# WORLD GOVERNMENT BY STEALTH

## The threat posed by the WHO Pandemic Treaty and its International Health Regulations

A background paper by Philippa D'Arcy

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*About the publishers…*

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Pictured: World Health Organisation (WHO) HQ in Geneva



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# The threat posed by the WHO Pandemic Treaty and its International Health Regulations

*Philippa D'Arcy*

## Executive Summary

1. Proposals are currently being negotiated in secret that will fundamentally change our individual freedoms, our democracy and possibly our sovereignty, in relation to health care in the UK (and globally). Our elected officials need to educate themselves urgently on what is quietly going on behind closed doors, so they can better understand why a) the pending changes to the International Health Regulations (IHR) and b) remaining a WHO Member State, represent a significant risk to our health freedom.

2. These proposals if adopted in May 2024 will ostensibly become legally binding, may over-ride our national sovereignty, be (intentionally) extremely difficult to get out of, and give the WHO's Director General unprecedented levels of completely unfettered power, through the ability to dictate UK public health policy and restrict fundamental freedoms and human rights with no recourse.

3. Such new powers will include:
   - Ability to declare a pandemic or even a potential pandemic at which point all decision making powers fall under WHO;
   - Ability to impose lockdown restrictions on all individuals in member states;
   - Ability to make vaccinations mandatory, with no recourse if these cause harm or death because everyone involved would be granted a liability shield;
   - Ability to produce such vaccines in 100 days by skipping animal and human trials and reducing safety and efficacy testing down to bare bones; (this is lunacy, but this is the plan – not just the WHO plan but the plan of the US government, the G-7, the EU – they have all said they want a 100 day vaccine, with no liability for the manufacturers);

- The right to specify use of certain medications in medical emergencies, including hospital protocols, and ban others, ie to decide the health care for every person, with local doctors being forced to follow WHO edicts;
- The obligation to carry a global health passport;
- The obligation of nations to surveil and censor the press and social media so that no dissenting voices can be heard; there will be NO free speech that is not approved UN narrative – this directly contradicts the Universal Declaration of Human Rights
- Removal of the clause in the previous IHR regulations relating to Individual Sovereignty;
- Forced implementation of massive nationwide bio surveillance to identify potential pathogens "with pandemic potential"; feeding these, including the genetic sequencing, into a global database (BioHub), such data to be "shared globally". (This transgresses existing law prohibiting the proliferation of biological warfare agents)
- Charging member states the vast sum to put this into effect and run it on a budget of $31bn per annum. This will be an entirely separate budget requiring countries to greatly increase their contributions.

4. Although it is possible that the UK government would ignore its obligations under the IHRs (if it is indeed true that a treaty in International Law does not bind Britain's Westminster Parliament), it is highly likely that the government would automatically follow the duties purportedly imposed on it by the Pandemic Treaty and the IHRs. Our government will try and persuade the public that they must obey the WHO. Binding recommendations legitimise the heavy hands of domestic government. Local officials will be able to justify restrictions by citing global duties. They will say that the WHO directives leave them no choice. During the Covid Pandemic there was no legal obligation but nevertheless most nations, including UK, followed the same protocols in lockstep - to disastrous effect. It is the ACTIONS that our government would take that matters, not whether they are obliged or not to take them.

5. The WHO is now captured by private interests that fund it to the tune of 87% and wield immense power over it. Essentially this is a huge private/public partnership, with taxpayers primarily providing the money (while having no say in the matter), while the private sector sets the direction and reaps the rewards. The 'global elite' behind these private interests will in this way take control over most Western governments. This is a subversion of democracy.

6. This globalist takeover hinges on the successful creation of a feedback loop of surveillance for virus variants, declaration of potential risk followed by lockdowns and restrictions, followed by mass vaccinating of populations to "end" the pandemic restrictions, followed by more surveillance. This needs to be viewed against the backdrop of the now established connection between this last pandemic and offensive biological warfare (gain-of-function) research (in breach of the BWC). The Wuhan Lab, from which SARS CoV-2 escaped was a BSL4, the highest level of bio-containment and yet there was a leak. I have it on very good authority that most other pandemics were also the result of lab leaks.

7. Time is in short supply. One IHR amendment adopted in May 2022 (Article 59), which set out to reduce the 'opt-out' time for member states from 16 months to 10 months failed to be actively rejected by Dec 1st 2023 and so has now come into force. The next set of 307 amendments are still being debated, and will be voted on at the World Health Assembly in May 2024 (with only 50% of votes needed to pass them into law). As a result of failing to opt out of Article 59, we then have only another 10 months to reject these before they too will by default come into force.

8. We need to act now to protect against this imminent massive power grab at the hands of WHO and preserve the UK's authority to manage our own public health. We need to protect patients' right to informed consent for medical procedures and for individualised care without coercion by regulatory agencies. The WPA and amended IHR are draconian instruments that undermine individual member states' and their citizens' autonomy. Together, they create a scenario wherein the WHO would be given the funding and authority to develop and mandate medical interventions worldwide and penalise those who are unwilling to comply. It appears that the WHO has positioned itself in a combined law-making/executive/expert/censorship role which is a well known path to usurpation of unrestrained power.

# 1. What is the WHO and what is its mandate?

WHO is the United Nations agency responsible for global public health. WHO has 194 member states whose responsibilities are outlined in the International Health Regulations (IHR) set out initially in 1969 and amended in 2005. These regulations are not currently legally binding and serve as guidance rather than enforceable mandates. In the wake of the Covid-19 event, however, this is set to change.

WHO was set up after the Second World War as the health arm of the United Nations, to support efforts to improve population health globally. Its constitution was premised on the concept that all people were equal and born with basic inviolable rights. It was intended to put populations in charge of their health. While the WHO's Constitution includes a role in coordinating cross-border health emergencies, the organisation originally emphasised community and individual rights. These culminated in the Declaration of Alma Ata in 1978, emphasising the importance of community participation and 'horizontal' approaches to care.

**WHO Funding**

In recent decades, WHO's core funding model has changed. Originally, its support base of core funding was allocated by countries based on GDP (*Assessed* Contributions), but this has evolved into a model where most funding is via *Voluntary* Contributions, with spending directed by the donors towards specified uses (meaning that it is designated for specific projects rather than being used at WHO's discretion to address the greatest disease burdens). 'Voluntary' actually refers to funding from -private and corporate interests and by public-private partnerships (see below).

The priorities of WHO have evolved accordingly, moving away from community-centred care to a more vertical, commodity-based (vaccines and medicines) approach. This inevitably follows the interests and self-interests of these funders. Understanding these changes is important in order to put the proposed amendments to the existing International Health Regulations (IHR) in context.

Current net assets: $5bn.  Income in 2022 of $4.354bn of which 11% was A*ssessed* contributions.  87% meanwhile came from *Voluntary* contributions of which Bill Gates is by far the biggest donor, via 3 entities: Bill & Melinda Gates organisation, GAVI and CEPI.

**Partners to WHO**

WHO is not alone in the international health space.  Organisations such as Unicef (originally intended to prioritise child health and welfare), private foundations and NGOs have long partnered with the WHO.  However, the past two decades have seen a huge growth of the global health industry, with multiple organisations, particularly 'public-private partnerships' (PPPs) growing in influence.  Notable PPPs are:

- Gavi – The Vaccine Alliance, founded and heavily funded by Bill Gates and dedicated to pandemics;

- The Bill & Melinda Gates Foundation; and,
- CEPI – an organisation set up at the World Economic Forum meeting in 2017 by the Bill & Melinda Gates foundation and Wellcome Trust specifically to manage pandemics.

All of these PPPs have representatives of private interests on their governing boards (ie pharma companies) and address a narrow health focus that reflects the priorities of these private sponsors. They influence the WHO through voluntary-specific funding and through funding within WHO Member States.

Taken overall, Bill Gates is directly and indirectly by far the largest funder of WHO. Gates also stands to make (and has already made) billions of $ from his 'investment' in vaccines. Moreover, in a quid pro quo investment scheme that Gates calls "philanthrocapitalism," Gates multiplies his fortune by investing in the pharmaceutical companies tasked with developing the vaccines that the WHO declares are necessary health solutions. According to Krista Larson of the Associated Press, the Gates Foundation has spent billions of dollars of its more than $70 billion endowment on vaccination development and immunisation programs.

**This system is wide open to conflicts of interest corruption, and we simply cannot give this entity even more power to dictate global health policy.**

Other UN agencies have evolved in similar ways:

- UNICEF now heavily focused on implementing mass Covid vaccination among populations that are already immune, whilst children, its former focus, have had rapidly deteriorating health metrics; and,
- The World Bank, with WHO as 'technical partner', has developed a Financial Intermediary Fund (FIF) announced on 9 September 2022 to support pandemic preparedness through funding the development of a surveillance, identification and response network, that is envisioned in the two WHO pandemic instruments (below) and backed by the recent G20 meeting in Indonesia.

## Pandemic prevention

In response to member states calling for more effective global cooperation to protect countries from health emergencies, a new international ***legally binding instrument*** is being developed to strengthen pandemic prevention, preparedness, and response. This process was initiated in late 2021 at a Special Session of WHO's governing body, the World Health Assembly. One aspect of this process is the amendments to the IHR, which will become enforceable under international law. Another aspect is the drafting of a 'Pandemic Treaty' known as WHO Accord or Treaty or Agreement (the name keeps changing), which describes financing, governance, and supply network responsibilities in the event of future disease outbreaks and other public health emergencies.

The draft IHR amendments grant significant new powers of direction to WHO during and in anticipation of health emergencies and broaden the context within which they can be used.

The draft Agreement is intended to support the bureaucracy, financing and governance that underpins the expanded IHR.

These proposed instruments, as currently drafted, would fundamentally change the relationship between the WHO, its Member States, and in turn their populations, promoting an autocratic colonial-style approach to healthcare and governance that would overrule sovereignty. The documents need to be viewed together, and in the far wider context of the global/globalist pandemic preparedness agenda.

## The threat of pandemics

The current rapidly increasing funding for pandemics and health emergencies is based on several fallacies, frequently repeated in white papers and other documents, as well as in the mainstream media, as if they were facts; in particular:

- Pandemics are increasing in frequency.
- Pandemics are causing an increasing health burden.
- Increased contact between humans and wildlife will promote more pandemics, as most are caused by zoonotic viruses.

The last pandemic to cause major mortality was the 1918-19 'Spanish Flu', estimated to have killed 20-50m people. As noted by the National Institutes of Health, most of these people died of secondary bacterial pneumonia, as the outbreak occurred in the pre-antibiotic era.

Since then, there has **only been 2 significant pandemics**: Asian Flu (1957-8) and HK Flu (1968-9) each with c.1m deaths (less than the number dying each year today from tuberculosis). Notwithstanding this, the media have presented us with almost non-stop pandemics during the 21st century:

- SARS-1 (2002-3) – c150,000 deaths (highly likely a lab escape)
- Bird flu (H5N1) (2004-5) – 583 cases, 338 deaths
- Swine flu (H1N1) (2009-10) – 150,000 - 575,000 deaths (probably the lower end) (highly likely a lab escape)
- Ebola (2014, 2018-19) – 2287 deaths (highly likely a lab escape)
- SARS-CoV-2 (COVID) (2020-23) – 5.4m deaths supposedly attributable, but definitions of a 'COVID death' highly suspect, plus many dying of hospital protocols. (Now understood to be bio-engineered and escaped from a gain-of-function lab in Wuhan).
- Monkeypox (2022-23) – 2500 cases in 40 countries and not a single death outside of Africa [Oddly, it simultaneously appeared in 20 countries on 4 continents; this type of virus has never spread like this before. Furthermore, the genome led to the suspicion that it was bio-engineered, originating in a lab. With extraordinarily coincident timing, in Mar 21 an outbreak of an "unusual strain of Monkeypox" was simulated. To cap it all, in July 22 the DG of the WHO declared a PHEIC due to Monkey Pox (ie an international emergency) against the vote of his own advisory group!].

For context 290,000 to 650,000 people die of flu every year, and 1.6m die of tuberculosis. So these outbreaks have been insignificant.

And we are incessantly told that more are coming and they are likely to be worse. There was much talk about the hypothetical Disease X ('20x worse than COVID') at WEF in Davos this January. Stirring up fear in our politicians is an effective way of winning their backing for these instruments of global health control. We have been assaulted with warnings for over 2 decades to induce a deep fear of infectious diseases, and it seems to have worked.

In Western countries, Covid-19 was associated with deaths at an average age of about 80 years, and global estimates show an overall infection mortality rate of about 0.15%, which is similar to that for influenza.

Thus, pandemics in the past century have killed far fewer people, and at an older age, than most other major infectious diseases. Understanding the devastating effects on health (and economics) of locking down, with the reductions in cancer and heart disease screening and increases in poverty and stress, the WHO advised in late 2019 to "not under any circumstances" impose lockdown-like measures for pandemic influenza.

## Was this a pandemic?

The 2020 All Cause Mortality Excess Deaths data shows that whatever was circulating, new or otherwise, there was NO PANDEMIC. There are many pre-eminent scientists and doctors who continue to maintain that there was no pandemic. See presentations from Professor Stefan Homburg on the 2020 German Official Government Data. He showed there was no pandemic of a "novel' virus in the All Cause Mortality Excess Deaths numbers in 2020. This reconfirms what Dr Denis Rancourt has been saying for some time, supported by similar reports from Dr Thomas Binder, Dr Fynnderella, Dr Lyn Fynn, Dr Knut Wittkowski, Dr Mike Yeadon, Josh Pospichal, Dr Clare Craig.

This does NOT mean that there was not something different & strange in circulation, virus or other agent(s).

The Covid-19 event stands out from previous pandemics due to the aggressive and disproportionate responses employed, which were instituted contrary to existing WHO guidelines. The harms of this response are not for this discussion. There is little doubt, however, that the resultant disruptions to health systems and increased poverty will cause far higher mortality, at a far younger age, than would have been expected from Covid-19 itself where the actual mortality rate was 0.02% according to Stanford data.

Despite the historical rarity of pandemics, WHO and partners are pushing forward with a rapid process that will ensure the repetition of such responses, rather than first analysing the costs and benefits of the recent pandemic response. This is clearly reckless and a bad way to develop policy.

## Laboratory leaks and Gain-of-Function (biological warfare) research

It is now accepted that Covid was a man-made pandemic caused by escape of pathogens from labs that were carrying on gain of function research. This is another name for

biological warfare research. Here is an excellent article on this cover up and Gain of Function (biological warfare) research by Dr Meryl Nass, who is a biological warfare expert, in that field for over three decades.

The Wuhan Cover-Up, by Robert Kennedy Jr, recently published, is a piece of scholarly research, which goes meticulously into the several decade-long lead up to Covid, creating an accurate historical record for the future. In a nutshell, there is a cabal that took the concept of biological warfare 30 years ago and ran with it – in order to create new industries, massive profits and control the world using fear of death by contagion.

In an expert witness statement in Dec 19, in Massachusetts, the same Dr Meryl Nass said: "Congress appropriated a lot of money for bio-terrorism, which is conjoined with pandemic planning. So, the same pot of money that goes into pandemics goes into Biological Defence. Much of it is duly used for research performed in high containment, BSL-3 and BSL-4 labs. We don't call it biological warfare, but when you're designing pathogens to be more virulent than the originals in nature … essentially biological warfare research gets done. Things are called biological warfare if the intent is to create a weapon. What has happened is that a lot of money was spent to develop new high containment labs — many, many more high containment labs … about $6.5 billion a year since 2001 has been designated for this biodefense. So, what we wound up with is hundreds of biodefense labs that have to be used and thousands, possibly 15,000, newly trained bio-defence researchers. So, now we have cadres of people who are experts in coronaviruses or avian flu viruses, Ebola, Lassa, et cetera. And what most of that money … has been spent on, has been researching these pathogens. Even though the money was supposed to be spent on developing countermeasures and stockpiling countermeasures, to a great extent that did not happen … As a result, we know a lot about highly virulent coronaviruses that have been created in labs around the world as well as in the U.S. and China, and we have absolutely no countermeasures that have been developed for coronavirus.".

A new study reports 309 lab acquired infections and 16 pathogen lab escapes between 2000 and 2021. This sets out how easy it is for pathogens to escape labs. This report is a gross underestimate, according to the CDC data, but even so is quite chilling and should make people think twice about the risks vs benefits of research on deadly pathogens and pursuing Gain of Function research.

The draft Pandemic Treaty and IHR draft amendments require member states to both investigate (populations, animals and ecosystems – which are all equal in their One Health policy) for pathogens and share pathogens with pandemic potential with WHO who will "share them globally". The WHO has already established a BioHub for this purpose and a Pathogen Access and Benefits System. This transgresses existing law prohibiting the proliferation of biological warfare agents (the 1972 Biological Weapons Convention (BWC) and the 2004 Security Council Memorandum 1540).

| **BWC** | **Pandemic Preparedness Treaty & IHR** |
|---|---|
| Don't acquire or retain them | Every nation must go out and find them |
| Don't transfer them to others | Transfer them to WHO's BioHub that will "share them globally" |

## 2. What the WHO instruments propose

As currently drafted, the Treaty (or Accord) and IHR amendments are different but work together. They need to be considered jointly. The IHR amendments concentrate on the specific powers and processes sought by WHO and its sponsors. The Treaty concentrates more on the governance and funding to support these. Specificities in both instruments will change between now and the WHA vote on them in May 2024. However, in broad terms, they are currently written to achieve the following:

### WHO Treaty

(NB: The name of each draft changes. The latest October draft omits the term 'CA+' for the Treaty, used on the Feb draft. The June draft was called the Bureau Text and the October draft (attached) is simply called "The Negotiating Text of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response"). For clarity, this paper is referring to it as the 'Treaty'.

This Pandemic Treaty starts off with all sorts of reassurance about respecting human dignity, human rights and fundamental freedoms. But once you dig beneath the surface, you are faced with a clear plan to centralise and bring all public health decisions and policies globally, under the auspices of the WHO. This should trigger major alarm bells that health is being hijacked by politics to allow a technocratic elite to control every area of our lives in an undemocratic way.

If passed into law, this Treaty does the following:

- Sets up an international supply network overseen by WHO;

- Funds the structures and processes – a proposed budget of $31bn per annum. (They appear to have dropped the required for each member nation to assign ≥5% of national health budgets to health emergencies);

- Sets up a 'Governing Body', under the auspices of WHO, to oversee the whole process; and,

- Expands scope by emphasising the 'One Health' agenda, an ideology that combines human health, animal health and environmental concerns into one. It claims that "all life is equal and of equal concern", and that a very broad range of aspects of life and the biosphere can impact health and therefore have the 'potential' to spread harm across borders. This allows the Director General a very broad scope to declare an international health emergency.

*Specifically:*

- Article 2 #2 states it is applicable at ALL times, <u>not just in times of health emergency</u>.

- Article 4 #3 – Pandemic Prevention and Public Health Surveillance, which is designed to set up a global laboratory and diagnostics infrastructure with the capacity to perform genomic sequencing, data science to assess risk of detected pathogens and ability to safely handle samples.

- Article 6 #4/Article 12 – Pathogen Access and Benefit-Sharing System (WHO PABS System). Members need to set up genomics, risk assessment and lab networks, in order to conduct surveillance and sharing of emerging pathogens, with the goal of seeking out 'pathogens of pandemic potential' that would allow them to facilitate rapid and timely development of pandemic-related products (and to declare a pandemic). It proposes in Article 12 that the genetic sequences are uploaded to one or more publicly accessible databases of its choice.

- Article 10 #1(d) - Sustainable production. Encourage manufacturers to grant, on agreed terms, non-exclusive, royalty free licences to any manufacturers, particularly from developing countries, to use their intellectual property and other protected products, technology, know-how, information, in particular for diagnostics, vaccines and therapeutics for use in agreed developing countries.

- Article 13 #3 (e) – Global Supply Chain and Logistics. The terms of the WHO SCL Network shall include facilitating the negotiation of 'advance purchase commitments and procurement contracts for pandemic-related products. This means member states are obliged to buy products for pandemics in advance, sight unseen. Neither the manufacturer nor the nation knows what is coming, but once WHO issues a pandemic declaration, the contracts are activated and the UK would have to buy what the manufacturer produces. The 2009 Swine Flu pandemic provides a useful example, where advance purchase commitments led to tens of $billions in vaccine purchases in North America and Europe for a flu that was less severe than the normal flu.

- Article 21 sets up a Conference of Parties (COP) comprised of representatives from nation states. 4 Committees are proposed: Implementation & Compliance committee, Pandemic Products Committee, Panel of Experts to provide scientific advice, Benefit-Sharing Expert committee. All highly industry and economically focussed; nothing about doctor-patient relationship or practice of medicine or health of the public.

  **Worryingly the COP would be empowered to introduce new protocols (whatever they want) into the Treaty once it is signed, provided there is a 2/3 majority vote within the COP – essentially becoming a World Government for health policy with nation states merely being agents of delivery.**

- Article 14 – Regulatory Strengthening: this legally forces Member States to take steps to ensure it has the 'legal, administrative and financial frameworks in place to support emergency regulatory approvals for the effective and timely regulatory approval of pandemic-related products'. This incentivises a race to the bottom of drug and vaccine approval standards, particularly during emergencies eg support for the 100 day approval of vaccines in a pandemic.

- Article 18 (and 16) – Communication and public awareness. **This requires countries to cooperate across borders to control dissent and coordinate a single global messaging across countries**. Member states will inform policies based on their research into what hinders adherence to public health measures and trust in science and public health institutions. It references and defines a new word 'infodemic' which basically means misinformation. (Also Article 9, #2 (d), Article 1 (c)). More on this in IHR.

  Under the terms of the Agreement, the WHO reserves the right to determine what is considered factual and what is considered misinformation or disinformation, and to define all information related to public health. This contradicts the UDHR (Universal Declaration of Human Rights). As we have seen during the Covid-19 response, the definition of misleading information can be dependent on political or commercial expediency, including even factual information on vaccine efficacy and safety and orthodox immunology that might impair the sale of health commodities. This is why open democracies put such emphasis on defending free speech, even at the risk of sometimes being misleading.

  In signing on to this agreement, governments will be agreeing to abrogate that principle regarding their own citizens.

- Article 20 – Financing. A sustainable funding mechanism will be in place by no later than 31/12/26, which will ensure adequate and accessible funds. Like the WHO itself it appears that this will involve annual monetary contributions by members, but also voluntary monetary contributions – possibly allowing interested parties to buy their way in. It also involves an endowment for pandemic prevention, preparedness and response, resourced by voluntary contributions from all sectors who benefit from this prevention/preparedness, and from donations from philanthropic organisations. All this funding will provide assistance to developing countries to meet their obligations, and will also fund the Secretariat of the WHO Pandemic Agreement.

"This Pandemic Treaty intends to create a complicated managerial structure with a new WHO Secretariat and Conference of the Parties to perform activities that have never been shown to prevent or respond to pandemics effectively or provide any other benefits. In fact these efforts are most likely to increase pandemics and encourage the use of hasty regulatory structures and problematic, liability-waived drugs and vaccines produced too quickly" (Meryl Nass 23/10/23 Analysis of the Oct 2023 Negotiating Text)

## The proposed IHR Amendments

This is a totally separate legal instrument to the Pandemic Treaty.

Up until now, the IHRs have been structured so as only to grant the WHO the power to issue expressly non-binding recommendations. However, as currently framed, the IHR proposed amendments would empower the WHO to issue directions which would be binding on member states as a matter of international law and which would oblige those member states then to implement and enforce the relevant measures at national level. The significance of this change can barely be overstated, rewiring the relationship between

national governments and the WHO and hardwiring into international law a top-down, paternalistic approach to public health.

The International Health Regulations are negotiated at the WHA (World Health Assembly) by unelected delegates. They passed 5 proposed amendments in May 2022, and they are currently negotiating 307 more which they propose adopting May 2024. All amendments will be accepted/passed **if a simple majority (50%) of countries' representatives vote yes**. (There has been no national or international public comment or vote sought as part of the negotiation process. It seems that the public aren't considered to be relevant stakeholders in the very secretive negotiation process that takes place at the WHA).

The previous version of the IHR was agreed in 2005. Unlike the proposed Pandemic Treaty which must be scrutinised by parliament before being ratified by government, the IHR 2005 **is already an instrument of international law which is legally binding on 194 countries**. Any new, adopted amendments will require no UK parliamentary scrutiny or vote, so this is the more dangerous legal instrument. The WHO has cleverly decided to use the IHRs to strengthen its control over future pandemic policy, because they are already legally binding and there is no need for ratification by any parliament around the world. All they need is a majority vote (50%) by representatives of the nations that show up to the World Health Assembly meeting.

Dr Abdullah Assiri, Co-Chair of IHR Amendments Working Group, spoke in the World Health Assembly IHR working group meeting in May 2023. He gave a 3 minute very chilling speech outlining their goals. He commented that the implementation of IHRs had been problematic to-date, so enhancements are required. "The world requires a different level of legal mandates, prioritising actions that may restrict individual liberties, mandating the sharing of information, knowledge and resources and providing funds for control efforts. The means for carrying out these actions is simply not currently at hand."

### The proposed 307 amendments being debated at the moment would have the following effect:

1. Change the recommendations of the IHR from **'non-binding' to binding** instructions that the member states undertake to follow and implement, ie WHO will now direct not recommend.

2. Expand the definitions of pandemics and health emergencies, including the introduction of 'potential' for harm rather than actual harm. It also considerably expands the definition of health products that fall under this to include any commodity or process that may impact on the response or "improve quality of life".

3. Solidify the Director General's ability to independently declare emergencies. He will have sole authority to declare a pandemic or even a potential pandemic, at which point all decision making powers fall under WHO. There are no standards that must be met before a public health emergency can be declared – he can act on suspicion, and more disturbing, the treaty will be in force all the time, so he doesn't actually need to declare an emergency. He will have the authority to dictate public health even when there is no

pandemic. It should not be forgotten that in July 2022 Monkeypox was declared a global public health emergency of international concern. This was a shocking example of Tedros Ghebreyesus overruling the most senior committee of the WHO that voted against such a declaration.

**(These two points together would result in an unelected, unaccountable individual having unprecedented levels of completely unfettered power, who could dictate UK public health policy and restrict fundamental freedoms and human rights with no recourse.)**

4. Set up an extensive surveillance process in all member states, which WHO will verify regularly through a country review mechanism to identify potential pathogens with pandemic potential. This will include swabbing and testing humans, domesticated animals, farm animals, wildlife, farms, factories, wastewater and more. (Every two years they will inspect the country, and the country will be told where it needs to shape up. There will be a large division funded by billions of taxpayers' money being put in place to handle this).

5. Enable the WHO to share country data without consent.

6. Remove the clause relating to individual sovereignty which till now has required the WHO to uphold **"full respect for the dignity, human rights and fundamental freedoms of individuals".**

7. Give WHO control over certain country resources, including requirements for financial contributions, and provision of intellectual property and know-how (within the now broader definition of health products above).

8. Formalise the creation and implementation of a globally **interlinked health certification system**, that would be recognised by all WHO member states, and which would enable nations to enforce travel and other restrictions with vaccine certificates, prophylaxis certificates, passenger locator forms, health declarations – all tied to a personal QR code. (The EU have been tasked with this, and apparently it is well on its way). How this pass would impact our liberties is as yet unclear. Might it be necessary in order to enter a restaurant? Travel on a train? Or be treated in hospital?

9. Mandate systematic global collaboration to counter any dissent to any official government or WHO guidance. The amendments will ensure national support for promotion of censorship activities by WHO to prevent contrary approaches and concerns from being freely disseminated, **ie turbo-charged censorship of all dissenting voices**. The WHO's narrative will be the only one allowed. YouTube has already implemented this policy even though the treaty is not yet in place.

10. Change existing IHR provisions affecting individuals from non-binding to binding, including border closures, travel restrictions, confinement (quarantine), medical examinations and **medication of individuals**.

- Binding provisions affecting individuals could require them to quarantine, undergo mandatory testing, medical examination and even vaccination.
- Article 8 also provides for provisions to accelerate vaccine and gene-based therapy development, national safety approvals and licensing for emergency use – undercutting regulatory oversight developed over decades, and safety trials, thus greatly reducing costs to pharma manufacturers. The GSK Pandemrix brand of vaccine led to over 1300 cases of severe narcolepsy, primarily in adolescents. Rapid production of vaccines for which profits are guaranteed and liability is waived has never been a win for the public.
- It will enable the WHO to decide which medications can be used in medical emergencies, and which can't. The DG (Tedros Ghebreyesus who is not a doctor but has a PhD in Community Health) will decide health care for every person in every member state, and local doctors will be required to follow his edict. There will be no medical freedom or bodily autonomy anymore.

**The proposed IHR amendments rely on the following assumptions:**

- That the WHO is the directing and coordinating authority on international health (even though the WHO has no qualifications or expertise to allow it to take charge of global health policies)
- That international spread of disease demands the widest international cooperation (ignoring the fact that the spread may be limited to only a few countries and each will demand a different level of response);
- That nations retain national sovereignty through their ability to pass health laws, while they will be simultaneously bound and accountable to obey direction from the WHO on health;
- That we were unprepared for COVID and this is what caused the pandemic's suffering and that all we need in future is a central authority to direct us;
- That lack of equity led to failure to share drugs, vaccines, PPE, ignoring the fact that it was nations withholding generic drugs from their populations and not lack of equity that caused many treatment shortages;
- That pandemics invariably arise at the animal-human interface, are natural in origin and the vaguely defined "One Health" approach can prevent or detect them early;
- That increasing the capture and study of potential pandemic pathogens can be done safely and provide useful pandemic products – when neither has been true in the past;
- That pharmaceutical manufacturers will agree to give up some IP rights. (In response a pharma manufacturers' association said in October it would prefer no treaty to this one);
- That censorship of misinformation ("infodemic") is legal and desirable.

[The UN adopted a declaration on pandemic preparedness on 20 Sept 2023. In fact 11 countries objected and the declaration was only approved by the UN Secretary-General]

An adoption of these amendments, along with ratification of a new Pandemic Treaty, would result in highly significant change to global public health governance, permanently undermining and even removing national control (sovereignty?) in a health emergency, handing it over to the WHO and potentially to their sponsors and funders.

**It is important to consider these texts together, and in the context of the wider pandemic preparedness agenda that includes agencies such as Gavi and CEPI, their private and corporate sponsors and private industry lobby groups including the World Economic Forum (WEF). The WEF has been influential in promoting the agenda; CEPI was inaugurated at the 2017 WEF meeting in Davos.**

## 3. The cost of the WHO's power grab

The impact of the changes to the way the WHO will operate will be felt democratically – in the loss of national sovereignty and political accountability – and financially – as the WHO's budget balloons to tenfold the current size.

**Funding of the infrastructure that needs to be put in place to effect these changes**

The funding of all this is going to be $31bn per annum, at least, over the next 5 years and maybe beyond, about two-thirds of which will have to come from domestic financing (5% of health budgets is envisaged). This is supposedly required "to strengthen the PPR (Pandemic Preparedness Response) capacity of low and middle income countries". Just for context, the WHO's budget is currently $3.5bn.

## 4. Concerns over sovereignty

Numerous critics have made the allegation that the WHO regime will eliminate sovereignty and override constitutions.

A rational examination of the texts in question indeed shows that:

- The documents propose a transfer of decision-making power to the WHO regarding basic aspects of societal function, which countries undertake to enact.
- The WHO DG will have sole authority to decide when and where they are applied.
- The proposals are intended to be binding under international law.
- States Parties undertake to enact what previously were merely recommendations, without delay. (Article 42)

[For information, it is not the Pandemic Agreement that appears to be a direct attack on nation or individual sovereignty. It is the amendments that look like they remove national and individual sovereignty and cede it to the WHO and partner agencies].

The intent of the texts is clearly a transfer of decision-making, currently vested in nations and individuals, to the WHO, when its Director General decides that there is a PHEIC (Public Health Emergency of International Concern). The question of whether sovereignty is indeed being transferred, and the legal status of such an agreement, is therefore of vital importance, particularly to the legislators of democratic States.

This issue has been raised several times with UK MPs, who deny categorically that our sovereignty is impacted. Tedros Ghebreyesus the DG of the WHO has repeatedly said that no country will cede sovereignty to the WHO. Saying that the WHO will steal sovereignty allows critics of these instruments to be discredited as conspiracy theorists. It distracts from the game that is afoot.

Bruce Pardy of The Brownstone Institute clarified this point on Jan 11th 2024. He explains it in words that are worth reproducing as published:

"These proposals do not override sovereignty but they protect domestic authorities from responsibility. States will still have their own powers. But the WHO plan will shield them from the scrutiny of their own people.

Under the proposals, the WHO will become the directing mind and will of global health. It will have authority to declare public health emergencies. National governments will promise to do as the WHO directs. Countries will "undertake to follow WHO's recommendations." WHO measures "shall be initiated and completed without delay by all State Parties…[who] shall also take measures to ensure Non-State Actors [private citizens and domestic businesses] operating in their respective territories comply with such measures." Lockdowns, quarantine, vaccines, surveillance, travel restrictions, and more will be on the table.

That sounds like a loss of sovereignty, but it is not. Sovereign states have exclusive jurisdiction in their own territory. WHO recommendations cannot be directly enforced in American (or UK) courts. Sovereign nations can agree to follow the authority of international organizations. They can undertake to tie their own hands and to fashion their domestic laws accordingly.

The WHO proposals are a shell game. The scheme will provide cover to domestic public health authorities. Power will be ubiquitous but no one will be accountable. Citizens will lack control over the governance of their countries, as they already do.

When countries make treaties, they make promises to each other. International law may regard those promises as "binding." **But they are not binding in the same sense as a domestic contract**. International law is a different animal from domestic law. In Anglo-American countries, the two legal systems are distinct. International courts cannot enforce treaty promises against unwilling parties in the same way that a domestic court can enforce contractual promises. International law is formalized international politics. Countries make promises to each other when it is in their political interests to do so. They keep those promises on the same criteria. When they don't, political consequences sometimes follow. Formal legal consequences rarely do.

**Nevertheless, the idea is to persuade the public that their governments must obey the WHO. Binding recommendations legitimize the heavy hands of domestic governments. Local officials will be able to justify restrictions by citing global duties. They will say that WHO directives leave them no choice. "The WHO has called for lockdowns, so we must order you to stay in your home. Sorry, but it's not our call."** (My emphasis)

The WHO is not undermining democracy. Countries have done that over time by themselves. National governments must approve the new plan, and any can opt out as they wish. Without their agreement, the WHO has no power to impose its dictates. Not all countries may be keen on all the details. The WHO proposals call for massive financial and technical transfers to developing countries. But climate change pacts do too. In the end rich countries embraced them anyway. They were keen to virtue-signal and justify their own climate boondoggles. Most can be expected to sign on to the WHO gambit too.

Countries who do so (ie sign up) retain the sovereignty to change their minds. But leaving international regimes can be hellishly difficult. When the UK belonged to the European Union, it agreed to be subject to EU rules on all manner of things. It remained a sovereign country and could decide to get out from under the EU's thumb. But Brexit threatened to tear the country apart. Having the legal authority to withdraw does not mean that a country is politically able to do so. Or that its elites are willing, even if that's what its people want.

**Bottom Line**

The WHO proposals will protect power from accountability. National governments will be in on the plan. The people are the problem they seek to manage. The new regime will not override sovereignty but that is small comfort. Sovereignty provides no protection from your own government's actions.

It is *possible* the UK government would ignore its obligations under the IHRs, but it is surely more likely the government would automatically follow the duties purportedly imposed on it by them – especially as the UK government had not chosen to opt out of such impositions in the first place. National governments tend to avoid routinely breaching international legal obligations because doing so has serious collateral implications for eg the cost of public borrowing. During the Covid Pandemic there was no such legal obligation to follow WHO guidance, but nevertheless most nations, including the UK, followed in lockstep the same WHO protocols – to disastrous effect. Ultimately, it is the ACTIONS that our government would take that are important, not what agreements it is signed up to.

**IHR Focal Points**

People ask, 'how can the WHO actually make us do anything?' IHR focal points are the way in which WHO will enforce their diktats. There are already IHR Focal points in every country. A Russian amendment is currently seeking to strengthen and empower these local focal points within each country to enforce the national IHR obligations. The WHO is keen to encourage countries to put in place the necessary legislation to allow local enforcement. The UK appears keen to comply with this.

# 5. Timelines and Momentum

## Timelines

The final iteration of the WHO Pandemic Treaty will be voted in at the next World Health Assembly meeting in May 2024. It requires 2/3 vote of the 194 member states. It then requires at least 30 countries to ratify it after this vote, and ultimately comes into force 30 days later (July 2024) and applies to the countries that ratify.

The 307 amendments of the IHR (proposed by 16 entities on behalf of 94 countries) are still being debated between the delegates of the member states. The Working Group (WGIHR) have met several times during the last six months, for 3 to 4 days at a time, most recently in early December. As of 31/1/24 they have overrun the timetable for agreeing the final version, which, according to the WHO constitution (article 55), has to be presented 4 months prior to the vote. It remains to be seen whether this breach of the rules will be enforced. It is anticipated that the final draft text of the amendments will only be available in April or May 24 leaving just a few weeks for member states to decide whether to vote in favour at the World Health Assembly schedule to run from 27 May to 1 June 2024.

In this case **all that is needed for their adoption is a simple majority** – **a 50% vote in favour**, out of 194 members and 2 associate members.

## Opting Out of the IHR amendments

If a majority vote passes, which looks likely, there is a 10 month opt-out period, which takes us to March 2025, and then it **automatically** comes into force 2 months later ie May 2025.

While both texts are intended to have force under international law, countries can theoretically opt out (by exercising Article 61) in order to preserve their sovereignty and protect their citizens' rights. Opting out of any amendment would mean the current version of that amendment continues to apply to the UK.

IF THE UK DOES NOTHING BEFORE MARCH 2025, THE AMENDMENTS BECOME LAW. WE HAVE TO ACTIVELY OPT OUT OF EACH AMENDMENT WE DON'T AGREE WITH, BY INVOKING ARTICLE 61 OF THE EXISTING IHRs.

However, low-income countries could potentially face financial pressures, restrictions and sanctions from entities such as the World Bank that are also heavily invested in this agenda. Of relevance, the 2022 United States National Defence Authorization Act (HR 7776-960) includes wording concerning adherence to the IHRs, and action concerning countries that are uncooperative with its provisions.

## The lost opportunity to opt out of Article 59

This was one of the 5 amendments adopted in May 2022. Its goal was to reduce the 'opt-out' period for member states in relation to future amendments **from 16 months to 10 months**. Despite concerted efforts by over 160,000 UK citizens, we achieved no attention

on this matter from our members of parliament, and therefore no action from the UK government. So the deadline of 1 December 2023 has now past and this amendment is now binding on the UK under international law.

In the weeks leading up to the December deadline, there was action taken by New Zealand, Estonia, Slovakia and Philippines. In some cases this involved groups of parliamentarians writing to their respective government officials, in others it appears to have involved Government ministers and leaders themselves expressing doubts about the WHO's ambitions. There are also reports of resistance among parliamentarians in Australia and South Africa. What isn't yet clear is which if any WHO member state governments in fact submitted notices of a decision to reject and opt out of the Article 59 amendment.

## Momentum

There is terrific momentum around this project, with many global entities all contributing. The globalists are absolutely intent on getting this through. There was much time devoted to this agenda at the recent WEF meeting in Davos, where motivation was heightened by much reference to the coming Disease X, which is apparently due to be twenty times more virulent than COVID.

An international bureaucracy is currently being built with funding envisioned of up to $31 billion per year for at least the first 5 years. The World Bank is closely involved in making this happen. This same bureaucracy will survey populations for new and variant viruses, identify them, determine their 'threat' level and then implement a response. **This essentially creates a self-perpetuating pandemic industry, fraught with major internal conflicts of interest, funded by the world's taxpayers but, as a UN agency, having no national legal oversight and little accountability. Its justification for continued funding will rely on declaring and responding to perceived threats, restricting the lives of others whilst accruing profit for its sponsors through pharmaceutical recommendations and mandates.**

On 5 June 2023 the WHO launched a digital health partnership with The European Commission. They laid out their plans very clearly. They are in the throes of reactivating the EU Covid-19 digital certificates, expanding and developing it to become the global digital health certification network that they desire. They say in their statements that the WHO and EC will work together to encourage maximum global uptake and participation. There is a very real concern that such digital certification will then be used as a platform to introduce global digital currencies. From there it is a very short distance to the exertion of a Chinese-style control over citizens' behaviour by central digital control of access to bank accounts.

**The UN "Our Common Agenda"** is yet another mechanism by which central powers are able to exert control over our lives. This is not a standing body, but a set of protocols that can be activated when needed. In effect, it is an emergency platform to respond to emergencies. It would bring together the same players to respond to "global shocks" that threaten sustainable development goals. Here are some examples: climatic/environmental events, pandemics, high impact biological events, large scale disruptive or destructive activity in cyberspace, Major event in outer space (!), Unforeseen risks.

In the list of key principles and objectives of this emergency platform ("high level political leadership, equity and solidarity, inclusive and networked multilateralism, securing commitments and accountability" blah blah blah) there is no mention of health care or wellbeing of the public.

The document's conclusion states, "I propose that the General Assembly provide the Secretary General and the United Nations system with a standing authority to convene and operationalise automatically an Emergency Platform in the event of a future complex global shock of sufficient scale, severity and reach".

**Opposition Momentum**

It is encouraging to see that while seemingly not yet reaching a level of coordinated action to have prevented the Article 59 amendment taking effect, there is a growing momentum now to question and challenge WHO's ambitions to acquire these new powers. That is momentum on which UK parliamentarians could certainly now capitalise, to persuade the relevant Government Ministers at the FCDO and the DSHC to apply a more critical mind to the Government's apparent assumption that the UK wishes to remain a core advocate for the WHO and to support its coronation as a global public health authority.

## 6. In Conclusion

This 'globalist takeover' hinges on the successful creation of a feedback loop of surveillance for virus variants, a declaration of potential risk, followed by lockdowns and restrictions, followed by mass vaccinating of populations to "end" the pandemic restrictions, followed by more surveillance and so on. What results is a system which will funnel money from the taxpayers into multinational corporations and elite groups.

We have already experienced The WHO's chaotic handling of the COVID 19 pandemic. And that was when they were merely advising. Their advice was not science based, not rational, moral or ethical, and it was heavily influenced by vested interests. Yet here they are negotiating new and binding legal instruments without bothering to undertake a full analysis of their handling of the last pandemic, or take stock of the catastrophic negative impact of their misguided policies on economies, healthcare systems, education, social cohesion, physical and mental health and more.

This is a very deep movement within international public health and the financial sector to increase control of member countries and individuals in the case of health emergencies, super- broadly defined as anything that could potentially harm the wellbeing of human population. This is a subversion of democracy by centralised organisations, many of whom are private entities or public/private entities that have direct financial interests in this whole process, who are strongly directing and supporting by way of funding.

The pandemic agenda must also be seen in the context of the unprecedented profits and wealth transfers, (global billionaire total wealth increased more over the 17 months of the pandemic than it did in the 15 years prior – by $5.5trn, a gain of over 68%) and the suspension of basic human rights, that the Covid-19 public health response promoted.

Essentially this is a huge private/public partnership with taxpayers primarily providing the money (while having no choice in the matter), while the private sector sets the direction and reaps the profit rewards. It feels like we have turned the clock back to the colonial era, with a pseudo-government that isn't answerable to the people but is closely tied to large organisations, controlling the rest of the world in order to extract benefits from those populations.

I fear our politicians are sleepwalking into these treaties, believing them to be similar to previous health related treaties, where the WHO is given some limited, non-binding power to make recommendations, but does not interfere with a sovereign nation's ability to manage public health crises as they deem fit. This could not be further from the truth. These treaties violate nearly all western constitutions by allowing a foreign power the ability to nullify and void, for indefinite amounts of time, the existing constitutional laws and civil rights protections of these countries upon proclamation of a public health crisis.

# Appendix I

**Summary by Dr Liz Evans**

"If this comes to pass, it has huge ethical and moral implications for the practice of medicine and for wider society. It's an aggressive move by WHO and partner agencies who are seeking to arrest control of healthcare decisions from local, regional and national bodies and instead place them into a centralised system with global conformity, compliance and top down control. This is sinister and is a threat to us all. It is protocol-driven medicine on steroids. And there are so many red flags when you read the documents which show an underlying lack of recognition for the sanctity and dignity of every human life. There is no mention of fundamental principles of medical ethics, like informed consent, or the doctor-patient relationship. And yet medical ethics are vitally important and should be non-negotiable in a civilised society. They exist to hold doctors and medical professionals accountable for their actions to protect vulnerable patients from abuse. They recognise the doctor-patient relationship is an intimate one with an unavoidable power imbalance. Hence the importance of the Hippocratic oath to First Do No Harm; that doctors must ensure that they obtain voluntary, uncoerced, informed consent to any medical intervention for their patients, following a full disclosure of risks, benefits and all treatment options, including the option to do nothing; that healthcare professionals maintain confidentiality and that they respect the value and dignity of each human life and act as their patient's advocate.

"What the WHO is proposing will have a catastrophic impact on the sacred patient-doctor relationship and the wider practice of medicine. Arguably, when it is most important to hold firm to medical principles is when there is an emergency, because that is the time when abuse and atrocities are most likely to occur – when people are panicking and when there is fear. To overlook ethics in these documents is a massive red flag. We have essentially moved to a situation where you have government and public health officials who believe they can practice medicine on individuals they don't know, and yet politicians and bureaucrats don't have a place in making medical decisions for individual patients. It is unethical, dangerous and it constitutes a medical tyranny. Emergency public health policies adopted an ideology that favoured the greater good over the sanctity of individual life – it was dehumanising and morally reprehensible.

"We have at least been able to write to our elected representatives, to challenge and lobby for changes to unethical policies, and we have seen the public protesting all over the world on the streets against their government policies. But imagine what would happen in the future if all health policies and protocols are instead set by the WHO Director General and various committees who are unelected, and unaccountable and pretty much invisible. You would then have absolutely no recourse for the public to protest or lobby their politicians for change. The governments and elected representatives would simply say they had no choice, that they were obligated to enact WHO policies under international law, so they were simply following orders."

*Dr Liz Evans, of Doctors For Patients UK*

# Appendix II

**Treaties and Regulations:**

1. IHR 2005 Third Edition (inc revisions adopted in 2014)
2. IHR proposed amendments
3. Working Group on Amendments to the IHR (2005)
4. Latest Draft of the WHO Pandemic Treaty Oct 2023, replaying June '23 ('Bureau's Text')
5. The WHO old pandemic guidelines, superseded in Nov 2019

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