

A debate in the United Kingdom in response to a petition regarding the proposed “Pandemic Treaty” will be held on 17 April 2023.

CHECK THEIR BEHAVIOR: Demand that they debate the FACTS about the proposed “Pandemic Treaty” that are listed on this flyer.

**YouTube.com/UKParliament
UK.StopTheWHO.com**

**ExitTheWHO.org
StopTheWHO.com
ScrewTheWHO.com**

**PreventGenocide2030.org
RejectDigitalEnslavement.com**

15 REASONS TO OPPOSE THE “PANDEMIC TREATY”:

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.

3. The definition of the term pandemic is too vague. (Article 1)

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)

4. Common but differentiated responsibilities (Article 4)

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)

5. The WHO Global Pandemic Supply Chain and Logistics Network. (Article 6)

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)

6. Increase the speed of regulatory approval of drugs. (Article 8)

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)

7. Support for gain-of-function research. (Article 9)

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)

8. Pathogen Access and Benefits Sharing (PABS) System. (Article 10)

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)

9. Require nations to allow access to their sovereign territory. (Article 15)

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)

10. Censorship (Article 17)

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)

11. One Health (Article 18)

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)

12. Unspecified and potentially enormous costs. (Article 19)

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)

13. Additional bureaucracy (Article 20)

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)

14. Provisional Application (Article 35)

The proposed treaty may be applied provisionally, with just a simple signature, even before formal ratification has occurred.

“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)

15. The Provisions of the Treaty may apply to every member of the WHO. (Article 35)

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.