Coalition for Health Justice, Indonesia

Letter of Objection to the Nomination of Mr. Budi Gunadi Sadikin as Director-General of the World Health Organization, 2027–2032 Term

Wednesday, November 4, 2026

Ref. No. : 01/Bers/XI/2026
Enclosure : One (1) annex

To: The Chair and Members of the Executive Board of the World Health Organization; the Heads of Delegation of the Member States of the World Health Assembly

Excellencies,

We, the undersigned members of the Coalition for Health Justice, representing civil society organizations, public health experts, health policy and health law specialists, and the Council of Professors of Medicine of Indonesia from universities nationwide, formally oppose the nomination of Mr. Budi Gunadi Sadikin, Minister of Health of the Republic of Indonesia, as a candidate for Director-General of the World Health Organization (WHO) for the 2027–2032 term.

WHO's leadership should embody the principles of health equity, social justice, accountability, transparency, and the universal right to health. We are deeply concerned that a number of policies advanced under Mr. Sadikin's leadership have weakened these principles in Indonesia, raising serious questions about his suitability to lead the world's highest public health authority. Given the profound influence of the WHO Director-General on global health governance, we believe this nomination warrants careful scrutiny by WHO Member States and the international public health community.

We recognize that the final decision rests with Member States at the Eightieth World Health Assembly in May 2027. We therefore submit this letter as a substantive contribution to the evaluation of candidates for this critical global leadership position. Our concerns are grounded in documented policies, their implementation, and their consequences for public health governance and the realization of the right to health in Indonesia.

While we respect the sovereign right of the Government of Indonesia to nominate a candidate, the office of WHO Director-General demands a demonstrated commitment to the principles that underpin the Organization's mandate: health as a fundamental human right, scientific integrity and independence, the protection of health workers, evidence-based policymaking, transparency, accountability, and meaningful public participation. Based on Mr. Budi Gunadi Sadikin's record as Minister of Health, we believe his tenure raises serious concerns regarding adherence to these principles.

Since assuming office in December 2020, Mr. Sadikin has overseen a series of policies and reforms that, in our assessment, are inconsistent with the principles and values that WHO is mandated to uphold. As detailed in the attached Annex, these concerns include:

a. A pattern of actions that have marginalized or penalized physicians, academics, and health professionals who expressed legitimate criticism of government health policies;

b. The weakening of the independence of scientific and professional medical bodies through legislative and regulatory interventions later found to be inconsistent with constitutional principles by Indonesia's courts;
c. The increasing centralization and commercialization of the health system, including policies that risk prioritizing financial performance over equitable access to healthcare;
d. The erosion of meaningful stakeholder participation in health policymaking and reform processes;
e. Serious concerns regarding the governance, oversight, transparency, and benefit-sharing arrangements surrounding the collection and use of large-scale genomic data;
f. Policies that have contributed to widening health inequities and that have not adequately protected vulnerable populations during public health emergencies and disasters; and
g. A record that, in our assessment, does not fully satisfy several of the criteria established by WHO Executive Board Resolution EB97.R10 for candidates seeking the office of Director-General.

Taken together, these developments raise profound concerns regarding adherence to the principles of health equity, scientific independence, participatory governance, accountability, and the protection of human rights. They also raise concerns about the ability of the candidate to build trust among health professionals, scientific institutions, civil society organizations, and communities, all of whom are essential partners in achieving WHO's mission.

The Director-General of WHO must be a leader who consistently advances the right to health, safeguards scientific independence, strengthens democratic and participatory health governance, protects health workers and public institutions, and ensures that health systems serve the public interest rather than political or commercial priorities. The record of policy decisions and governance practices during Mr. Sadikin's tenure does not, in our view, demonstrate these qualities. Rather, it raises profound concerns about his ability to uphold and advance the values that WHO is entrusted to defend globally.

For these reasons, we respectfully submit that Mr. Sadikin is not an appropriate candidate to lead the World Health Organization. A detailed summary of the evidence supporting this position is provided in the attached Annex. We submit this objection as part of our ethical responsibility to the people of Indonesia and to the global public health community. We believe that Mr. Sadikin's record raises serious concerns regarding his ability to uphold and advance the values and principles that the World Health Organization is mandated to champion globally. We therefore respectfully urge WHO Member States to give these concerns careful consideration in their assessment of candidates for the position of Director-General.

We stand ready to provide additional information, documentation, and supporting evidence to WHO Member States, the Executive Board, and any other relevant body involved in the nomination and selection process.

Please accept, Excellencies, the assurances of our highest consideration.

On behalf of the Coalition for Health Justice Indonesia:
Prof. Teddy Prasetyantono, MD., PhD., FICS & Irma Hidayana

Member of the Coalition (see next page):

1. Majelis Guru Besar Kedokteran Indonesia, MGBKI (Council of Professors of Medicine of Indonesia)
2. Dokter Cinta Tanah Air
3. Aliansi Ketahanan Kesehatan Bangsa
4. Forum Intelektual Antardisiplin, FIAD (Interdisciplinary Intellectual Forum)
5. Kabinet Bayangan (Indonesian Shadow Cabinet)
6. LaporSehat
7. Center of Economic and Law Studies (Celios)
8. MBGWatch Coalition (comprising 21 institutions; see mbgwatch.org)
9. Transparency International Indonesia
10. Indonesia Corruption Watch
11. KawanMedis
12. BPJS Watch

Contact: Milya, milyaurfa@wargaberdaya.org

Cc:
The President of the Republic of Indonesia; the Speaker of the House of Representatives of the Republic of Indonesia (DPR RI) and Commission IX of the DPR RI; the Chair of the National Commission on Human Rights of the Republic of Indonesia (Komnas HAM); the Ombudsman of the Republic of Indonesia; and the United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

Annex- Summary of Supporting Evidence

The following summary sets out the evidence supporting the objections stated in our letter.

I. Normative Basis
We assess the candidate against the standards WHO itself has set and against the legal instruments binding in Indonesia.

Instrument	Relevant provision
WHO Executive Board resolution EB97.R10	Candidates should have a strong technical and public health background, proven historical evidence of public health leadership, competency in organizational management, and sensitivity to cultural, social and political differences.
Constitution of the World Health Organization (1946), Preamble	The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.
1945 Constitution of the Republic of Indonesia, Article 28H(1) and Article 34(3)	Everyone has the right to health care; the State is obliged to provide adequate health facilities.
1945 Constitution, Article 28E(3) and Article 28F	Freedom of association, assembly and expression; the right to communicate and to obtain information.
1945 Constitution, Article 28G(1)	The right to protection of one's person, including personal data.
Universal Declaration of Human Rights, Articles 19 and 25	Freedom of opinion and expression; the right to a standard of living adequate for health, including medical care.
International Covenant on Economic, Social and Cultural Rights (ICESCR), Article 12, ratified by Law No. 11 of 2005	The right to the highest attainable standard of health. General Comment No. 14 requires availability, accessibility (including affordability), acceptability and quality of services, as well as public participation.
International Covenant on Civil and Political Rights (ICCPR), Article 19, ratified by Law No. 12 of 2005	Protection of freedom of expression, including against reprisals for the opinions one holds.
Law No. 27 of 2022 on Personal Data Protection	Genetic data is classified as specific (sensitive) personal data.

II. First Objection: Structural Intimidation and Anti-Criticism
"Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers." — Universal Declaration of Human Rights, Article 19

Our first objection concerns the Ministry of Health's pattern of response to criticism from physicians and academics. In several documented cases, senior physicians and professors who criticized the Minister's policies lost clinical appointments and teaching roles at hospitals owned by the Ministry of Health.

No.	Name	Position / institution	Case
1	Prof. Dr Zainal Muttaqin, PhD, Sp.BS	Neurosurgeon, Dr Kariadi General Hospital, Semarang	Medical services agreement terminated and removed from Dr Kariadi General Hospital after repeatedly publishing critical opinion pieces in national media on the Omnibus Health Bill.
2	Prof. Dr dr Budi Santoso, Sp.OG(K)	Dean, Faculty of Medicine, Universitas Airlangga, Surabaya	Removed as Dean after publicly opposing the Ministry's plan to bring foreign doctors to practise in Indonesia.
3	Dr dr Piprim Basarah Yanuarso, Sp.A(K)	Paediatrician, Dr Cipto Mangunkusumo National General Hospital (RSCM), Jakarta	Transferred to Fatmawati General Hospital after consistently opposing the Ministry's takeover of the medical collegium and the separation of specialist academic functions from professional organizations. The transfer was followed by his dismissal from the civil service.
4	Dr Hikari Ambara Sjakti, Sp.A(K)	Secretary-General, IDAI Central Board; paediatrician, RSCM	Abruptly and unilaterally transferred by the Ministry to Harapan Kita Women and Children's Hospital, in connection with IDAI's opposition to placing the medical collegium under Ministry control.
5	dr Raden Suhartono, Sp.B, Subsp.BVE(K)	Vascular surgeon, RSCM	Suspended from clinical teaching after voicing objections to hospital-based specialist training (PPDS) and to the transfer of accreditation and competency-certification powers from the independent collegium to the Ministry.
6	dr Fitri Hartanto	Paediatrician; Chair, IDAI Central Java Branch	Transferred from Dr Kariadi General Hospital following disagreement with the Ministry over the independence of the collegium.
7	dr Rizky Adriansyah	Paediatrician; Chair, IDAI North Sumatra Branch	Dismissed from Adam Malik General Hospital, Medan, reportedly after writing an open letter about the unilateral transfer of Dr Piprim, without any prior oral or written warning.

Why this matters for WHO. Article 19 of the UDHR and Article 19 of the ICCPR guarantee everyone's freedom to hold opinions, to express them, and to seek and impart information. Transferring or dismissing health professionals for voicing criticism of the Minister's policies is

inconsistent with these guarantees. A pattern of silencing critics amounts to an abuse of authority. WHO needs a leader who protects whistle-blowers and scientific dissent, especially during national health crises.

Indonesia's own courts have found against the Minister in at least one of these cases. In Decision No. 464 K/TUN/2026 of 7 September 2026, the Supreme Court held the Minister's transfer of Dr Piprim to be unlawful. The Ministerial Decree transferring him unilaterally from RSCM to Fatmawati General Hospital, together with his dismissal from the civil service, was annulled and declared without legal effect.

III. Second Objection: Interference with the Independence of Scientific and Professional Bodies

A core principle of effective public health governance is the independence of scientific and professional institutions from political interference. Independent scientific bodies play an essential role in safeguarding professional standards, ensuring evidence-based decision-making, and maintaining public trust in health systems. Under Mr. Budi Gunadi Sadikin's leadership, however, a series of legislative and regulatory measures have weakened the autonomy of Indonesia's professional medical institutions and concentrated authority within the executive branch of government. These developments have raised serious concerns regarding scientific independence, participatory governance, and respect for the rule of law.

The Constitutional Court of the Republic of Indonesia has ruled that provisions of Health Law No. 17 of 2023, enacted under Mr Sadikin's leadership, are unconstitutional because they threaten the independence of the collegium, the scientific bodies that set competency standards for medical specialists. Law No. 17 of 2023 and Government Regulation No. 28 of 2024 transferred control of the collegium to the Ministry of Health. On 30 January 2026, in Decisions No. 111/PUU-XXII/2024 and No. 182/PUU-XXII/2024, the Court declared unconstitutional the wording that made the collegium an organ of the Health Council. The Court further held that any subsequent regulation of the collegium must guarantee their independence.

The Council of Professors of Medicine of Indonesia has stressed that this ruling is final and binding, and has urged the Government to amend the implementing regulations without delay. To date, however, the Ministry has neither implemented the Court's decision nor restored the independence of the collegium. This conduct reflects an unwillingness to accept constitutional correction.

The process by which the Omnibus Health Law (later Law No. 17 of 2023) was enacted was also flawed. Five professional organizations (the Indonesian Medical Association (IDI), the Indonesian Dental Association (PDGI), the Indonesian National Nurses Association (PPNI), the Indonesian Midwives Association (IBI) and the Indonesian Pharmacists Association (IAI)) sought formal review on the ground that the law was drafted without meaningful participation. The Constitutional Court rejected their petition on 29 February 2024, but four of the nine justices issued dissenting opinions.

The Constitutional Court's position has since been reinforced by the Supreme Court. In Decision No. 19 P/HUM/2026 of 15 October 2026, the Supreme Court annulled 70 provisions across Government Regulation No. 28 of 2024, Minister of Health Regulation No. 12 of 2024 and Minister of Health Decree No. HK.01.07/MENKES/775/2025. The Minister no longer holds sole authority over the establishment of, and the selection, appointment and dismissal of members to, the Health Council, the collegium and the Professional Disciplinary Council (MDP). These

bodies must now be restructured on the principle of independence. Indonesia's courts have thus confirmed that the Ministry's exercise of authority under Mr Sadikin breached the country's own legal norms.

Why this matters for WHO. WHO depends on the independence of its expert committees and normative bodies, on partnerships with global professional associations, and on participatory policymaking. A candidate who, in his own country, has placed scientific bodies under executive control and set aside meaningful participation acts against these values, which are indispensable in a Director-General.

IV. Third Objection: A Crisis of Trust in Academic Medicine

One of the most significant areas of concern relates to reforms affecting specialist medical education in Indonesia. Under Mr. Sadikin's leadership, the Ministry of Health introduced a hospital-based specialist physician training program that operates outside the traditional university-based model that has formed the foundation of specialist medical education in Indonesia for more than five decades. Critics of the reform, including medical professors, educators and academic leaders, have argued that the initiative represents a substantial departure from established institutional arrangements and raises important questions regarding governance, academic oversight, educational quality, and the respective roles of the health and higher education sectors.

For decades, specialist physician training has been conducted through universities as an integral component of the national higher education system and under the oversight of the Directorate General of Higher Education, now within the Ministry of Higher Education, Science, and Technology. The creation of a parallel training pathway under the authority of the Ministry of Health has generated significant debate within the academic medical community regarding its compatibility with longstanding principles of educational governance, institutional autonomy, and professional training standards.

These concerns have been voiced by a broad segment of Indonesia's academic medical community. In 2025, 372 medical professors from 23 universities publicly declared a lack of confidence in Mr. Sadikin's leadership, citing concerns about major policy reforms being developed without sufficient consultation with universities and other key stakeholders. The Majelis Guru Besar Kedokteran Indonesia (MGBKI) subsequently called for an evaluation of the Ministry's leadership, while the Dean of the Faculty of Medicine at the University of Indonesia publicly criticized statements by the Minister that were viewed as diminishing the role of the medical profession.

Date	Event	Source
12 June 2025	The Forum of Professors of Medicine of Indonesia, comprising 372 professors from 23 universities, issued a statement at the Faculty of Medicine, Universitas Indonesia (Salemba campus), describing the Ministry's policies as closed and confrontational.	Tirto; Forum Keadilan
12 June 2025	Professors at the Faculty of Medicine, Universitas Andalas, stated that they could no longer trust the Minister to lead an inclusive, evidence-based health reform.	detikSumut
20 May 2025	Professors and deans of medicine from several universities, including UNS, Unpad, USU, Unhas and Brawijaya, voiced their concerns on National Awakening Day.	Kompas.id; UNS; Metro TV

16 May 2025	More than 100 professors at the Faculty of Medicine, Universitas Indonesia, read out the "Salemba Berseru" (Salemba Calls Out) statement and sent a letter to the President.	Kompas.id; RMOL

Why this matters for WHO. The EB97.R10 criteria require demonstrated public health leadership, sensitivity to social and cultural differences, and the ability to command broad confidence across the global health community. In our assessment, Mr. Sadikin's record raises serious concerns regarding these qualifications. His lack of formal training in health or public health, combined with sustained opposition from prominent medical academics, professional organizations, and scientific leaders in Indonesia, raises legitimate questions about his ability to fulfill the consensus-building role required of a WHO Director-General. Effective leadership of the World Health Organization depends not only on managerial competence but also on the trust of the scientific community and the ability to engage constructively with diverse stakeholders.

V. Fourth Objection: Large-Scale Collection of Genomic Data Without Adequate Governance Safeguards

Under Mr. Sadikin' s leadership, Indonesia's national genomics initiative, the Biomedical and Genome Science Initiative (BGSi), has expanded rapidly from an initial target of 10,000 participants toward approximately 400,000 by 2030, despite acknowledged gaps in governance, regulation, infrastructure, expertise, and public understanding. At the same time, the initiative has involved collaboration with foreign and private-sector partners and is planned to be integrated into national health screening programs on a nationwide scale.

According to an analysis by dr Agung Sapta Adi, Sp.An-TI, a 2024 Policy Brief issued by the Ministry's Health Development Policy Agency acknowledges seven weaknesses in the use of whole-genome sequencing:

1. no dedicated committee to implement the program;
2. limited laboratory infrastructure;
3. a severe shortage of genomics and bioinformatics experts;
4. high costs of genomic services and research;
5. limited digital infrastructure;
6. no specific regulation on legal framework governing the management, ownership, and benefit-sharing of genomic data and its downstream applications; and
7. low public understanding.

The same analysis notes that Articles 340 and 349 of Law No. 17 of 2023 regulate only permits for transferring specimens and raw data abroad. The Law does not address ownership of derived products, such as algorithms, new medicines and patents. The program is also planned to link with the national free health screening program (Cek Kesehatan Gratis) and to reach every province.

Academic legal analyses have likewise found that centralizing genetic data creates an attractive target for hackers and for commercial interests. The Government, for its part, states that data are protected through multiple layers of security in cooperation with the National Cyber and Crypto Agency (BSSN) (see Liputan6).

We do not oppose genomic research or innovation. Rather, we are concerned that the scale and pace of data collection have outstripped the development of robust safeguards for transparency, accountability, independent oversight, data sovereignty, and equitable benefit-sharing. Since its launch, BGSi has involved private and foreign partners. According to the Indonesian Hospital Association (PERSI), collaborators include Illumina, BGI and Oxford Nanopore Technologies. The Government has also promoted cooperation with G42 of Abu Dhabi. The Indonesian Medical Association (IDI) has warned that the shortage of domestic experts in molecular biology and genetics could put the security of Indonesia's genomic data at risk. Given the sensitivity and long-term value of genomic information, these issues warrant careful scrutiny.

Why this matters for WHO. They are especially relevant to the leadership of the World Health Organization, which is increasingly called upon to guide global norms on genomic governance, pathogen sharing, data access, and benefit-sharing. As debates over the implementation of the Pandemic Agreement and the Pathogen Access and Benefit-Sharing (PABS) system continue, the Director-General must command confidence as a champion of transparency, equity, informed consent, and data sovereignty. A candidate whose domestic genomic initiatives continue to face unresolved questions regarding governance, oversight, and benefit-sharing may find it difficult to provide the moral and institutional leadership required on these issues at the global level. In our assessment, Mr. Sadikin' s record does not yet provide sufficient assurance that these principles have been consistently upheld in practice.

VI. Fifth Objection: The Commercialization of Healthcare Services and the Declining Affordability of Medicines

Under the leadership of Minister of Health Budi Gunadi Sadikin, Indonesia's health system is increasingly shifting the system toward greater commercialization. One of the manifestations of this trend is the increasing emphasis on public hospitals as revenue-generating institutions, raising concerns that the public service mission of healthcare may be subordinated to financial performance and market-oriented objectives. Through Letter No. TK.04.01/D.IV/795/2024, issued by the Ministry of Health's Director of Health Service Governance, central general hospitals were assigned revenue targets and encouraged to increase earnings by expanding paid services. This policy risks shifting the mission of public hospitals away from equitable care and toward financial performance.

The consequences are borne most heavily by low-income Indonesians who rely on the national health insurance program (BPJS Kesehatan). As hospitals prioritize revenue-generating services, BPJS patients often face longer wait times and reduced access to timely care. The reported death of a BPJS patient after waiting eight hours for treatment at a central general hospital is a stark reminder of the human cost of a health system that places financial targets ahead of patients' needs (CNN Indonesia, 2026).

Healthcare is a public good, not a commodity. Public hospitals should be measured by their ability to provide equitable, accessible, and quality care for all Indonesians, especially the most vulnerable, rather than by their capacity to generate profit.

On 11 June 2026, Mr Sadikin described a 10–20 per cent rise in medicine prices, driven by the weakening of the rupiah, as reasonable. The Forum Konsumen Berdaya Indonesia (Empowered Consumers Forum of Indonesia) has warned that Indonesia still imports 85–90 per cent of its

pharmaceutical raw materials. Price rises will therefore further depress already low medicine consumption and strain the budget of BPJS Kesehatan, the national health insurance agency. The Government states that medicine prices under the National Health Insurance scheme (JKN) will be maintained, but people who purchase medicines outside JKN still bear the increase.

After nearly six years of Mr Sadikin's tenure as Minister of Health, Indonesia's dependence on imported raw materials remains very high, keeping medicine prices high. This indicates that his leadership has not fulfilled the obligation to realize the right to health under the UDHR, the 1945 Constitution and ICESCR General Comment No. 14, which places the economic accessibility of essential medicines at the core of the right to health.

Why this matters for WHO. Access to affordable essential medicines is central to WHO's agenda. An attitude that normalizes rising medicine prices, rather than protecting the most vulnerable patients, is inconsistent with that mandate.

VII. Sixth Objection: Widening Health Inequalities and Worsening Health Equity

A recurring concern throughout Mr Sadikin's tenure has been the adoption of major health policies that appear insufficiently grounded in public health evidence and the needs of vulnerable populations.He has failed to protect the communities most vulnerable to a series of disasters: floods and landslides in Aceh and Sumatra, the earthquake in East Nusa Tenggara (NTT), and forest fires in Kalimantan, Papua and Sumatra. At least 108 earthquake survivors in NTT died in displacement camps from acute respiratory infections, poor sanitation, lack of access to clean water, and the absence of adequate health services and assistance. To date, there has been no transparency on data concerning the health response for post-disaster victims (BBC News Indonesia). Meanwhile, recurring wild fires have contributed to at least 333,470 hundreds of thousands of cases of acute respiratory infection and 3,500 killed, underscoring persistent challenges in protecting populations from environmental health threats.

Similar concerns arise in relation to several flagship national initiatives championed during his tenure, including the Free Nutritious Meals (Makan Bergizi Gratis, MBG) program, where more than 50,000 schoolchildren receiving MBG meals have suffered food poisoning, and the establishment of health clinics within the Red-and-White Village Cooperatives (Koperasi Desa Merah Putih, KDMP). Critics have questioned the adequacy of the evidence base supporting these initiatives and the extent to which potential health risks and system-wide consequences were assessed before implementation. Reports of widespread food poisoning among schoolchildren participating in the MBG program have further intensified concerns regarding planning, oversight, and accountability.

The expansion of health clinics and pharmacies through village cooperatives has also raised concerns among public health and health systems experts. Rather than strengthening the existing primary healthcare network, including community health centres (Puskesmas) and village maternity posts (Polindes), these initiatives risk fragmenting already limited resources and diverting attention from longstanding workforce shortages, particularly in disadvantaged, frontier, and remote regions. Many Puskesmas still lack a resident doctor and do not function as intended; adding clinics in village cooperatives, without supporting analysis, only compounds this. Village maternity posts (Polindes), staffed by village midwives as a frontline for reducing maternal and infant mortality, are instead being moved into the cooperatives. Critics argue that these reforms have proceeded without sufficient public evidence demonstrating their necessity, effectiveness, or contribution to health equity, beyond the economic rationale of putting state facilities to commercial use.

Why this matters for WHO. Evidence-based public health policy is proven and essential to ensuring that health interventions are efficient and effective in protecting the public, so that disease, adverse health outcomes and avoidable deaths can be prevented.

VIII. Seventh Objection: Inconsistency with WHO's Official Criteria
In our assessment, the candidate does not fully meet three of the seven criteria set out in resolution EB97.R10.

No.	EB97.R10 criterion	Assessment of the candidate's record	Status
1	A strong technical and public health background and extensive experience in international health	The candidate trained in engineering physics (nuclear physics) and built his career in banking and state-owned enterprises. He has no formal education or technical expertise in medicine or public health.	**Not met**
2	Competency in organizational management	The candidate has a management record in banking and state-owned enterprises. However, the commercial-technocratic management model he has applied at the Ministry of Health has provoked widespread resistance from the scientific and academic community.	**Partially met**
3	Proven historical evidence for public health leadership	The declaration of no confidence by 372 professors of medicine, and the failure to comply with the Constitutional Court's ruling on the independence of scientific bodies, demonstrate that the candidate does not satisfy this criterion.	**Not met**
4	Sensitivity to cultural, social and political differences	The candidate has displayed an authoritarian and confrontational style of leadership: curtailing academic freedom by dismissing or removing critical physicians and academics, demeaning the health professions, and disregarding the principle of regional decentralization in Indonesia.	**Not met**
5	A strong commitment to the work of WHO	The candidate's policies as Minister of Health — normalizing increases in the price of essential medicines, disregarding meaningful participation, and collecting genomic data at scale (BGSi) without assured data sovereignty or benefit sharing, run counter to WHO norms and standards.	**Not met**
6	The good physical condition required of all staff members of the Organization	No data available.	**No open data**

7	Sufficient skill in at least one of the official and working languages of the Executive Board and the Health Assembly	The candidate is known to have sufficient command of English for international fora.	**Partially Met, not a strong requirement**

References

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7. South China Morning Post. "Calls grow for removal of Indonesia's health chief as rift with doctors deepens".
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