

“The WHO Review and Why it Matters to You?” Abir Balan

Book Review

By [Dr. Robert Malone](#)

Theme: [Science and Medicine](#)

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“The WHO Review and Why it Matters to You?” was written by [Abir Ballan](#) and published by [PANDA](#). It is a must read by anyone who is interested in public health, the global COVID-19 WHO policies – that almost all nations followed, and the full extent of the corruption by WHO/global leaders and governments. The review also lists out what should have been done instead. The full document can be accessed by the link below:

This review empowers you with key information to help you assess the WHO’s candidacy as an authoritative global public health organization. It provides background information on public health and pandemic management principles as previously agreed upon by this branch of the United Nations. The PANDA analysis will allow you to evaluate the soundness of the WHO-recommended response to Covid-19 and MonkeyPox, and to determine how faithfully the WHO followed its own previously developed recommendations. It goes on to summarize the assumptions underlying their Covid-19 recommendations, followed by a summary of the final recommendations.

Finally, it discusses possible influences on the WHO’s decisions and direction, and suggests actions you may take to safeguard your own personal and national health sovereignty from the power which this international organization has developed and has been exerting on all of us.

My brief synopsis/compilation is below:

The WHO was founded in 1946 and had some basic core principles, that were completely ignored during the COVID outbreak. This image is a compilation of the constitution of the WHO:

CONSTITUTION OF THE WORLD HEALTH ORGANIZATION (1946)

“The objective of the World Health Organization shall be the attainment by all peoples of the **highest possible level of health.**”

“Health is a state of complete **physical, mental** and **social well-being** and not merely the absence of disease or infirmity.”

“The extension to all peoples of the benefits of medical, psychological and related **knowledge** is essential to the fullest attainment of health.”

“**Informed opinion** and active **co-operation** on the part of the public are of the utmost importance in the improvement of the health of the people.”

Source: [Constitution of the World Health Organization \(1946\)](#) [highlights]

The next image (below) is are from the planning documents for influenza and related pandemic diseases in 2019.

These recommendations were based on an analysis of the scientific literature. What actions the WHO chose to recommended during COVID were almost a complete deviation from the previous pandemic development plans which it had developed and endorsed. Of course, the questions which come to the mind of any who confront the almost complete reversal of previously recommended policies are “Why?” and “Who was behind this remarkable reversal?”

Non-pharmaceutical Public Health Measures For Mitigating The Risk And Impact Of Epidemic And Pandemic Influenza World Health Organization (2019)

“Active **contact tracing** is NOT recommended in general because there is no obvious rationale for it in most Member States.” (p. 38)

“Home **quarantine** of exposed individuals to reduce transmission is NOT recommended because there is no obvious rationale for this measure, and there would be considerable difficulties in implementing it.” (p. 47)

“The EFFECT of reactive **school closure** in reducing influenza transmission varied but was generally LIMITED.” (p 50) “In such cases, the adverse effects on the community should be fully considered (e.g. family burden and economic considerations), and the timing and duration should be limited to a period that is judged to be optimal.” (p. 52)

“The strength of EVIDENCE on **workplace closure** is very LOW because the identified studies are all simulation studies.” (p. 54)

“The EFFECT of measures to avoid **crowding** [“e.g. large meetings, religious pilgrimages, national events and transportation hub locations”] alone in reducing transmission is UNCERTAIN... the quality of evidence of its effectiveness is very low.” (p. 57).

“NO scientific EVIDENCE was identified for the effectiveness of **travel advice** against pandemic influenza; however, providing information to travellers is simple, feasible and acceptable.” (p. 61)

Entry and exit screening of travellers [e.g., health declarations, visual inspections for symptoms and temperature checks] is “NOT recommended due to the overall ineffectiveness in reducing the introduction of infection and delaying local transmission.” “Involuntary screening may have ethical or legal implications.” (p. 64)

“Overall, **border closure** is NOT recommended... This is due to the very low quality of evidence, economic consequences, resource implications and ethical implications.” (p. 69)

<https://t.me/abirballan1>

Source: Non-pharmaceutical Public Health Measures For Mitigating The Risk And Impact Of Epidemic And Pandemic Influenza (WHO, 2019)

Obviously, the non-pharmaceutical interventions (NPIs) deployed during the Covid-19 pandemic are not in line with earlier the 2019 WHO pandemic management recommendations.

This review then goes through all the “new” data that shows that lock-downs, masks, universal vaccination, school closures, etc. are all based on either fabricated, poor quality studies or non-existent research. These sections are detailed and nicely summarized.

The issue of lethality of the virus and how WHO has falsely made it appear as if the virus is more deadly than it actually was, even with the original strain – is also discussed in detail.

In February 2021, Ioannidis estimated the global average IFR to be [0.15%](#). Finally, in July and December 2021, he estimated the age-graduated mortality of Covid-19 as shown in the table below.

Age group	Infection Fatality Rate* (13/07/2021)	Infection Survival rate	Infection Fatality Rate* (23/12/2021)	Infection Survival rate
0-19	0.0027%	100%	0.0013%	100%
20-29	0.014%	99.99%	0.0088%	99.99%
30-39	0.031%	99.97%	0.021%	99.98%
40-49	0.082%	99.92%	0.042%	99.96%
50-59	0.27%	99.73%	0.14%	99.86%
60-69	0.59%	99.41%	0.65%	99.35%
70-90	5.5%	94.5%	4%	96%

* The Median IFR for 14 countries

Source: Infection fatality rate of COVID-19 in community-dwelling populations with emphasis on the elderly: An overview ([July 2021](#)) & ([December 2021](#))

Using images and tweets from the WHO website – the review makes the case that the WHO has been corrupted, but does so without making a single specific accusation. The images let the WHO's own words and deeds speak. The impact factor of these images is significant. One such example is below:

Reflection | Is it possible that the **WHO** is **fallible**?

VACCINE PASSPORTS

The WHO initially declared its opposition to vaccine passports.

“Proof of COVID-19 vaccination should not be required as a condition of entry to or exit from a country.”

“International travellers should not be considered by default as suspected COVID-19 cases or contacts or as a priority group for testing.”

WHO INTERIM GUIDANCE, JULY 2021

Soon enough, on 23rd of February 2022, the WHO [signed a contract](#) with T-Systems, a subsidiary of Deutsche Telekom, for the development of a software solution for the global electronic verification of coronavirus vaccination certificates — a tool to ensure mass vaccination, the digitization of health information and compliance.

BIZTECH NEWS

Deutsche Telekom to build global COVID vaccine verification app for WHO



Source (February, 2022)

Under this system, individuals have to subscribe to an infinite booster schedule in order to keep on accessing societal ‘privileges’, such as education, work, leisure and travel, establishing a regime of discrimination based on private medical information.

The conclusion of the document lists out what might have been done differently.

MEASURES THAT MAKE A DIFFERENCE

Meanwhile, simple, standard [measures](#) that could have made a difference in reducing deaths with Covid-19 were completely disregarded by the WHO.

1. Indoor ventilation and proper isolation of Covid wards in hospitals and care homes to reduce iatrogenic airborne transmission;
2. Health campaigns to improve [risk factors](#) for death with Covid: chronic diseases, obesity, anxiety and [Vit D deficiency](#);
3. Early treatment for high-risk individuals (shown to reduce deaths with Covid by [75%](#));
4. The development of natural immunity in the low-risk population ([safe and durable](#));
5. Testing the high-risk population for prior Covid infection to avoid unnecessary vaccination.

The document is comprehensive, well referenced and worth reading. Consider doing so and sharing with friends, colleagues and even politicians.

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Template letter to politicians or government representatives

Dear [insert name],

As a [representative of the people in government/ member of parliament], you are committed to serve the people and ensure that their best interests are at the heart of all public policy.

The WHO-recommended response to Covid-19 was largely followed by most countries. This highlights how far-reaching the WHO's influence is on local governance and, as a consequence, the impact of its recommendations on people's lives and livelihoods.

Are you sure the WHO-recommended response to Covid-19 is in line with [WHO's constitution](#) and its own [pandemic preparedness plans](#)?

Are you sure the WHO is still guided by science and not by private interests?

What is your responsibility towards your fellow citizens?

You have great power to influence your government and create positive change.

You are invited to explore the suitability of the WHO as a global authority on public health: [THE WHO REVIEW AND WHY IT MATTERS TO YOU](#)

Sincerely,
[sign your name here]

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Featured image is from the WHO website

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