The People's Guide to the Proposed Amendments to the International Health Regulations

Why the negotiations must be stopped IMMEDIATELY.

The amendments that were adopted on May 27, 2022 and must be rejected by late November 2023.

The amendments that are currently being negotiated in secret and must NOT be adopted in May 2024.

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THE MAIN REASONS TO STOP THE AMENDMENTS:

The lessons that the World Health Organization claims to have learned from the past 4 years are NOT the lessons that they need to learn. The currently proposed amendments to the International Health Regulations are primarily designed to support the Pharmaceutical Hospital Emergency Industrial Complex (PHEIC).

These negotiations are NOT addressing the fundamental health and unalienable rights of "We the People of the World." These negotiations MUST STOP IMMEDIATELY.

Enormous atrocities have been committed over the past 4 years. An extensive and comprehensive international investigation and tribunal to deal with all of the following must be held before any potential agreements can be negotiated.

- The origins of "SARS-CoV-2"
- Transmissibility and contagiousness of COVID-19
- True level of danger/risk
- Efficacy and safety of social controls relative to the harm that they caused
- The true nature of the "medical countermeasures" (such as mRNA injections)
- The suppression of less harmful/costly/invasive alternatives
- Conflicts of interest, private profits, etc.
- Lack of accountability of the World Health Organization and the dangers of diplomatic immunity enjoyed by the unaccountable, unelected and largely unknown bureaucrats within the WHO/UN system that operate with impunity.

Deaths

- Deaths caused directly by the "vaccines"
- Deaths caused by Midazolam and related drugs
- Deaths caused by ventilators
- Deaths caused by remdesivir, paxlovid, molnupiravir, etc.
- Deaths caused by refusal of early treatment
- Deaths caused by refusal of repurposed FDA approved drugs
- Deaths due to refusal of treatment for non-vaccinated people
- Deaths due to suicide

Disability, Damage and Disease

- Permanent disability due to "vaccine" injury
- Immune dysfunction due to "vaccine" injury
- Infertility due to "vaccine" injury
- Miscarriages due to "vaccine" injury
- Disease caused by "vaccine" injury (Myocarditis, Bells Palsy, etc.)
- Disease caused by lack of early treatment
- Disease caused by lack (or delay) of proper medical care
- Disease caused by "approved" medical care
- Disease attributable to immune damage caused by "vaccines"
- Disease attributable to emotional stress
- Diseases caused by forced masking

Direct Abuse

- Physical harm caused by law enforcement personnel
- Physical harm caused by nasal swab/"test"

Emotional Distress

- Loss of loved ones
- Inability to be with loved ones while hospitalized
- Inability to be with loved ones while in long term care
- Inability to properly grieve due to lockdowns/restrictions
- Loss of friendships
- Damage to relationships
- Stress due to the constant barrage of fear-mongering media
- Emotional trauma caused by forced isolation
- Loss of life experiences due to various restrictions
- Emotional trauma caused by nasal swab/"test

Financial Harm/Hardship

- Loss of employment due to economic downturn
- Loss of employment due to vaccine mandates
- Loss of employment due to vaccine injury
- Loss of employment due to disease caused by poor medical care
- Loss of employment due to loss of medical license
- Failure of business
- Reduction in business due to lockdowns and restrictions
- Excess costs due to requirements to remain in business
- De-platforming of alternative media
- Homelessness due to financial hardship

Lost Educational Opportunities

- Loss of access to education due to closed schools
- Loss of access to education due to "vaccine" mandates
- Delayed achievement of normal growth and development landmarks in children
- Damage to social and emotional intelligence due to isolation and masking

Loss of Rights and Freedoms

- Government and media collusion to censor information
- Government and media collusion to misinform the public
- Rejection of freedom of religion (denial of religious exemption)
- Prevention of travel due to lockdowns and vaccine mandates
- Denial of the freedom to assemble

"NO ONE HAS BEEN HELD ACCOUNTABLE
UNTIL EVERYONE HAS BEEN HELD ACCOUNTABLE"

In order to prevent the abuses that have happened in the past, the following fundamental, unalienable human rights MUST be enshrined into international law.

NO DEROGATION OF RIGHTS DURING AN EMERGENCY:

Every government, every corporation, every organization and every individual human being must respect and honor everyone's unalienable rights despite any declaration of a "state of emergency" by anyone. Governments do NOT have the authority to suspend human rights because of so-called "emergencies." The declaration of an "emergency" does not give anyone the right to infringe upon anyone else's unalienable human rights. Every individual human being has the right to withhold their consent and refuse treatment or intervention of any kind, at any time, regardless of whether there is a declared "emergency" or not. Regardless of the scope and/or severity of any disease outbreak or real pandemic, human rights remain unalienable and may not be limited in any way.

1. THE IMPORTANCE OF INDIVIDUAL HEALTH OVER PUBLIC HEALTH:

The good of any people is the sum total of the benefits enjoyed by each and every individual. The unalienable human rights of each individual, their personal sovereignty and their bodily autonomy, supersede the privileges of any and all international organizations, nations, states, provinces, cities or other groups that derive their existence from We, The People Of The World.

2. RIGHT TO PRIVACY:

All people have an absolute, unalienable right to privacy in their personal information, including health related data. Every individual human being has the unalienable right to be free from any requirement to have or present any "vaccine passport," "digital-ID," or "health certificate" of any kind, whether in printed, digital or any other form.

3. RIGHT TO EXPRESS ONE'S OPINION:

Every individual human being must always be free to fully express their own personal opinion, free from any threat of retribution. Only the free debate of different and competing opinions can provide an environment of informed decision-making by each country, state, county, community, family and individual. Each individual has the right to publicly express their own opinion regarding the effectiveness, or lack thereof, of any health related policy or treatment in spoken and/or written form. Every person's experience is a valuable scientific observation and must NOT be censored. As more free debate and free expression of ideas, facts and data occur, each level of society will be able to decide for itself the best interventions to recommend for the control and management of any disease of concern.

Any form of suppression of free public debate is strictly forbidden. Promotion of the public debate of competing points of view and access of the population to that debate, plus the personal dialogue between patients and doctors, will ensure each individual and family to be sufficiently informed to make their own choices and decisions regarding their health, under the principle of informed dissent. No uniform behavior of all the society will be required and the autonomy and will of each individual as citizen and patient are protected.

4. RIGHT TO PROVIDE INFORMATION ON PREVENTION AND HEALING:

Every individual human being has the right to provide information that is directed by their experience and wisdom, free from executive mandate, bureaucratic dictate, pressure or coercion. All people have an unalienable right to choose to ignore or to take action upon the information they receive, free from any form of censorship or coercion.

5. RIGHT TO CHOOSE TREATMENT:

Every individual human being must always be free to use any preventive and/or therapeutic treatment interventions that they consider to be the best choice for them. This may include strategies such as lifestyle changes, food as medicine, vitamins, minerals, natural supplements and repurposed essential medications that were previously approved for other diseases and have a long safety record. Withholding any of those optional strategies is a violation of an individual's unalienable right. Health care decisions must ultimately be made based on the individual's choice, not by bureaucratic dictate by government, academics, hospitals, clinics, medical practitioners or "public health experts."

6. RIGHT TO REFUSE TREATMENT:

Every individual human being will always retain the unalienable right to refuse any intervention recommended by any institution, the World Health Organization, governments at all levels, medical associations, hospitals or health care providers. Each individual must be in control of the ultimate decision to utilize any and all health-related treatments, medications, and nutrition, as they deem necessary to improve and/or maintain their health. Decentralized clinical rationale by health care advisors and the right to informed dissent by patients will always be placed above any political interests or centralized decision by any government or health agency.

7. RIGHT TO TRAVEL FREELY UPON THE EARTH:

Every individual human being has the unalienable right to move about the planet and this right may not be made dependent upon health, testing, or treatment based requirements. Each individual has the right to travel, free from any lockdowns, quarantines, vaccine requirements, vaccine passports, digital-IDs, mask mandates, social distancing or any other attempts to impede their freedom of assembly or movement.

8. THE RIGHTS OF CHILDREN MUST BE PROTECTED BY THEIR PARENTS:

Every parent has the unalienable right and the solemn obligation to ensure that all the unalienable rights of their minor aged children are defended. No government or any other organization has the right to prevent any parent from defending the unalienable rights of their minor aged children.

9. RIGHT TO BE WITH FRIENDS AND FAMILY:

Every individual human being has the right to visit with family and friends, who may be suffering through an illness, in order to provide them with love and emotional support at any setting including, but not limited to, home, clinic or hospital.

10. RIGHT TO FREEDOM FROM DISCRIMINATION:

Each individual human being has the right to be free from discrimination based upon any demand upon any person to undergo any form of medical procedure, including testing. Discrimination based on personal health choices is unacceptable in employment or education matters, when accessing public and private institutions, organizations, private businesses or other locations or in regards to any other issue. Discrimination based on medical status is wrong and must not be permitted in any form whatsoever.

Amendments to 5 Articles of the International Health Regulations were adopted on May 27, 2022 by the 75th World Health Assembly and MUST BE REJECTED BEFORE DECEMBER 2023

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)***

Amendments to Articles 55, 61 and 63:

> The amendments to these articles were mostly technical (not substantial) in nature.

Published Articles:

https://jamesroguski.substack.com/p/silence-procedure

https://jamesroguski.substack.com/p/the-top-6-reasons-to-speak-out-against

Proposed Amendments to the International Health Regulations that MUST BE STOPPED BEFORE THEY ARE SUBMITTED to the World Health Organization in mid-January, 2024!

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. Excerpts from the IHRRC Final Report are included in the text below.

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 4

4. The National IHR Focal Point

Requiring States Parties to enact or adapt legislation to implement the obligations under these IHR is a skillfully crafted on our rights and freedoms via the infiltration of our own government agencies.

Proposed Amendment (The Russian Federation)

"NEW (1bis) States Parties shall / ALT may enact or adapt legislation to provide National IHR Focal Points with the authority and resources to perform their functions, clearly defining the tasks and function of then entity with a role of National IHR Focal Point in implementing the obligations under these Regulations." (page 165/197)

IHRRC Technical recommendations:

"Another set of proposals would impose an obligation on States Parties to establish an entity responsible for the overall implementation of the Regulations, not only the "health measures" as required of the "competent authority." The institutional positioning, organization and functioning of such an authority would be a matter of sovereignty." (page 31/97)

Article 7

4. The sharing of genetic material

The manner in which this specific proposed amendment would change the text of Article 7 is *"impractical and possibly not feasable."*

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 188/197)

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 49/97)
>
> *"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 50/97)
>
> *"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 50/97)
>
> *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 51/97)

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)

Official World Health Organization Web Pages

The Working Group for Amendments to the International Health Regulations (WGIHR)
https://apps.who.int/gb/wgihr/index.html

The International Health Regulations Review Committee (IHRRC)
https://www.who.int/teams/ihr/ihr-review-committees/review-committee-regarding-amendments-to-the-international-health-regulations-%282005%29

Source Documents:

The International Health Regulations (1969)

https://apps.who.int/iris/bitstream/handle/10665/85816/Official_record176_eng.pdf?sequence=1&isAllowed=y

The International Health Regulations (1981)

https://apps.who.int/iris/bitstream/handle/10665/96616/9241580070.pdf?sequence=1&isAllowed=y

The International Health Regulations (2005) Original Edition (pages 27-81)

https://apps.who.int/gb/ebwha/pdf_files/WHA58-REC1/english/A58_2005_REC1-en.pdf

The International Health Regulations (2005) Second Edition

https://www.afro.who.int/sites/default/files/2017-06/international_health_regulations_2005.pdf

The International Health Regulations (2005) Third Edition

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

Article-by-Article compilation of proposed amendments to the International Health Regulations (2005) submitted in accordance with decision WHA75(9) (2022)

https://apps.who.int/gb/wgihr/pdf_files/wgihr2/A_WGIHR2_7-en.pdf

Proposed amendments to the International Health Regulations (2005) submitted in accordance with decision WHA75(9) (2022)

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