

WN Editorial

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Facing the facts of this century

Who runs WHO?

This journal supports the vision and principles of the United Nations and its constituent agencies. Sufficient justification is horrors that may well have been averted because of its existence. A nuclear Third World War is one obvious example. Here are some of the [principles of the World Health Organization](#) agreed on 22 July 1946:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being... The health of all peoples is fundamental to the attainment of peace and security... Governments have a responsibility for the health of their peoples.

The WHO annual World Health Assembly takes place this month. This is a good time to resolve to uphold these aspirations. Public interest organisations should support and encourage UN officials and member states representatives to follow the principles meant to govern their work, and in so doing, hold them to account.

In our [guest editorial this month](#) David Legge of the People's Health Movement, whose latest [Global Health Watch](#) has just been published, states: 'We at PHM stand for a strong, flexible, adequately and properly funded WHO, able to carry out its stated mandate'. We at *WN* agree. Public-spirited bodies should be on the side of the UN, celebrate its successes, and seek to support its work, most of all at times of trouble. But this does not mean that shortcomings should never be appraised, criticised, or even denounced. Automatic applause is not the behaviour of a true friend.

UN errors

The month of a World Health Assembly is an appropriate time for officials and for member states to consider how to put right what is wrong within WHO and indeed other relevant UN agencies. Thus, a common sickness among UN officials is acting as if they always know best. One example is the evisceration of the UN System Standing Committee on Nutrition. The SCN still exists, and it attempts to co-ordinate activity of relevant UN agencies, but with its bilateral and civil society

constituencies cut out. This is a mean-spirited blunder. Many knowledgeable and wise people from outside the UN, now alienated, have given their time and skills freely to SCN work in the public interest as well as to forward the goals of the UN.

Another serious error is use of the term ‘non-state actor’ to lump together ‘the private sector’ together with public interest organisations and social movements. This compounds the persistent refusal to see that in practice ‘private sector’ mainly means transnational corporations and their agents. This month the WHA discusses ‘engagement with non-state actors’. The duplicity of these terms should be exposed and denounced. As agreed in [The Lancet series on non-communicable diseases](#), all ‘actors’ whose products, like those of the tobacco and alcohol industries, inevitably damage health, must be excluded from formulation of public health policy.

‘Private sector’ sanitises ‘public-private partnerships’ in which corporations thwart any impediments to their strategy of displacing sustainable food systems and healthy food supplies and replacing these with a monolithic global industrial food system. But WHO initiatives are all too quick to partner with corporations. An example in [Update this month](#) is the recent report of the WHO Commission on Ending Childhood Obesity (ECHO). Commenting, the People’s Health Movement points to

The close engagement of the Commission with the transnational corporations who are driving the epidemic, and the timid, conciliatory and obfuscatory references to the private sector... For the Commission to invest so heavily in consulting with the manufacturers of ultra-processed junk food products, while completely neglecting small farmers and fisher folk (also private sector) risks generating cynicism rather than inspiration.

Errors forced on WHO

Above are errors that UN officials could own up to and put right. There are others. Below are examples of serious errors and unfair activities in effect forced on the UN and its agencies, so which are beyond the ability of UN officials to put right.

One such bad practice is the effective control by the US government of the appointments of the heads of two UN agencies, namely the UN Children’s Fund (UNICEF) and the World Food Programme. A related example is identification of the World Bank, the appointment of whose president is also controlled by the US government, as an ‘independent specialised agency of the UN’. These are examples of the overmighty power of the US in UN affairs, all too liable to be used in pursuit of US global geopolitical objectives, which include control of food trade and supply.

It is well known that WHO (and other UN agencies) is starved. Many of its shortcomings – but not all, as indicated here and in [David Legge’s guest editorial](#) – are explained by shortage of financial, material and human resources. This makes WHO feel forced to comply with powerful member states and with other influential sources of funds that apparently do not have the principles of the United Nations or WHO at heart or in mind. Worse, such distortion is often glossed over, or even rationalised as the best of all possible worlds. It is not.

Less well known, is that almost all WHO income from private sources, and some from member states too, is 'earmarked'. The money comes with instructions on how it is to be used. A 2014 report [from Chatham House](#) on the reform of WHO states:

A major concern... has been the fact that the great majority of voluntary contributions are earmarked for particular activities agreed with the donor, and the resulting inability of WHO to respond meaningfully to priorities agreed by member states in the WHA.

That is to say, WHO becomes the servant of individual donors – member states, or private sources. One result of this wrongful practice is that discretionary funds for the prevention and control of obesity and chronic non-communicable diseases are [practically almost zero](#). This is not a fact that WHO likes to advertise.

The great shift in the governance and policies of WHO in this century, is instanced by the influence of the Gates Foundation. In 2000-2001, Gates contributed \$US 11 million to WHO. In 2012-2013, the figure was \$US 568 million, which together with funding from the US and UK governments was one-third of WHO's entire annual income budget in that year of \$US 4.4 billion. [Claudio Schuftan points out](#) that

The Gates Foundation....holds tightly on to control of its funds [and] operates a 'we will fix it', money-driven policy... Such silver-bullet top-down policies and programmes...distract attention and drain resources from necessarily complex public health programmes, or else simplify them so that they lose most meaning and purpose.

In her commentary in this issue of *WN* [Anne-Emanuelle Birn](#) summarises the trouble with philanthrocapitalism, in Gates's case known as 'billanthropy':

The tenet that business models can (re-)solve social problems and are superior to redistributive, collectively deliberated policies and actions employed by elected governments, masks the reality that private enterprise approaches have been accompanied, facilitated, and made inevitable by neoliberal deregulation, privatization, government downsizing, and emphasis on short-term results over long-term sustainability.

Bill Gates is usurping WHO. With his advisors in the Gates Foundation, he is shaping WHO into an instrument of 'the interests and passions of the Gates family'. This imposes a monopolistic 'Microsoft' private business model on issues of public health and public goods which evades accountability to WHO member states.

What is the answer to this distortion? Many influential voices, some without Gates funding, say that overall the result is good or inevitable. Friends of the UN and of WHO, and upholders of representative democracy and increased international justice and equity, will disagree. One response should come from the G77 bloc, now the G133, thus comprising two-thirds of WHO member states. Will the global South, through the G133, 'stand for a strong, flexible, adequately and properly funded WHO, able to carry out its stated mandate'? It is time for a seismic shift in the balance of power within WHO, within the UN system, and in world affairs.

The editors