The New Pandemic Treaty and the Proposed Amendments to the International Health Regulations: What You Should Know

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1. Introduction

In this article and the associated pdf I explain why many informed people are concerned about the impending new pandemic preparedness treaty. I also explain the difference between this treaty and the International Health Regulations (IHR), and the crucial fact that both are being amended in parallel, by different committees. Moreover, the mechanisms for the adoption of these devices are different, which permits differing degrees of scrutiny by member states.

The concerns people have about these developments hinge around national sovereignty, and the apparent yielding of unsafe, unilateral, coercive powers to the World Health Organisation (WHO) and specifically to its Director General personally. It is being interpreted by many as an audacious power grab by the WHO.

Irrespective of one's views regarding the desirability of handing such immense power to an unelected and unaccountable body, there is also the issue of feasibility. Many of the proposals would lead to effectively worldwide centralised planning by the WHO respecting emergency health issues. Given the woeful history of central planning, even within a given state, the idea

that this could turn out well on a worldwide basis is rather unrealistic. Nor does recent history provide any reason to be impressed with the WHO's performance even with far less demanding responsibilities.

In this article I describe the background and the arrangements that have been set up to draft and to approve the treaty and the amendments to the IHR.

However, to avoid excessive length, and also for reasons of formatting, I consign details of the amendments to the IHR so far proposed and made available to this pdf. This puts flesh on the bones of what I allude to in this article. For that reason I would urge you to glance through the pdf before proceeding. You can go back and read it in detail at the end if you feel so inspired. It is the detail that provides the reasons for valid concerns about inappropriate surrendering of sovereign power to the WHO.

It is important to appreciate that the draft documents upon which people, including myself, are commenting are just that – drafts. Negotiations and redrafting are active at present and we do not yet know what the final product will be.

The focus for both documents, the treaty and the amended IHR, is to provide them in time to be considered for adoption at the 77th World Health Assembly (WHA) scheduled for 27 May – 1 June 2024. In practice this means the final versions being offered up to WHA processes in January/February'24. Time is therefore extremely short.

2. What are the Concerns?

In brief, should the proposals be adopted, the chief concerns are,

[1] Expanding the range of situations that constitute a PHEIC (public health emergency of international concern, pronounced, I believe, as "fake");

[2] Ceding power unilaterally to the WHO to declare a PHEIC;

[3] Considerably increasing the WHO's health and bio-surveillance powers;

[4] Giving the WHO *de facto* powers of censorship, lamentably something that governments have already proved keen to back;

[5] Making a wide range of currently advisory recommendations mandatory legal obligations, for example requiring vaccination or implementing "quarantine" for "suspect" persons;

[6] Extending the scope of the regulations beyond purely health-related issues into a potentially broad swathe of sociopolitical and environmental issues under the aegis of the "One Health" concept;

[7] Ceding unparalleled power to the WHO, and its Director General personally, over all nation states who ratify the treaty, removing democratically elected governments' freedom of action within their own territories;

[8] Creating, under the banner of "equity", a worldwide process of redistribution. Despite providing no definition of "developed nations" versus "developing nations", the former would be obligated to provide resources and finance to the latter, distributed by the WHO. And this would potentially be made mandatory for unspecified problems and against no provided metrics of need or efficacy;

[9] Perhaps most chilling of all is the proposed removal of the current stipulation that "the implementation of these Regulations shall be with full respect for the dignity, human rights and fundamental freedoms of persons" and the replacement of "the dignity, human rights and fundamental freedoms of persons" with "based on the principles of equity, inclusivity, solidarity, coherence and in accordance with their common but differentiated responsibilities of the States Parties, taking into consideration their social and economic development".

People who have been paying attention will know that the words "equity", "inclusivity", "solidarity" and "coherence" have specific sociopolitical policy meanings which are belied by the cosy ambiance of these words' everyday meanings. Similarly, one has to know that "common but differentiated responsibilities of States with differing social and economic development" refers to a very specific policy concept that has arisen from environmental law and the international legal regime on climate change, e.g., via UNFCC (United Nations Framework Convention on Climate Change).

None of this means that the implied policies are impossible to agree with. Indeed, many people, knowing what these terms mean, will be wholeheartedly in favour of them. However, for the layperson, the terms being used are a very effective disguise for what they really mean. This cunning use of words subverts democracy by keeping the espoused policies hidden from public knowledge. More of this below.

Finally, there is a general lack of acknowledgement or concern regarding the implications that many of the proposed amendments may, if adopted, have on the enjoyment of human rights. This is characteristic of ideologies like "One Health" and "equity" which, being collectivist in ethos, downrate the importance of individual liberty.

3. Whence the Concerns Cometh

For those who have incorrectly interpreted the tabled draft amendments to the IHR as emanating from the WHO itself, consistent with a simple power grab, I will disabuse you immediately. Neither the WHO nor its Director General have proposed any amendments to the IHR. All the proposals come from member states. That does not, in itself, discredit the idea that the WHO is desirous of garnering greater powers, but, if it has acted upon such a desire, it must have done so indirectly and covertly.

However, having read through a great deal of the material I now doubt that either the WHO or the UN itself are the ***direct*** source of the problematic issues, nor even is the larger cabal of trans-national organisations within the "globalist" orbit. That this axis may welcome, even encourage, the initiatives that others find so concerning is another matter. But, if so, this comes about, not by direct suggestion of specific text changes, but by the open espousing of a particular ethos by the WHO and by the key working groups set up to negotiate and draft these documents. This ethos is embodied in ideas such as "One Health" and "equity", of which more below.

The draft of initial amendments comprises 15 sets of proposals, all either from nation states (11) or from groups of nation states making a joint submission (4), namely, Armenia; Bangladesh; Brazil; Czech Republic on behalf of the Member States of the European Union; Eswantini on behalf the WHO African Region Member States; India; Indonesia; Malaysia; Namibia; New Zealand; Republic of Korea; the Russian Federation on behalf of

the Member States of the Eurasian Economic Union; Switzerland; United States of America; and Uruguay on behalf of MERCOSUR. Hence 101 nations were represented in the submissions which form the initial compiled set of proposed amendments to the IHR.

The UK was not one of them.

This does not sit well with the insistence of the Minister for the Foreign, Commonwealth and Development Office, Anne-Marie Trevelyan, that the UK was playing a key leading, and respected, role in drafting these new regulations (see the Parliamentary debate, below).

The Treaty itself, however, is another matter. The "Conceptual Zero Draft" had a more mixed origin, though member states certainly also had input. Ultimately that starting draft was produced by the "Bureau", effectively a secretariat of the Inter-governmental Negotiation Body (INB) set up to negotiate and draft the Treaty (see page 3 here for more details).

Nevertheless, the popular idea that the source of the problem is restricted to the UN and its apparatchiks, including the WHO, and sundry other trans-national organisations, is overly simple. The identification of a clear enemy has the attraction of simplicity. The reality, I believe, is more nebulous. The problem is not so easily quarantined to specific organisations because it emanates in part from ideological conviction and in part from nation states jockeying for national self-interest. The problem therefore emanates most directly from the nation states themselves, for both those reasons. In particular, there is a shared ideology which has invaded both national political leaderships and permanent executives (civil services).

4. The Treaty: Its Origin, Purpose and Ethos

In March 2021, with various Covid-19 restrictions still in place, a group of world leaders, including the UK's then-Prime Minister, Boris Johnson, announced an initiative for a new treaty on pandemic preparedness and response. This initiative was taken to the World Health Organization (WHO) to progress. To that end the WHO set up an Inter-governmental Negotiation Body (INB) to provide the mechanism for the treaty's negotiation and drafting.

The broad thrust of the intentions behind the treaty are supposed to be to "strengthen pandemic prevention, preparedness and response" by improving international collaboration during a pandemic in respect of both information and counter-measures. However, there is a specific and declared ideological directive in place, specified by the WHO itself. The words "equity" and "inclusivity" feature large in the WHO's descriptions of the required ethos. This ethos has been called the Global Health Security doctrine. Informed parties are now questioning the need to protect the entire world population from health threats through one global biomedical surveillance and response system.

The treaty brings in an idea called "One Health". This proposes that not only human health should be considered but also animal health and the health of the environment, of the planet and the associated issue of food production. You will find allusions to climate change in the proposed IHR amendments. Rather totalist, isn't it? Does it remind you of something? ESG perhaps? And if the "Governance" bit seems missing, note that the World Bank has been promoting the idea of "One Health" since 2012 at least.

(Why? Because the World Bank Group is part of the United Nations system. It consists of five financing entities, of which two, the International Bank for Reconstruction and

Development (IBRD) and the International Development Association (IDA), have a declared purpose to promote development of under-developed countries via sovereign debt backed loans and grants. The IBRD, and hence the World Bank Group, had its origins in the Breton Woods Agreement, 1944, whose formal name was, of course, the United Nations Monetary and Financial Conference. The extent to which loans to under-developed countries were ever genuinely for altruistic reasons, rather than a mechanism for obtaining control, is a rabbit hole I shall avoid entering for now. I will only note in passing that in the 79 years since the IBRD's formation there has been little success in under-developed countries becoming developed, arguably restricted to South Korea and Taiwan – and the latter remains unrecognised by the UN).

Readers will be familiar with the sociopolitical meaning of "equity". For those who have not been paying attention I give a brief description.

Equity does not mean equal treatment, but the opposite. Equity is intrinsically an identity-political policy ethos and is based on a Critical Theory perspective in which everything collapses into the oppressor / oppressed narrative. Its proponents view everything in terms of power relations. It is deeply cynical and has no time for things such as truth, beauty or love, which are viewed as patriarchal con-tricks. From this viewpoint, equal treatment merely entrenches existing privilege. The focus of "equity" is therefore to overturn existing privilege by preferential treatment of those who are regarded as oppressed, and actively disadvantaging those who are regarded as privileged or oppressors.

In a gender political context, equity means, for example, preferential hiring of women (diversity quotas). Similarly, in a race context, it means preferential hiring of non-whites. Inevitably a hierarchy of oppression arises. Thus, a black woman trumps a white woman, or a lesbian trumps a straight woman. "Traditional" (i.e., second wave) feminist women are now discombobulated to find themselves trumped by trans women, who only five minutes ago were privileged oppressor men. This whole preposterous edifice of thought is clearly bonkers. It has no basis in empirical reality, but that has not stopped this ethos becoming dominant. It leads to nonsense such as a homeless man being regarded as powerful and privileged, whereas a wealthy female feminist professor is oppressed.

This perspective also plays out at the level of nations, with nations divided into "developed" and "under-developed" (for which read "oppressors" and "oppressed"). What makes that division into two national camps divisive is the addition of the narratives around colonialism. At the national level, colonialism plays the same role that oppression plays for individuals. It is a means of blaming one group for the disadvantages of the other, and thereby lending apparent moral legitimacy to a policy of preferencing, i.e., equity. In the context of nations, equity therefore means a policy of redistribution. It is not surprising, then, that countries which anticipate that they will be the beneficiaries under such a process will happily deploy "equity" in their proposals for the IHR amendments. They have, as you can see in the pdf.

The ideological ethos pervading the initiative to amend the IHR and create the treaty is most vividly exposed by their keenest supports, such as in this BMJ publication, which opens,

"The covid-19 pandemic showed that gross inequities in population morbidity, mortality, and access to medicines persist between nations, reflecting the colonial histories and current political status of international governance. These patterns of inequity emerge directly from colonialism's racism, violence, resource extraction, and exploitation. It is therefore welcome

that “equity” underpins the World Health Organization’s call to action to its member states, as they negotiate a new international instrument to advance collective action for pandemic prevention, preparedness, and response—the pandemic treaty.”

I will resist the temptation to critique the allegations made in that quote. I sought only to explain what a weight of ideological policy was hidden within benign-sounding words like “equity”. However, I note that policies of redistribution, as enacted within nations, have a very bad history, and for obvious psychological reasons. No one is going to work hard if they know they will get nothing for it, the benefits going elsewhere. As a result, communist economies inevitably collapse. The Soviet era dictum was, “they pretend to pay us, and we pretend to work”.

5. The Issue: Legal Imposition versus Sovereignty

The amendments to the IHR and the treaty itself are being negotiated under different articles of the WHO Convention.

The IHR is being negotiated under articles 21/22. This will require a simple majority vote of the World Health Assembly (WHA) in May’24 to be approved. The amendments to the IHR will come into force within 12 months for all states, unless a state proactively files rejections or reservations within 10-months. (States originally had 18 months to opt out, but the timeframe is being contracted in parallel with the negotiations and is anticipated to become binding in November’23).

The new treaty is being negotiated under articles 19/20 of the WHO Convention. This will require a 2/3 vote by the WHA to be approved. However, it will only be legally binding on a member state if said state adopts the treaty via whatever ratification process is applicable in that jurisdiction.

My understanding is that a state can selectively reject, or record reservations against, individual IHR regulations, though I failed to obtain confirmation of that. On the other hand, the treaty must be either ratified or not, in its entirety.

Some parties seek to obfuscate the matter of giving the WHO mandatory powers under these proposals, and hence surrendering sovereignty, by conflating the issue with the above procedural rules on ratification or opt-out.

The leadership of the INB have insisted, in an article published in The Lancet, that “sovereignty stands as one of the key guiding principles in the proposed bureau text” and that impressions to the contrary being “circulated on platforms such as YouTube and X (formerly Twitter)” are “misinformation”.

But that article itself only points to nation states’ sovereign right to refuse to ratify the treaty, in which case they would not be subject to it if and when it becomes international law (on other countries). This is not in dispute. But what is wilfully ignored is that this is a “take it or leave it” option and does nothing to silence concerns regarding what surrendering of national sovereignty would be involved if a state does ratify it. That is the salient point which the authors obfuscate. The simple fact is that the Treaty, and the amendments to the IHR, as they currently stand, do seek to impose legally binding obligations upon countries who ratify.

However, in respect of the WHO itself being the recipient of new powers, this would be true for the amended IHR, negotiated under WHO Convention articles 21/22, but as regards the

treaty itself, being negotiated under articles 19/20, lawyers have noted that this, "will formally establish a new secretariat, which may or may not be hosted by the WHO. Unlike the Regulations adopted under Article 21 it establishes a treaty regime outside the WHO's administration and can thus not provide new powers, rights or obligations to the WHO itself without further contractual arrangements".

6. Other Reasons for Concern over the WHO

This would be a topic for a lengthy article on its own. I have no intention of addressing its full scope here. I will limit myself to a few issues…

6.1 The Funding of the WHO

Andrew Bridgen, MP, in the Parliamentary debate, laid out the WHO's source of funds,

"Who is funding the WHO now? It is funded like many of our regulators in the UK: the Medicines and Healthcare Products Regulatory Agency is 86% funded by industry sources, and the Joint Committee on Vaccination and Immunisation, in its members' personal declarations, declared more than £1 billion of interests in big pharma, the thing it was set up to regulate. That undermines public confidence. The WHO is no longer anything like majority-funded by its member states—the ones it is seeking to control. It is 86% funded by external sources."

"I am not sure that my hon. Friend the Member for Winchester (Steve Brine) is correct. The UK is not the second-largest donor, but the third-largest. The second-largest donor after Germany is the Bill and Melinda Gates Foundation, and I think Gavi* is the fifth, so if we add those together, they are the biggest donors to the WHO. We have to ask: why are they doing this? They are also the biggest investors in pharmaceuticals and the experimental mRNA technology that proved so profitable for those who proposed and produced it during the last pandemic. Indeed, the WHO said that the contributions of member states to WHO funds 'have been capped and today account for only 16% of WHO's total budget', with 'an increasing share of funding to WHO coming as voluntary contributions where donors direct funding according to their priorities'. Well, their priorities might well not be the priorities of my constituents in North West Leicestershire, or the electorate in the UK, but he who pays the piper calls the tune."

*Gavi is an alliance between WHO, World Bank, research agencies, vaccine producers and other private sector partners…and the Bill & Melinda Gates Foundation. Its purpose is promoting vaccination worldwide. Hence, Bridgen is effectively saying that the Gates Foundation is, directly or indirectly, the largest funder of WHO.

6.2 An Interested Party?

The current reality is that the WHO is not a disinterested party in the context of the commissioning, development, production, ordering and distribution of medical products, e.g., vaccines. This does not sit well with a body which is empowered to approve novel products for worldwide deployment on the public.

The WHO has an Emergency Use Listing Procedure, EULP, through which it 'approves for emergency use' investigational medical products to address a PHEIC. The 100 days initiative is led by one of the WHO's influential public-private partners, CEPI. This aims to develop a vaccine within 100 days, ready for distribution and administration to the entire global

population once a PHEIC has been declared. At this speed (the speed of science?) I think it is clear what sort of "vaccine" this would be.

CEPI was founded in Davos by the governments of Norway and India, the Bill & Melinda Gates Foundation, Wellcome, and the World Economic Forum. Happy with that?

As for "public-private partnerships" they are rather too cosy for both sides; the private and the "public", i.e., governmental.

Moreover, to quote this excellent review, "the WHO and its public-private partners are already running a global allocation mechanism for EUL medical products during a PHEIC through the Access to Covid-19 Tools (ACT-Accelerator) and, in particular, its vaccine pillar Covax, the Vaccine Delivery Partnership and the Dubai Logistics Hub".

Andrew Bridgen, MP, in the Parliamentary debate, told us,

"The WHO is promoting the influence of private-public partnerships. It promotes that on its websites to the point where it is pay to play. Anyone can buy influence at the WHO; it will just cost them money. When it comes to consulting, the WHO's own internal report—its survey evaluation in its final report on 23 May 2022—said that the various interest groups have more input to WHO policy than the member states. The WHO's own figures say that the member states only participation was 40% of the input, whereas 60% came from non-member states and 276 stakeholders."

6.3 Surveillance and Censorship

With the WEF's well-known enthusiasm for inescapable surveillance, and its eager adoption by governments, there is a valid concern that the use of surveillance methods during (ostensible) health emergencies will provide an excuse for ever greater surveillance measures and erosions of civil liberties.

The WHO has already established, under its Emergencies Programme, a so-called Infodemic unit, through which it enlightens states about what, in its opinion, amounts to health 'misinformation or disinformation' concerning PHEICs. Among other things, it actively tracks social media end-to-end posts in real time in 30 countries and 9 different languages via the Early AI- supported Social Listening platform to rapidly identify spread of alleged misinformation. Let that sink in, and be worried.

6.4 The WHO and "Diplomatic Immunity"

Some people have claimed that all employees of the WHO, or at least those based in Geneva, enjoy diplomatic immunity. The reality is more complex. The WHO as an organisation enjoys, in Geneva, a wide range of privileges and immunities granted by the Swiss state. What is normally regarded informally as "diplomatic immunity" aligns with the legal category of "inviolability". Roughly this means a person cannot be arrested or prosecuted or have his freedom restricted or otherwise interfered with in any way. This inviolability does indeed extend to the highest ranking officers of international organisations in Geneva, such as the WHO. But inviolability does not extend to professional staff or providers of general services. They are, however, granted jurisdictional immunity, but only in as far as the execution of their duties is concerned, see page 17 here. The WHO is not unusual in this respect. Ignoring diplomatic missions, these privileges and immunities are identical for 20

international organisations, which includes the WTO and CERN as well as BIS, the Bank for International Settlements – the central banks' central bank.

7. Responsibilities and Who Has the Power?

7.1 Negotiating and Drafting the Treaty

The Intergovernmental Negotiation Body (INB) is the group set up to negotiate and draft the new Pandemic Preparedness Treaty. Here they are, though the names of the representatives has escaped my searching. My local friendly AI bot tells me, "the UK representative on the Intergovernmental Negotiation Body (INB) of the Pandemic Preparedness Treaty is not publicly available information".

Well, that's reassuring, then.

A politician? A diplomat? A civil servant? An academic "expert" (heaven help us)?

This is a person, or a very small number of persons, who will have direct and major influence over whether we surrender our sovereignty, but we are not permitted to know who (s)he/they are.

The process which has developed over many meetings of the INB is summarised here.

The Conceptual Zero Draft, produced by the INB's secretariat (the "Bureau", comprised, I believe, of WHO staff) proposed the structure of the elements of the document.

The INB participants agreed that the INB Bureau – with support from the WHO's own Secretariat – would prepare the Zero Draft based on the earlier draft with inputs received at the INB meetings. This draft was being used as the starting point for further amendments and was made available on 1 February'23. The "Drafting Group" who are responsible for subsequent development is restricted to WHO Member States, Associate Members, and "regional economic integration organizations". Why the latter?

The Bureau of the INB continues to facilitate updated drafts on behalf of this Drafting Group (membership unknown) by compiling the Group's suggestions at meetings. On 2 June'23 the resulting "Bureau's Text" was made available.

(Whether political commentators such as Andrew Bridgen and other UK MPs have used the Zero Draft or the "Bureau's Text" I know not).

At a meeting of the INB on 4-6 September'23 they decided (in my words) to divide up responsibility for progressing various sections of the document. The UK, along with India and Tanzania, got this remit,

- Article 4 (Pandemic prevention and public health surveillance), and,
- Article 5 (Strengthening pandemic prevention and preparedness through a One Health approach)

I am not filled with joy that the UK's involvement in drafting the Treaty appears to revolve around the "One Health" ethos and "surveillance". However, as India was big on "One Health" and equity as regards proposals for the IHR (and one can expect Tanzania to align with that) one might hope the UK rep would be pushing back against it. Hope, yes, expect, not so much.

7.2 Negotiating and Drafting the IHR Amendments

The group charged with making the final proposals to the WHA is the Working Group on Amendments to the International Health Regulations (WGIHR). I have again failed to identify the UK representative(s) on this group, nor has my local friendly AI bot been able to do so. The WGIHR's proposed methods of working state that "amendments should be limited in scope and address specific and clearly identified issues; challenges, including ***equity***, technological or other developments; etc etc" (my emphasis).

7.3 The World Health Assembly

The INB and the WGIHR will submit their respective documents for consideration by the 77th World Health Assembly (WHA) scheduled for 27 May – 1 June 2024.

Where does the power lie to make the treaty law? The WHA is the decision-making body of the WHO. Article 19 of the WHO Constitution provides the WHA with the authority to adopt conventions or agreements on any matter within WHO's competence. Hence, the WHA can approve a new treaty. However they cannot ratify it. Each member state must ratify the treaty via their own internal procedures. In the UK this would be within the gift of the Government in power at the time (not a Parliamentary matter unless the Government choose to make it so).

8. The Current Incumbents of the Top WHO/WHA Posts

I have not researched the issues raised in this section. Instead I rely on what two MPs said in Parliament during the debate Pandemic Prevention, Preparedness and Response: Intern - Hansard - UK Parliament

8.1 Harsh Vardhan

Andrew Bridgen,

"The current chairperson of the World Health Assembly of the WHO is a gentleman by the name of Harsh Vardhan. In 2021, the Indian Medical Association—the Indian version of the BMA, and the largest association of doctors in India—issued a statement objecting to Vardhan, who was endorsing Coronil, a product that was being made in India. The IMA questioned the ethics of the Health Minister—Dr Vardhan was the Health Minister of India at that time—in the release of a fabricated and unscientific product onto the people of India. He has since gone on to become chairperson of the WHA, which will preside over this new treaty, which will sit before every Government in the world. Given that he resigned from the Cabinet in India over that controversy, whyever has he been trusted with greater responsibility? It seems that he has failed upwards, like many at the WHO and the WHA."

8.2 Tedros Adhanom Ghebreyesus

Sir Christopher Chope,

"Those of us in this House who have long expressed concerns about undue Chinese influence over our lives, and over the freedom of western civilisation, need to take stock and ask ourselves who is in charge of this World Health Organisation. Some people have referred to him by what I think is one of his Christian names, Tedros Adhanom; I will refer to him by his surname, which is Ghebreyesus. He is a former Ethiopian Minister of Health. He was previously a senior figure in the Tigray People's Liberation Front. Some people here today

may remember that many senior members of the Tigray People's Liberation Front were also members of the Marxist-Leninist League of Tigray."

"Mr Ghebreyesus won support from Beijing in order to become the director general of the WHO, and China has quite a large control, through him, of the WHO. Margaret Chan, a former WHO director general, said in 2012 that the WHO budget is driven by donor interests. Let us be quite open about it: the Bill Gates Foundation, big pharma and big tech are supplying a lot of the resource to the WHO. They are not covering that up; they are proud of it—indeed, they make a big thing of the fact that more than half of the WHO's expenditure is now on vaccine programmes rather than other ways of alleviating malnutrition and health problems across the globe."

"Has this man—the current director general—got connections with the Bill Gates Foundation and the big funders of the WHO? Yes, he has. He was formerly a member of two of the Gates boards, Gavi and the Global Fund, so he is himself very much in with Gates—with the donors. How can he be trusted to be independent when he owes his continuing position to those donors and also to the support of the Chinese republic?"

9. The UK Parliamentary Debate

It is likely that the new pandemic treaty, and the associated IHR changes, would never have been debated in the UK Parliament were it not for a public petition "to commit to not signing any international treaty on pandemic prevention and preparedness established by the WHO, unless this is approved through a public referendum". The petition closed in November 2022 with 156,086 signatures, and this obliged Government to hold a Parliamentary debate, duly held on 17 April 2023. It was held in Westminster Hall, which guarantees only limited attendance.

The phrase "conspiracy theory/theorist" occurred 14 times.

Such a debate does not get off to a good start when the person leading the debate, Nick Fletcher in this case – who is supposed to be the proposer of an implied motion – makes clear that he does not support it. One of the things he said was,

"…the WHO has no real power. Members can choose to ignore what the WHO says. It suggests, rather than tells, a country what it should do. It has no real enforcement powers; all it can do is highlight those countries that do not follow guidance."

Fletcher went on to note that the concern of petitioners was precisely that they believed that the new treaty and the associated amendments to the International Health Regulations (IHR) would change that radically, thus giving away the UK's sovereignty to an unelected body abroad. I got the impression, however, that Mr Fletcher did not believe that himself.

On the other hand several MPs gave speeches that showed they shared the concerns of the petitioners. The Hansard record is worth reading. I have presented some extracts in the Appendix which illustrate that the knee-jerk response of "conspiracy theory" cannot be an adequate response when many informed MPs are as concerned as the petitioners.

The thrust of concerned MPs' opinion was that, whilst a referendum was not desirable, having Parliamentary scrutiny over these issues was the minimum necessary in view of the issues of loss of sovereignty. Danny Kruger asked if the Minister would commit to bringing any proposal to ratify the treaty before Parliament. The Minister gave no such commitment.

As for the amended IHR, that is not subject to Government ratification in any case, and therein lies one of the major concerns.

Appendix: Extracts from the Parliamentary Debate

I had not expected much push-back on the approved narrative in this debate, but MP Danny Kruger turned out to be the hero of the hour, even more so than Andrew Bridgen who must have been relieved to have some support for once. Kruger noted that, "during covid-19, we had an excess of global collaboration and not enough independence". On being challenged he replied,

"The regulations propose the creation of a vast public health surveillance mechanism at public expense; if the WHO itself is anything to go by, that would be substantially funded by the pharmaceutical industry. Crucially, as my hon. Friend the Member for Don Valley said, the regulations propose that the WHO's existing powers to make recommendations about what countries should do be upgraded from non-binding to binding. That amounts to a vast transfer of power to the WHO.

What would the new regulations enable? They would enable legally binding obligations on countries to mandate financial contributions to fund pandemic-response activities. They could require the surrender of intellectual property in technologies. They could mandate the manufacture and international sharing of vaccines. They could override national safety approval processes for vaccines, gene-based therapies, medical devices and diagnostics."

After further challenges he continued,

"A simple majority of member states can approve the new regulations, and a two-thirds majority can approve the treaty. Even if we objected to it, it could still go ahead. We would then have the opportunity to opt out, which is what I suggest we do…. I am challenging the proposed regulations and treaty, because they are wholly and fundamentally wrong, and they represent an assault on our freedoms."

"My final concern about the proposals is that they set the WHO up as the single source of truth on pandemics and responses to pandemics. There is a legitimate and understandable need to challenge misinformation and disinformation—there is a real danger there—but surely Members should recognise that there is an opposite danger as well, whereby a single supranational agency becomes the sole source of information on what is true. These are the people who said that covid-19 definitely did not come from a lab leak at the Wuhan institute, as now seems likely. These are the people who said that lockdowns would only be short and temporary, rather than lasting the best part of two years, and who said that vaccines stopped transmission, rather than having next to no impact on transmission. They said that vaccines would only be for the vulnerable, rather than everyone—including little babies. They said the vaccines would be voluntary, rather than mandated as they were in many countries, including, very nearly, our own. I do not have confidence in the WHO and its satellites to be the single source of truth on either the science or the response."

And Danny Kruger again,

"As I mentioned, the international health regulations are an existing legal instrument, so they need only a majority of member states at the World Health Assembly in order to come into force. We then have six months to opt out of them. A treaty would require the support of two thirds of member states. I am concerned about the Government's response to this petition,

which said that they '*support a new international legally-binding instrument*'. The Government are therefore in favour of something along the lines of the proposed treaty. They went on to say '*not every treaty requires implementing legislation and it is too early to say if that would apply here*.' At the moment, we do not have a commitment from the Government that they would bring the proposals to Parliament, which is very concerning.

Margaret Thatcher warned in a speech in Bruges in 1988 that the UK had not helped to defeat the Soviet Union just to subject itself to a new supranational arrangement: the European Union, as it became. We did subject ourselves to the EU until our current time, and I suggest that we did not leave the EU just to subject ourselves to a new supranational arrangement in the form of the WHO. Some may find that comparison ludicrous, as they find any defence of national sovereignty ludicrous—except in the case of Scotland. They say that in our interconnected world we need less sovereignty and more co-operation, which means more power for people who sit above the nation states. I say that in the modern world we need nation states more than ever, because only nation states can be accountable to the people, as the WHO is not. Only nation states can temper their policy to the particular circumstances of the people, as the WHO cannot. Only nation states have the legitimacy and agility to adapt to the huge threats and opportunities of our times, as the WHO cannot.

I firmly believe that the treaty and the regulations are another, greater threat to parliamentary sovereignty. It is not clear whether the Government will submit the treaty and the regulations to parliamentary approval, but I believe they should, and I hope the Minister will commit to that today."

Justin Madders expressed the concerns of the petitioners thus: "They state fears that the treaty will restrict freedom of speech to the extent that dissenters could be imprisoned, that it will impose instruments that impede on our daily life and that it will institute widespread global surveillance without warning and without the consent of world leaders. In other words, some of the hallmarks of totalitarian Governments are to be combined with supercharged lockdown measures, which are all, of course, already in the power of the Government under the Public Health (Control of Disease) Act 1984. Under this treaty, those things will apparently be done without our Government having a say."

He went on to opine, "The idea that we would allow our citizens to be imprisoned by a third party for expressing an opinion on something in this country is absurd. It is just not going to happen. We live in a liberal democracy and I know that Members from across the House are determined to keep it that way. It is those nations that want to undermine western liberal democracies and to create disarray that are pushing the narrative that there is an unaccountable, unelected, global group of people seeking to take control of our lives."

Unfortunately Madders then went on to itemise how Parliament had been bypassed during Covid, which rather undermined his own argument that "it's just not going to happen". That is complacency, not a responsible attitude to legislation. And the fact that national sovereignty has already, in some of its aspects, been leached away into supranational organisations is not conspiracy theory but recent history. John Redwood did not let that pass, remarking, "I am glad the hon. Gentleman agrees that we needed better parliamentary scrutiny and more options for the handling of the pandemic but, given that that is the case, how on earth does it make sense to give away powers to an international quango, which will

then instruct future Ministers to do these things, with Parliament being told that it has no right to talk about it or to vote on it?"

Sally-Ann Hart called for the Minister to reassure the petitioners that "the treaty is voluntary". She misses the point. The UK Government can indeed opt out of ratification, but once ratified much of what is currently voluntary will be obligatory. Moreover, the Government (which may be a different Government by then) is under no obligation to allow Parliament to debate its ratification, still less to give the people of the UK an opportunity to input to the decision. That lack of democratic input on a matter of irreversible loss of sovereignty, which has never figured in any Party's manifestos in an election, is precisely what concerned the petitioners. Hart went on to add, "when a draft treaty is finalised…it will need the agreement of nearly 200 countries". This is false. It needs the agreement of two-thirds of the 194 countries to be approved by the WHA/ WHO.

In respect of funding of the WHO, Nick Fletcher has said, "The WHO gets 20% of its funding from member states as assessed contributions, but 80% then comes from voluntary contributions". Andrew Bridgen gave more details (see section 6.1 above) and noted that,

"The WHO would have the power to force companies in this country or any other country to manufacture certain medical treatments and to export them to other countries. It would have the power to shut down any business in this country, regardless of what local people think or even what this Parliament thinks."

"The proposed treaty would take away all the protections that being in a democracy offers, and they would take away article 3 of the original WHO constitution, which is about respect for human rights and dignity. That would be replaced by a bland statement saying that there will be equity, which means that everyone would be treated equally."

Bridgen was profoundly wrong in interpreting "equity" in that way (see section 4 above). In any case I would note that, unlike "respect for human rights and dignity", merely being treated equally is no great benefit if it meant we would all be treated equally badly.

A point that Bridgen made was that, in authorising offering the Covid vaccination in late 2023 only for people aged 65 and over, the Government had decided on an action which would be prohibited under the proposed treaty as the WHO's policy currently continues to be "everyone, everywhere, should have access to COVID-19 vaccines.".

Esther McVey, as co-chair of the all-party parliamentary group on pandemic response and recovery, weighed in on the side of concern for loss of sovereignty. She asked, "Can the Minister reassure my constituents who are concerned that the Government will concede sovereignty and hand power to WHO? Can she give reassurances that that will not happen?"

Anne-Marie Trevelyan (The Minister of State, Foreign, Commonwealth and Development Office) replied,

"Yes, absolutely I can. The speculation that somehow the instrument will undermine UK sovereignty and give WHO powers over national public health measures is simply not the case. I absolutely reassure both my right hon. Friend and my hon. Friend the Member for Hastings and Rye (Sally-Ann Hart), who raised a similar issue earlier, on behalf of all their constituents: that is not the case. The UK remains in control of any future domestic decisions about public health matters—such as domestic vaccination—that might be needed in any future pandemic that we may have to manage. Protecting those national sovereign rights is a

distinct principle in the existing draft text. Other Members have also identified that as an important priority, so it is good to have the opportunity of this debate, brought about by those who have concerns, to restate that that is absolutely not under threat."

Is this political economy with the truth? Or ignorance?