Who is WHO?

by Karin Mont

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There was a recent flurry of excitement within the Complementary and Alternative Medicine (CAM) sector during August 2023, following the first global summit on traditional medicine, which was held in Gujarat, India, as part of the World Health Organization's (WHO) mission '*to mobilize political commitment and evidence-based action on traditional medicine…*'.

To deliver on this aim WHO, supported by the Indian Government, has established the Global Centre for Traditional Medicine (GCTM), which they refer to as 'a knowledge centre' which will have a '*strategic focus on evidence and learning, data and analytics, sustainability and equity, and innovation and technology, to optimize the contribution of traditional medicine to global health and sustainable development*'. We are informed that these aims will all be underpinned by '*respect for local heritages, resources and rights*', though clarification as to what would happen should (for example) '*innovation and technology*' conflict with '*local heritages, resources and rights'*, is less clear.

This all sounds very promising, but perhaps the first question we need to ask is are we witnessing the formal recognition, approval and acceptance of CAM as an integral part of global health delivery, or is this WHO making a significant move to bring CAM under its control? It seems that WHO's Director-General believes that harnessing the potential of traditional medicine would be a 'gamechanger' for health, when founded on '*evidence, innovation and sustainability*'.

Should we hear alarm bells ringing at the mention of those three words? Who makes the decisions about what constitutes evidence or sustainability or equity? And who is WHO? We need to know as much as possible about this powerful entity in order to base our future opinions and actions regarding global health on facts and correct information. Let's take a closer look at WHO.

WHO is a United Nations (UN) agency established in 1948 with a remit to connect '*… nations, partners and people to promote health, keep the world safe and serve the vulnerable – so everyone, everywhere can attain the highest level of health*'. In other words, the world relies upon WHO to provide guidance and leadership in matters relating to global health. In return, WHO claims to base its aim to achieve '*good health for all*' using '*science-based policies and programmes*'. Collaboration and the sharing of knowledge and expertise is meant to be at the heart of everything WHO undertakes.

WHO's headquarters are in Geneva, and it has six regional offices, with a further 150 (plus) country offices in other parts of the world, to accommodate the administrative needs of the 194 member states currently signed up to WHO. Any country already a member of the UN may become a member of WHO simply by agreeing to accept their constitution; other (non-UN) countries must apply for membership, and their application needs to be agreed by a majority vote from the World Health Assembly (WHA).

WHO's constitution is an 18-page document originally signed off in 1946 by the 61 founding member states. It is worth noting that all current member states are bound by the constitution, which opens with the following declaration:

'*Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition'*.

Most of us would agree that true health is more than just the absence of disease, and that everyone should have access to a high standard of health care by right, but nearly 80 years have passed since WHO was established, and the world has changed almost beyond recognition. This begs the all-important question: to what extent does (or can) WHO actually live up to the spirit of its founding principles? To begin to find an answer, we first need to look at how decisions relating to global health are reached, and by whom.

Member state representatives are appointed by their respective governments to serve a three-year term of office on WHO; they (and other WHO participants) may be re-appointed to serve further terms of office if deemed appropriate. The supreme decision-making body of WHO is the World Health Assembly (WHA), which usually holds meetings twice yearly, attended by delegations from all 194 member states, to agree and set health policy across the world. WHA determines policy, sets the budget, elects the 34 individuals who comprise the WHO Executive Board (EB), and elects the Director General (DG) who serves a five-year term of office. Members of the EB are all expected to have expertise in the field of health care; they serve a three-year term of office, and their main function is to deliver on decisions and policies agreed by the WHA. The EB also review nominations for the role of WHO Director General and select a suitable candidate for the WHA to consider – the final decision being reached by the WHA via a secret ballot.

Let's just briefly recap on this fundamental matter of the governance of WHO: Member states appoint their representatives, all of whom go forward to serve on the WHA, who in turn elects the Executive Board and the Director General. In other words the only elections which take place in relation to WHO are within the WHA. If this is all beginning to sound quite 'circular', that's because it is!

Things get even more interesting when we look at how WHO is funded. According to WHO's own website only around 20% of its budget comes from assessed contributions paid by participating member states. The remaining 80% comes from voluntary contributions from member states, UN organisations, and other sources including the private sector and philanthropic foundations.

The USA is generally the largest voluntary contributor year on year. However, it is important to note that, for several years now, the Bill and Melinda Gates Foundation (BMGF) has been the second largest contributor to WHO funding – they provide an estimated 88% of total funding offered by philanthropic foundations. Other contributive organisations provide less, but have close ties with, or links to, public health, medical research, the pharmaceutical industry, and / or governmental policymakers. They include the Bloomberg Family Foundation, the Wellcome Trust and the Rockefeller Foundation.

Much of the funding donated to WHO is ringfenced by being tied in to a specific programme, so it cannot be used to address other health issues, some of which may seem more important – a notable example being the polio eradication programme. This is apparently WHO's best funded project to date, and was mainly paid for by the BMGF. Perhaps polio eradication warranted being a WHO priority at the time the programme was initiated but, undoubtedly, the fund doner (BMGF) was in a strong position to dictate the project's focus. It seems increasingly clear that the direction of at least some of the work undertaken by WHO is determined by the doners who provide the funding.

Then there are the 'influencers' among the member states themselves – the countries which exert more influence on WHO's decision-making processes than others. They achieve this either via their financial contributions to WHO, or through covert political manipulation. Although member states are grouped in regions which appear to represent a reasonably balanced global spread – Africa, the Americas, Europe, the Eastern Mediterranean and the Western Pacific – smaller countries are often dependent upon larger countries, both economically and politically. The one country which appears to compromise the independence of WHO above all others is China.

In an extensive and in-depth article written by Jonathan Calvert and George Arbuthnott for the Sunday Times in 2021, the authors reveal a series of events which suggest that China has been aggressively campaigning to assume power within WHO, for nearly two decades. For those who wish to read '*China, the WHO, and the power grab that fuelled a pandemic*' in full, it is available online via the following URL: https://archive.ph/20210814171128/https://www.thetimes.co.uk/article/china-the-who-and-the-powergrab-that-fuelled-a-pandemic-3mt05m06n.

Any claims of undue influence made in the above-mentioned article, are strenuously denied by both WHO and China, but there are several facts which arise from the authors' research which are hard to refute: China secured votes on WHO by various means in order to ensure the election of Margaret Chan as DG in 2006; she represented the People's Republic of China, and served as DG from 2006-2017. In 2017, Chan (who, as a physician, did actually have medical credentials) was replaced as DG by public health official Tedros Adhanom Ghebreyesus, who represents Ethiopia on WHO.

So, what might China gain from supporting an Ethiopian as DG of WHO? China is politically interested in Ethiopia for various reasons: In terms of governance and developmental orientation, it has some 'similarities' with China itself, and diplomatic relations between the two countries are strong. Following significant investment in the building-up of Ethiopia's infrastructure since 2000, Ethiopia is now in debt to China to the tune of nearly $14 billion.

Other African counties are also in significant debt to China as a result of receiving loans and / or other investment from them, and because Ethiopia hosts the African Union headquarters, it is easy to understand why China might view Ethiopia as the key to securing a block vote from African member states, that best delivers upon China's own agenda.

Once we move into pandemic times, China's relationship with Ghebreyesus comes even more into focus. As COVID-19 became a global phenomenon, and China was identified as the likely source of the novel virus, WHO's DG was slow to define a strategy to cope with the perceived threat to public health; he seemed willing to take China's initial reportage, which underplayed the virulence of COVID-19, at face value, despite warnings to the contrary from other countries.

China prioritised its own economic interests by failing to halt the spread of COVID-19 by imposing an immediate travel ban. WHO did not challenge China at the time. Furthermore, when WHO finally decided to investigate the origins of COVID-19, China assumed ultimate control of the process, by appointing their own team of 'experts', and negotiating a deal behind closed doors which significantly watered down the original mandate. The DG, plus WHO's member states, allowed this to happen!

Most of us are already aware of WHO's proposed 'Pandemic Treaty' which, if adopted by governments across the globe, would override national and individual sovereignty in the event of a future pandemic. The public have not been invited to either comment on, or vote upon, any aspect of this treaty, which has been compiled by the unelected and unaccountable WHA.

Even more concerning are the proposed amendments to the International Health Regulations (IHR, 2005), an instrument of international law which is legally binding in 196 countries. The working draft of the revised IHR shows 307 potential amendments, all of which can be passed by the WHA at their 77th annual meeting in May 2024, without any public consultation.

Why should we be worried? There are many reasons, but if we take just three proposed amendments as an example, we can see which way WHO is heading: WHO emergency guidance will become legally binding on member states and their citizens – this is upgraded from the current 'advisory' status. The IHR clause requiring WHO to uphold '*full respect for the dignity, human rights and fundamental freedoms*' of individuals, is to be removed altogether. WHO's DG, a man holding no medical qualifications whatsoever, will have the powers to declare a Public Health Emergency of International Concern (PHEIC). This would empower WHO to issue legally binding requirements for all countries to mandate, including highly restrictive measures such as lockdowns, masks, quarantines, border closures, travel restrictions, and the compulsory medication of individuals.

Maybe now is not the time to celebrate WHO's apparent move to embrace traditional medicine. Instead, we need to be alert to WHO's insidious power drive, which certainly threatens our most fundamental human rights, and flies in the face of basic medical ethics. Now is the time to be informed, to be circumspect, to lobby our MPs, and to stringently oppose any attempt by WHO to override our national sovereignty. □