A SIMPLIFIED GUIDE TO:

The amendments to Articles 55, 59, 61, 62 and 63 of the International Health Regulations that were adopted by the 75th World Health Assembly on May 27, 2022.

The proposed amendments to the International Health Regulations (2023)

The Zero Draft of the proposed WHO CA+ which is commonly referred to as the "Pandemic Treaty" or "Pandemic Accord."

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April 9, 2023

The Amendments to 5 Articles of the International Health Regulations that were adopted on May 27, 2022 by the 75th World Health Assembly

Executive Summary:

- Australia, Bosnia and Herzegovina, Colombia, European Union and its Member States, Japan, Monaco, Republic of Korea, United Kingdom of Great Britain and Northern Ireland and United States of America (illegitimately?) proposed and adopted (without a quorum?) a set of amendments to five Articles (55, 59, 61, 62, 63) of the International Health Regulations.
- It must be understood that 194 unelected, unaccountable and largely unknown delegates have somehow obtained the unusual authority to change international law by simply agreeing to do so. Once they have quietly adopted any proposed amendments, no signatures by any President or Prime Minister and no approval by any Parliamentary body, Congress or Senate is needed. An 18 month period of unawareness, ignorance and silence is all that is needed for the amendments to enter into force.
- Under Article 61 of the IHR each and every member nation has the authority to REJECT any or all of the amendments but they must do so before late November 2023.
- Unless rejected before late November, 2023, the amendments to Article 59 will reduce the time period for rejection from 18 to 10 months and the time period for enactment into force will be reduced from 24 to 12 months.
- The amendments to Article 62 clarify the details by which reservations can be made to future amendments.

Amendments to Article 59:

> *"1bis The period provided in execution of Article 22 of the Constitution of WHO for rejection of, or reservation to, an amendment to these Regulations shall be 10 months from the date of the notification by the Director-General of the adoption of an amendment to these Regulations by the Health Assembly. Any rejection or reservation received by the Director-General after the expiry of that period shall have no effect."* (page 2/5)
>
> *"amendments to these Regulations shall enter into force 12 months after the date of notification referred to in paragraph 1bis of this Article,"* (page 2/5)

Amendments to Article 62:

> *"States may make reservations to these Regulations* ***or an amendment thereto*** *in accordance with this Article. Such reservations shall not be incompatible with the object and purpose of these Regulations."* (page 3/5) ***(text in red was added)***

The Top 18 Reasons to Oppose
The Amendments to the International Health Regulations

Executive Summary:

The 307 proposed amendments to the International Health Regulations that are currently being negotiated by the Working Group for amendments to the International Health Regulations.

- At least 94 member nations have submitted 307 amendments to the International Health Regulations to 33 of the 66 Articles, along with 6 new Articles as well as proposing amendments to 6 of the 9 Annexes and one new Annex. Do not forget that 100 member nations did NOT submit any proposed amendments, which would imply that they did not feel any changes were needed.
- Many of the people who have reviewed the amendments have failed to focus on the original submissions from each nation, so they jump to a conclusion that "the amendments" are a unified set of changes, insead of realizing that the amendments were submitted by many different nations and that there are still many disagreements on how to proceed.
- Each of the many nations, and groups of nations, are attempting to bend the WHO to their will in order to gain advantages for themselves.
- Neither the WHO nor the Director-General submitted any proposed amendments.
- Details within the International Health Regulations Review Committee's Final Report are clearly critical of many of the 307 amendments that were proposed by the 94 member nations.

Article 1

1. Changing the definition of non-binding recommendations

The proposed amendment to Article 1 which would seek to alter the definitions of the terms "standing recommendation" and "temporary recommendation" by removing the phrase "non-binding" from each term. This is an absolutely absurd and shameful attempt to alter the meaning of a basic concept and would fundamentally alter the nature of the International Health Regulations as well as the scope and purpose of the World Health Organization. This proposed amendment must immediately be removed from consideration.

Proposed Amendment (Bangladesh)

> *"standing recommendation" means* ***non-binding*** *advice issued by WHO for specific ongoing public health risks pursuant to Article 16 regarding appropriate health measures for routine or periodic application needed to prevent or reduce the international spread of disease and minimize interference with international traffic;* (page 12/197) ***(red text to be removed)***
>
> *"temporary recommendation" means* ***non-binding*** *advice issued by WHO pursuant to Article 15 for application on a time-limited, risk-specific basis, in response to a public health emergency of international concern, so as to prevent or reduce the international spread of disease and minimize interference with international traffic;* (page 12/197) ***(red text to be removed)***

IHRRC Technical Recommendation:

> *"The proposed amendments to these definitions could be understood as aiming to change the nature of these recommendations from non-binding to binding, and giving a binding effect to WHO recommendations and requests as proposed in other articles. That change would require a fundamental reconsideration of the nature of recommendations and the process for their adoption and implementation."* (page 26/97)

Article 2

2. Expanding the scope of the IHR to events with "a potential to impact public health"

Expanding the scope of the International Health Regulations in this manner is absolutely absurd and must be removed from consideration under the concept of "void for vagueness."

Proposed Amendment (India)

> *"The purpose and scope of these Regulations are to prevent, protect against, prepare, control and provide a public health response to the international spread of diseases in ways that are commensurate with and restricted to* ***all risks with a potential to impact public health****, and which avoid unnecessary interference with international traffic and trade."* (pages 57-58/197) ***(red text to be added)***

IHRRC Technical Recommendation:

> *"The Committee considers that the proposed amendment to replace "public health risk" with "all risks with a potential to impact public health" may not increase the clarity of this Article."* (page 27/97)

Article 3

3. Removing the full respect for dignity, human rights and fundamental freedoms

This proposed amendment is clearly the most egregious violation of the purpose and intent of the International Health Regulations and the World Health Organization and must be removed from consideration IMMEDIATELY.

Proposed Amendment (India)

> *"The implementation of these Regulations shall be* ***with full respect for the dignity, human rights and fundamental freedoms of persons*** *based on the principles of equity, inclusivity, coherence and in accordance with their common but differentiated responsibilities of the States Parties, taking into consideration their social and economic development."* (page 58/197) ***(red type to be removed)***

IHRRC Technical recommendations:

> *"The Committee strongly recommends the retention of the existing text "full respect for the dignity, human rights and fundamental freedoms of persons" as an overarching principle in the first paragraph, and notes that the concepts of human rights, dignity and fundamental freedoms are clearly defined within the framework of treaties to which many of the States Parties to the Regulations have adhered.*

The inclusion of human rights in Article 3 of the current International Health Regulations (2005) was a major improvement on the previous 1969 Regulations.1 The reference to "respect for dignity, human rights and freedoms of persons" works not only as an overarching principle in Article 3, but also as a concrete reference point in the operationalization of all articles concerning public health response, response measures, additional health measures and recommendations." (page 28/97)

Article 7

4. The sharing of genetic material

The manner in which this specific proposed amendment would change the text of Article 11 would result in an absolutely unacceptable text.

Proposed Amendment (United States)

"Following a notification pursuant to Article 6 of an event caused by an infectious agent, a State Party shall make available to WHO the microbial and genetic material and samples related to the notified event, as appropriate, not later than (...) hours after such material and samples become available." (page 28/197)

IHRRC Technical recommendations:

"The Committee notes that genetic material and samples are important for events that may constitute a PHEIC. However, requiring the sharing of samples and the transfer of genetic material to WHO may raise issues of the mandate, capabilities and liabilities of WHO. At the same time, the aspect of benefit sharing needs to be addressed in the light of provisions of the Convention on Biological Diversity and its Nagoya Protocol. The Committee considers the proposal to require the sharing of materials and samples "not later than (...) hours after such material and samples become available" to be impractical and possibly not feasible given legal requirements and logistics." (pages 39-40/97)

Article 11

5. The WHO would be able to share or withhold information as they see fit

The manner in which this specific proposed amendment would change the text of Article 11 would result in an absolutely unacceptable text.

Proposed Amendment (United States)

"WHO shall use information received under Articles 6, 8 and 9 for verification, assessment and assistance purposes under these Regulations and, unless otherwise agreed with the States Parties referred to in those provisions, shall make this information generally available to other States Parties, when… WHO determines it is necessary that such information be made available to other States Parties to make informed, timely risk assessments." (page 188)

IHRRC Technical recommendations:

No recommendations apply.

Article 12

6. Removing the right of sovereign nations to oppose the declaration of a health emergency within their jurisdiction

Individual nations will no longer need to agree with the Director-General's determination that events in their own country constitute a Public Health Emergency of International Concern (PHEIC). Even the International Health Regulations Review Committee raised concerns in their Final Report regarding the implications that this proposed amendments would have on national sovereignty.

Proposed Amendment (United States)

> *"If the Director-General determines* ***and the State Party are in agreement regarding this determination*** *that the event constitutes a* public health emergency of international concern, *the Director-General shall, in accordance with the procedure set forth in Article 49, seek the views of the "Emergency Committee" on appropriate temporary recommendations."* (page 189/197) ***(red type to be removed)***

IHRRC Technical Recommendation:

> *"Proposed amendments in paragraph 2 dilute the consultation requirements with the State Party in whose territory the event occurs, by removing the obligation of the Director-General to convene an Emergency Committee, and by removing the agreement between the Director-General and the State Party. It is unclear what the purpose is of the proposed amendments to eliminate the consultation with the State Party in whose territory the event occurs... Excluding this consultative step can result in sovereignty concerns from the State Party in whose territory the event occurs."* (page 47/97)

Article 13

7. Creating an obligation for developed nations to offer assistance to developed nations

Cooperation among nations is rightfully voluntary. Making cooperation mandatory is a not-so-subtle theft of sovereignty.

Proposed Amendment (The African Nations)

> *"When requested by WHO, States Parties shall provide, to the extent possible, support to WHO-coordinated response activities, including supply of health products and technologies, especially diagnostics and other devices, personal protective equipment, therapeutics, and vaccines, for effective response to PHEIC occurring in another State Party's jurisdiction and/or territory, capacity building for the incident management systems as well as for rapid response teams."* (page 46/197)

IHRRC Technical Recommendation:

> *"One proposed amendment to paragraph 1 introduces an obligation for developed States Parties and WHO to offer assistance to developing States Parties for the full implementation of this Article, in pursuance of Article 44."* (page 49)
>
> *"The proposal in paragraph 1 would impose a new obligation on developed States Parties to offer assistance. Notwithstanding the caveat of "(...) depending on the availability of (...)", high- or even middle-income countries may also have concerns about such an open-ended obligation, which may imply that all developed States Parties must offer assistance to all developing States Parties."* (page 50)

"The obligation for States Parties to accept or justify rejecting WHO's offer of assistance may undermine the sovereignty of the State Party concerned and risks undermining the purpose and spirit of genuine collaboration and assistance. It is the prerogative of States Parties to request or accept assistance, not to be the recipient of unsolicited offers, accompanied by an obligation to justify the refusal and an unrealistic time frame in which to respond. Furthermore, the proposal that WHO share the rationale for rejection, while intended to promote transparency, may not be conducive to an atmosphere that fosters collaboration. It could be interpreted as a default approach of mistrust to States Parties that reject offers of assistance." (page 50)

However, some Committee members also consider that this amendment poses challenges for the sovereignty of States Parties. The Committee recommends considering an alternative formulation by replacing "shall" with "should." (page 51)

New Article 13A

8. Empowering the Director General to execute control of the means of production and distribution of pandemic related products

Handing over control of the means of production and disrribution to the Director-General of the World Health Organization is absurd. This proposed amendment, and similar amendments from the African Nations and Malaysia must be immediately withdrawn.

Proposed Amendment (Bangladesh and the nations of the African Region)

"Upon request of WHO, States Parties shall ensure the manufacturers within their territory supply the requested quantity of the health products to WHO or other States Parties as directed by WHO in a timely manner in order to ensure effective implementation of the allocation plan." (page 13/197)

IHRRC Technical Recommendation:

"WHO recommendations, as currently stated under Articles 15 and 16, were not envisioned for the purposes of establishing a medicines allocation mechanism or otherwise directing States Parties on increasing access to health products." (page 52/97)

The Committee has concerns regarding the proposal in paragraph 1 to use Article 15 (temporary recommendations) for the purposes of establishing an "allocation mechanism." Temporary recommendations, as defined under Article 1, are "non-binding advice and do not authorize WHO to direct States... A different mode of authority may be required to establish an allocation mechanism... It is unclear to the Committee what it means to comply with non-binding recommendations as per Articles 15 or 16." (page 53/97)

"The Article goes further, however, in attributing to WHO several obligations that it does not currently have under the International Health Regulations (2005), including: to conduct an assessment of availability and affordability of "health products"; to develop an allocation and prioritization plan in the event that such an assessment reveals shortages in supply; and to direct States Parties to increase and diversify production and distributive functions for health products within individual States... it remains unclear how WHO could discharge the unprecedented set of new responsibilities attributed to it relating to health products and know-how under this proposed amendment, as these may arguably exceed its constitutional mandate." (page 54-55/97)

"This proposal also renders mandatory the temporary and standing recommendations addressed under Articles 15 and 16. The State Party making this proposal has also provided corresponding proposals to change the definitions of temporary and standing recommendations under Article 1." (page 55/97)

"More fundamentally, it remains unclear how WHO could discharge the unprecedented set of new responsibilities attributed to it relating to health products and know-how under this proposed amendment, as these may arguably exceed its constitutional mandate. In order to be legally feasible, this amendment will require coherence with States Parties' relevant national laws and other international obligations." (page 55/97)

Article 18

9. Suggested recommendations could be made to be mandatory

The current version of the IHR contains sample recommendations that are currently non-binding, but could be made legally-binding if the proposed amendments are adopted.

Existing IHR(2005):

Recommendations issued by WHO to States Parties with respect to persons may include the following advice:

1. *no specific health measures are advised;*
2. *review travel history in affected areas;*
3. *review proof of medical examination and any laboratory analysis;*
4. *require medical examinations;*
5. *review proof of vaccination or other prophylaxis;*
6. *require vaccination or other prophylaxis;*
7. *place suspect persons under public health observation;*
8. *implement quarantine or other health measures for suspect persons;*
9. *implement isolation and treatment where necessary of affected persons;*
10. *implement tracing of contacts of suspect or affected persons;*
11. *refuse entry of suspect and affected persons;*
12. *refuse entry of unaffected persons to affected areas; and*
13. *implement exit screening and/or restrictions on persons from affected areas.* (page 17, IHR*)*

Article 23

10. Digital Passenger Locator Forms

The member nations of the European Union have proposed implementing digital "Passenger Locator Forms" in order to facilitate the tracking and tracing of individuals – preparing to treat them as "suspects" who have committed no crime.

Proposed Amendment (The member nations of the European Union)

"Documents containing information concerning traveller's destination (hereinafter Passenger Locator Forms, PLFs) should preferably be produced in digital form... Documents meeting such requirements shall be recognized and accepted by all Parties." (page 29/197)

IHRRC Technical Recommendation:

> *"Regarding the proposal to introduce the possibility for health documents to include information related to laboratory tests... the Committee is concerned that such a requirement may overburden travellers, and may even raise ethical and discrimination-related concerns."* (page 62/97)

Article 35

11. Nations would be authorized to infringe upon the rights of citizens from other nations

Our unalienable right to privacy, especially in regards to health issues, would clearly be violated by the digitization of medical records and an ever-increasing assault on bodily autonomy.

Proposed Amendment (The member nations of the European Union)

> *"Health documents meeting the conditions approved by the Health Assembly shall be recognized and accepted by all Parties."* (page 29/197)

IHRRC Technical Recommendation:

> *"This Article states that, as a general rule, no health documents, other than those provided for under the Regulations or in recommendations issued by WHO, shall be required in international traffic." (page 65/97)*
>
> *"some aspects of the proposals seem internally inconsistent."* (page 66/97)
>
> *"Introducing an obligation for States Parties to recognize the health documents of other States Parties may pose many practical difficulties, especially considering that domestic legislation concerning privacy and personal information protection differs from one State Party to the next. Another concern, depending on how the amendments are implemented, is the appropriate level of protection of personal data under the applicable regional and international instruments." (page 66/97)*

Article 36

12. Global Digital Health Certificates

The assumption that vague and undefined test certificates, recovery certificates, vaccination certificates and/or prophylaxis certificates offer "proof" of safety on any level is deeply flawed and is merely designed to define and enforce compliance.

Proposed Amendment (The member nations of the European Union)

> *"Such proofs may include test certificates and recovery certificates. These certificates may be designed and approved by the Health Assembly according to the provisions set out for digital vaccination or prophylaxis certificates, and should be deemed as substitutes for, or be complementary to, the digital or paper certificates of vaccination or prophylaxis."* (page 30/197)

IHRRC Technical Recommendation:

> *"It is unclear how the specifications and requirements for such "other types of proofs and certificates" would be formulated and by whom, since the proposal only mentions a possibility for the Health Assembly to design and approve such certificates. It is also unclear whether "substitutes for" and "complementary to" are to be used interchangeably. This matters because the meaning is different."* (page 67/97)

Article 42

13. Recommendations would be converted into legally-binding orders.

These amendments, proposed by Malaysia, along with the amendment to Article 1 that was proposed by Bangladesh, would dramatically alter the balance of power and sovereignty in the world by changing the nature of the WHO from an advisory organization to a controlling organization.

Proposed Amendment (Malaysia)

> *Health measures taken pursuant to these Regulations, including the recommendations made under Article 15 and 16, shall be initiated and completed without delay by all State Parties."* (page 99/197)

IHRRC Technical Recommendation:

> *"The proposed amendment to include a reference to temporary and standing recommendations seems to make application of these recommendations obligatory... The Committee is concerned that the proposed amendment goes too far in implying that States Parties must oblige, through legislation or other regulatory measures, non-State actors to comply with measures under the Regulations. While the reference to compliance by non-State actors strengthens the spirit of Article 42, there may be feasibility limits due to the regulatory powers of States under national and international law."* (page 67/97)

Article 43

14. The Emergency Committee would be given sovereign authority over all nations

The amendments to Article 43 that were proposed by the African nations and seek to give the Emergency Committee the authority to overrule decisions made by sovereign nations.

Proposed Amendment (The nations of the African Region of the WHO)

> *"Recommendations made pursuant to paragraph 4 of this Article shall be implemented by the State Party concerned within two weeks from the date of recommendation. State Party concerned may approach WHO, within 7 days from the date of recommendations made under paragraph 4 of this Article, to reconsider such recommendations. Emergency Committee shall dispose the request for reconsideration within 7 days and* ***the decision made on the request for reconsideration shall be final.*** *The State Party concerned shall report to the implementation committee established under Article 53A on the implementation of the decision." (page 48/197)*

IHRRC Technical Recommendation:

> *"This Committee is concerned that these proposals may unduly impinge on the sovereignty of States Parties and give binding effects to what are supposed to be recommendations."* (page 68/97)

Article 44A

15. Give money to developing nations

Throwing money at a problem without controls and metrics to guide, determine and ensure beneficial results is a recipe for corruption on an incredible scale.

Proposed Amendment (The nations of the African Region of the WHO)

> A mechanism shall be established for providing the financial resources on a grant or concessional basis to developing countries... The World Health Assembly shall make arrangements to implement the above-mentioned provisions, within 24 months of the adoption of this provision. (pages 49-50/197)

IHRRC Technical Recommendation:

> *"The Committee notes a divergence of views as to whether WHO has a financing function… The Committee… cautions against creating an explicit financing function for WHO under the Regulations."* (page 71/97)

Article 53

16. The creation of a new Compliance Committee

Yet another layer of bureaucracy.

Proposed Amendment (United States)

> *"The Members of the Compliance Committee shall be appointed by States Parties from each Region, comprising six government experts from each Region. The Compliance Committee shall be appointed for four-year terms and meet three times per year."* (page 192/197)

IHRRC Technical Recommendation:

> "The proposal to establish a "compliance committee" seems to give significant powers to 36 appointed government experts, without clearly explaining the rules under which such a committee would function, In addition, the Committee notes that the potential power given to the "compliance committee" proposed in Article 53bis–quater, to freely gather and use information, is far-reaching." (page 76/97)

Annex 1

17. Greatly expand the obligations of "developed nations."

Despite the fact that the definition of "developed nations" and "developing nations" are not clearly defined, "developed nations" would be obligated to provide substantial assistance to "developing nations." An enormous amount of obligations are being placed upon nations to build infrastructure to treat an unknown problem that has absolutely no valid metrics by which its effectiveness in preventation or preparedness can possibly be measured.

Proposed Amendment (Bangladesh)

> *"New 1 bis. Developed Countries States parties shall provide financial and technological assistance to the Developing Countries States Parties in order to ensure state-of-the-art facilities in developing countries States Parties, including through international financial mechanism as envisaged in Article 44."* (page 15/197)

IHRRC Technical Recommendation:

> *"A number of the proposed amendments to Annex 1 represent a potentially significant expansion in the nature and scope of the obligations."* (page 34/97)

NEW Annex 10

18. Creating a Duty of Obligation to Cooperate

Similar to Annex 1, the proposed changes to Annex 10 would require "Developed Countries" to provide assistance to "developing nations."

Proposed Amendment (The nations of the African Region of the WHO)

> *"It shall be obligation of the... States Parties, to whom such requests are addressed to respond to such request, promptly and to provide collaboration and assistance as requested."* (page 54/197)

IHRRC Technical Recommendation:

> *"The obligations set out in paragraph 1 of this proposed new Annex appear to be absolute and unconditional. If requested to provide assistance, it is unclear what steps WHO or States Parties should take. Moreover, in the current structure of the Regulations, the Annexes provide the technical components of the provisions in the main body of the Regulations. However, the proposed new Annex 10 goes well beyond that supporting function, containing provisions that exceed the scope of both the current Article 44 and the amendments proposed thereto."* (page 89/97)

The Top 15 Reasons to Oppose the Pandemic Treaty

The WHO CA+ ("Pandemic Treaty")

> The so-called "Pandemic Treaty" has garnered most of the attention of the media, politicians and the general population. Most people have mis-represented the "Pandemic Treaty" by mixing in details from the proposed amendments to the International Health Regulations. The treaty seeks to greatly expand the scope of control that the WHO would commandeer by creating the Global Pandemic Supply Chain and Logistics Network, the Pathogen Access and Benefits Sharing (PABS) System and by instuting a totalitarian, whole-of-government, whole-of-society, One Health approach in order to completely control each and every aspect of life on earth.

1. Blatant ignorance of public commentary in opposition to any treaty.
From 12-13 April 2022, the Intergovernmental Negotiating Body (INB) solicited public comments with less than one week notice. On 1 June 2022, the INB cancelled a scheduled second public comment period because the vast majority (99+%) of the 33,884 comments were very much opposed to the "Pandemic Treaty."

From 9-16 September 2022, the Intergovernmental Negotiating Body (INB) solicited public comments in the form of 90 second videos with only two days notice. Hundreds of public comment videos opposing the treaty were submitted to the World Health Organization and published on September 29-30, 2022.

2. Secrecy
There has been a severe lack of transparency in the negotiating process. The proposals made by the individual nations has been kept secret from the public. The negotiations being held by the Intergovernmental Negotiating Body have been conducted in secret. Recordings of six of the ten sessions held from February 27 to March 3, 2023 have not been made available to the public.

Article 1

3. The definition of the term pandemic is too vague.
The definition of a pandemic is so vague that it can be interpreted to mean almost anything.

"(b) "pandemic" means the global spread of a pathogen or variant that infects human populations with limited or no immunity through sustained and high transmissibility from person to person, overwhelming health systems with severe morbidity and high mortality, and causing social and economic disruptions, all of which require effective national and global collaboration and coordination for its control;" (page 9)

Article 4

4. Common but differentiated responsibilities
Although each nation would receive only one vote, regardless of population, and all nations would be legally bound by the obligations of the WHO CA+, some nations would be required to do and provide more than others in unspecified ways.

"States that hold more resources relevant to pandemics, including pandemic-related products and manufacturing capacity, should bear, where appropriate, a commensurate degree of differentiated responsibility with regard to global pandemic prevention, preparedness, response and recovery." (page 11)

Article 6

5. The WHO Global Pandemic Supply Chain and Logistics Network.
The WHO would be empowered to determine, control and direct the global supply of pharmaceutical products and all nations would be legally obligated to obey their dictates.

"The Parties, working through the Governing Body for the WHO CA+, shall take all appropriate measures to establish and start functioning of the Network no later than XX. The commitment to facilitate such access is understood to be legally binding and to apply in all circumstances, consistent with humanitarian principles." (page 14)

Article 8

6. Increase the speed of regulatory approval of drugs.
Nations would be obligated to decrease the time required to approve new drugs, regardless of issues regarding safety and effectiveness.

"Each Party SHALL… in the event of a pandemic, accelerate the process of approving and licensing pandemic-related products for emergency use in a timely manner, including the sharing of regulatory dossiers with other institutions." (page 15)

Article 9

7. Support for gain-of-function research.
Nations would be encouraged to engage in "innovative research and development for addressing novel pathogens" while ensuring that regulatory standards "do NOT create any unnecessary administrative hurdles for research."

"Each Party SHALL, as applicable, implement and apply international standards for, oversight of and reporting on laboratories and research facilities that carry out work to genetically alter organisms to increase their pathogenicity and transmissibility... while ensuring that these measures do not create any unnecessary administrative hurdles for research." (page 16)

Article 10

8. Pathogen Access and Benefits Sharing (PABS) System.
The WHO wants to be in control of "all pathogens with pandemic potential, including their genomic sequences, as well as access to benefits arising therefrom."

"Such options SHALL include, but not be limited to: (i) real-time access by WHO to 20% of the production of safe, efficacious and effective pandemic-related products, including diagnostics, vaccines, personal protective equipment and therapeutics, to enable equitable distribution, in particular to developing countries, according to public health risk and need and national plans that identify priority populations." (page 18)

"The pandemic-related products SHALL be provided to WHO on the following basis: 10% as a donation and 10% at affordable prices to WHO; (ii) commitments by the countries where manufacturing facilities are located that they WILL facilitate the shipment to WHO of these pandemic-related products by the manufacturers within their jurisdiction, according to schedules to be agreed between WHO and manufacturers." (page 18)

Article 15

9. Require nations to allow access to their sovereign territory.
Nations should be able to decide whether or not to allow "rapid response and expert teams" to enter their sovereign territory.

"The Parties… shall: (f) facilitate WHO with rapid access to outbreak areas within the Party's jurisdiction or control, including through the deployment of rapid response and expert teams, to assess and support the response to emerging outbreaks." (page 22)

Article 17

10. Censorship
The WHO wants to increase funding to "tackle false, misleading, misinformation or disinformation," by "managing infodemics through... social media" in order "to counteract misinformation, disinformation and false news."

"conduct regular social listening and analysis to identify the prevalence and profiles of misinformation, which contribute to design communications and messaging strategies for the public to counteract misinformation, disinformation and false news." (page 23)

Article 18

11. One Health
The WHO CA+ makes the unsubstantiated claim that "the majority of emerging infectious diseases and pandemics are caused by zoonotic pathogens" in an attempt to garner control over nearly every aspect of life by stretching the truth in order to take attention away from the abject failure of their advice to adequately treat peoples' dis-ease.

"Each Party shall: (e) take the One Health approach into account at national, subnational and facility levels." (page 25)

Article 19

12. Unspecified and potentially enormous costs.
The WHO CA+ would require tens of billions of dollars to be spent during inter-pandemic times on products that would provide dubious health benefits but consistent profits for the Pharmaceutical Hospital Emergency Industrial Complex.

*"Each Party **SHALL**: (c) commit to prioritize and increase or maintain, including through greater collaboration between the health, finance and private sectors, as appropriate, domestic funding by allocating in its annual budgets not lower than 5% of its current health expenditure to pandemic prevention, preparedness, response and health systems recovery, notably for improving and sustaining relevant capacities and working to achieve universal health coverage;" (page 25)*

"The Parties recognize the important role that financial resources play in achieving the objective of the WHO CA+ and the primary financial responsibility of national governments in protecting and promoting the health of their populations. In that regard, each Party SHALL: (d) commit to allocate, in accordance with its respective capacities, XX% of its gross domestic product for international cooperation and assistance on pandemic prevention, preparedness, response and health systems recovery, particularly for developing countries, including through international organizations and existing and new mechanisms." (page 25)

Article 20

13. Additional bureaucracy)
The Conference of the Parties (COP) would create yet another enormous bureaucracy to be ruled over by two Presidents and 4 Vice-Presidents.

"The Officers of the Parties, as the administrative organ of the Governing Body, shall be composed of two Presidents, four Vice-Presidents and two rapporteurs, serving in their individual capacity and elected by the COP for XX years." (page 27)

Article 35

14. Provisional Application
The proposed treaty may be applied provisionally, with just a simple signature, even before formal ratification has occcurred.

"The WHO CA+ may be applied provisionally, in whole or in part, by a signatory and/or Party that consents to its provisional application by so notifying the Depositary in writing at the time of signature of the instrument, or signature or deposit of its instrument of ratification, acceptance, approval, formal confirmation or accession. Such provisional application shall become effective from the date of receipt of the notification by the Secretary-General of the United Nations." (page 31)

Article 35

15. The Provisions of the Treaty may apply to every member of the WHO.
The provisions of the proposed treaty could be given effect as recommendations to all member nations of the WHO? WTF? If amendments to the IHR make recommendations legally-binding, this Article could have very far-reaching effects!

Provisions of the WHO CA+ may be given effect as recommendations for all Member States of the World Health Organization under Article 23 of the WHO Constitution.

Source Documents:

The International Health Regulations (2005)

https://www.who.int/publications/i/item/9789241580496

The proposed amendments to the International Health Regulations submitted on May 24, 2022

https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_ACONF7-en.pdf

The amendments to the International Health Regulations that were adopted on May 27, 2022.

https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_ACONF7Rev1-en.pdf

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The proposed amendments to the International Health Regulations (2023)

https://apps.who.int/gb/wgihr/pdf_files/wgihr2/A_WGIHR2_6-en.pdf

The Final Report of the International Health Regulations Review Committee

https://apps.who.int/gb/wgihr/pdf_files/wgihr2/A_WGIHR2_5-en.pdf

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The "Zero Draft" of the WHO CA+ ("Pandemic Treaty")

https://apps.who.int/gb/inb/pdf_files/inb4/A_INB4_3-en.pdf

33,884 Public comments that were submitted to the World Health Organization on April 12-13, 2022

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Finb.who.int%2Fdocs%2Flibrariesprovider13%2Fdefault-document-library%2Finb-first-round-public-hearings-written-contributions.xlsx%3Fsfvrsn%3D275459d6_7

418 public comment videos were submitted to the World Health Organization and published on September 29-30, 2022.

https://inb.who.int/home/public-hearings/second-round

https://inb.who.int/docs/librariesprovider13/default-document-library/inb-public-hearings---video-list-(final).pdf?sfvrsn=242677f2_3