



The WHO's Pandemic Treaties following the 77th WHA

Overview

The World Health Organization (**WHO**) is the health agency of the United Nations (**UN**) and has been drafting a number of new international treaty documentations which aims to reform the pandemic response and readiness for future pandemics.

Last week the 194 member states of the WHO travelled to Geneva to meet on many matters. We were most interested to see what happened with the various pandemic treaty reforms:

1. 300+ draft amendments to the 2005 International Health Regulations; and
2. New pandemic treaty / agreement.

There's been some wins, it's not been a landslide for the WHO negotiating groups, neither of which managed to reach a final conclusion on the wording of either document before their mandate closed Friday 24 May 2024.

During the week of the World Health Assembly, the WHO working groups tasked with writing these documents over the last 2 years were in fact usurped by a new drafting group.

Late Saturday night (1 June) in the final hours of the Health Assembly, the 2024 amendments to the International Health Regulations were approved under questionable circumstances and the Pandemic Treaty was sent back to the drafting table for another year.

There's been some mixed messaging and emotions about the outcomes of this last week.

Most telling is to hear our country's purported representatives give their public addresses to the WHA and also the amendments that they put forward, see our Minister for Health, Mark Butler's statements: [Statement 1](#) (2h48m **within 2nd Plenary video on 27th May 2024**) and [Statement 2](#).

This summary covers:

1. The Treaty Documents
2. 2024 IHRs
3. Pandemic preparedness should be ~~be~~ proportional to the risk
4. The WHO's Funding and its partners
5. The WHO's recommendations during the Covid-19 pandemic have been questionable



1. Treaty documents

There were 2 treaties that were supposed to be finalised to be voted on by the 194 WHO Member States, in the week of 27 May 2024 at the 77th World Health Assembly.

1. 2024 amendments to the International Health Regulations (**2024 IHRs**)¹
 - which were purportedly adopted in the final hour, in 4 minutes, with only 1/3rd of the Member States representatives present, without a count of the majority.
2. New Pandemic Agreement or Treaty
 - which were not finalised and have received a mandate to continue to negotiate another year.

2. 2024 IHRs

There's a ton of work done to the documents, and a lot of work to make sure it looks like human rights and country's sovereignty is retained. The WHO is filled with public health public servants who make an art out of language and despite this, there's still some concerning provisions in the 2024 IHRs.

1. Pandemic emergency defined and reworded
 - Communicable disease
 - High risk
 - State Parties have a say

(300+ IHRAs: Articles 1 definition of 'pandemic emergency' and 'public health risk', 2, 5 and Annex 1, 12 and 49).
2. Member States will be required to implement the 2024 IHR into its domestic legislation and administrative arrangements:
 - It will be required to establish a National IHR Authority:
 - The Authority will coordinate the implementation of the 2024 IHRs into our domestic legislation and administrative arrangements; and
 - Report to the WHO on Member State's compliance
 - NZ will have to report to the WHO if it has not implemented all of the Regulations and do so within specified times.

(2024 IHRs: Articles 1 definition of 'National IHR Authority', 'competent authority' 4, 15, 16, 42, 54, 59.3)
3. The WHO will have the power to order Member States to:
 - lockdowns
 - travel restrictions
 - forced medical examinations
 - mandatory vaccinations
 - isolation and quarantine

(2024 IHRs: Articles 1, 15, 16, 17, 18, 23, 24, 31, 42, 49, Annex 1)
4. Vaccine passports and the marriage with Digital IDs – called 'health documents' - a global system of health certificates relating to testing, vaccination, prophylaxis and recovery - our client gets to decide whether digital or non-digital.
And have to include details of the person administering the vaccine.

(2024 IHRAs: Articles 18, 23, 24, 27, 31, 32, 35, 36 and 44 and Annexes 6 and 8)

¹ https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_ACONF14-en.pdf



5. Personal medical information and samples will still have to be supplied to the WHO and it can disclose that to others.
(2024 IHRAs, Articles 1 'surveillance', 5 and 45, Annex 1)
6. The fundamental principle of individual human rights is retained but diluted with group concepts of equity and solidarity.
(2024 IHRs, Article 3)
7. Control the messaging by:
 - Curtailing and controlling freedom of speech (mis and dis-information)
 - Control research and development
 - Censor scientific debate
 (2024 IHRAs: Annex 1 Core Capacities (4, A.2(c)); Pandemic Treaty: Articles 1.13, 9, 18)
8. Financing - sustainable financing includes financing other countries to implement the Regulations including combating mis-information
(2024 IHRs, Article 44, 44 bis, 54 bis)

With the Pandemic Treaty still to be worked on for another year, the provisions relating to member states sharing pathogens of pandemic potential, One Health, vaccine manufacturer indemnities and member state compensations schemes for the injured are not included in this round of reforms.

3. Pandemic preparedness should be proportional to the risk

The drafting of these treaties has been done under urgency, at haste and with the threat that the next pandemic is just around the corner.

University of Leeds has recently published its paper that calls for pandemic preparedness to be proportional to the risk. In its detailed analysis, of which form WHO doctor and scientist, Australia's own David Bell, analyses the centuries of pandemic data and assesses *the risk of naturally occurring pandemics to be very low*.²

This handy 4 page handout helpfully summarises the key information from the University of Leeds paper calling for proportionality: <https://essl.leeds.ac.uk/downloads/download/229/pandemic-risk-policy-brief>

This also begs the question, as to why the WHO will be requiring Member States to pay billions of dollars just for it to be Pandemic Ready (not to actually respond to a Pandemic).

3. This is going to cost billions and billions and billions of dollars

The WHO's Pandemic Fund sets out that US\$30 billion would be required outside current Official Development Assistance levels for financing effective national, regional and global health emergency preparedness.³

² https://essl.leeds.ac.uk/directory_record/1260/re-evaluating-the-pandemic-preparedness-and-response-agenda-reppare

³ United Nations Political Declaration, General Assembly High-level Meeting on Pandemic Prevention, Preparedness and Response PP29, <https://www.un.org/pqa/77/wp-content/uploads/sites/105/2023/06/Zero-draft-PPPR-Political-Declaration-5-June.pdf>



Unprecedented financial requests are being proposed to support being Pandemic Ready. “The estimates range from US\$31.1 billion a year to US\$171 billion over five years with unspecified annual commitments or US\$285-\$430 billion over ten years with additional funds of US\$10.3 to US\$11.5 billion annually sought to implement One Health [a concept cited in drafts of the Pandemic Treaty].”⁴

Another University of Leeds Paper has identify that the WHO’s costs are based on incorrect assumptions, modelling and numbers which have been clearly outlined and questioned in a separate University of Leeds peer-reviewed paper: *The Cost of Pandemic Preparedness: An Examination of Costings and the Financial Requests in Support of the Pandemic Prevention, Preparedness and Response Agenda*.⁵

That report states:

Pandemic preparedness involves not only the potential for control of human movement and behaviour and mass vaccination, but the potential for managing expectations, fear and panic in such a way as to minimize harm. There were no major acute pandemics killing more than 1.1 million people in the century between the Spanish Flu and COVID-19. An increase in surveillance and detection is increasing the opportunity to detect potential pathogens. If this steady improvement in detection technologies translated into an increasingly costly and more frequent response, divorced from a comprehensive assessment of the actual impact and costs of this response, then we risk permanently hobbling economic growth and healthcare over a mirage.

The University of Leeds has again provided a useful abbreviated form of its paper: <https://essl.leeds.ac.uk/downloads/download/235/the-cost-of-pandemic-preparedness-unclear-and-unaffordable-reppare-policy-brief>

4. The WHO’s Funding and its partners

The WHO receives Assessed **Contributions** from Member States. This is however, only a small proportion of the money the WHO receives.⁶

The WHO also receives Voluntary Contributions from Private / Public partnerships. Voluntary Contributions by both Member States and Private / Public partnership is 86% of the WHO’s overall income. The largest private donor is The Bill & Melinda Gates Foundation (\$592M), followed by the Gates-run GAVI (\$413M).⁷

⁴ <https://essl.leeds.ac.uk/downloads/download/235/the-cost-of-pandemic-preparedness-unclear-and-unaffordable-reppare-policy-brief>

⁵ <https://essl.leeds.ac.uk/downloads/download/234/the-cost-of-pandemic-preparedness-an-examination-of-costings-and-the-financial-requests-in-support-of-the-pandemic-prevention-preparedness-and-response-agenda>

⁶ <https://open.who.int/2020-21/contributors/overview/ac>

⁷ <https://open.who.int/2020-21/contributors/overview/vcs>



This means the WHO is not member-led as it often claims. Voluntary Contributions come with conditions as to how that money is to be used.

Further, in June of 2019, the UN signed a strategic partnership with the World Economic Forum (**WEF**).⁸ The WEF is an international non-governmental organisation, also based in Geneva, Switzerland. The WEF's stated mission is "improving the state of the world by engaging business, political, academic, and other leaders of society to shape global, regional, and industry agendas".⁹

5. The WHO's recommendations during the Covid-19 pandemic have been questionable

- Failed to identify early on the origins of the virus
- When learning so, failed to condemn gain of function research
- Encouraged lockdowns for a respiratory virus
- Encouraged travel restrictions, border closures and prolonged workplace closures (which the WHO had never done before)
- Said that the Pandemic Flu recommendations of 2018 would not 'under any circumstances' be effective¹⁰ and would disproportionately harm low income people then claiming when countries did lift restrictions that those countries were putting their people in dangers
- Stood back while the WHO's own programmes for much higher disease burdens were ignored
- Pushed vaccinations onto healthy cohorts of the population that were not at risk of Covid, including the need to vaccinate pregnant women

Further commentary

David Bell, former WHO scientist: *Rational Policy over Panic*

<https://brownstone.org/articles/rational-policy-over-panic/>

Why Does the WHO Make False Claims Regarding Proposals to Seize States' Sovereignty?

<https://brownstone.org/articles/why-does-the-who-make-false-claims-regarding-proposals-to-seize-states-sovereignty>

Ramesh Thakur, former Assistant Secretary-General of the United Nations *The WHO wants to rule the World*

<https://brownstone.org/articles/the-who-wants-to-rule-the-world>

⁸ <https://www.weforum.org/press/2019/06/world-economic-forum-and-un-sign-strategic-partnership-framework/>

⁹ <https://www.weforum.org/about/world-economic-forum/>

¹⁰ <https://iris.who.int/bitstream/handle/10665/329438/9789241516839-eng.pdf>

