Sources: Ethiopian Central Statistics Authority (CSA) and Moresh Amara Organization study on depopulation of Amharas 2014

*1984 includes Eritrea and Assab Special administration

Figure 25 shows quadratic decline of the percentage of Amhara population in Ethiopia while the percentage of Oromo population is increasing linearly. Tigre population maintained their percentage but their absolute number actually almost doubled. The growth rate for Tigres is expected to be far higher than illustrated on these data since the Tigres in Eritrea who were included in the first census were excluded in the subsequent censuses. Despite this trend, Ethiopian FMOH led by Dr. Ghebreyesus and "Amhara region" Health Bureau officials were effective only in "contraceptives" use with evidences suggesting there was "coercion" that led to effective depopulation of Amharas as reflected in the census. For any inquisitive mind, the evidences indicate there was a deliberate action to depopulate Amharas.



	1984	1994	2007	2015
Tigre	5.7	6.2	6.1	5.6
Amhara	28.3	30.1	26.9	22.6
Oromia	29.1	32.1	34.5	37.4
Somali	3.8	5.4	6.2	6.1

Figure 25: Percentage "regional" population compared to country total.

Source: Ethiopian Central Statistics Authority (CSA)

*Tigre refers to population in "Tigray province".

The effect of decades of Amharas depopulation by TPLF is seen on Figure 26.

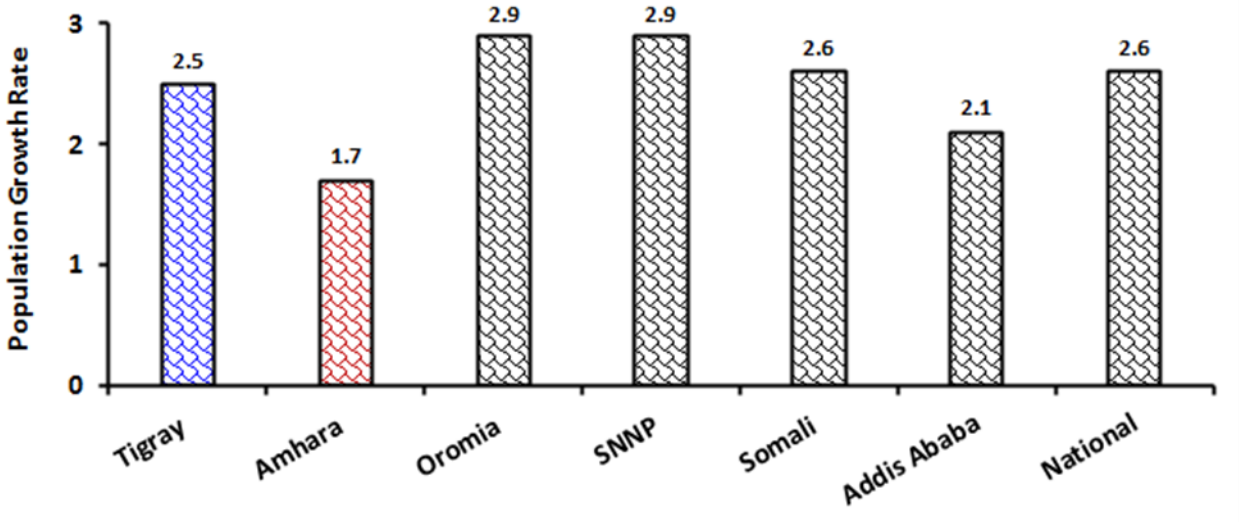


Figure 26: Ethiopia annual population growth rate by "Region" 2015

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

According to the analysis based on the 1994 and the 2007 Ethiopian Population Censuses by Prof. Berhanu Abegaz[58] and Moresh Wogenie Amara Organization study[30], the number of Amharas missing or were inexplicably erased from official records in the 2007 national population and housing census range from 3.3 – 6.5 million or 4.9 million on the average . This number is disturbing as it is more than all Tigres or Somalis in the country or 5% of the national population.

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 5: 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

*1984 National population includes Eritrea and Assab special administration

** Excluded Eritrea and Assab special administration population and considering all "Tigray region" population as Tigre though there are other ethnic groups in "Tigray region"

For millions of Amharas missed just like the corrupted government budget, a number of reasoning can be given including "contraceptives" use, mass killings, excess mortality than other Ethiopians because of poor health coverage, assimilation or simple data cooking by TPLF. The point here is while everybody was noticing such a significant decline in Amhara population, why contraceptives use coverage was the main focus in "Amhara region" whiles it was the least in all other Health Indicators. Other "Regions" who are beating even their actual expected population growth (e.g. Oromos, Somalis) and like Tigres almost doubling in absolute number since the first census were not using contraceptives like "Amhara region" mothers. This is again a clear evidence that Amharas are targeted victims by TPLF as planned since its inception and Dr. Tedros A. Ghebreyesus was part of the suspected crime against Humanity as he implemented the health policies of TPLF plan as Minister of Ethiopian FMOH. For Amharas and other Ethiopians affected by Dr. Ghebreyesus biased policies, it will be a slap on the face and additional penalty for encouraging him by making him prospective candidate for WHO Director General position to continue this suspected systematic genocidal violence and ethnic cleansing of Amhara.

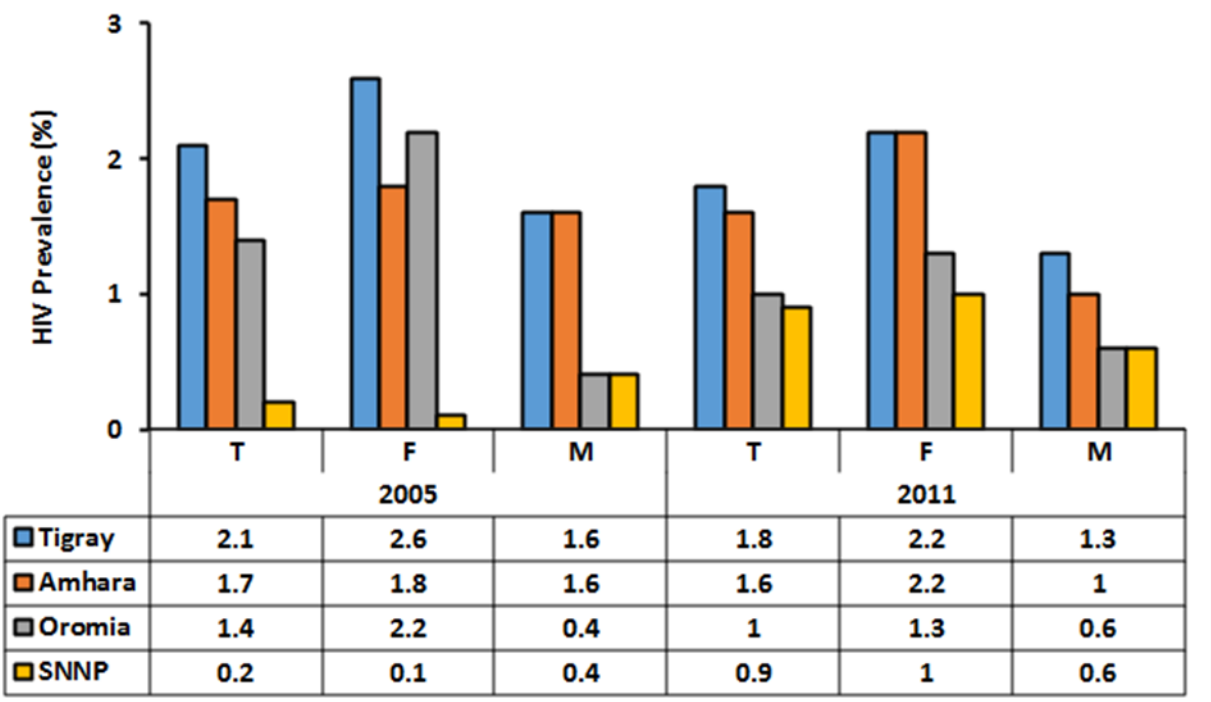
Additional evidence showing systematic genocide and ethnic cleansing of Amharas by TPLF was shown by evidence in a recent book by one of Amhara civic organizations called "Moresh Wegenie Amara Organization" in 2016[29]. The book narrates the details of hundreds of thousands of Amharas imprisoned, displaced and killed from every corner of Ethiopia by TPLF since its inception with names of the victims listed. Dr. Ghebreyesus has been one of the Executive members of TPLF committing such atrocities on Ethiopians especially Amharas. WHO is such a responsible organization and doesn't deserve a person like Dr. Ghebreyesus to its prestigious post. Again and again we will say it will be a black day in the history of WHO in case Dr. Ghebreyesus with such worst track records and significant association with TPLF is elected to be Director General of WHO.

4. Biased policies, inaction and impartiality

No reason for HIV/AIDS prevalence to be higher in "Amhara region" compared to "Tigray region" as the two people have more or less the same culture unless inadequate intervention was done in "Amhara region" to stop HIV transmission

In this section, we will see HIV prevalence differences among "Regions" based on DHS data. We will also see the difference in knowledge about HIV/AIDS and transmission methods as well as access to HIV services in different "Regions" in Ethiopia.

Figure 27 shows HIV prevalence based on DHS 2005 and 2011 data which showed paradoxical increase in HIV prevalence in "Amhara region" females while it decreases in "Tigray region" females.



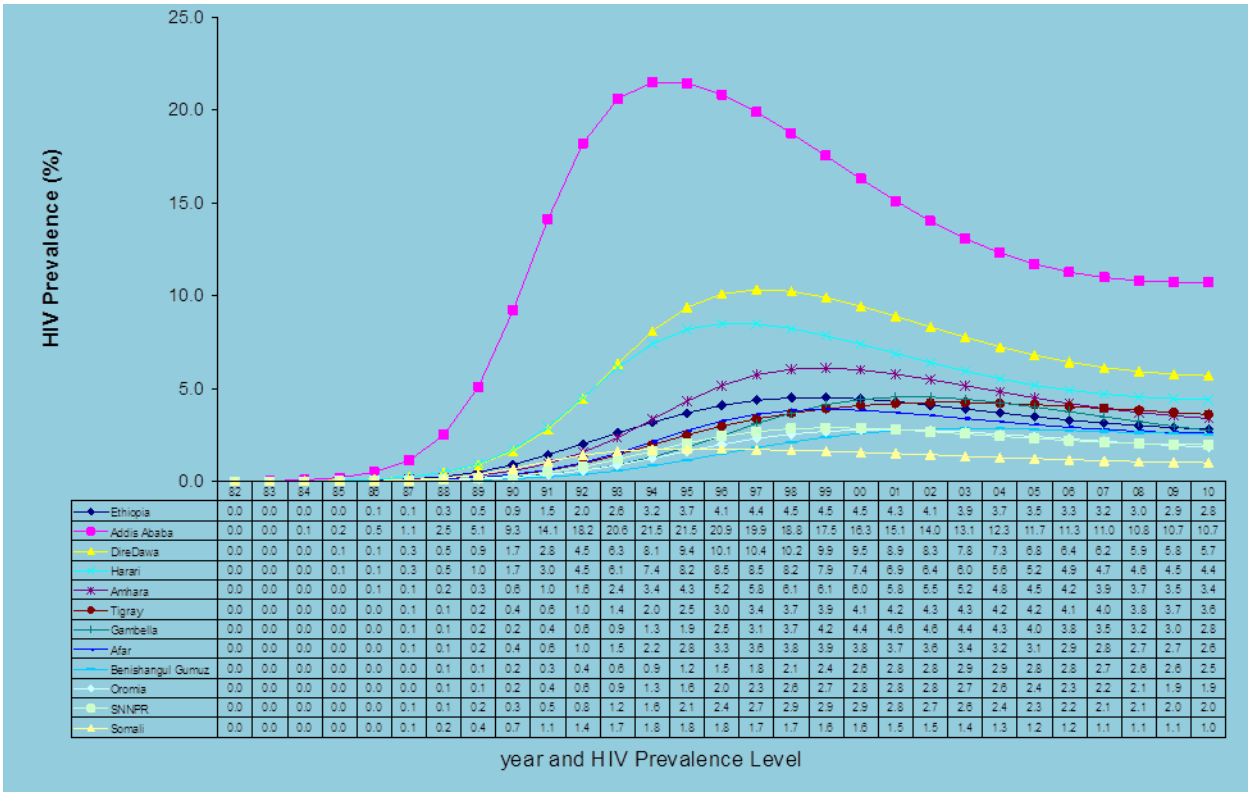
	T	F	M	T	F	M
	2005			2011		
Tigray	2.1	2.6	1.6	1.8	2.2	1.3
Amhara	1.7	1.8	1.6	1.6	2.2	1
Oromia	1.4	2.2	0.4	1	1.3	0.6
SNNP	0.2	0.1	0.4	0.9	1	0.6

Figure 27: HIV prevalence by "Regions" Total (T)/Females (F)/Males (M) (2005 & 2011)

Sources: Ethiopia Demographic and Heath Survey (DHS) (2005 & 2011)

Though HIV transmission subsequently improved, "Amhara region" was already devastated by HIV/AIDS especially in the early 1990's for reasons not yet known as seen in the point estimate of HIV prevalence (Figures 28-30). This was TPLF's immediate post power grab era and needs further investigation on the socio demographic impacts.

As can be seen on Figure 28, "Amhara region" had the highest HIV/AIDS prevalence next to Addis Ababa, Dire Dawa and "Harari region".

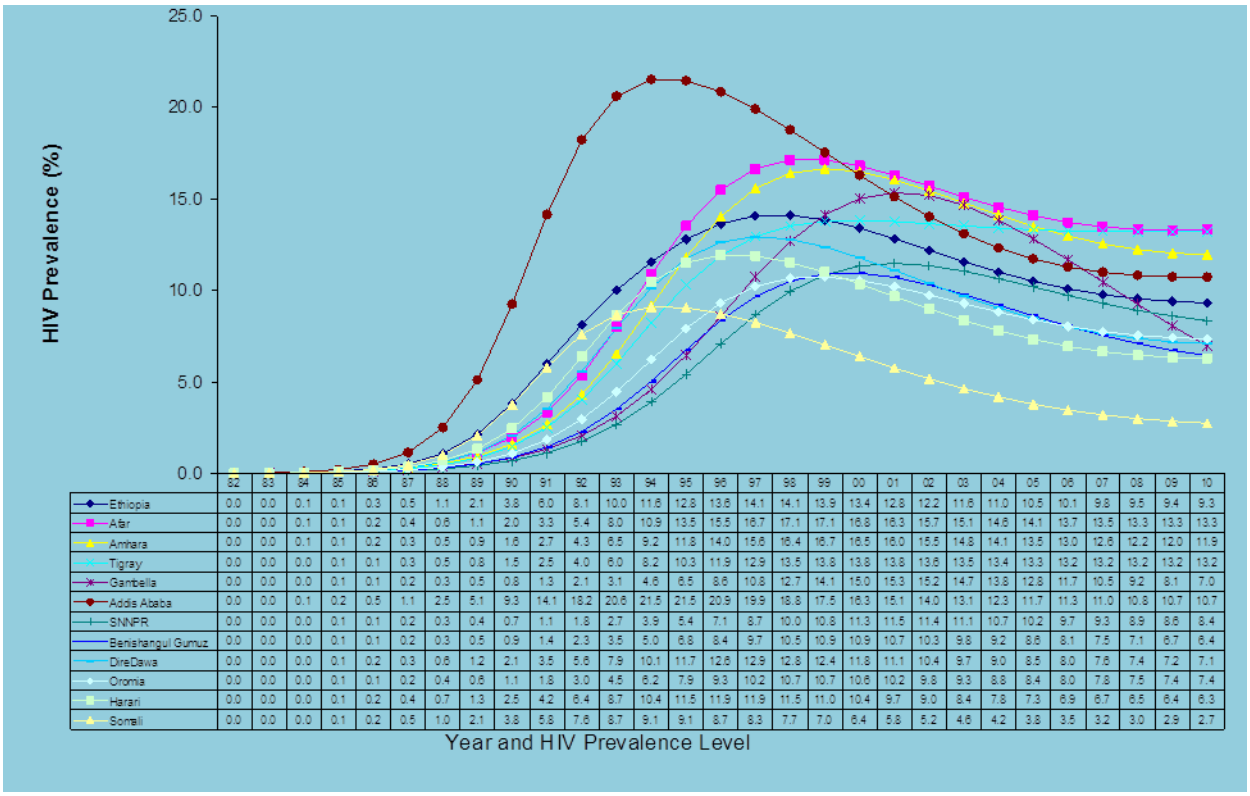


	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10
Ethiopia	0.0	0.0	0.0	0.0	0.1	0.1	0.3	0.5	0.9	1.5	2.0	2.6	3.2	3.7	4.1	4.4	4.5	4.5	4.5	4.3	4.1	3.9	3.7	3.5	3.3	3.2	3.0	2.9	2.8
Addis Ababa	0.0	0.0	0.1	0.2	0.5	1.1	2.5	5.1	9.3	14.1	18.2	20.6	21.5	21.5	20.9	19.9	18.8	17.5	16.3	15.1	14.0	13.1	12.3	11.7	11.3	11.0	10.8	10.7	10.7
DireDawa	0.0	0.0	0.0	0.1	0.1	0.3	0.5	0.9	1.7	2.8	4.5	6.3	8.1	9.4	10.1	10.4	10.2	9.9	9.5	8.9	8.3	7.8	7.3	6.8	6.4	6.2	5.9	5.8	5.7
Harari	0.0	0.0	0.0	0.1	0.1	0.3	0.5	1.0	1.7	3.0	4.5	6.1	7.4	8.2	8.5	8.5	8.2	7.9	7.4	6.9	6.4	6.0	5.6	5.2	4.9	4.7	4.6	4.5	4.4
Amhara	0.0	0.0	0.0	0.0	0.1	0.1	0.2	0.3	0.6	1.0	1.6	2.4	3.4	4.3	5.2	5.8	6.1	6.1	6.0	5.8	5.5	5.2	4.8	4.5	4.2	3.9	3.7	3.5	3.4
Tigray	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.2	0.4	0.6	1.0	1.4	2.0	2.5	3.0	3.4	3.7	3.9	4.1	4.2	4.3	4.3	4.2	4.2	4.1	4.0	3.8	3.7	3.6
Gambella	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.2	0.2	0.4	0.6	0.9	1.3	1.9	2.5	3.1	3.7	4.2	4.4	4.6	4.6	4.4	4.3	4.0	3.8	3.5	3.2	3.0	2.8
Afar	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.2	0.4	0.6	1.0	1.5	2.2	2.8	3.3	3.6	3.8	3.9	3.8	3.7	3.6	3.4	3.2	3.1	2.9	2.8	2.7	2.7	2.6
Benishangul Gumuz	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.2	0.3	0.4	0.6	0.9	1.2	1.5	1.8	2.1	2.4	2.6	2.8	2.8	2.9	2.9	2.8	2.8	2.7	2.6	2.6	2.5
Oromia	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.2	0.4	0.6	0.9	1.3	1.6	2.0	2.3	2.6	2.7	2.8	2.8	2.8	2.7	2.6	2.4	2.3	2.2	2.1	1.9	1.9
SNNPR	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.2	0.3	0.5	0.8	1.2	1.6	2.1	2.4	2.7	2.9	2.9	2.9	2.8	2.7	2.6	2.4	2.3	2.2	2.1	2.1	2.0	2.0
Somali	0.0	0.0	0.0	0.0	0.0	0.1	0.2	0.4	0.7	1.1	1.4	1.7	1.8	1.8	1.8	1.7	1.7	1.6	1.6	1.5	1.5	1.4	1.3	1.2	1.2	1.1	1.1	1.1	1.0

Figure 28: Estimated and Projected HIV Prevalence, Adult Population 15 - 49, Ethiopia and Regions, 1982 – 2010

Source: AIDS in Ethiopia: Sixth report 2010

When urban Ethiopia and "Regions" were compared, "Amhara region" was only next to Addis Ababa city and "Afar region" especially in 1990's as seen in Figure 29.

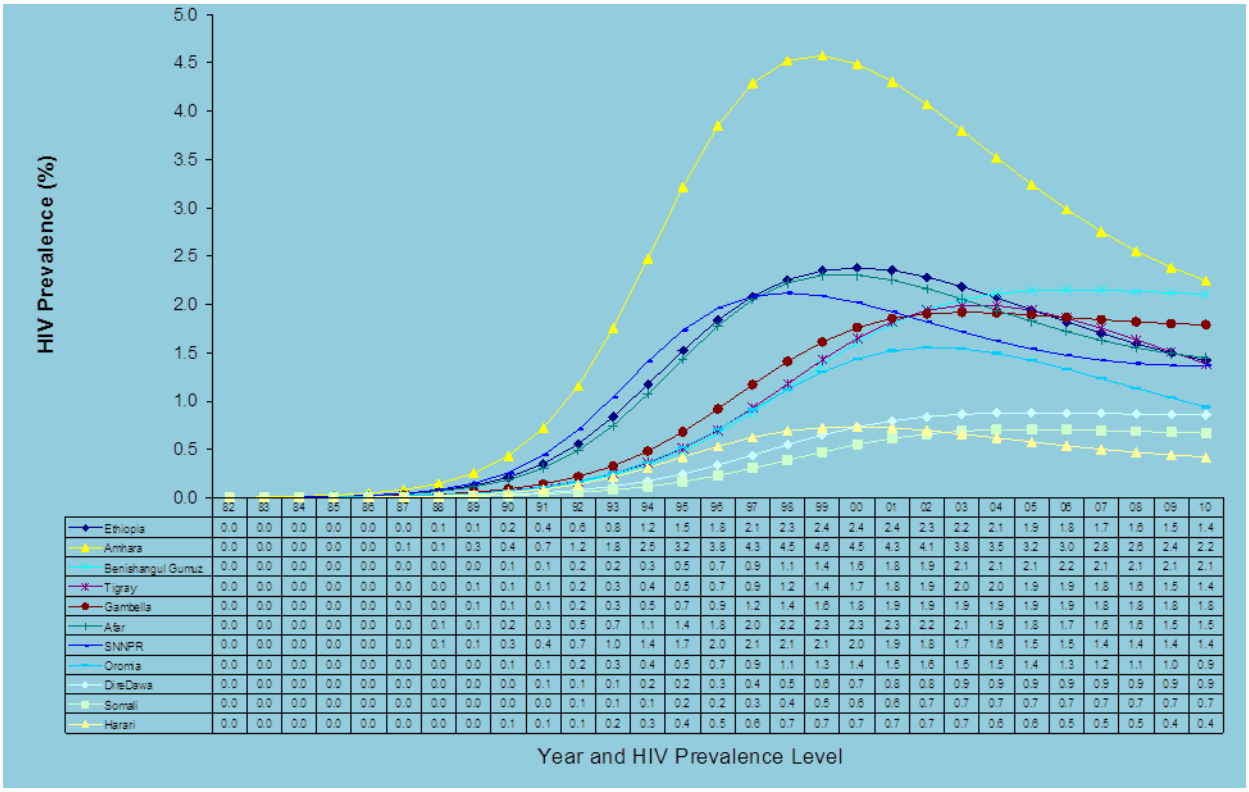


	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10
Ethiopia	0.0	0.0	0.1	0.1	0.3	0.5	1.1	2.1	3.8	6.0	8.1	10.0	11.6	12.8	13.6	14.1	14.1	13.9	13.4	12.8	12.2	11.6	11.0	10.5	10.1	9.8	9.5	9.4	9.3
Afar	0.0	0.0	0.1	0.1	0.2	0.4	0.6	1.1	2.0	3.3	5.4	8.0	10.9	13.5	15.5	16.7	17.1	17.1	16.8	16.3	15.7	15.1	14.6	14.1	13.7	13.5	13.3	13.3	13.3
Amhara	0.0	0.0	0.1	0.1	0.2	0.3	0.5	0.9	1.6	2.7	4.3	6.5	9.2	11.8	14.0	15.6	16.4	16.7	16.5	16.0	15.5	14.8	14.1	13.5	13.0	12.6	12.2	12.0	11.9
Tigray	0.0	0.0	0.0	0.1	0.1	0.3	0.5	0.8	1.5	2.5	4.0	6.0	8.2	10.3	11.9	12.9	13.5	13.8	13.8	13.8	13.6	13.5	13.4	13.3	13.2	13.2	13.2	13.2	13.2
Gambella	0.0	0.0	0.0	0.1	0.1	0.2	0.3	0.5	0.8	1.3	2.1	3.1	4.6	6.5	8.6	10.8	12.7	14.1	15.0	15.3	15.2	14.7	13.8	12.8	11.7	10.5	9.2	8.1	7.0
Addis Ababa	0.0	0.0	0.1	0.2	0.5	1.1	2.5	5.1	9.3	14.1	18.2	20.6	21.5	21.5	20.9	19.9	18.8	17.5	16.3	15.1	14.0	13.1	12.3	11.7	11.3	11.0	10.8	10.7	10.7
SNNPR	0.0	0.0	0.0	0.1	0.1	0.2	0.3	0.4	0.7	1.1	1.8	2.7	3.9	5.4	7.1	8.7	10.0	10.8	11.3	11.5	11.4	11.1	10.7	10.2	9.7	9.3	8.9	8.6	8.4
Benishangul Gumuz	0.0	0.0	0.0	0.1	0.1	0.2	0.3	0.5	0.9	1.4	2.3	3.5	5.0	6.8	8.4	9.7	10.5	10.9	10.9	10.7	10.3	9.8	9.2	8.6	8.1	7.5	7.1	6.7	6.4
DireDawa	0.0	0.0	0.0	0.1	0.2	0.3	0.6	1.2	2.1	3.5	5.6	7.9	10.1	11.7	12.6	12.9	12.8	12.4	11.8	11.1	10.4	9.7	9.0	8.5	8.0	7.6	7.4	7.2	7.1
Oromia	0.0	0.0	0.0	0.1	0.1	0.2	0.4	0.6	1.1	1.8	3.0	4.5	6.2	7.9	9.3	10.2	10.7	10.7	10.6	10.2	9.8	9.3	8.8	8.4	8.0	7.8	7.5	7.4	7.4
Harari	0.0	0.0	0.0	0.1	0.2	0.4	0.7	1.3	2.5	4.2	6.4	8.7	10.4	11.5	11.9	11.9	11.5	11.0	10.4	9.7	9.0	8.4	7.8	7.3	6.9	6.7	6.5	6.4	6.3
Somali	0.0	0.0	0.0	0.1	0.2	0.5	1.0	2.1	3.8	5.8	7.6	8.7	9.1	9.1	8.7	8.3	7.7	7.0	6.4	5.8	5.2	4.6	4.2	3.8	3.5	3.2	3.0	2.9	2.7

Figure 29: Estimated and Projected HIV Prevalence, Adult Population 15 - 49, Urban Ethiopia and Regions, 1982 – 2010

Source: AIDS in Ethiopia: Sixth report 2010

Only 15-20% of Ethiopians live in urban areas with the majority Ethiopians are living in rural areas. The devastating effect of HIV in "Amhara region" was seen on the estimated prevalence for the rural part of the country (Figure 30). As we will see below, "Amhara region" people knowledge on HIV/AIDS transmission or risky behavior was not that much different and at times better and yet "Amhara region" was the most affected by HIV/AIDS for reasons not clearly explained to date.



	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10
Ethiopia	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.2	0.4	0.6	0.8	1.2	1.5	1.8	2.1	2.3	2.4	2.4	2.4	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4
Amhara	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.3	0.4	0.7	1.2	1.8	2.5	3.2	3.8	4.3	4.5	4.6	4.5	4.3	4.1	3.8	3.5	3.2	3.0	2.8	2.6	2.4	2.2
Benishangul Gumuz	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.2	0.2	0.3	0.5	0.7	0.9	1.1	1.4	1.6	1.8	1.9	2.1	2.1	2.1	2.2	2.1	2.1	2.1	2.1
Tigray	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.2	0.3	0.4	0.5	0.7	0.9	1.2	1.4	1.7	1.8	1.9	2.0	2.0	1.9	1.9	1.8	1.6	1.5	1.4
Gambella	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.2	0.3	0.5	0.7	0.9	1.2	1.4	1.6	1.8	1.9	1.9	1.9	1.9	1.9	1.9	1.8	1.8	1.8	1.8
Afar	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.2	0.3	0.5	0.7	1.1	1.4	1.8	2.0	2.2	2.3	2.3	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.6	1.5	1.5
SNNPR	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.3	0.4	0.7	1.0	1.4	1.7	2.0	2.1	2.1	2.1	2.0	1.9	1.8	1.7	1.6	1.5	1.5	1.4	1.4	1.4	1.4
Oromia	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.2	0.3	0.4	0.5	0.7	0.9	1.1	1.3	1.4	1.5	1.6	1.5	1.5	1.4	1.3	1.2	1.1	1.0	0.9
DireDawa	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.2	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.8	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9
Somali	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.2	0.2	0.3	0.4	0.5	0.6	0.6	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7
Harari	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.7	0.7	0.7	0.7	0.7	0.6	0.6	0.5	0.5	0.5	0.4	0.4

Figure 30: Estimated and Projected HIV Prevalence, Adult Population 15 - 49, Rural Ethiopia and Regions, 1982 – 2010

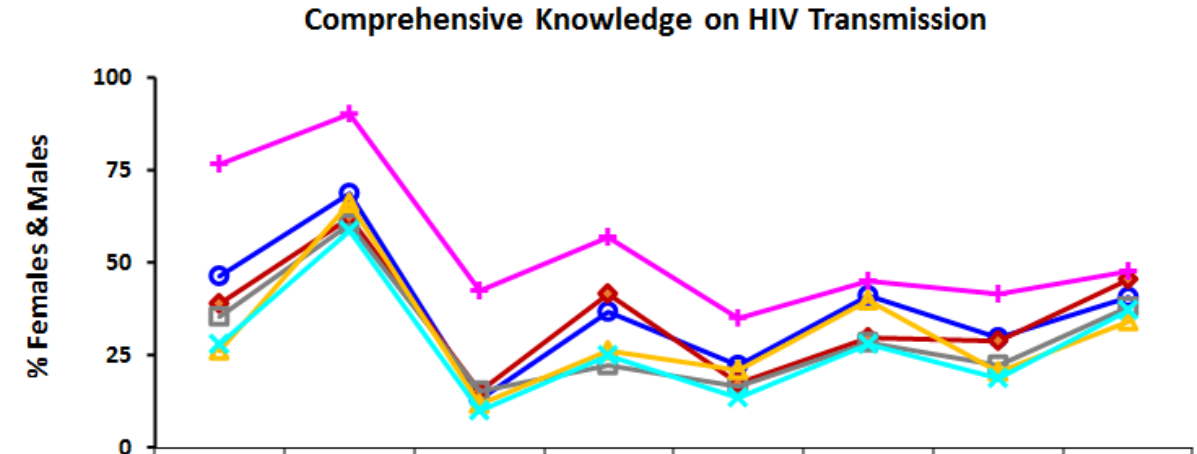
Source: AIDS in Ethiopia: Sixth report 2010

President's Emergency Plan for AIDS Relief (PEPFAR) program started in Ethiopia in 2005 but as can be seen on Figure 27, prevalence of HIV in "Amhara region" women increased in 2011 compared to 2005 DHS survey while HIV prevalence decreased in all other "Regions" in Ethiopia.

Data were showing that "Amhara region" contributed 25% of people living with HIV (PLHIV) in the country and "Amhara region" was the most affected by HIVAIDS than any other "Regions" in the country. Ethiopian Parliament (paradoxically by Mr. Addisu Legesse who claimed that he represented Amharas) once ascribed HIV/AIDS to the significant decrement in Amhara population[28] compared to other ethnic groups in the country. The question is what unique characteristics made "Amhara region" to be affected most by HIV and why appropriate intervention was not taken on time just like contraceptives use was aggressively implemented once it was known "Amhara region" was the most affected by HIV/AIDS. But as we have seen in this review study, except for Family Planning, all interventions in "Amhara region" were the least for obvious reasons that TPLF wants to depopulate Amharas. Let's hypothesize that "Amhara region" less awareness to HIV/AIDS transmission methods and more promiscuous behavior contributed for the increase in HIV prevalence. However, the data doesn't support this hypothesis.

Figure 31 shows even though "Amhara region" people had less awareness compared to "Tigray region" consistently, mostly have at least equivalent and at times better awareness on HIV transmission compared to all other "Regions" especially at the time when HIV transmission was at its peak. "Amhara region" was always less than "Tigray region" in terms of knowledge on HIV/AIDS transmission methods.

The question is why less awareness in HIV transmission compared to "Tigray region" for women who understood the benefit of use of contraceptives and "accepted" (FP) methods at a higher rate compared to any other "Regions" in Ethiopia. There is an irreconcilable outcome on these two issues here, as it would be difficult to believe a population educated to have better understanding of use of FP methods will have very limited information about the transmission of HIV.



	F	M	F	M	F	M	F	M
	2000		2005		2011		2016	
Tigray	46.4	68.7	13.1	36.5	22.1	41	29.7	40.7
Amhara	38.8	62.1	15.2	41.6	17.2	29.5	28.7	45.5
Oromia	35.2	60.3	15.3	22.2	16.7	28.2	22.1	38.1
SNNP	26	66.2	11.5	26.1	21.1	39.9	20.3	33.9
Rural	27.9	58.7	10	25	13.3	28.1	18.8	37
Urban	76.7	90.3	42.4	56.7	35.1	45	41.7	47.7

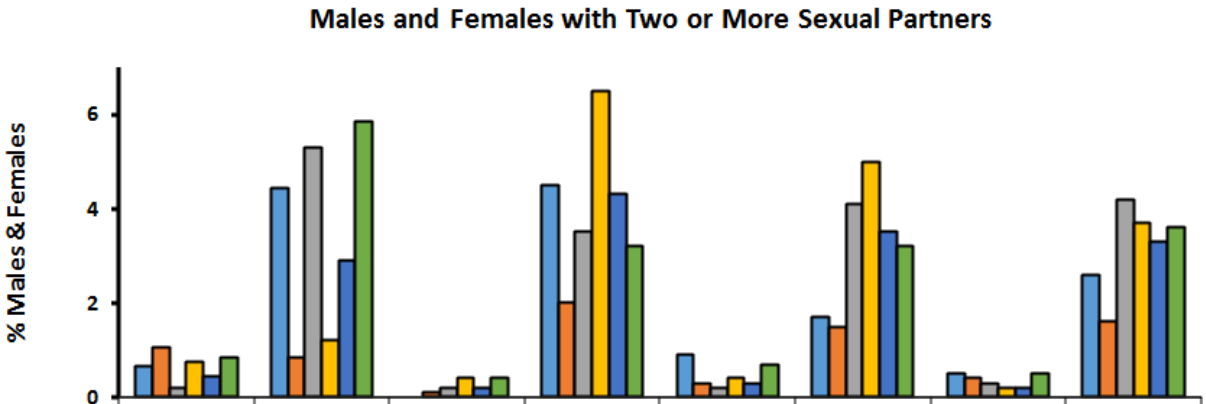
Figure 31: Comprehensive knowledge on HIV transmission (2000, 2005, 2011 & 2016)

Source: Ethiopia Demographic and Heath Survey (DHS) (2000, 2005, 2011 & 2016)

* Way of knowledge measurements were different from study to study in DHS 2000, 2005, 2011 and 2016

The next question is: Could the higher HIV transmission in "Amhara region" especially in the 1990's have been because "Amhara region" people had more sexual partner or had more risky sexual behavior than "Tigray region"? We understand the culture of polygamy in other "Regions" in Ethiopia but "Tigray region" and "Amhara region" have more or less similar religion and culture, and both "Regions" are of a predominantly monogamous society.

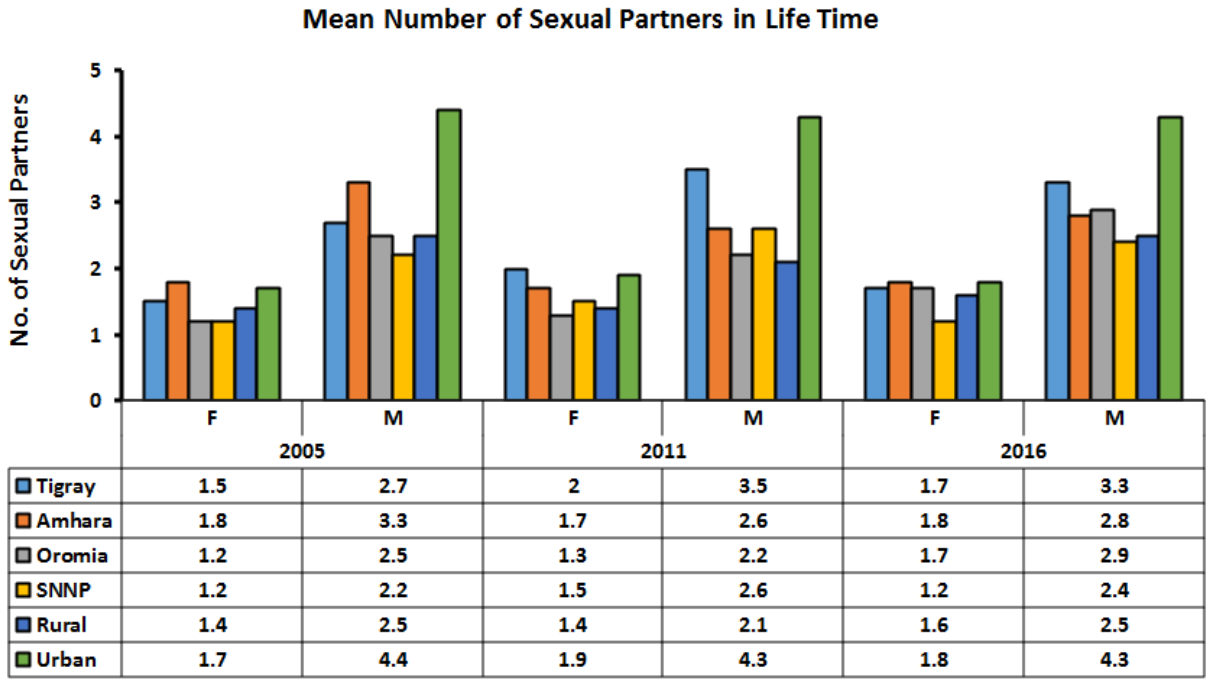
Here is the data according to DHS on number of sexual partners the last 12 months and life time before the DHS study (Figures 32-34).



	2000		2005		2011		2016	
	F	M	F	M	F	M	F	M
Tigray	0.65	4.45	0	4.5	0.9	1.7	0.5	2.6
Amhara	1.05	0.85	0.1	2	0.3	1.5	0.4	1.6
Oromia	0.2	5.3	0.2	3.5	0.2	4.1	0.3	4.2
SNNP	0.75	1.2	0.4	6.5	0.4	5	0.2	3.7
Rural	0.45	2.9	0.2	4.3	0.3	3.5	0.2	3.3
Urban	0.85	5.85	0.4	3.2	0.7	3.2	0.5	3.6

Figure 32: 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 Heath Survey (DHS) (2000, 2005, 2011 & 2016)



	2005		2011		2016	
	F	M	F	M	F	M
Tigray	1.5	2.7	2	3.5	1.7	3.3
Amhara	1.8	3.3	1.7	2.6	1.8	2.8
Oromia	1.2	2.5	1.3	2.2	1.7	2.9
SNNP	1.2	2.2	1.5	2.6	1.2	2.4
Rural	1.4	2.5	1.4	2.1	1.6	2.5
Urban	1.7	4.4	1.9	4.3	1.8	4.3

Figure 33: Mean number of sexual partners in life time aged 15-49 years Females (F), Males (M) (2005, 2011 & 2016)

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

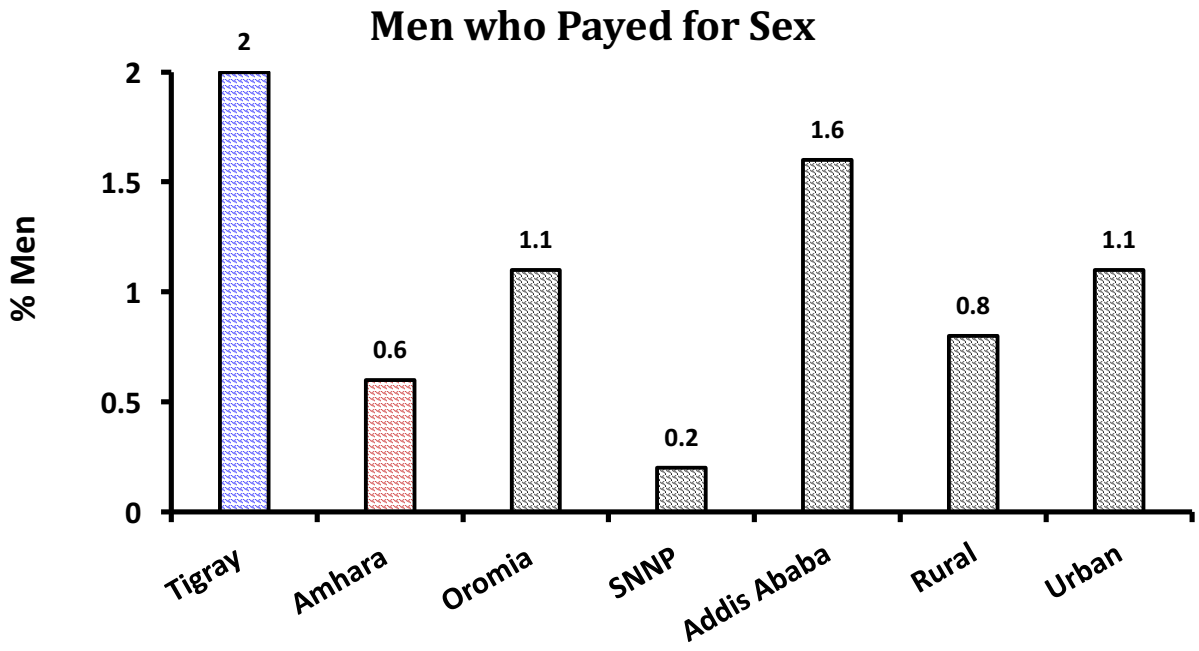
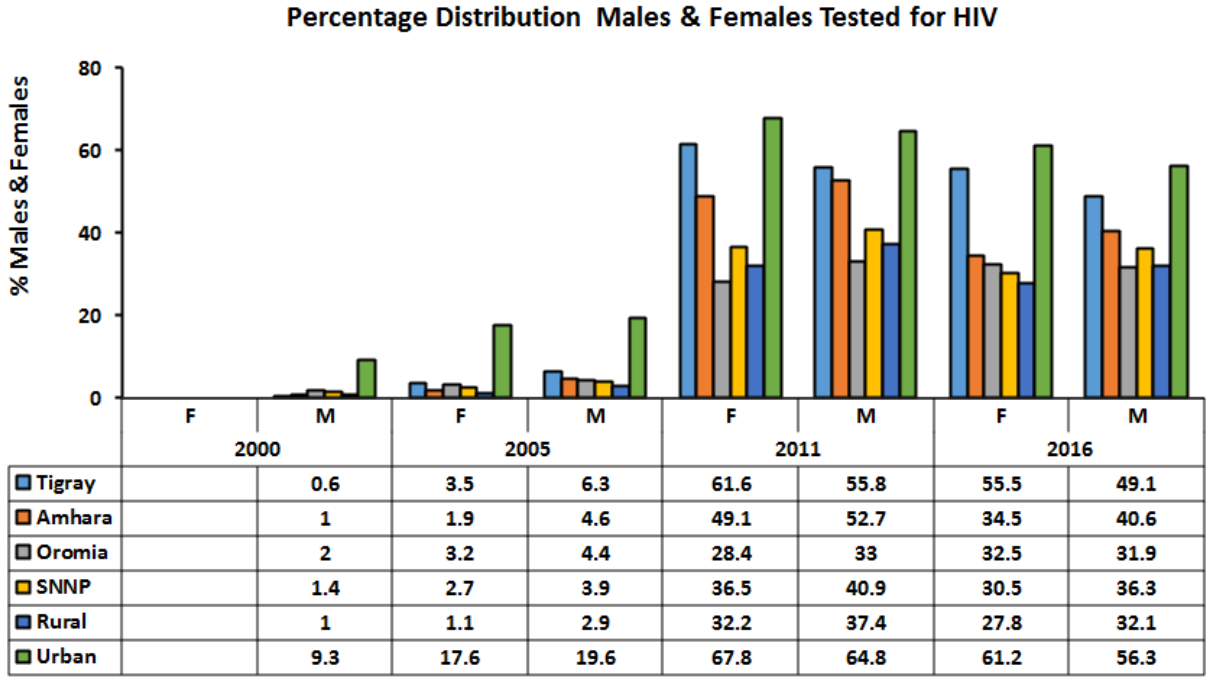


Figure 34: Percentage of men age 15-49 reporting payment for sexual intercourse in the past 12 months by "Regions" 2005

Source: Ethiopia Demographic and Heath Survey (DHS) 2005

The behavior differences (Figure 32-34) among different "Regions", HIV/AIDS which is mainly transmitted by sexual contact shouldn't be higher in the "Amhara region" compared to other "Regions" that are reported to have either equivalent or more promiscuity. In fact, "Tigray region" according to the data showed more promiscuity than "Amhara region" during that specific study period. Though it was not explained why "Amhara region" was affected the most, once it was noticed that HIV/AIDS was more prevalent in "Amhara region" there should have been appropriate interventions taken by Dr. Ghebreyesus and the Health Ministry he led, if indeed he and his party led government treated all Ethiopians equally. A program successful in FP should have been able to attain equivalent success in HIV/AIDS programs too. Unfortunately, in "Amhara region" both HIV testing and HIV treatment achievement was by far less than "Tigray region", a "Region" with less success on contraceptives use compared to "Amhara region" (Figures 35 & 36 and Tables 6-7). This by no means was a coincidence and this happened before, during and after Dr. Tedros Ghebreyesus tenure as Minister of FMOH.



Tigray		0.6	3.5	6.3	61.6	55.8	55.5	49.1
Amhara		1	1.9	4.6	49.1	52.7	34.5	40.6
Oromia		2	3.2	4.4	28.4	33	32.5	31.9
SNNP		1.4	2.7	3.9	36.5	40.9	30.5	36.3
Rural		1	1.1	2.9	32.2	37.4	27.8	32.1
Urban		9.3	17.6	19.6	67.8	64.8	61.2	56.3

Figure 35: Percentage distribution tested for HIV Females (F) Males (M) (2000, 2005, 2011 and 2016)

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

Region	# of expected Pregnancy	# of pregnant women tested for PMTCT	Coverage (%)
Tigray	**173,892**	**173,892**	**100**
Afar	49,450	26,347	53.3
Amhara	**687,446**	**639,089**	**93**
Oromia	1,169,112	1,169,112	100
Somali	172,283	33,907	19.7
Ben-Gumuz	34,271	27,302	79.7
SNNPR	632,350	632,350	100
Gambela	12,270	7,701	62.8
Harari	7,169	7,169	100
Addis Ababa	76,308	76,308	100
Dire Dawa	14,168	14,168	100
National	3,030,507	2,807,345	92.6

Table 6: Distribution of pregnant and lactating women who were tested for HIV and who know their results by "Region" 2015

Source: Ethiopia FMOH Health and health related indicators (HHRI's) 2015

Region	Estimated HIV-positive pregnant women	HIV-positive pregnant women who received ARV for PMTCT	Coverage in (%)
Tigray	**2,401**	**2,206**	**91.9**
Afar	745	288	38.6
Amhara	**7,260**	**5,075**	**69.9**
Oromia	9,917	4,883	49.2
Somali	2,070	201	9.7
Ben-Gumuz	367	278	75.7
SNNPR	4,411	1,883	42.7
Gambela	546	363	66.5
Harari	126	126	100
Addis Ababa	1,410	1,410	100
Dire Dawa	278	253	90.8
National	29,556	19,190	64.9

Table 7: Distribution of HIV+ pregnant women who received ARVs for PMTCT by "Region" 2015

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

The percentage of people living with HIV (PLHIV) on highly active anti-retroviral therapy (HAART) in "Tigray region" was almost double from "Amhara region". Unlike other "Regions", the achievement of "Tigray region" is almost equivalent or even better than urban areas in almost all Health Indicators (Figure 36).

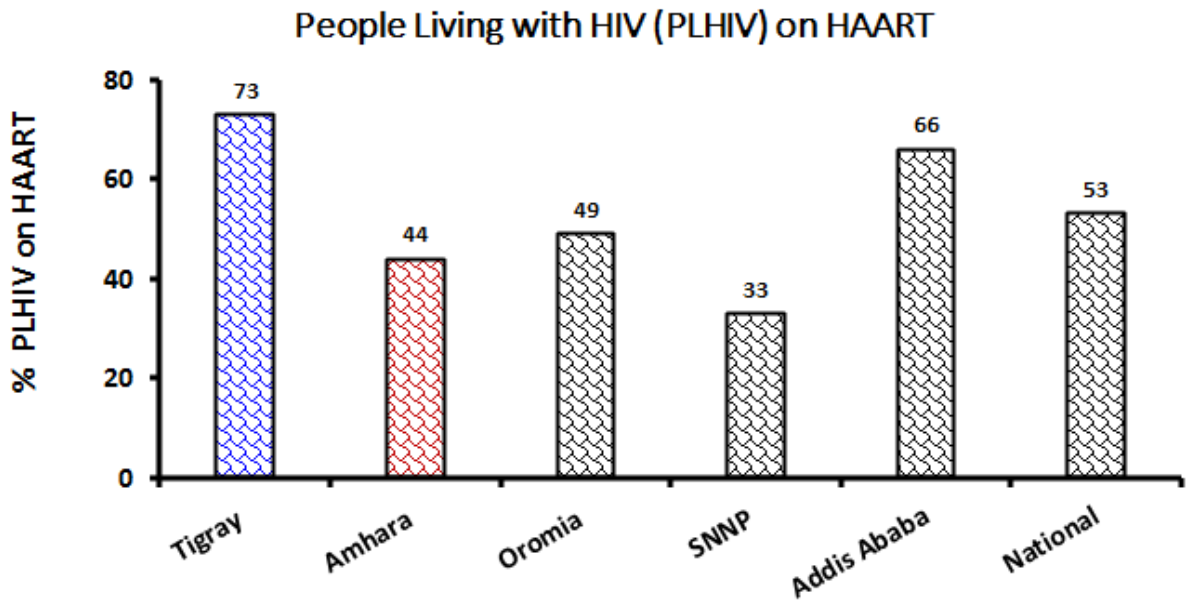


Figure 36: People living with HIV (PLHIV) on HAART across "Regions" 2009/2010

Source: Health Sector Strategic Plan (HSDP) IV 2010

Figures 32-34 show social characteristics including risky sexual behaviors in "Amhara region" were not different from other "Regions" and in fact better at times. Yet, Amharas were the most affected by HIV/AIDS. Despite the high impact of HIV/AIDS on "Amhara region" people, the government's intervention measures to prevent, diagnose and treat HIV/AIDS in "Amhara region" were weak compared to "Tigray region", even if "Amhara region" was reported to have the highest contraceptive use rate. One can imagine how many lives were lost due to inadequate intervention. It is clear fact "Tigray region" outperformance in all health indicators except FP compared to all other "Regions" especially "Amhara region" was not a coincidence but by preferential treatment of "Tigray Region" by the TPLF/EPRDF led government supported by Dr. Tedros Ghebreyesus. Rewarding a person with this track record as TPLF Chief Agent will be an insult to the people who suffered and lost their loved ones due to Dr. Ghebreyesus's and his party led government's deliberate and perpetuated negligence of Ethiopians in general and Amharas in particular.

5. Corruption and misuse of budget

Corruption Track Record of Dr. Ghebreyesus

Dr. Ghebreyesus frequently mentions his role as Chair for Global Fund to fight AIDS, Tuberculosis and Malaria from 2009-2011 but instead of being proud he should rather have been ashamed given the mismanagement of the fund and poor accounting found during his tenure as Minister of FMOH. 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 led by Dr. Ghebreyesus and other partner organizations actually inappropriately used the money generously donated by tax payers and requested the Ethiopian government to refund $7,026,929.00. The inappropriate actions include misappropriation of funds and use of donor funds for unsound programs most of which were used for political purpose, substandard quality of constructed health facilities suggesting Dr. Ghebreyesus government plays with numbers not with quality and ineligible expenditures. The report stated over $5.5 million was advanced by HAPCO to the FMOH and was still outstanding by February 2011 although the grant expired in August 2010. Overall, the organization led by Dr. Ghebreyesus was noted to have weakness in accounting, poor budget preparation and monitoring, inadequacies of internal audit and overall poor financial management[32]. Ethiopians are thankful and will always be grateful for the change in the health care of Ethiopians because of the Global Fund despite the wastage by Dr. Ghebreyesus government. However, we want Dr. Ghebreyesus and his government to be accountable for the misuse of hard working tax payers' money instead of awarding him to be a leader of such a prestigious organization. A recent article by Forbes Magazine indicated that though TPLF/EPRDF led government received close to $30 billion since they came to power, the same amount of money $30 billion was stolen by the TPLF/EPRDF led government officials[59]. A person from such a corrupted government will only bring corruption and nepotism to WHO and we as APU advice WHO member countries to diligently check the background of Dr. Ghebreyesus before their final vote.

6. Disregard for humanity

Nothing is worth than human life

TPLF as a rebel group was suspected of using aid money given for the starved people in Tigray in 1980's for arm purchases (http://www.bbc.co.uk/blogs/theeditors/2010/03/ethiopia.html). Unfortunately this inhuman behavior continued even after TPLF controlled government power and the TPLF/EPRDF led government continued to abuse foreign aids and actually uses it as a weapon of repression. 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[33]. BBC investigative journalist who posed as a tourist and travelled to the Southern region of Ethiopia found out that whole communities were starving, having allegedly been denied basic food, seed and fertilizer for failing to support TPLF (http://news.bbc.co.uk/2/hi/programmes/newsnight/9556288.stm). We, APU members, as professionals, cannot imagine someone who has been top leader of such a brutal government with disregard for human life to even be considered as a candidate let alone to be elected for Director General position.

7. Incompetency/Inaction

Failure paradoxically reported as "success" by Dr. Ghebreyesus

Dr. Ghebreyesus time and again stated that he will use his experience to manage epidemics while he was Minister of Ethiopian Federal Ministry of Health. Unfortunately that is not the truth with regard to management of epidemics during his tenure. Ethiopia was affected by Cholera almost every year during his tenure and actually his refusal to declare epidemic actually caused the disease to be disseminated throughout the country. In 2006, six of the eleven zones of "Amhara region" experienced Acute Watery Diarrhea (AWD) (a code name the FMOH uses for Cholera outbreak in Ethiopia) where 11,974 cases were reported with 200 deaths (Case Fatality Rate (CFR) = 1.67%) [34]. The same year in "Oromia region" there were a total of 4,304 reported cases of AWD in 3 zones with a total of 48 deaths (CFR 1.11%) [35]. In this study[35] the author clearly stated the epidemic response was limited by Ethiopian's government refusal to declare Cholera Epidemic even after UN laboratory confirmed *V cholerae O1* as the causative agent. In 2007, some 60,000 Ethiopians had been affected with Cholera resulting in more than 680 deaths and yet Dr. Ghebreyesus's Ministry of Health refused to declare "State of Emergency" for Cholera epidemic despite a U.N. warning that the disease is an epidemic[36]. Cholera epidemic continued to be reported during era of Dr. Ghebreyesus and in 2009, there were cases of 739 with 20 deaths from 5 "Regions" in the country[37]. The same year in September 2009, AWD has affected more than 18,000 people in Ethiopia including the capital city, Addis Ababa, with 2% CFR. As usual,

Dr. Ghebreyesus's office gave priority to its government image than its people and never acknowledged presence of Cholera outbreak in the country despite the evidence by UN agencies[38]. Every time there was a Cholera outbreak, Dr. Ghebreyesus never gave priority to its people but rather to the image of his government. His inaction led to loss of many lives. In addition, though Dr. Ghebreyesus brags MMR decreased in his tenure and wants to share his experience, actually the data is showing that there was no statistically significant difference in MMR in Ethiopia in 3 decades[57].

His inaction continued while working at a capacity of Minister of Foreign Affairs giving priority to his Party and government image instead of his people. He didn't take appropriate and timely action while working at a capacity of Minister of Foreign Affairs. Ethiopians were killed in Saudi Arabia, South Africa, Libya and Yemen during his tenure and his action at that time was dismal[39]. All other countries took responsible actions on time when their citizens were killed except Dr. Ghebreyesus and his TPLF led government. We as APU believe WHO needs a competent person who takes appropriate action on time not someone who calculates first its political implication and gives priority to political agenda than precious human life.

8. Lack of Transparency

Hiding of Cholera outbreaks at the expense of widespread epidemic risking innocents human lives and yet Dr. Ghebreyesus talks about transparency

Dr. Ghebreyesus frequently talked about importance of transparency since he declared his Candidacy for WHO Director General position but his actions were actually the opposite. That is why we said WHO needs someone who will walk the walk not just talk the talk. Actually transparency was not the nature of the Minister of Health he led or the TPLF party in which he has been among the top leaders.

Outbreaks of Cholera are not new for developing countries especially in countries like Ethiopia. While treating the sick ones is the priority, the most important intervention is limiting the transmission to other people and places. To do so, both the local and international communities should be informed of Cholera outbreak so that everybody takes the necessary extra precautions to avert the disease transmission. However, that was not what Dr. Ghebreyesus's team was doing when there was Cholera outbreak in Ethiopia. Rather it was given a nick name "Acute Watery Diarrhea (AWD)" even after it was confirmed to be Cholera outbreak. This issue was well reported by United Nations (UN) agencies like WHO as well as Washington Post Newspaper and other Media outlets many times in the past[34-38, 40]. This was what Dr. Ghebreyesus did throughout his tenure and he was trying to hide outbreaks by risking Ethiopians and International community health for the sake of his government political agenda. According to multiple WHO reports, the Ministry of Health was not willing to declare "Cholera epidemic" to save lives despite confirmation of *Vibrio cholerae* in non-endemic area. Rather the Ethiopian Federal Minister of Health forced Health Officials and likely International Non-governmental

Organizations staffs too not to report epidemic by simply renaming a deadly Cholera diarrhea as Acute Watery Diarrhea (AWD) even after the cause was confirmed. This is against the principle of WHO that requires member countries to report when transmissible disease is reported in non-endemic area. The decision by Dr. Ghebreyesus to hide Cholera outbreak was clearly by prioritizing government image and financial consequences instead of the public health to which he was accountable. The cover up of Cholera by Dr. Ghebreyesus caused a nationwide epidemic time and again during his tenure. This was not new character for the organization he led or his party who always see the world in terms of "I only" at the expense of others. The question here is how come such a person will be trusted to lead WHO, the pioneer to control transmissible diseases and an example of transparency. We will leave the judgment to the Country representatives who will elect Director General of WHO in May 2017.

9. Maleficence and risking public safety

Dr. Ghebreyesus took no measure while millions of Ethiopians were affected because of unethical discharge of tannery wastes particularly in "Amhara region"

One of the basic principles of ethics is non-maleficence but Dr. Ghebreyesus violated even the basic principles of ethics and failed to save the lives of people and the environment affected by unethical discharge of tannery wastes while he was Ethiopian FMOH. As we stated at the beginning, Health is not a mere absence of disease as per WHO's definition[4]. Dr. Tedros Adhanom Ghebreyesus and his team never gave attention to his people grievances despite multiple complaints from the affected people in "Amhara region" and other "Regions" because of poorly treated and handled chemical waste products. Dr. Ghebreyesus did not do any intervention as head of Ethiopian FMOH while many Ethiopians especially "Amhara region" people have been affected by chemical wastes. A recent case study on Tannery factories Effluent Pollution in Bahir Dar, "Amhara region", by Amhara Professionals Union (APU), clearly showed that damage equivalent of "chemical genocide" have been committed on the Amhara people[41]. Thus, Dr. Ghebreyesus rather should face justice for this despicable action rather than awarding him for his involvement or inaction when such atrocities occurred on Ethiopians while he was Head of Ethiopian Ministry of Health.

10. Poor Judgement

An individual with poor judgement and disregard to others has no place in WHO

In 2015, when Oromo Ethiopians were uprising against the injustice by the Ethiopian government, Dr. Ghebreyesus didn't have a shame to use a scam using a 14 years old teenage by the name Beritu Jaleta to distract people attention and act as if TPLF led government is working for Oromo Ethiopians interest too. It is unimaginable to think a person of his position will trust a teenager without confirming the source and make a promotion that a 20 million Australian Dollars was awarded to a teenager by Australian government and will be used to build a school in Gara Muleta, Eastern Harar, in Ethiopia[42]. As Minister of Foreign Affairs, his plan was

probably to promote government's willingness to work for the interest of Oromos while killing Oromo Ethiopians in day light for demonstrating peacefully. This is an insult to Oromo or other Ethiopians and its dimension is deeper when we think of the age of the victim in the scandal. Dr. Ghebreyesus was not ashamed to state he "JUST BELIEVED" her when the truth was finally exposed. It is therefore with utmost respect that we remind WHO member Nations to re-consider their decision before they vote such a person with bad judgement and highly associated with one of the most brutal regimes in the world.

11. Accountability

Dr. Ghebreyesus being the Chief Agent of Ethnodictator bloody government and serving as Minister of Foreign Affairs of TPLF led government makes him accountable to what is happening in Ethiopia under TPLF/EPRDF government

WHO needs someone who will take full responsibility and accountability for all his actions in the previous organizations he/she served not someone who will take only those "achievements" that he/she considers as "positive" denying all atrocities committed by the same organization/government he is proud to serve and still serving. Dr. Ghebreyesus is still proud of his role as TPLF Executive Member and served as Minister of Foreign Affairs of TPLF/EPRDF led government making him suspect for the atrocities committed by TPLF on Ethiopians and especially the systematic ethnic cleansing and genocide against Amharas. The current Ethiopian government is well known for jailing journalists and many other innocent Ethiopians under cover of a highly manipulated and controversial "Terrorism Law"[43-46]. Since October 2016, Ethiopian government led by Dr. Ghebreyesus party (TPLF) is ruling the country under "State of Emergency" except their favorite "Tigray region". TPLF/EPRDF led government has been arbitrarily arresting and killing Ethiopians especially Amharas with over 24,000 currently languishing in jail[47]. Given his association with TPLF and the crimes committed by TPLF/EPRDF led government as reported by Human Rights Watch, US State Department, Amnesty International, etc.[43-46], it is an insult for the victim Ethiopians to even see Dr. Ghebreyesus being considered as prospective candidate for WHO Director General position let alone to be elected. We know election is not always right, a good example being Adolf Hitler who came to power elected by his people and we will not be surprised in case Dr. Ghebreyesus is elected despite his known track record of preferentially treating his ethnic group at the expense of other Ethiopians especially Amharas. Dr. Ghebreyesus is suspected of committing serious crimes against humanity while working as Ethiopian Ministry of Health and as one of the Executive Members of TPLF/EPRDF led government, an ethnodictator government that follows apartheid style ethnic federalism system that denies equal rights to citizens in their own country. In addition, neither Dr. Ghebreyesus nor his team members were never accountable for the corruption in Ethiopia including corruption related to Global fund so far[32]. No surprise, his party (TPLF) never allowed independent institutions to investigate suspected crimes against Humanity including countless extrajudicial killings despite multiple requests by Amnesty International and other Human Rights Organizations[43-46].

Since TPLF came to power Amharas were lynched and mass murdered in almost every corner of the country including in Gondar, Addis Ababa, Bahir Dar, Harar, Arsi, Wellega, etc. including during the 2015 election to which no one is held accountable so far[48]. No one took responsibility for hundreds of Ethiopians mainly Oromos killed in October 2016 when they were celebrating traditional holiday called "Irrecha" in Bishoftu (aka DebreZeit) in "Oromia region"[49]. Even in a very recent rubbish landslide tragedy in Addis Ababa in area locally known as "Koshe", hundreds of innocent lives were lost due to TPLF led government inaction and ethnic politics to which Dr. Ghebreyesus has been associated[50]. Unfortunately, as usual not even a single government official resigned taking responsibility for the loss of precious lives due to government inaction let alone to be accountable and face justice suggesting there is no accountability in the current Ethiopian regime led by TPLF, the party of Dr. Ghebreyesus. Sadly, WHO is tempted to elect such a person who is one of the Executive leaders of such a secretive government with no accountability to its citizens.

12. Violation of basic human right/Suppression of freedom of expression

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"[4]

Dr. Ghebreyesus's party, TPLF and the TPLF/EPRDF government restricted Freedoms, violated Human rights and stifled Democracy. This is against WHO principles profoundly embedded in advancing Humanity by vigorously addressing complex health issues abide by International Human Rights and International laws. The 2009 Ethiopian Anti-Terrorism and Charities and Societies Proclamations laws are one of the draconian laws in the country and are used to stifle any opposition and Ethiopians have no right for freedom of expressions[43,51]. The current Ethiopian government is one of the top jailers of journalists in the world and one of the leaders of such a brutal government that suppresses freedom of expression should not be considered for head of WHO[44-46]. A shocking audio interview by Voice of America (VoA) Amharic program in March 2017 revealed to the world the inhumane action and atrocities committed by TPLF on dissidents and journalists who are prisoners of conscious and many more still languishing in TPLF jails (https://www.youtube.com/watch?v=JrXjRofdo0o)[52,60]. A documentary film by E-veracity recently published in 3 parts clearly showed with evidences how incompetent, impartial and immoral Dr. Ghebreyesus has been and how he prioritized politics instead of public health and safety to which he was accountable[53-55]. Electing an individual who has been top Executive Member of such a brutal government will tint image of WHO as it would be against WHO basic core values and will be equivalent to approving repressive regime in Ethiopia by WHO. Given UN's role as the world's moral anchor and arbiter, it should rather consider investigating the Human Right abuses, atrocities and crack down of peaceful dissidents perpetrated by the TPLF/EPRDF led government of which Dr. Ghebreyesus served as a chief agent.

13. Integrity/Truthfulness/Honesty

Integrity is the most important principles of leadership and demands truthfulness and honesty

Dr. Ghebreyesus in his Vision Statement stated that he envisions a world in which everyone can lead healthy and productive lives, regardless of who they are or where they live[56]. However, as clearly shown in this study and many other studies, he is not a man of his word and he even discriminated his own citizens based on their ethnic backgrounds let alone to treat all human beings across the world equally. This discrepancies between his words and actions raises concern regarding Dr. Ghebreyesus's honesty and trustworthiness questioning his moral integrity to lead WHO. For instance he mentions climate and environmental changes pose new threats to human beings in his vision statement but he never took measure while many Ethiopians especially Amharas paid the ultimate sacrifice due to environmental pollution[41]. Dr. Ghebreyesus has promised to address inequalities in access to basic health care and social protection but in his tenure as Minister of Ethiopian FMOH, he rather widened the gap between "Tigray region" and "Amhara region" though "Tigray region" was already by far better in health coverage than "Amhara region" or other "Regions" before he became Minister of Ethiopian FMOH as shown in this study. WHO doesn't need someone who just talks the talk but rather needs someone who walks the walk. Dr. Ghebreyesus talks about his plan to put people first but time and again he has shown that he gives priority to his political agendas and government image as seen in his refusal to declare "State of Emergency" for Cholera epidemic despite the evidence for the sake of government image[34-38] and his clear role in the depopulation of Amharas using "contraceptives" as a weapon as shown on this review and many other studies. Dr. Ghebreyesus also promised in his Vision Statement to harmonize WHO emergency responses but evidence has shown that time and gain he failed to control epidemics in Ethiopia almost every year throughout his tenure as Minister of Ethiopian FMOH[34-38]. As Dr. Ghebreyesus himself stated, WHO programs affect hundreds of millions of lives around the world and a person like him suspected of crime against humanity and who violated almost all WHO Core Ethnics Principles is unfit for the positon. The paradox in Dr. Ghebreyesus Vision Statement is that he promised WHO to "regain" its position and trust as the world's preeminent Global Health leadership body if he is elected. This is typical character of his party TPLF where no one is trustworthy unless their party member is in charge. In the TPLF led government, every person or organization that doesn't support their view of the world is labeled as unfair and faces condemnation and stripping. Actually, Dr. Ghebresyesus missed the fact that WHO will actually lose its prestige if member countries elect a suspect criminal who committed crime against Humanity and violated almost all core ethical principles of WHO.

SUMMARY/CONCLUSIONS/RECOMMENDATIONS

In summary, we APU members would like to support someone with good credentials to bring positive impact for all the people in the world via WHO not someone who is highly associated with a regime that is known to be among the most repressive regimes in the world with blood of so many innocent Ethiopians in his hands. As Ethiopians and Africans, we would be more than happy to support anyone from Africa or else in the world with good credentials that will bring the change required to the world as per the goals of WHO. Unfortunately, the Candidate from Ethiopia/Africa is a Politician who proudly associates himself with TPLF known for serious human right violations. In fact, Dr Tedros A. Ghebreyesus should have been among the TPLF leaders who should face justice at home or International Criminals Court (ICC) instead of being considered for WHO Director General position. Countries may support his candidacy for whatever reason but if that happens, it will be a sad day in WHO history for promoting someone who do not treat human beings equally to WHO's Director General position. Electing Dr. Ghebreyesus will be remembered as a dark day by those who lost their loved ones because of his direct action or inaction in the repressive TPLF/EPRDF led regime.

UN as world's moral anchor or arbiter, should not encourage a person with proven track record of association and direct role with dictator governments and perpetrator of atrocities by targeting Amharas in particular and oppressing all Ethiopians in general with an iron fist as reported by different Human Right agencies. He served as the Health Minister of TPLF to facilitate Amharas extermination from the face of the earth as per TPLF original plan[3]. In principle and practice, he is a follower of ethnic based Politics that makes individuals first or second citizens in their own country based on what tribe they were born from. Dr. Ghebreyesus and his government refused independent external investigation of Human Right abuses as reported by Human Rights Watch, The International Committee to Protect Journalists and many other local and international organizations and Medias. Whereas, WHO goal is to build a better, healthier future for all people in the world, Dr. Ghebreyesus's given track record of discriminatory treatment of its own citizen's make him unfit for the Director General position of WHO. The Director General of WHO should not only be a person of high personal achievement, he/she should also embody the highest adherence to internationally recognized human rights standards. Dr. Ghebreyesus record as one of the leaders of the ruling TPLF party, and specifically his record as Minister of Health and Foreign Affairs does not meet the exceedingly high standards required for a Director General of such a prestigious organization.

We suspect politicians especially those from Africa, who give support only to his continental origin, may be blinded to vote for Dr. Ghebreyesus despite our evidence based advice that he is suspected of crimes against Humanity while he was head of Ethiopia FMOH and as one of the chief architect of TPLF government. But we as APU want to remind you that for doing so you will be held accountable down the line in history for electing someone who should have faced justice to such prestigious position only because he is from Africa without giving due attention to his track record while working as head of FMOH and as Minister of Ethiopians Foreign Affairs.

TPLF is known for nepotism with 90% of military, economy and important posts given only to one ethnic group and bringing Dr. Ghebreyesus will bring such bad practice to WHO.

We, APU members therefore express our serious concerns regarding Dr. Tedros A Ghebreyesus's candidacy for WHO's Director General position and advise countries to check his track record than just looking at merely the fact that he is from Africa or a Developing Country before voting for him. We hope that WHO members will look at the data we presented, which is basically the data generated from the TPLF-led government itself, to show how Dr. Ghebreyesus and his party led government preferentially treated "Tigray region" at the expense of other "Regions" especially "Amhara region". Something as important as World Health cannot be left to filling positions by quota. We also encourage Ethiopians and others who are affected by TPLF led regime that is highly associated with Dr. Tedros Adhanom Ghebreyesus to continue petitioning to WHO and its member countries opposing his candidacy.

REFERENCES

1. The Fund for Peace Fragile States Index Score: Ethiopia score 97.2 with a status of "Alert", http://fsi.fundforpeace.org/2016-ethiopia. Accessed 3/15/2017

2. The US Intelligence Report: Ethiopia as a Failed State! 2013. http://www.pbs.org/newshour/rundown/countries-at-risk/ Accessed on 3/15/2017

3. TPLF manifesto 1975: □□□□□ □□□ □□ □□□ □□□□ □□□□□□ □□□ □□□□□ □□ 1968 □.□. https://tassew.files.wordpress.com/2011/07/tplf_manifesto_-_1968_e-c.pdf Accessed on 3/29/2017

4. WHO Definition of Health: Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

5. DHS1: Ethiopia Demographic and Health Survey 2000, Central Statistics Agency, Addis Ababa, Ethiopia

6. DHS2: Ethiopia Demographic and Health Survey 2005, Central Statistics Agency, Addis Ababa, Ethiopia

7. DSH3: Ethiopia Demographic and Health Survey 2011, Central Statistics Agency, Addis Ababa, Ethiopia

8. DSH4: Mini Ethiopia Demographic and Health Survey 2014, Central Statistics Agency, Addis Ababa, Ethiopia

9. DSH 5: Ethiopia Demographic and Health Survey 2016, Central Statistics Agency, Addis Ababa, Ethiopia

10. HSDPII: Ethiopia Federal Ministry of Health-Health Sector Strategic Plan, 2002/3-2004/5

11. HSDPIII: Ethiopia Federal Ministry of Health-Health Sector Strategic Plan, 2005/6-2009/10

12. HSDP IV: Ethiopia Federal Ministry of Health-Health Sector Strategic Plan, 2010/11-2014/15

13. HSTP: Ethiopia Federal Ministry of Health-Health Sector Transformation Plan-2015/16-2019/20

14 Ethiopia Federal Ministry of Health: Health and Health Related Indicators. Better information, Better Decision, Better Health. Version 1 2015

15. Aynalem Adugna, Health Institutions and Services, July 2014 available at www.EthioDemographyAndHealth.org

16. Richard G. WAMAI. Reviewing Ethiopia's Health System Development. JMAJ 52(4): 279–286, 2009

17 Ayder Referral University Hospital in Mekelle has become the only Government Hospital in Ethiopia to perform the first PCI. From http://www.tigraionline.com/articles/pci-surgery-mekelle-mu.html Accesses on 3/4/2017

18. A LANDMARK STEP-FORWARD IN THE PRACTICE OF CARDIOLOGY. From http://www.mu.edu.et/chs/index.php/latest-news/621-a-landmark-step-forward-in-the-practice-of-cardiology Accessed on 3/4/2017

19. Another Breakthrough in the Practice of Cardiology at Ayder Referral Hospital. From http://www.mu.edu.et/index.php/news-events/330-another-break-through-in-the-practice-of-cardiology-at-ayder-referral-hospital-2 Accessed on 3/4/2017

20. Amhara region, not only the poorest in Ethiopia but the poorest in the world. Aljazeera. From https://www.youtube.com/watch?v=pHs8uNuSguw Accessed on 3/4/2017

21. Michael, O. (2007) Chronic Khat use and psychotic dis- orders: A review of the literature and future prospects. Konstanzer Online-Publikations-System (KOPS). http://www.ub.uni-konstanz.de/kops/volltexte /2008/4059/

22. Ethiopia's Khat dilemma; BBC news 2002 from http://news.bbc.co.uk/2/hi/africa/2203489.stm Accessed on 3/28/2017

23. Kebede et al. 2005. Khat and alcohol use and risky sex behavior among in-school and out-of-school youth in Ethiopia. BMC Public Health 2005, 5:109 doi:10.1186/1471-2458-5-109

24. Susan Beckerleg. 2010. Ethnic identity and Development: Khat and Social Change in Africa.

25. Kebede Y. 2002. Cigarette smoking and Khat chewing among university instructors in Ethiopia. East Afr Med J. 2002 May; 79(5):274-8.

26. Amhara Region Grade 10 low exam result news – Audio. Amhara TV October 1 2016. https://www.youtube.com/watch?v=tuhJqfK5ca8 Accessed on 3/4/2017

27. Government carries out secret mass sterilization among Amhara women https://www.youtube.com/watch?v=2iRwEudb3NM Accessed on 3/4/2017

28. Two point five Million Amhara's missing confirmed in parliament https://www.youtube.com/watch?v=ndSzSPskwAw Accessed on 3/4/2017

29. Moresh Wegenie Amara Organization. 2016. □□□□ □□□ □□□ □□□□□ □□□□ □□□□ □□□□□ □□□□□ □□□□□□□□□□ □□□□□□□

30. Moresh Wegenie Amara Organization: 2015. □□□ □□□ □□□□ □□□□ □ □□□□□ □□□ □□ 3 □ □□□ 1 □ □□□ □□□ □□ □□ □□□□ □.□.: □□□□□□□ □□□ □□□□ □□□□ □□□□□ □□□□ http://welkait.com/wp-content/uploads/2014/12/MWAO_dec-2014.pdf Accessed on 3/30/2017

31. The Central Statistical Agency of Ethiopia (CSA). http://www.csa.gov.et/ Census Report 1984/1994/2017. Accessed 2/31/2017

32. Audit Reports and Diagnostic Review issued by the Global Fund's Office of the Inspector General on 20 April 2012. The Global Fund to Fight AIDS, Tuberculosis and Malaria.

33. Human Rights Watch. 2010. Development without Freedom: How Aid underwrites Repression in Ethiopia. https://www.hrw.org/sites/default/files/reports/ethiopia1010webwcover.pdf Accessed on 3292017

34. Amey Kouwonou. 2006. WHO Ethiopia Programe. Report on the field visit to provide technical support in emergency preparedness and response to Amhara regional state.

35. Susan A Bartels et al. Investigation of a Cholera Outbreak in Ethiopia's Oromia region. Disaster Med Public Health Preparedness. 2010; 4: 312-317.

36. Fatal outbreak not a cholera epidemic, insists Ethiopia. https://www.theguardian.com/world/2007/feb/22/ethiopia Accessed on 3/5/2017

37. Emergency and Humanitarian Action (EHA). Weekly Update- WHO Country Office Ethiopia: (Week 22, 25-31 May 2009).

38. Cholera/Diarrhoea outbreak hits 18,000 in Ethiopia. http://af.reuters.com/article/topNews/idAFJOE5860HJ20090907 Accessed on 3/5/2017

39. Six Ethiopians killed in South Africa. http://www.voanews.com/a/six-ethiopians-killed-in-south-africa/3044175.html Accessed on 3/29/2017

40. Ethiopia doesn't want you to know these things are happening in the country

https://www.washingtonpost.com/news/worldviews/wp/2016/08/19/the-things-ethiopia-doesnt-want-you-to-know-that-are-going-on-in-the-country/?utm_term=.d9c6aa9786fa Accessed on 3/5/2017

41. APU 2017: Unabated TPLF Genocide against the Amhara People: The Cases of Bahir Dar Tanneries Chemical Pollution. http://www.ambapu.org/sites/default/files/2017-02/BahirDarTanneriesandCrimesAgainsttheAmharaPeople.pdf Accessed on 3/29/2017

42. Ethiopia- Tedros Adhanom's $20 million lie suffers fatal blow

http://www.madote.com/2015/03/ethiopia-tedros-adhanoms-20-million-lie.html Accessed on 3/20/2017

43. Ethiopia: Anti-terrorism Proclamation. 2009. http://www.refworld.org/docid/4ba799d32.html Accessed on 3/29/2017

44. US state department: Ethiopia 2015 Human Rights Report

https://www.state.gov/documents/organization/252893.pdf Accessed on 3/20/2017

45. Oakland Institute: New Report from State Department Details Widespread Human Rights Abuses in Ethiopia

https://www.oaklandinstitute.org/new-report-state-department-details-widespread-human-rights-abuses-ethiopia Accessed on 3/20/2017

46. Freedom House. Ethiopia "Not Free" in its "FREEDOM STATUS" ranking. 2016. https://freedomhouse.org/report/freedom-world/2016/ethiopia Accessed on 3/29/2017

47. Ethiopia: In a State of Emergency. March 2017. http://hrbrief.org/2017/03/ethiopia-state-emergency/ Accessed on 3/29/2017

48. Thousands Arrested Across Ethiopia in Post-Election Crackdown. 2005. http://www.washingtonpost.com/wp-dyn/content/article/2005/06/15/AR2005061502416.html Accessed on 3/29/2017

49. Oromia: Stampede at Ethiopia protest leaves 52 dead. October 2016. http://www.bbc.com/news/world-africa-37534387 Accessed on 3/29/2017

50. Addis Ababa: Death toll hits 113 in rubbish landslide. March 2017. http://www.aljazeera.com/news/2017/03/addis-ababa-death-toll-hits-113-rubbish-landslide-170315165759540.html Accessed on 3/29/2017

51. Ethiopia: Charities and Societies Proclamation. 2009. http://www.refworld.org/docid/4ba7a0cb2.html Accessed on 3/29/2017

52. Habtamu Ayalew Interview with Voice of America (VoA) news-Atrocities in Ethiopian infamous "Maekelawi prison". March 2017. https://www.youtube.com/watch?v=JrXjRofdo0o Accessed on 3/24/2017

53. E-Veracity Volume 1: Documentary: Tedros Adhanom incompetency, politics, & immorality Part 1- https://www.youtube.com/watch?v=ILX8QT4fpzg Accessed 3/20/2017

54: E-veracity Volume 2: Documentary: Ethiopia's Tedros Adhanom incompetency, politics, & immorality Part 2- https://www.youtube.com/watch?v=cLiKb5KHWnk Accessed 3/20/2017

55: E-veracity Volume 3: Documentary: Ethiopia's Tedros Adhanom incompetency, politics, & immorality Part 3- https://www.youtube.com/watch?v=kx0CEtp0rpA Accessed 3/20/2017

56. Dr. Tedros Adhanom Ghebreyesus Vision Statement. 2016. http://www.drtedros.com/vision/ Accessed 3/19/2017

57. Yifru Berhan & Asres Berhan. Review of Maternal Mortality in Ethiopia: A Story of the Past 30 Years. Ethiopia Journal of Health Science. Special Issue 2014. DOI: http://dx.doi.org/10.4314/ejhs.v24i1.2S

58. Berhanu Abegaz. 2015. Three Million Amara are Missing: An Analysis based on the 1994 and the 2007 Ethiopian Population Censuses. http://nazret.com/blog/index.php/2015/03/24/ethiopia-three-million-amara-missing Accessed on 3/24/2017

59. David Steinman. March 2017. Ethiopia's Cruel Con Game. Forbes Magazine. http://www.globaladvisors.biz/inc-feed/20170303/ethiopias-cruel-con-game/ Accessed on 3/4/2017

60. The Torture Chronicles of Ethiopian Patriot Habtamu Ayalew By Prof Al Mariam

http://ethioforum.org/horrifying-testimony-of-torture-in-tplf-prison-interview-translated-to-english/ Accessed on 4/5/2017