WHO-TREATY on PANDEMIC PREPARDNESS –
- What do we know so far?
- What conclusions must be drawn?

[Updated version of the Presentation to Members of EU Parliament held in Brussels: 1st of June 2022]

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Introduction

Dr. iur. Silvia Behrendt (Salzburg/A)

- Since over 10 years **specialized on the WHO International Health Regulations** (IHR);
- **Thesis in WHO IHR** (The competence of the WHO-Director General to declare a Public Health Emergency of International Concern);
  - Produced at: University Hochschule St. Gallen and in Washington DC;
- Narrow co-operation with WHO in the past:
  - Leading of Country missions to advise the several ministries of health of member states re. Implementation of the IHR;
- During Covid-19 Krisis: Agency for Global Health Responsibility, that covers legal questions and contributes to transparency in global public health affairs.

Introduction

Philipp Kruse, Attorney-at-law, LL.M. (Zurich/CH)

- Swiss Lawyer since 1997 (commercial and tax law); Own law firm in Zurich;
- Since End of 2020: over 20 ordinary court procedings against harmful and unconstitutional Corona-mandates (in particular for children; also entrepreneurs and Swiss pilots);
- Since Jan. 2022 with special focus on: PCR-Test; mRNA and WHO.
- Member of Austrian Association: *Lawyers' for Fundamental Rights*;
- Co-Founder of the *Swiss Lawyers' Commitee* and of the *International Alliance for Justice and Democracy* (founded End of May as a response to the recent WHO-developments).

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2. WHO Set-Up
3. WHO - International Health Regulations (Introduction)
4. WHO – New Pandemic Treaty (Introduction)

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Part 1: WHO Basics

1. International Public Health: Legal Guiding Principles
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Intl. Public Health: Guiding Principles

Well established principles of constitutional/legal standards and best practice (I)

- **Rule of law** as the basis of law and peace in all countries (not the rule of emergency);
- **Serve the interest of the people** (not of individuals + businesses; Art. 1 WHO-Conv.);
- Principle of **democratic legitimacy** always to be respected;
- Principle of the countries' **sovereignity** to be always respected (UN Charta, Art. 1; 2.1; 2.7; IHR Art. 3.4)
- **Accountability (**of those in power) to the people;
- No trials on humans without explicit informed consent (**Nurnberg Codex**)
- Effective system of control: **Checks & Balances**;
- Effective system of **internal review and quality control** (PCR-Test is invalid method);

Intl. Public Health: Guiding Principles

Well established principles of constitutional/legal standards and best practice (II)

- Effective **anti-corruption mechanisms** to be put in place;
- Effective **anti-trust measures;**
- Effective legal **procedures for protection of individual human rights** (Art. 3.1 IHR)**;**
- Transparent and open information (no censorship).
- Implementation based on convincing evidence (not on authoritarian force).

Part 1: WHO Basics

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WHO

WHO
Geneva

WHO set-up

- Founded 7 April 1948
- Specialized agency of the United Nations (26 June 1945) for international public health;
- 194 Member States (=UN-Member States exc.: LI, Holy See)
- Based on WHO Constitution

WHO set-up

- WHO Constitution

CONSTITUTION
OF THE WORLD HEALTH ORGANIZATION[1]

THE STATES Parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

CHAPTER I – OBJECTIVE

Article 1

The objective of the World Health Organization (hereinafter called the Organization) shall be the attainment by all peoples of the highest possible level of health.

Source/link

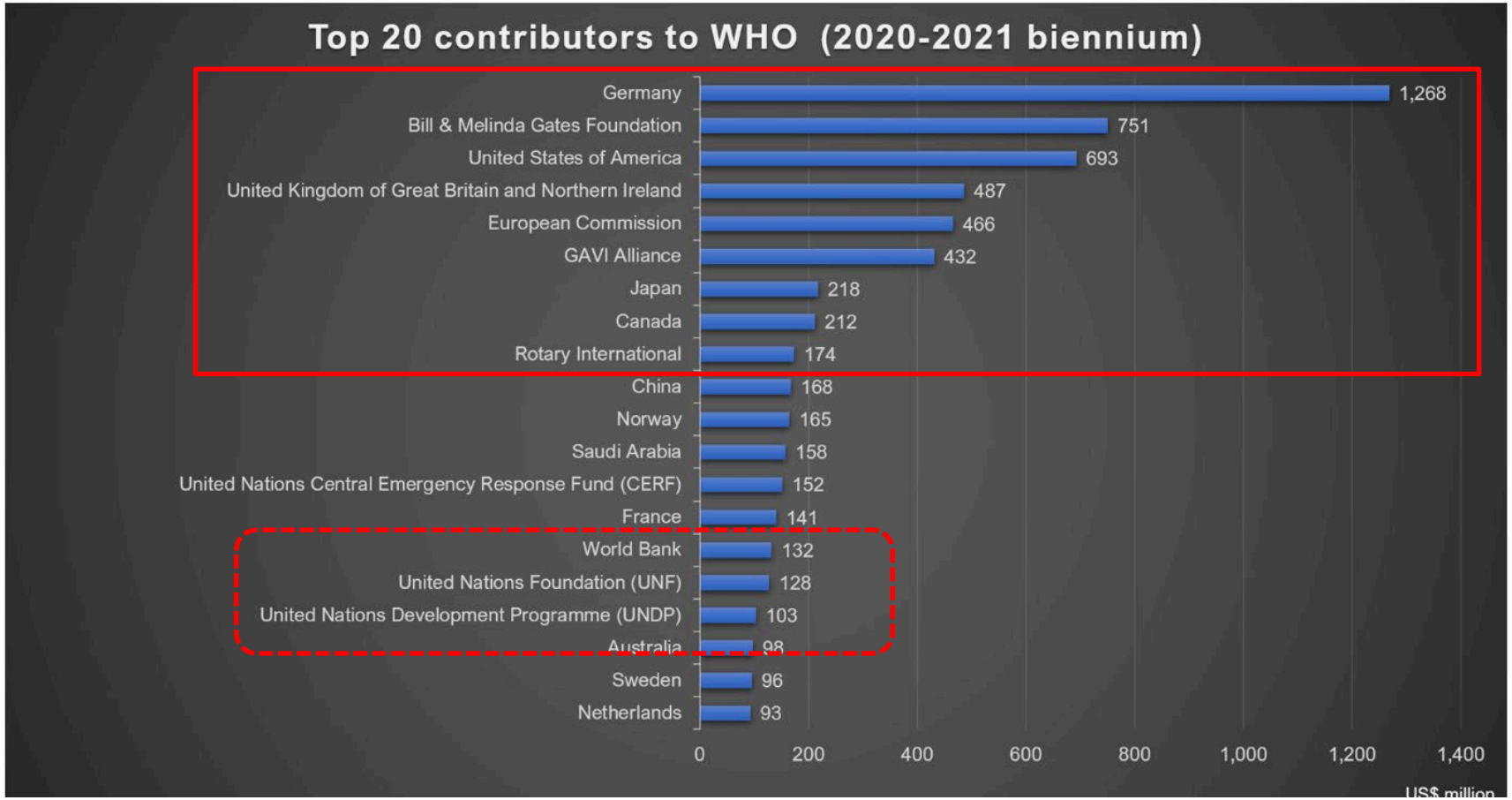
WHO set-up

- **World Health Assembly** ("WHA"; yearly in Geneva: 22-28 May 2022):
  - Legislative and Supreme decision making body
    - elects Secretary General; Executive Board; votes on policy + finance of WHO
- **Executive Board** (3y term):
  - 34 members, technically qualified in the field of health;
    - carry out the decisions and policies of the Assembly, to advise it, and to facilitate its work
- **Director General** (5y term):
- Head of the WHO; incl. secretary of several
  - Current: Dr. Tedros Adhanom Ghebreyesus (appointed: 1 July 2017);
  - Re-election at the 75th WHA.
- Declares **P**ublic **H**ealth **E**mergency of **I**nternational **C**oncern (PHEIC; Art. 12 IHR)

Article 32

The Director-General shall be ex officio Secretary of the Health Assembly, of the Board, of all commissions and committees of the Organization and of conferences convened by it. He may delegate these functions.

WHO set-up: Financing



source & more infos are available here

WHO set-up: Financing

Who finances the WHO?

Member contributions made up only 16% of the approved Programme Budget for the period 2020/2021.

See daily update WHO of 24 May 2022 (source)

„New Sustainable Financial Model“:
50% of WHO’s core budget by 2030 to be borne by Member States.
(see vote of 24 May 2022; 75th WHA)

source & more infos are available here

WHO set-up: legal instruments

- Treaty/Convention/Accord*:

Article 19

The Health Assembly shall have authority to adopt conventions or agreements with respect to any matter within the competence of the Organization. A two-thirds vote of the Health Assembly shall be required for the adoption of such conventions or agreements, which shall come into force for each Member when accepted by it in accordance with its constitutional processes.

= Ratification - principle

Article 20

Each Member undertakes that it will, within eighteen months after the adoption by the Health Assembly of a convention or agreement, take action relative to the acceptance of such convention or agreement. Each Member shall notify the Director-General of the action taken, and if it does not accept such convention or agreement within the time limit, it will furnish a statement of the reasons for non-acceptance. In case of acceptance, each Member agrees to make an annual report to the Director-General in accordance with Chapter XIV.

Source: here

* So far in WHO-history only 1 treaty was concluded (2003): Source (Tobacco Control)

WHO set-up: legal instruments

- Regulations:

Article 21

The Health Assembly shall have authority to adopt regulations concerning:

(*a*) sanitary and quarantine requirements and other procedures designed to prevent the international spread of disease;

(*b*) nomenclatures with respect to diseases, causes of death and public health practices;

(*c*) standards with respect to diagnostic procedures for international use;

(*d*) standards with respect to the safety, purity and potency of biological, pharmaceutical and similar products moving in international commerce;

(*e*) advertising and labelling of biological, pharmaceutical and similar products moving in international commerce.

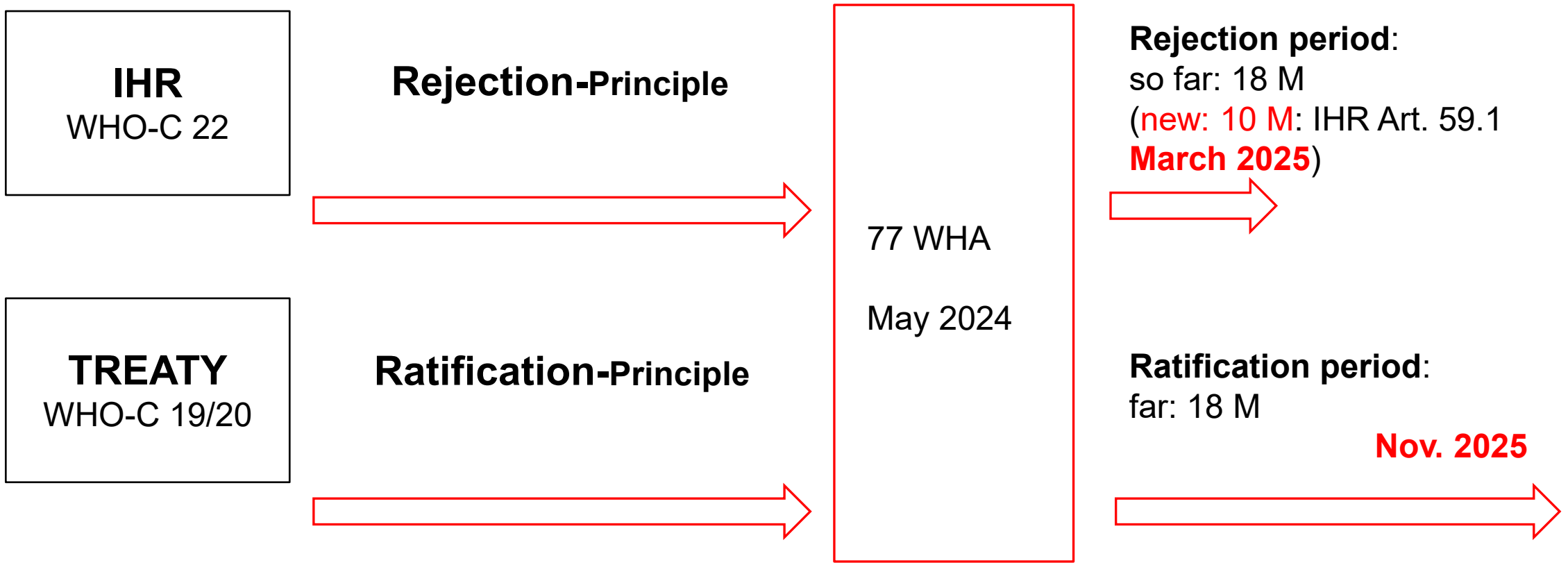
Article 22

Regulations adopted pursuant to Article 21 shall come into force for all Members after due notice has been given of their adoption by the Health Assembly except for such Members as may notify the Director-General of rejection or reservations within the period stated in the notice.

= Rejection - principle

e.g.:
International Health Regulations

WHO set-up: legal instruments



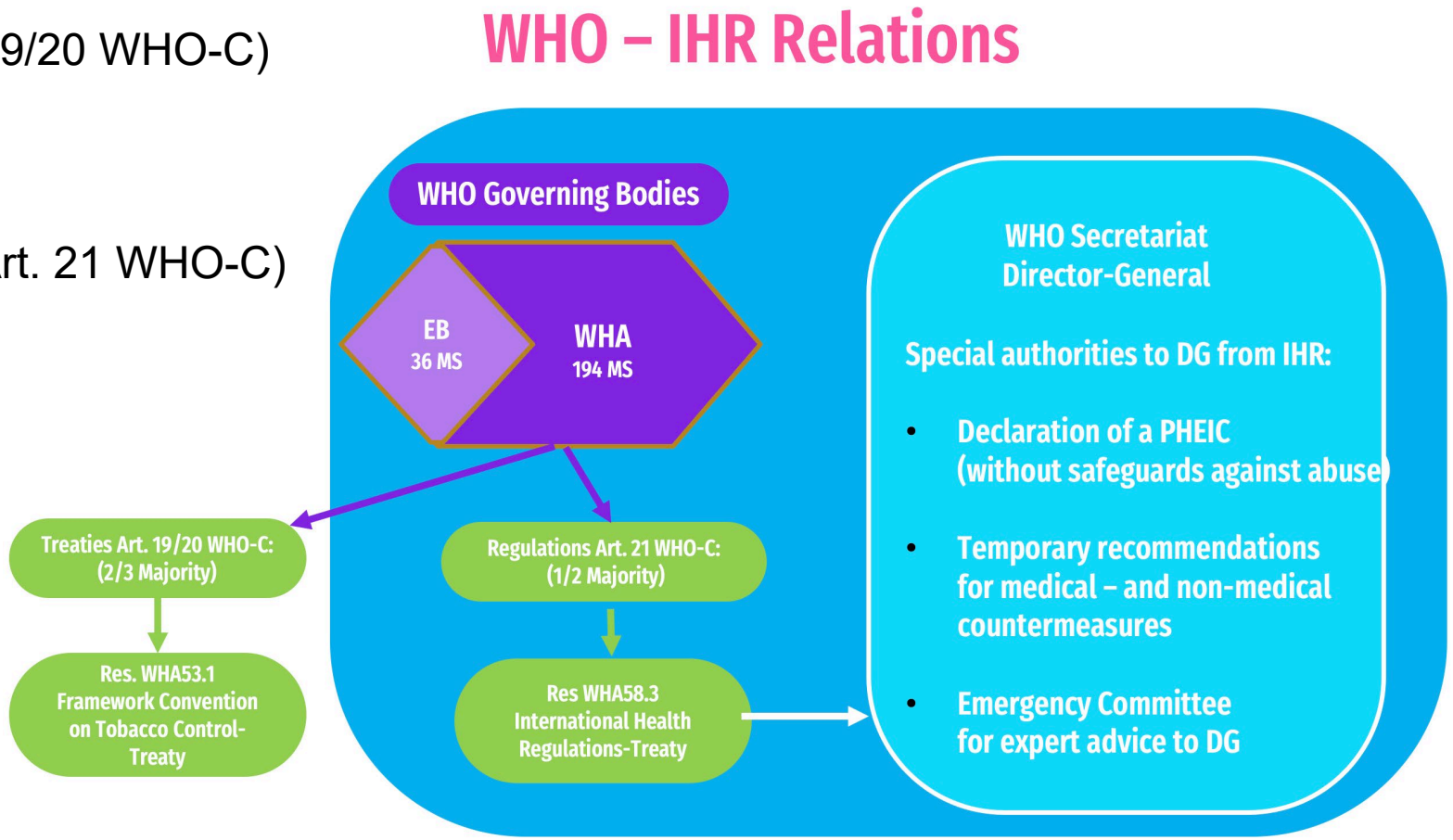
WHO set-up: legal instruments

Treaty/Accord (Art. 19/20 WHO-C)

or

IRH-Amendments (Art. 21 WHO-C)

?



WHO – New Pandemic Treaty & Streamlines of Negotiations

Working Group on Strengthening WHO Preparedness and Response to health emergencies (WGPR) – based on a survey (ZERO DRAFT REPORT of 3 May 2022) the WGPR presented its Final Report to the 75th WHA on 23rd May 2022 **Pls. Note: Deadline for Member States Input: 30 Sept. 2022):**	all WHO MS →	**Finalization 77th WHA 2023**
Intergovernmental Negotiations Body (INB) on drafting a Treaty on PPR complementary to the IHR; Latest Exhibits are the Public Hearings 12-13 April 2022: (2nd Round: 16-17 June)	all WHO MS →	**Finalization 77th WHA 2024**
US-proposal of IHR amendments see here **Counterproposal (Draft Resolution of Australia, EU and others of 24 May 2022) re. Art. 59 I IHR (9 Months)**	unilateral US →	**Submitted to 75th WHA May 2022**

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WHO Int'l Health Reg. (IHR)

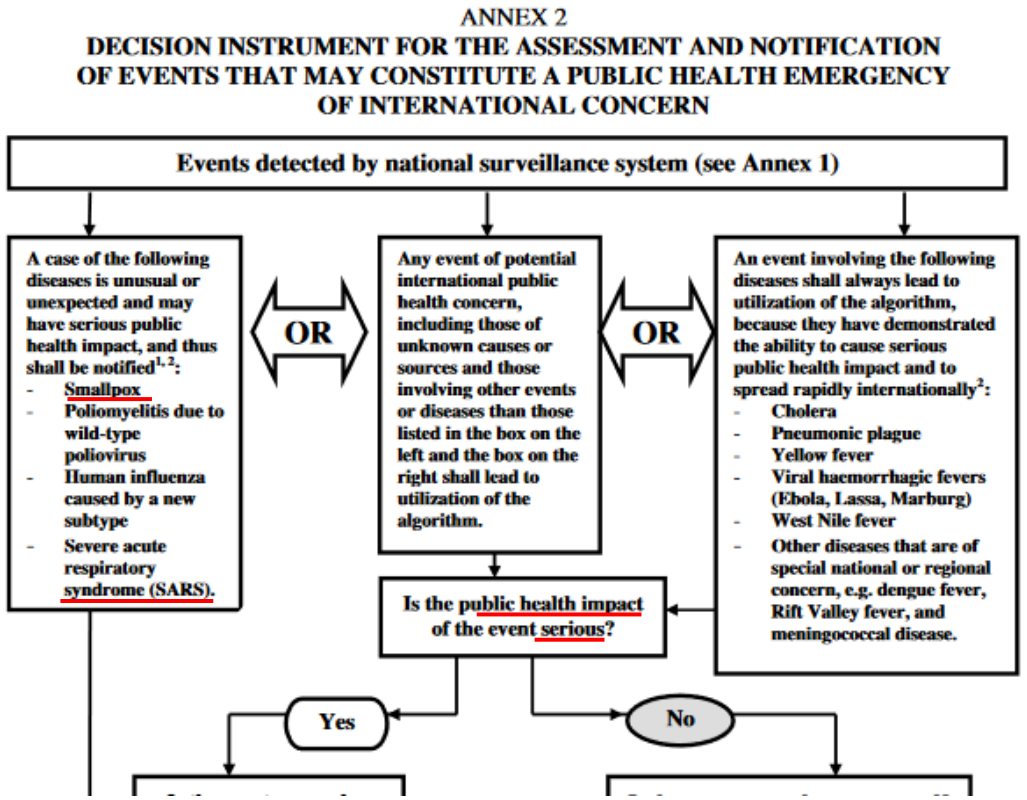
- WHO International Health Regulations (IHR; 2005; source: here)
- Directly legally binding for 196 states (194 Member States + Holy See, Liechtenstein)
- Apply to any event which could constitute a threat to public health
- Obligation re. monitoring and reporting of public health events for States Parties
- define the criteria to determine whether or not a particular event constitutes a "**public health emergency of international concern**" (PHEIC):
  => PHEIC self-empowerment without effective safeguard against abuse

*Article 12: Determination of a public health emergency of international concern, **public health emergency of regional concern, or intermediate health alert***

1. The Director-General shall determine, on the basis of information received, in particular from the State Party within whose territory an event is occurring, whether an event constitutes a public health emergency of international concern in accordance with the criteria and the procedure set out in these Regulations.

WHO „PHEIC“

What is a PHEIC?



ANNEX 2

DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

Events detected by national surveillance system (see Annex 1)

A case of the following diseases is unusual or unexpected and may have serious public health impact, and thus shall be notified[1, 2]:
- **Smallpox**
- **Poliomyelitis due to wild-type poliovirus**
- **Human influenza caused by a new subtype**
- **Severe acute respiratory syndrome (SARS).**

OR

Any event of potential international public health concern, including those of unknown causes or sources and those involving other events or diseases than those listed in the box on the left and the box on the right shall lead to utilization of the algorithm.

OR

An event involving the following diseases shall always lead to utilization of the algorithm, because they have demonstrated the ability to cause serious public health impact and to spread rapidly internationally[2]:
- **Cholera**
- **Pneumonic plague**
- **Yellow fever**
- **Viral haemorrhagic fevers (Ebola, Lassa, Marburg)**
- **West Nile fever**
- **Other diseases that are of special national or regional concern, e.g. dengue fever, Rift Valley fever, and meningococcal disease.**

Is the public health impact of the event serious?

Yes

No

To be reported to the GD of the WHO (yes / no?)

more information available here

WHO „PHEIC“

EXAMPLES FOR THE APPLICATION OF THE DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

The examples appearing in this Annex are not binding and are for indicative guidance purposes to assist in the interpretation of the decision instrument criteria.

DOES THE EVENT MEET AT LEAST TWO OF THE FOLLOWING CRITERIA?

	I. Is the public health impact of the event serious?
	1. *Is the number of cases and/or number of deaths for this type of event large for the given place, time or population?*
	2. *Has the event the potential to have a high public health impact?*
	THE FOLLOWING ARE EXAMPLES OF CIRCUMSTANCES THAT CONTRIBUTE TO HIGH PUBLIC HEALTH IMPACT: ✓ Event caused by a pathogen with high potential to cause epidemic (infectiousness of the agent, high case fatality, multiple transmission routes or healthy carrier). ✓ Indication of treatment failure (new or emerging antibiotic resistance, vaccine failure, antidote resistance or failure). ✓ Event represents a significant public health risk even if no or very few human cases have yet been identified. ✓ Cases reported among health staff. ✓ The population at risk is especially vulnerable (refugees, low level of immunization, children, elderly, low immunity, undernourished, etc.).

' the event serious?

Note:
Up to now there was no obligation in the IHR for the member countries to declare emergency law just because of a PHEIC.

But still they did it…

WHO - IHR

- WHO International Health Regulations (IGR; 2005; source: here)

Article 3 Principles

1. The implementation of these Regulations shall be with full respect for the dignity, human rights and fundamental freedoms of persons.

This article is not concerned by any proposal so far.

2. The implementation of these Regulations shall be guided by the Charter of the United Nations and the Constitution of the World Health Organization.

3. The implementation of these Regulations shall be guided by the goal of their universal application for the protection of all people of the world from the international spread of disease.

4. States have, in accordance with the Charter of the United Nations and the principles of international law, the sovereign right to legislate and to implement legislation in pursuance of their health policies. In doing so they should uphold the purpose of these Regulations.

Sovereignty

+ Art. 57 para. 1 IGV

WHO - IHR

- International Health Regulations Not adopted **U.S. Proposal (see WHA75/18)**

Article 5: Surveillance

[…]

New 5. WHO shall develop early warning criteria for assessing and progressively updating the national, regional, or global risk posed by an event of unknown causes or sources and shall convey this risk assessment to States Parties in accordance with Articles 11 and 45 where appropriate. The risk assessment shall indicate, based on the best available knowledge, the level of risk of potential spread and risks of potential serious public health impacts, based on assessed infectiousness and severity of the illness.

Withdrawn by the U.S.
but possible scenario for the future

- Comment:
  - Risk of even more violations of privacy rights (biometrical surveillance etc.?) etc.
  - Risk assessment not disclosed to the public, only to States Parties
  - Risk of even more useless methods for undue triggering the “PHEIC”

WHO - IHR

- International Health Regulations Not adopted **U.S. Proposal (see WHA75/18)**

Article 6: Notification

1. Each State Party shall assess events occurring within its territory by using the decision instrument in Annex 2 **within 48 hours of the National IHR Focal Point receiving the relevant information.** Each State Party shall notify WHO, by the most efficient means of communication available, by way of the National IHR Focal Point, and within 24 hours of assessment of public health information, of all events which may constitute a public health emergency of international concern within its territory in accordance with the decision instrument, as well as any health measure implemented in response to those events. If the notification received by WHO involves the competency of the International Atomic

Withdrawn by the U.S.
but possible scenario for the future

- Comment:
  - 48 hours = undue time-pressure on Member States
    - risk of wrong risk assessments
    - Infectious diseases need more time!

WHO - IHR

- International Health Regulations Not adopted **U.S. Proposal (see WHA75/18)**

Article 9: Other reports

1. WHO may take into account reports from sources other than notifications or consultations and shall assess these reports according to established epidemiological principles and then communicate information on the event to the State Party in whose territory the event is allegedly occurring. ~~Before taking any action based on such reports, WHO shall consult with and attempt to obtain verification from the State Party in whose territory the event is allegedly occurring in accordance with the procedure set forth in Article 10. To this end,~~ WHO shall make the information received available to the States Parties and only where it is duly justified may WHO maintain the confidentiality of the source. This information will be used in accordance with the procedure set forth in Article 11.

Withdrawn by the U.S.
but possible scenario for the future

- Comment:
  - Verification-/ information- process with concerned country will be eliminated
  - Risk for wrong risk assessments increases

WHO - IHR

- International Health Regulations Not adopted **U.S. Proposal (see WHA75/18)**

*Article 12: Determination of a public health emergency of international concern, **public health emergency of regional concern, or intermediate health alert***

[…]

2. If the Director-General considers, based on an assessment under these Regulations, that a **potential or actual** public health emergency of international concern is occurring, the Director-General shall **notify all States Parties and seek to** consult with the State Party in whose territory the event arises regarding this preliminary determination **and may, in accordance with the procedure set forth in Article 49, seek the views of the Committee established under Article 48 (hereinafter the "Emergency Committee").** 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 ~~Committee established under Article 48 (hereinafter the~~ "Emergency Committee") on appropriate temporary recommendations.

Withdrawn by the U.S.
but possible scenario for the future

- Comment:
  - **DG can decide about PHEIC without consent from the concerned country**
  - Risk for wrong risk assessments increases

WHO - IHR

Withdrawn by the U.S.
but possible scenario for the future

- International Health Regulations Not adopted **U.S. Proposal (see WHA75/18)**

- Art. 12 IHR | New additional options (powers) for the Director General:
  - "Intermediate Public Health Alert" (if requirements for PHEIC are not fully met)
  - "Public Health Emergency of Regional Concern" (PHERC; if criteria are met only on a regional basis)
- Art. 13 IHR | WHO offer to help
  - pressure to accept (but will it be useful and proportionate?)

WHO / IHR-U.S. proposal

Withdrawn by the U.S.
but possible scenario for the future

SUMMARY of not adopted **U.S. Proposal (see WHA75/18) [withdrawn]:**

- Surveillance methods: not under control of States Parties (useless testing; tracing);
- Time-pressure on States Parties contra-productive (risk of wrong risk assessments);
- DG can call for PHEIC without consent of the concerned country (risk of undue PHEIC);
- New additional options for the Regional Directors (risk of undue PHERC);
- WHO offer to “help” (WHO-measures might be useless, disproportionate and an open doors for undisclosed interests, including pharmaceutical and other industry interests)

WHO / IHR-U.S. proposal

Withdrawn by the U.S.
but possible scenario for the future

- Risk assessment only by the rules of WHO; less transparent and reliable then ever;
- more POWER for the (Director Gen. of the) WHO to claim PHEIC;
  - Even without consent of the concerned country (risk of undue PHEIC);
- more technocratic surveillance;
- No checks and control- mechanism; no accountability;
- **PHEIC / PHERC might become the "new Normal";**
- More power for WHO to violate sovereignty and constitutions of Member States
- **IHR will become tool for WHO's intransparent SELF-EMPOWERMENT**

Openly announced PROGRAM AGAINST people's CIVIL RIGHTS + CONSTITUTIONAL RULE of LAW <u>without exit-option</u>

WHO – adopted IHR amendment

World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY
Agenda item 16.2

A75/A/CONF./7 Rev.1
27 May 2022

Strengthening WHO preparedness for and response to health emergencies

[Counter-] **Proposal for amendments to the International Health Regulations (2005)**

Draft resolution proposed by 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

U.S. herewith retracted its own proposal

Info: the Resolution will be available here (not yet published), but A75/A/CONF./7 has been adopted by consensus

- **Comment:**
  - Reduction of rejection period from 18 months to 10 months (instead of 1st U.S. proposal: 6/9 months);
  - Reduction of period for entry into force from 24 months to 12 months (after expiry of rejection period).
    => Souce see here

WHO –adopted IHR amendment

- International Health Regulations
  The IHR amendment A75/A/CONF./7 Rev.1

- **Comment:**
  - Reduction of rejection period from 18 months to 10 months;
  - Reduction of period for entry into force from 24 month to 12 months (after expiry of rejection period).
  - Other minimal procedural changes (in relation to the 10 months period)

ANNEX[1]

Article 59: Entry into force; period for rejection or reservations

1. The period provided in execution of Article 22 of the Constitution of WHO for rejection of, or reservation to, these Regulations ~~or an amendment thereto,~~ shall be 18 months from the date of the notification by the Director-General of the adoption of these Regulations ~~or 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.

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 [9 DEL] 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.

2. These Regulations shall enter into force 24 months after the date of notification referred to in paragraph 1 of this Article, **and amendments to these Regulations shall enter into force 12 months after the date of notification referred to in paragraph 1bis of this Article,** except for:

(a) a State that has rejected these Regulations or an amendment thereto in accordance with Article 61;

[1] Deletions are shown with strikethrough; insertions are shown in bold.

WHO –adopted IHR amendment

EU statement on the adoption of the amendment to Art. 59 IHR, see here:

" …In this spirit, the EU chaired negotiations on resolution 74.7, the adoption of which led, inter alia, to the creation of the Working Group on Strengthening WHO preparedness for and response to health emergencies (WGPR).
During its one-year mandate, the WGPR analysed and prioritized numerous recommendations, achieved the establishment of a negotiation process for a new Pandemic Agreement, and an agreed process for targeted amendments to IHR. The EU will be actively engaged both in the INB and the process to strengthen and improve IHR provisions, their implementation and compliance. Full implementation of the IHR must be a priority goal for all countries. We support the proposed amendments to Article 59 of the IHR, allowing amending the IHR more swiftly in the future. In our view, these two instruments will constitute the cornerstones of the global health architecture, safeguarding the world in preventing and responding to future pandemics…"

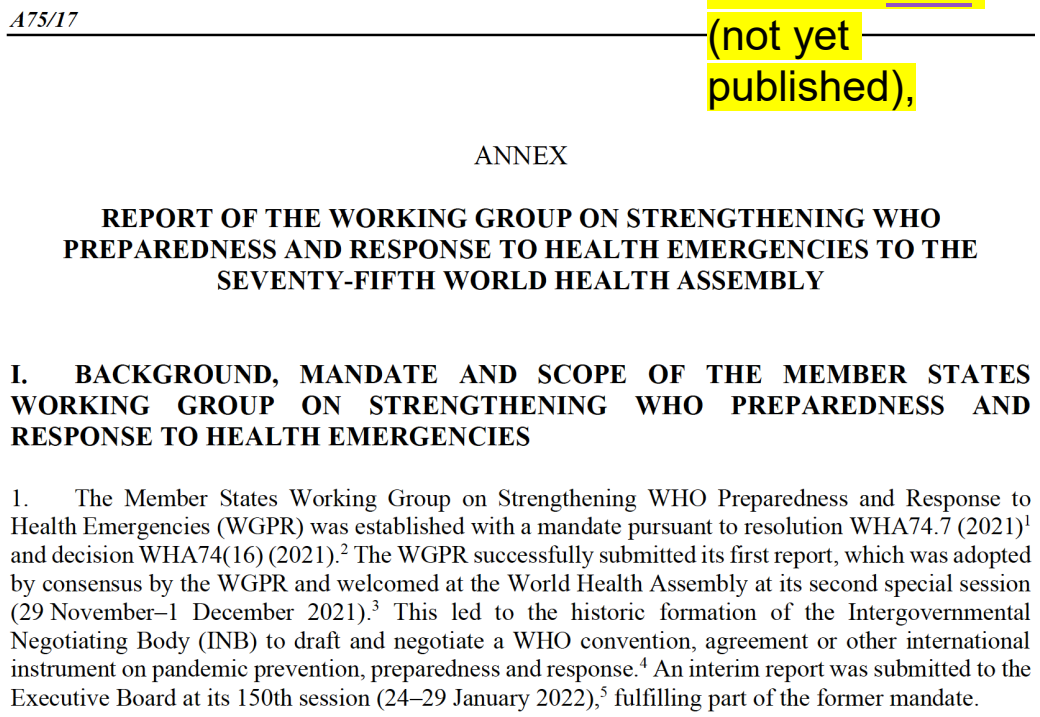
WHO – IHR – Working Group

IHR – amendments: Working Group inclusive process for all States Parties

Info: the Resolution will be available here (not yet published),

Working group on strengthening WHO preparedness and response to health emergencies (**WGPR**; source); established at 74th WHA (May 2021);

- **Zero Draft** of 3 May 2022 (source);
- **Final Report** delivered to the 75th WHA on 23rd May 2022 through the Director-General (WHA75/17)



A75/17

ANNEX

REPORT OF THE WORKING GROUP ON STRENGTHENING WHO PREPAREDNESS AND RESPONSE TO HEALTH EMERGENCIES TO THE SEVENTY-FIFTH WORLD HEALTH ASSEMBLY

I. BACKGROUND, MANDATE AND SCOPE OF THE MEMBER STATES WORKING GROUP ON STRENGTHENING WHO PREPAREDNESS AND RESPONSE TO HEALTH EMERGENCIES

1. The Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR) was established with a mandate pursuant to resolution WHA74.7 (2021)[1] and decision WHA74(16) (2021).[2] The WGPR successfully submitted its first report, which was adopted by consensus by the WGPR and welcomed at the World Health Assembly at its second special session (29 November–1 December 2021).[3] This led to the historic formation of the Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response.[4] An interim report was submitted to the Executive Board at its 150th session (24–29 January 2022),[5] fulfilling part of the former mandate.

WHO – IHR – Working Group

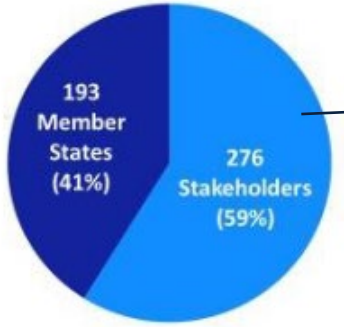
IGR – amendments: WGPR Final Report of 23 May 2022

Survey conducted from Dec. 2021 – 14 Feb. 2022:

A75/17
23 May 2022

WGPR survey on implementation of COVID-19 recommendations:
Number of invited entities by category

Only 64 (out of 196; = only 33%) **Member States** participated in the survey



Total 469 entities invited to join the survey

60% NON-Member States!

276 „Stake Holders“ (Non-Member States)

⇒ **Strong external influence**
⇒ NO „DEMOCRACY of Member States“

WHO – IHR – Working Group

IHR – amendments: WGPR Final Report of 23 May 2022

A75/17
23 May 2022

REPORT OF THE WORKING GROUP ON STRENGTHENING WHO PREPAREDNESS AND RESPONSE TO HEALTH EMERGENCIES TO THE SEVENTY-FIFTH WORLD HEALTH ASSEMBLY

4 Main areas of change, mainly based on source reports/recommendations:

- **Leadership and Governance (e.g. public health measures);**
- **Equity (e.g. access on an equitable basis to health measures, i.e. vaccines);**
- **Systems and Tools (e.g. surveillance networks);**
- **Finance** (see also New Financing Sustainable Model, WHA-Vote of 24 May 2022; Report Working Group):

N.B.:

Deadline for Member States' proposals on IHR amendments: 30 Sept. 2022.

WHO – IHR – Working Group

IGR – amendments: WGPR Final Report of 23 May 2022

Re. Leadership and Governance:

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
Leadership & governance	IPPPR_29	Apply non-pharmaceutical public health measures systematically & rigorously in every country at the scale the epidemiological situation requires. All countries to have an explicit evidence-based strategy agreed at the highest level of government to curb COVID-19 transmission.	49	75.51%	38.64%	YES		Address or involve external bodies/actors WHO normative work	
Leadership & governance	IPPPR_34	WHO to develop immediately a roadmap for the short-term, and within three months scenarios for the medium- and long-term response to COVID-19, with clear goals, targets and milestones to guide& monitor the implementation of country & global efforts towards ending the COVID-19 pandemic.	43	60.47%	44.19%	YES		WHO normative work	

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WHO – New Pandemic Treaty

International Treaty on Pandemic Prevention and Preparedness: WHY?

- (A) The world is “ill-prepared to a severe influenza” = topic since 2009 (promotors: EC; WHO PPP; GAVI; Pharmaceutical Manufacturers (IFPMA)
- (B) “Global Health Security” (GHS) – approach

- 1st December 2021:

WHO General Secretary announced that 194 members of the World Health Organization (WHO) had agreed to draft and negotiate a convention, agreement or other international instrument within the framework of the World Health Organization's Statute to strengthen pandemic prevention, preparedness and response

WHO – New Pandemic Treaty

Most recent Status

1.) White Paper for Consultation (4 May, 2022; source)

Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience

2.) Report by the General Director of 23 May, 2022 WHA75.20

Info: the Resolution will be available here (not yet published)

World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY
Provisional agenda item 16.2

A75/20
23 May 2022

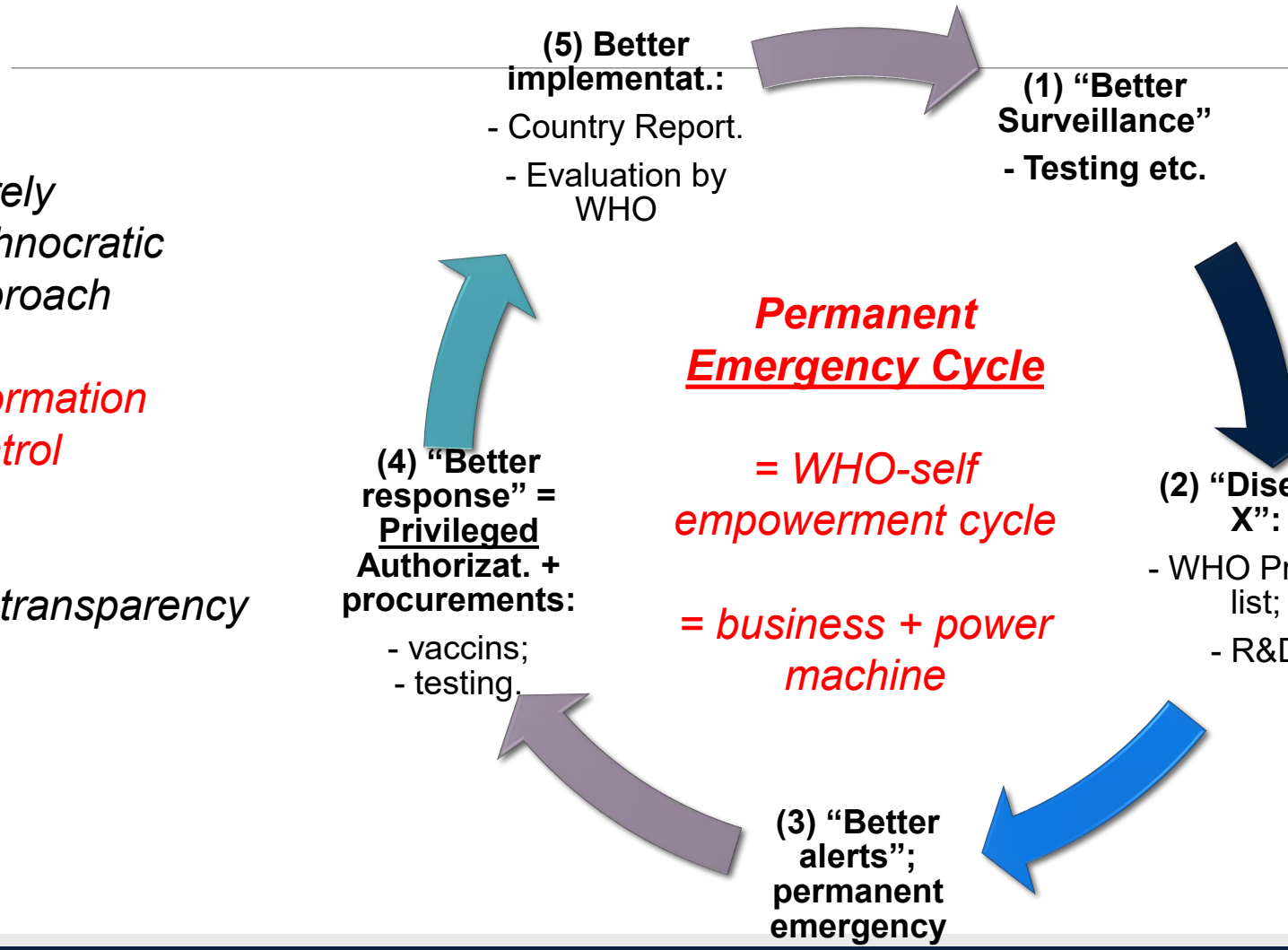
Strengthening the global architecture for health emergency preparedness, response and resilience

Report by the Director-General

WHO – New Pandemic Treaty

- **Key elements: See White Paper "Strengthening the Global Architecture for Health ..**
- Better surveillance of pandemic risks: "*The monitoring of risks and, in particular, knowledge-sharing on new infectious diseases …*"
  - WHO to set up a priority list; "Disease X"; One Health Approach; 24/7 SURVEILLANCE
- Better alerts: "*Introducing more levels of alert commensurate to the degree of health threats would improve accuracy in communication about public health threats* […]"
- Better response mechanisms: "*Inequities in access to vaccines, medicines and diagnostics* […]" must be eliminated
  - Emergency authorizations + procurement + delivery to the countries
- Better implementation: "*more robust country-reporting mechanism, as well as through the more widespread use of joint external evaluations and better follow-up*."
  - External entities in charge of implementation
  - Pandemic information control

Pandemic Creation Cycle



Purely technocratic approach

Information control

No transparency

This all to be defined by WHO / its investors; (Intended: One Health Approach)

No accountability
No independant review / investigat.

No safeguards against abuse.

Permenant threat to our democracies.
Deactivates Rule of law

WHO – New Pandemic Treaty

Timetable:

- 20 May 2021 — EU Council Decision to support the launch of negotiations for an international treaty on the fight against pandemics.
- 01 Dec 2021 — Special Session of 74th WHA; DG officially discloses timetable (Intergovernmental Negotiation Body established)
- 02 Mar 2022 — Council of EU gives green light for the project
- 01 Aug. 2022 — Intern. Negot. Body to discuss working draft
- May 2023 — 76th WHA: Internat. Negot. Body will deliver progress report
- May 2024 — 77th WHA: Proposal will be presented to the WHA **for adoption**

Meanwhile fully open: https://www.consilium.europa.eu/en/policies/coronavirus/pandemic-treaty/

WHO – New Pandemic Treaty

WHA75/20. ‚Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience' (HERP), May 2022 s**ee here,** demonstates that the following proposals are likely to be integrated in the new legal architecture:

Proposal 1. Establish a **Global Health Emergency Council** and WHA Committee for Emergencies
Proposal 2: Make targeted **amendments** to the International Health Regulations (2005)
Proposal 3. Scale-up **Universal Health and Preparedness Reviews** and strengthen independent monitoring
Proposal 4. Strengthen a **global health emergency workforce** that is trained to common standards, interoperable, rapidly deployable, scalable and equipped
Proposal 5. Strengthen the network of health emergency **coordination hubs**, and standardize approaches to strategic planning, financing, operations and monitoring of health emergency preparedness and response
Proposal 6. Expand partnerships for a **whole-of-society** approach for collaborative surveillance, community protection, clinical care, and **access to countermeasures**
Proposal 7. Establish a coordinating platform for **financing to promote domestic investment** and direct existing and gap-filling international financing to where it is needed most
Proposal 8. Establish a **financial intermediary fund** for pandemic preparedness and response to provide catalytic and gap-filling funding
Proposal 9. Expand the **WHO Contingency Fund for Emergencies** to ensure rapidly scalable financing for response
Proposal 10. **Strengthen WHO** at the centre of the global HEPR architecture

An important roadmap about issues of concern and agenda ahead of us!

WHO as global Emergency Operating Centre

- Health Emergencies Programme
- Transformation Agenda
- 13th GPW

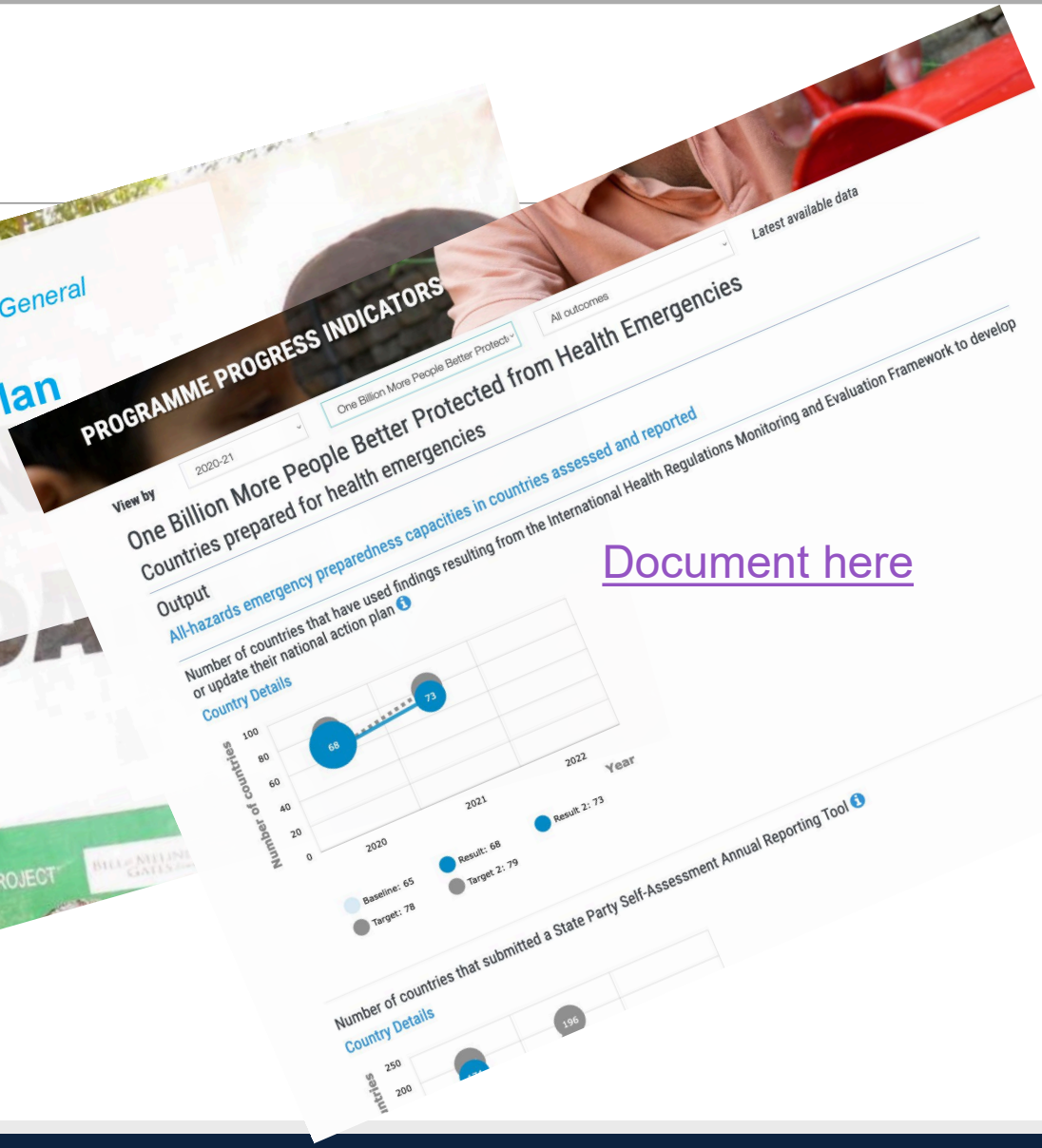
WHO as global Emergency Operating Centre

Evidence – documents

Document here

Document here

Document here



Evidence & Problems

- **Health Emergencies Programme** in 2016 changed WHO from a technical into an operational, on the ground working agency following an all-health-emergencies approach through impacting the entire Organization and creating dual lines of accountability within the Organization

- **Transformation Agenda** adapts the entire WHO as a long term goal to more (industrial) partners (PPP), more financial requests for impacting the country level, and as coporate identy

- **13th Global Program of Work (GPW)** until 2025 has as core pillar to ‚protect people from emergencies' and every policy and the budget spending has to align with a measurable impact

WHO institutionally focused its organization on ‚health emergencies' (PPR) and measures easy achievable goals as success and thus potentially creates more health emergencies and ‚pandemics".

Every emergency = Business booster for private/business players

WHO has become a business machine.

WHO – New Pandemic Treaty & Streamlines of Negotiations

Working Group on Strengthening WHO Preparedness and Response to health emergencies (WGPR) – based on a survey (ZERO DRAFT REPORT of 3 May 2022) the WGPR presented its Final Report to the 75th WHA on 23rd May 2022 **Pls. Note: Deadline for Member States Input: 30 Sept. 2022):**	all WHO MS →	**Finalization 77th WHA 2023**
Intergovernmental Negotiations Body (INB) on drafting a Treaty on PPR complementary to the IHR; Latest Exhibits are the Public Hearings 12-13 April 2022: (2nd Round: 16-17 June)	all WHO MS →	**Finalization 77th WHA 2024**
US-proposal of IHR amendments see here **Counterproposal (Draft Resolution of Australia, EU and others of 24 May 2022) re. Art. 59 I IHR (9 Months)**	unilateral US →	**Submitted to 75th WHA May 2022**

WHO‘s Pandemic Creation Cycle

- Surveillance
- Disease X List
- PHEIC declaration
- Procurement Emergency & Use Listing Procedure
- Health Information Control

WHO's Pandemic Creation Cycle

Disease X

WHO R&D Blueprint lists the priority diseases that are priortized for research and might be used by the industry for further gain-of-function research

PHEIC

The DG is vested with an unparalleled executive authority of the DG under the IHR to declare a (intermediate alert)/PHEIC/(PHERC) and recommends medical and non-medical countermeasures

Global Surveillance

WHO defines legal, policy and technical capacities for surveillance on a 24/7 basis, aiming at a complete One Health surveillance of humans, animals environment/planet

Procurement & Authorization

WHO engages in global procurement of medical-countermeasures through collaboration with GAVI/Covax-ACT-Acc and authorises it under the Emergency Use Listing

Health Info Control

Infodemic Management uses artificial intelligence for health information control on the rational of 'overabundance of information' during pandemics and malfeasant misinformation providers that requires digital censorship

HOW to break WHO‘s Pandemic Creation Cycle?

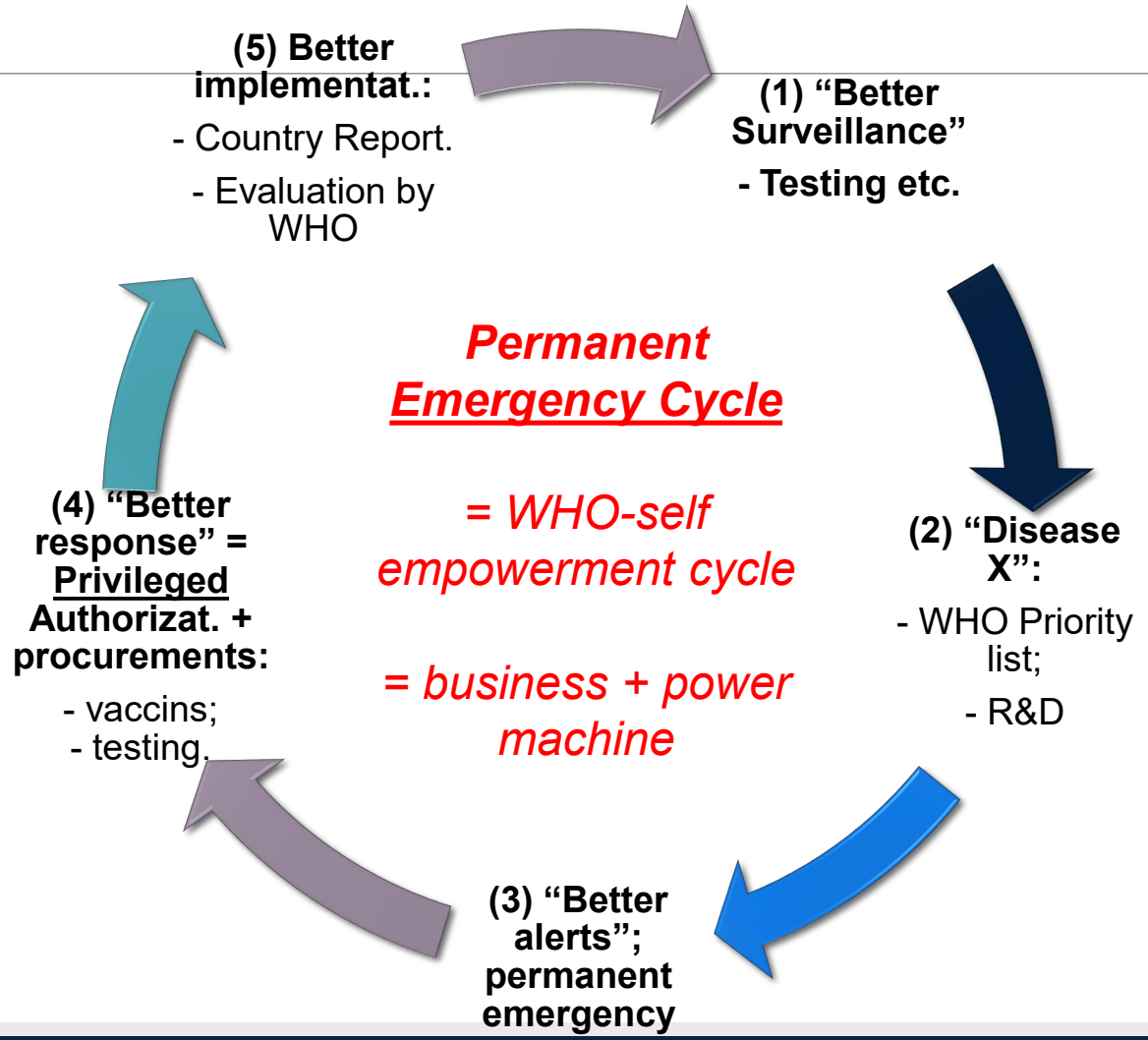
- Legal actions
- Activism
- Global actions
- New organizations

Pandemic Creation Cycle

Purely technocratic approach

Information control

No transparency



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4 How to break WHO's Pandemic Creation Cycle

Possible solutions (I):

- Global action: ***International Alliance for Justice and Democracy***

- GET IN DIRECT CONTACT with WHO:
  - Ask the right questions (financing; public procurement; contracts with pharma-industry etc.);
  - Clear demands (Principle of democratic participation; Checks & Balances; Quality Control / AAR; Accountability; etc.)
- INVESTIGATE – re. PPPs, national accountability, quest for reparations, etc.
  - Addressing WHO as a business (and power) machine;
  - Public procurement and anti-trust matters;
  - Address the shortcomings on the national + WHO level (incl. mRNA-damages etc.)

4 How to break WHO's Pandemic Creation Cycle

Possible solutions (II):

- **Informing the people**: (break WHO-propaganda and WHP-censorship „*Infodemic*“)
  - What to expect from a real Public Health Organisation?
  - What in contrast did the WHO do so far and what are the plans for the future?
- **Addressing politicians**: Holding responsible your political representative;
- Insisting in independant Investigation (= mandatory Quality Control / SOP)
  - Re. Public Health Risk Assessment; Re-evaluation of all counter-measures
  - Principle of strict quality control
  - All shortcomings and systematic failures to be evaluated
- Instisting in accountability
- Principle of democracy (major decisions + changes must accepted by the people)
- Anti-Curruption safeguards (no private/business interests to influence WHO);

4 How to break WHO‘s Pandemic Creation Cycle

Possible solutions (III):

- Legal actions: to be initiated by our own IAJD-country representatives
  - WHO: the global regulator + promotor of harmful medical substances produces damages;
  - WHO‘s responsibility for damages on country level (mRNA-damages etc.)
  - WHO:= business-, power- and curruption- machine:
    to be stripped of undue (i.) immunity; (ii.) tax exemption in Switzerland;
  - WHO‘s violating EU-, US- and national public procurement and anti-trust legislation;
  - Etc.

4 How to break WHO's Pandemic Creation Cycle

Possible solutions (IV):

Stricter Approaches:

- Stop Financing WHO (via global / regional initiatives);
- Political pressure on country level:
  - exercise rejection-option;
  - **EXIT WHO** (public vote of confidence against WHO; etc.)

4 How to break WHO's Pandemic Creation Cycle

How to identify a „good best practise“ Health Organisation:

- Information program on how to strengthen our natural immun system.
- Alternative treatments and medication;
- ordinary local medical system is involved (General practitioner; family doctor; „Hausarzt“)
- Constant Review, improval and transparency of risk assessment method (PCR);
- Constant Review, improval and transparency re. all WHO-recommendations and measures (medical and non-medical);
- PHEC: Checks & Balances to check: do we still have a PHEIC?

4 How to break WHO's Pandemic Creation Cycle

How to identify a „good / best practise" Health Organisation:

- NO TRIALS ON HUMANS without full information and without informed conscent;
- Side effects in any measures: Strict monitoring and publication;
- Draw attention on Bio Labs; max. Control of all actors; no gain of function;
- Private and business interests are excluded to have any influence on WHO-policies
- With other words:
  A good (best practise) Health Organization would strictly observe all applicable laws and would strictly avoid doing more harm than good.

Part 3: ANNEX

1. Relevant facts re. PHEIC: to be subject to Independant Investigation
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Wrong Method for Risk Assessment: PCR

PCR-test results not sufficient evidence for a desease:

- WHO-Information Notices of 14 December 2020 / 21 Jan. 2021;
- Switzerland: Swiss Federal Court Decision of 23 Nov. 2021 (2C_228/2021)
- Court in Portugal 11. Nov 2020;
- Constitutional Court Ecuador: 02. Jan. 2021;
- Administrative Court Vienna: 24. March 2021;
- District Court Weimar: 8 April 2021;
- Several high level scientific papers (e.g.: Review report Corman-Drosten et al. Eurosurveillance 2020, 27.11.2020/11.01.2021);

- Federal Council, Ignazio Cassis, in Swiss TV („Arena“) on 01. Jan. 2022;
- Prof. Dr. Marcel Tanner (President of Swiss Academy of Sciences) in several interviews;
- Etc.; etc.; etc.;

Wrong Risk Assessment re. Threat for public health

SARS-Cov-2: No significant higher risk for public health: Ioannidis March. 2022

The end of the COVID-19 pandemic

John P. A. Ioannidis

[…] Personal risk of the *vast majority of the global populationwas already very small by end 2021*, but **perceived risk may still be grossly overes-timated**. Restrictive measures of high stringency have persisted in many countriesby early 2022. The gargantuan attention in news media, social media and even sci-entific circles should be tempered. Public health officials need to declare the end ofthe pandemic. Mid- and long- term consequences of epidemic waves and of adoptedmeasures on health, society, economy, civilization and democracy may perpetuatea pandemic legacy long after the pandemic itself has ended.

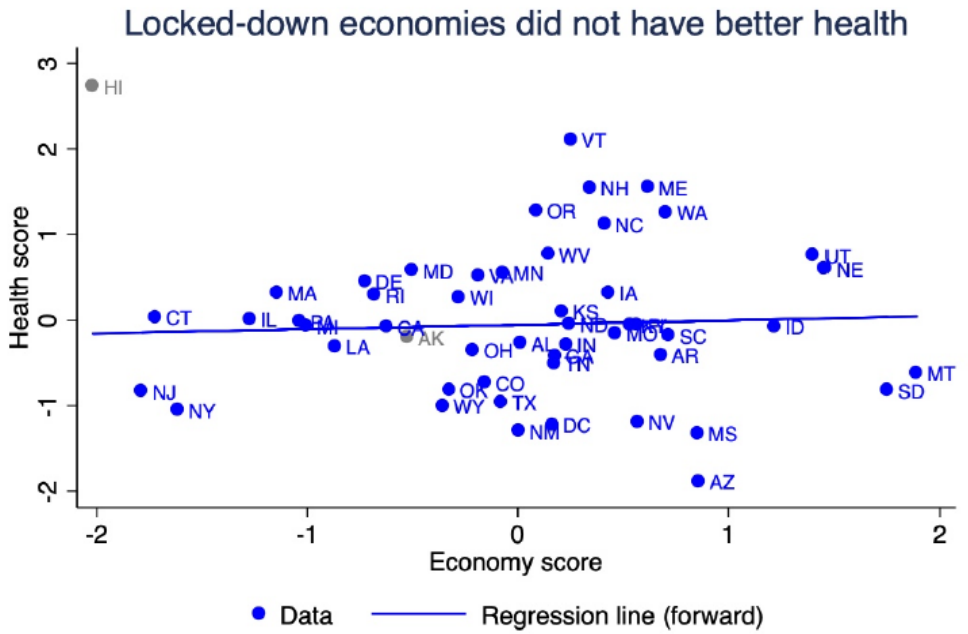
Non-medical interventions: useless

A FINAL REPORT CARD ON THE STATES' RESPONSE TO COVID-19

Phil Kerpen
Stephen Moore
Casey B. Mulligan

Working Paper 29928
http://www.nber.org/papers/w29928

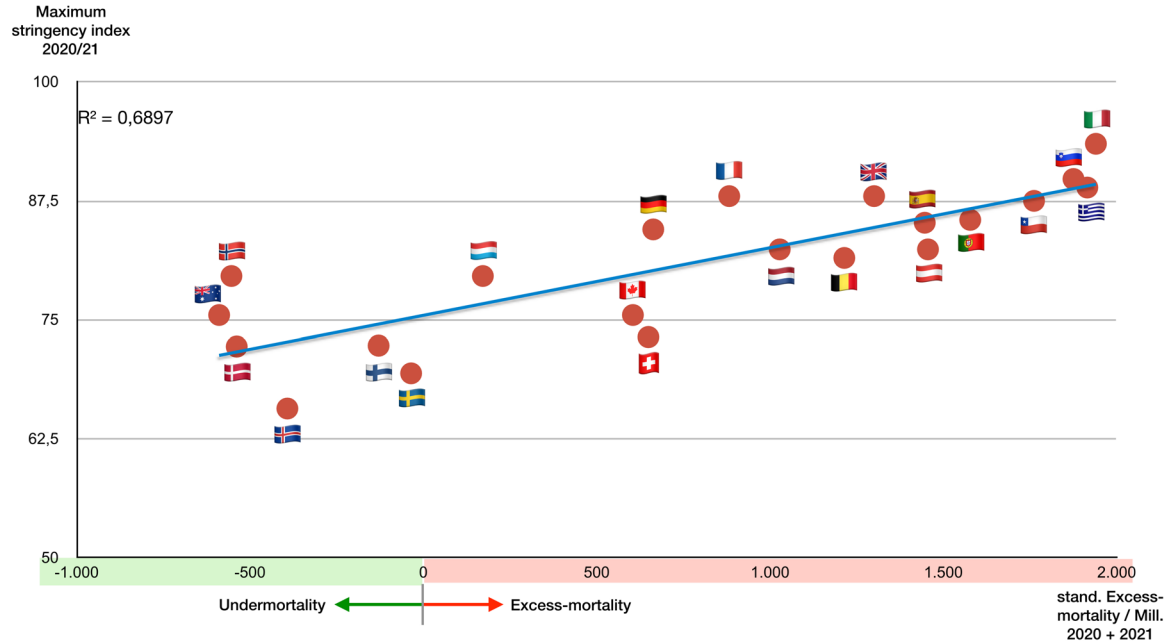
NATIONAL BUREAU OF ECONOMIC RESEARCH
1050 Massachusetts Avenue
Cambridge, MA 02138
April 2022



Non-medical interventions: increase mortality

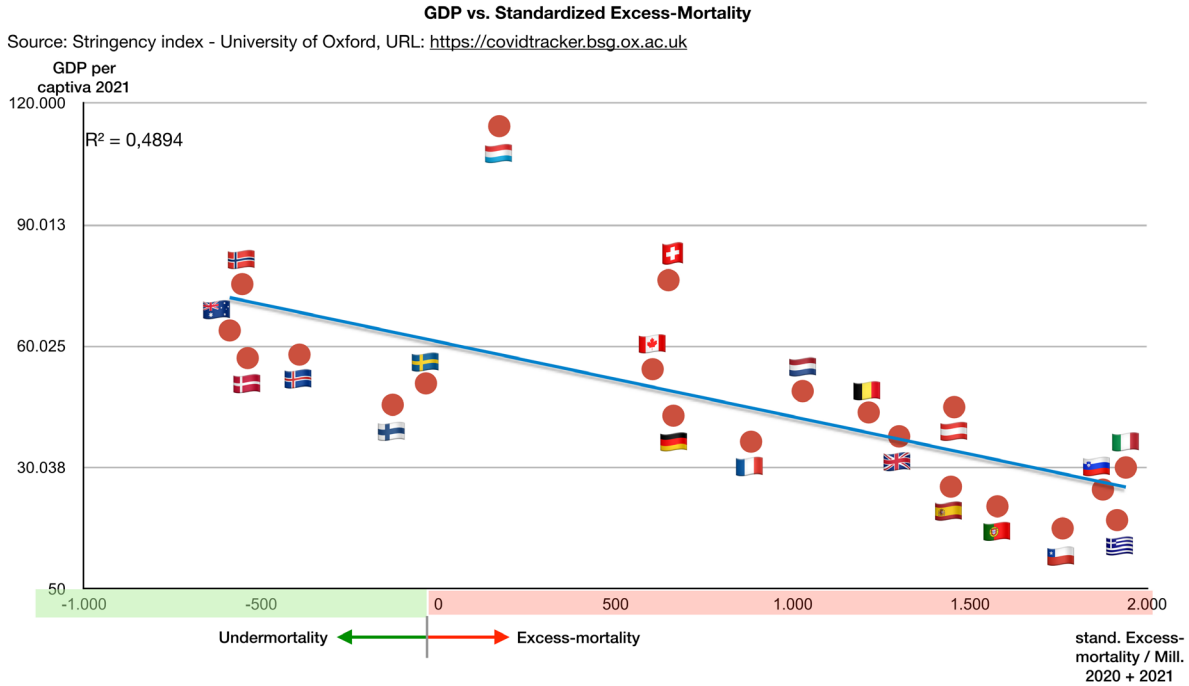
Strength of non-medical Interventions vs. Standardized Excess-Mortality

Source: Stringency index - University of Oxford, URL: https://covidtracker.bsg.ox.ac.uk



Souce: Excess-mortality age-standardized (Levitt): Comparison of pandemic excess mortality in 2020-2021, URL: https://www.medrxiv.org/content/10.1101/2022.05.09.22274863v1

Non-medical interventions: lower GDP



Souce: Excess-mortality age-standardized (Levitt): Comparison of pandemic excess mortality in 2020-2021, URL: https://www.medrxiv.org/content/10.1101/2022.05.09.22274863v1

Non-medical interventions had no benefit

More evidence and empirical studies:

Assessing mandatory stay-at-home and business closure effects on the spread of COVID-19

Eran Bendavid[1,2] | Christopher Oh[1] | Jay Bhattacharya[2] | John P. A. Ioannidis[1,3,4,5,6]

Study published Jan. 2021 : 10 Countries were reviewed England, France, Germany, Iran, Italy, Netherlands, Spain, South Korea, Sweden and the United States :

we find no clear, significant beneficial effect of restrictive nonpharmaceutical interventions (NPIs) on case growth in any country.

Non-medical interventions without any benefit

More evidence and empirical studies

More Than 400 Studies on the Failure of Compulsory Covid Interventions (Lockdowns, Restrictions, Closures)

BY PAUL ELIAS ALEXANDER NOVEMBER 30, 2021 POLICY, PUBLIC HEALTH 174 MINUTE READ

https://brownstone.org/articles/more-than-400-studies-on-the-failure-of-compulsory-covid-interventions/

Useless and harmful mRNA-treatment

Side Effects of historical dimensions … + underreporting

Legal submissions about to be finished [more info upon request]

WHO widening definition of „mental deseases“

WHO: **International Classification of Deseases** [11th Rev.]; Source: ICD-11

Dissenting opinions might be qualified as proof for mental desease.

MEDIZIN: Übersichtsarbeit

Patientinnen und Patienten mit Persönlichkeitsstörungen im ärztlichen Alltag

Implikationen aus der ICD-11

Patients with personality disorders in everyday clinical practice—implications of the ICD-11

Dtsch Arztebl Int 2022; 119: 1-7; DOI: 10.3238/arztebl.m2022.0001

Source (Article)

WHO widening definition of „mental deseases“

New ICD 11

[…] „Patientinnen und Patienten mit schwieriger Persönlichkeit oder Persönlichkeitsstörung bedeuten eine besondere Herausforderung für Ärztinnen und Ärzte in der allgemeinen Versorgung. Ein Hauptgrund ist der oft schwierige Interaktionsstil dieser Patienten. Mit dem Inkrafttreten der ICD-11-Klassifikation wird eine neue diagnostische Systematik auf den Weg gebracht, die die Funktionsbeeinträchtigungen im Alltag der Patienten in den Mittelpunkt stellt.

[…]

Um dem entgegenzuwirken, können Behandelnde dazu beitragen, in einem ersten Schritt die eigene Haltung gegenüber Persönlichkeitsstörungen zu überprüfen und anzuerkennen, dass es sich um Erkrankungen handelt.“

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Lawyers‘ joint experience since 2020

When defending citizens against harmful mandates (restricted access to public space; high fines exercising the right of expression outdoor; mandatory testing and masks) always the same problems emerged:

- The national and local courts did not perform an independant examination of the legally relevant evidence;
- They did not consider any evidence other than from WHO-experts; or national official expert bodies;
- Thus, most people (many children) were DENIED JUSTICE
- **Official REASON:**
  „During a *WHO-Pandemic* authorities must be granted a wider space of discretion. As long as the ‚right experts‘ are consulted, the courts have no reason to interfer.“

Lawyers‘ joint experience since 2020

- **National parliaments** do not perform their constitutional task to control the GOVERNMENT AND TO PROTECT THE CONSTITUTION and the CONSTITUTIONAL RULE OF LAW.
  - No parliament so far examined the question

    Did/do we REALLY ever have an EXTRAORDINARY THREAT to Public Health?

- Parliaments never questioned any actions nor methods of the government (not even after 2 years!);
  - Example: SWISS LAWYERS COMITTEE asked SWISS PARLIAMENT on 10 Feb. 2022 (link): *Please perform finally your constitutional duty to supervise and control the actions and extra-powers of the Swiss government* (Art. 169; 170 Swiss Constit.);
  - On 21st Feb. 2022 the parliament responded: We are not authorized to do so as long as „WE ARE STILL UNDER A STATUS OF PANDEMIC“ (link to the Letter).

Intermediary Conclusion

Our CONSTITIONAL SYSTEMs are OUT OF ORDER

System of Checks and Balances, of separation of powers is deactivated over 2 years.

WHY?

- **LOGIC „We are still in a Pandemic“ (RECENTLY EXTENDED again by the DIRECTOR GENERAL)**
- **2,5 years of P H E I C**
- **BUT THIS IS IN STARK CONTRAST TO WHAT WE ALL SEE**
- **We can‘t see, nor measure A real THREAT TO PUBLIC HEALTH FROM COVID**

- **RESULT of this state of emergency for the people:**
- **MEASURES, INTERVENTIONS AND MANDATES pose a THREAT and a RISK to**
  - **PUBLIC HEALTH,**
  - **TO OUR ECONOMIES AND BUSINESSES**
  - **TO FUNDAMENTAL RIGHTS, TO OUR DEMOCRACIES AND**
  - **TO OUR ENTIRE CONSTITUTIONAL ORDERS,**

Intermediary Conclusion

- **RULE of LAW is replaced by WHO‘s RULE of EMERGENCY**
- **RULE of LAW; (of democracy; human rights) becomes an EXCEPTION, a PRIVILEGE**
  that might be granted upon discretion of the governments only

- **THE RULE of EMERGENCY has become the NEW NORMAL.**
  WHY?
- **Only because a very small group of decision makers acts without any control, any accountability, any legitimacy.**

Threat to democracy to Rule of law + SOVEREIGNTY

- Courts still in a legal „lock-down“:
  - No independant review of the Risk Assessment
  - No independant review of any of the governements enforced methods („mandates“);
  - No independant review of any of the governements massive use/excess of powers;
  - No checks and balances
- Parliaments still in a political „lock-down“
  - No questioning of Risk Assessment; methods; but facilitating the extensive enlargement of powers;
  - Total refusal to start a process of quality management; no investigation; no AAR

WHO = Threat to democracy

- Public debate still „locked-down“:
  - Public opinion and media reduced to what the WHO allows (since Feb. 2020);

- Democratic participation rights restricted or eliminated
  - Heavy restrictions of manifestation rights;
  - Heavy police abuse of powers against peaceful protesters
  - Emergency legislation enacted for 2 years circumventing the constitutional right of the people to participate (Switzerland: Referendum), resp. of their political representatives.

WHO = Threat to democracy

UNITED NATION CHARTER of 26 June 1946 (source: here)

- Art. 1
  To develop friendly relations among nations based on **respect for the principle of equal rights and self-determination of peoples, and to take other appropriate measures to strengthen universal peace**.
- To achieve **international co-operation** in solving international problems of an economic, social, cultural, or humanitarian character, and in promoting and encouraging **respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language, or religion**

WHO = Threat to democracy

UNITED NATION CHARTER of 26 June 1946 (source: here)

- Art. 2
  (1) The Organization is based on the principle of the sovereign equality of all its Members..
- (7) [RESPECT MUTUAL SOVEREIGNTY: Nothing contained in the present Charter shall authorize the United Nations to intervene in matters which are essentially within the domestic jurisdiction

WHO = Threat to HEALTH

In violation of:

- NURNBERG Code (1948): Never forget the learning from WWII and Fascism
- The voluntary informed consent of the human subject is absolutely essential!
- Article: “Learnings 50 years later”

- Art. 1 WHO-Constitution

CHAPTER I – OBJECTIVE

Article 1

The objective of the World Health Organization (hereinafter called the Organization) shall be the attainment by all peoples of the highest possible level of health.

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Country Experiences

- South Africa
- India

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Conclusions

Some of the most basic well established principles of national (constitutional/legal) and international law, and even the constitutional orders of most countries, are in danger or are already massively violated by the WHO.

Therefore:

WHO's endeavours to enlarge its powers, widen its competences and strengthen it's financial basis can absolutely not be accepted.

Intl. Public Health: Guiding Principles

Well established principles of constitutional/legal standards and best practice (I)

- **Rule of law** as the basis of law and peace in all countries (not the rule of emergency);
- **Serve the interest of the people** (not of individuals + businesses; Art. 1 WHO-Conv.);
- Principle of **democratic legitimacy** always to be respected;
- Principle of the countries' **sovereignity** to be always respected (UN Charta, Art. 1; 2.1; 2.7; IHR Art. 3.4)
- **Accountability (**of those in power) to the people;
- No trials on humans without explicit informed consent (**Nurnberg Codex**)
- Effective system of control: **Checks & Balances**;
- Effective system of **internal review and quality control** (PCR-Test is invalid method);

Intl. Public Health: Guiding Principles

Well established principles of constitutional/legal standards and best practice (II)

- Effective **anti-corruption mechanisms** to be put in place;
- Effective **anti-trust measures;**
- Effective legal **procedures for protection of individual human rights** (Art. 3.1 IHR)**;**
- Transparent and open information (no censorship).
- Implementation based on convincing evidence (not on authoritarian force).