Goetheanum
Medical Section

Health for All — Between Order and Freedom

On the WHO Pandemic Agreement negotiations; Traditional, Complementary and Integrative Medicine (TCIM); and anthroposophical commitment to public health

A commentary by Adam Blanning from the Medical Section
(published online on 3 July 2025[1])

With both interest and scepticism, many people are following the WHO negotiations on the revision of the International Health Regulations (IHR) and the Pandemic Agreement. The co-workers of the Medical Section have been working to stay updated on the procedures and outcomes with the conviction that the right of individuals to make free and informed decisions about their own medical care is a core value. It's also important to offer medicine that recognizes each individual as a being of body, soul, and spirit. This stands at the heart of our work. If it were possible to directly contribute to the WHO negotiation processes between countries, we would emphatically push for both these aspects! It is important for us to advocate for medicine that focuses on healing rather than symptom suppression, that recognizes and appreciates many healing methods (remedies that draw from the natural world, including plants, minerals and animals; as well artistic therapies, body therapies, counselling, specialized nursing treatments, eurythmy, etc.), and that understands that working with illness is a developmental process that plays out on both a physical and spiritual level.

While that kind of language is difficult to find in the IHR and Pandemic Agreement, we are happy to report that many of those elements are now actually incorporated into the 10-year strategy plan for the very small part of the WHO dedicated to Traditional, Complementary, and Integrative Medicine (see below). This is a place where an anthroposophic voice has been heard and was able to contribute in unexpected ways.

1 https://dasgoetheanum.com/en/health-for-all-between-order-and-freedom/

We have the impression that the final documents in the WHO negotiations do not include major mandates or power shifts away from individual countries. Instead, the wording is often open, leaving many things to be decided on the national level. There is a lot of room for interpretation and implementation. As we saw in the time of COVID, different governments reacted in very different ways. This will likely still be true in the future.

On the Negotiations and Documents

In a previous article, we published information, concerns, and questions from the Medical Section about the WHO International Health Regulations (IHR).[2] This included concerns, especially around the term "pandemic emergency" which is designated to cover both an actual pandemic as well as the risk of one. The IHR negotiations finished, and the regulations were approved in 2024. They will take effect starting in September 2025.

Negotiations on a Pandemic Agreement took much longer, with the Agreement ultimately approved by the World Health Assembly on May 20, 2025.[3] The Agreement focuses mainly on ensuring greater equity between countries for both pandemic prevention and response, particularly in terms of better sharing and access to health products, such as masks, oxygen, medicine, vaccines, etc. To achieve better medical care in poorer countries, the Agreement provides for accessibility of knowledge and intellectual property, more local production, and more technology transfer.

One sticking point has been the so called "Pathogen Access and Benefit-Sharing System (PABS)" which states that if a (poor) country shares information on a virus or bacteria it should get access to the new medicines, vaccines, etc. in return. The details of the PABS will be negotiated over the next twelve months and only then will the agreement be open for national signatures. The agreement also pledges to support the well-being of healthcare workers and to prevent and detect the emergence of infectious diseases from human-animal contact.

Representatives and commentators, especially from civil society organizations in the Global South, have stated that while the Agreement may be a success in multilateralism (rare these days), the commitments are too weak and watered down. The wealthier nations are protecting their pharmaceutical industries from a more open exchange of technology, medicines, vaccines, and other materials with poorer countries. It shows a lack of true fraternity. Although the agreement stipulates that 20% of medicines and vaccines produced will be designated for poorer countries, that is not enough to support the large populations of people that live in these countries. From a public health point of view, which typically supports measures for broad support and intervention, this agreement remains weak.[4]

From the perspective of individual liberty and free medical decision-making, the situation is contradictory: most of the development of new medicines and vaccine takes place in wealthier nations. These are also places where strong mandates were implemented. So, there is some paradox, that materials (including personal protective equipment and other medical supplies) are likely to continue to be prioritized for wealthier nations over places with less resources. Poorer nations have both weaker health systems for responding to a pandemic and often less medical supplies available (though the inequity might be less dramatic than during COVID), and at the same time often less mandated measures. Some of the strongest resistance to sharing technology and medicines came from central Europe, in particular Germany. The United States has withdrawn from the WHO and from these negotiation processes.

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2 Adam Blanning, Marion Debus, Karin Michael, "Working to Better Understand the WHO Pandemic Agreement", published online on 18 April 2024 (https://dasgoetheanum.com/en/working-to-better-understand-the-who-pandemic-agreement/).

3 The full text of the WHO Pandemic Agreement that was adopted at the World Health Assembly in late May, can be found here: https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_10-en.pdf.

4 Agreements on the declaration and definition of a pandemic and on the broad implementation of health measures fall under the IHR, not the Pandemic Agreement.

A Voice for Traditional, Complementary, and Integrative Health (TCIH)

A more grassroots approach to advocacy has developed through the Traditional, Complementary and Integrative Health Coalition.[5] This coalition was formed to give practitioners, patients, and researchers of traditional, complementary, and integrative medicine (TCIM) a global voice. The International Federation of Anthroposophic Medical Associations, IVAA, is a co-founder of the coalition. To date, more than 340 organizations have joined the coalition. One of the coalition's initial goals was to advocate for an ambitious new WHO strategy for traditional, complementary and integrative medicine. This offered a way to have a more clear voice, especially looking towards the future of medicine.

A new WHO global traditional medicine strategy for the period 2025-2034 was indeed approved by the World Health Assembly in May 2025, after a long preparation phase. To create the foundational thoughts and impulses for that process, three individuals were asked to draft a strategy in 2023, including Tido von Schoen-Angerer, who took on the role of IVAA president last fall. Tido is an anthroposophic paediatrician who previously worked for Doctors Without Borders for 14 years. During the discussion of the draft strategy at the WHO Executive Board in February 2025, countries from Africa, Asia, the Middle East and South America praised the strategy for the ways it seeks to acknowledge traditional and complementary practices (such as anthroposophic medicine, homeopathy and herbal medicines) as an important part of health systems. The greatest resistance to this strategy again came from central Europe, with Poland (speaking as representative for the European Union) questioning the research and validity of integrative practices. After further negotiations and some adjustment of the text (as regards evidence requirements), the strategy was finally approved.[6]

In the words of the strategy: "The rich cultural heritage and diversity of TCIM's healing traditions and principles promote a positive health vision that focuses on the whole person and reinforces the sources of health." The main themes of the WHO traditional medicine strategy are:

- Greater investment into research into traditional, complementary, and integrative medicine (TCIM).
- Guidelines for appropriate regulation of medicines, practitioners, and practices (for example, the WHO Training Benchmarks for Anthroposophic Medicine guidelines, which were developed based on the anthroposophic medical training curricula, in the same way that the Traditional Chinese Medicine or Ayurveda benchmarks were developed), but also regulatory and approval processes for medicines of herbal, mineral, animal and other origin. (This is an important step, as previously mainly only herbal medicines were mentioned and anthroposophic pharmacy makes use of a much broader range of treatments.)
- Integration of traditional and complementary medicine into health systems.
- Promotion of TCIM concepts and knowledge to contribute to healthy societies. (Anthroposophy is a good example of this with its salutogenic contributions, not only for healthcare but also for education, agriculture, and art.)
- Protection of the knowledge of indigenous peoples.

Anthroposophic Medicine and Public Health

What is the right perspective to bring to the questions about health and society that live so strongly on the border of politics and medicine? We often look at health from our own personal perspective – how will

5 Read the TCIH Coalition declaration and join their mailing list on the TCIH Coalition website: https://www.tcih.org/.

6 The full draft of the global traditional medicine strategy 2025–2034 can be read here: https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_4Add1-en.pdf.

this impact me? How does this match my own preferences and priorities? That is an essential part. Public health care, in contrast, seeks to support the well-being of communities and societies on a broader level. Together, they strive to create a space in which each individual can thrive. Practical work within the medical and therapeutic fields asks that we move back and forth between the individual and the larger community, continually asking: how can we hold both? Steiner gave us an image in the point and circle meditation (from the *Curative Education Course*) as well as in the motto for social ethics:

"The healthy social life is found when, in the mirror of each human soul, the whole community finds its reflection, and when, in the community, the strength of each one is living."

This is something we must continually strive towards, being active where we can, and preserving the space and freedom to fully practice anthroposophic medicine in all its depth.

Anthroposophic Medicine for People and Places with Less Resources

A seed initiative that began earlier this year within the Medical Section, looks to see how anthroposophic support can be shared more and more broadly. The teaching and practice of anthroposophic medicine has growth significantly over last decades – it is now practiced on six different continents. Now comes an important growth phase where we must ask: how can anthroposophic medicine be further developed in the local context? What should we do when a bottle of Hepatodoron (or similar medicine) costs several days' or a week's wages in a particular community? How can we share effective treatments and helpful insights for large communities? How can we be generous and creative with what we offer?

The answers to these questions will need to come from many different places. They will surely be different depending on the local experiences, cultural practices, and opportunities available. Diversity of practice and creativity shows itself more and more as a strength. We are happy that conversation is already developing between colleagues in Chile, Mexico, England, Thailand, Brazil, Philippines, Switzerland and the U.S. We are asking question like can we develop an anthroposophical "kitchen medicine" that people world-wide can use for their families and neighbours? How do we deal with these questions financially?

If you have experiences that can contribute to this work, you are welcome to contact us at AMforthecommunity@medsektion-goetheanum.ch.

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