Dear Member of Parliament,

Re: International Health Regulations (2005) (IHR)

Part A. Breach of the IHR

The deadline for Tedros Adhanom Ghebreyesus, the Director General (DG) of the World Health Organisation (WHO), to communicate to the UK government (and every other State Party to the WHO) a package of targeted amendments to the IHR to be considered at the 77th World Health Assembly (WHA) in May 2024, in accordance with Article 55.2 of the IHR, (see below) was 27th January 2024.

I can find no evidence that any such communication has been sent nor received and thus assume this deadline has been missed. This really should come as no surprise though as Dr Abdullah Assiri, the Co-Chair of the Working Group on Amendments to the International Health Regulations (WGIHR), advised on Monday 2nd October 2023, at the fifth meeting of the WGIHR in Geneva, that, "*realistically the whole package of amendments will probably not be ready by January 2024*".

Clearly, the WGIHR has **failed** to meet its mandate and in so doing has breached international law. Consequently, it seems appropriate for the UK government to formally notify the DG that the UK will NOT consider the proposed amendments to the IHR as presented at the 77th WHA in May 2024. In the absence of such a statement, it is evident that international law is meaningless.

Part B. Package of Proposed Amendments to the IHR

I recognise that a notification, as referenced above, is highly unlikely. This is especially true when considering the UK support for the IHR amendment process as indicated by Andrew Stephenson CBE MP, Minister of State, *"the Government supports the process of negotiating targeted amendments to the IHR as a means of strengthening preparedness for and response to future global health emergencies"*.

This statement, combined with the fact that legislation for implementing the IHR already exists in the form of The Public Health (Control of Disease) Act 1984 (specifically Part 2A) and The Health Protection Agency (Amendment) Regulations, would suggest that we must **take a very close look at the proposed amendments to the IHR**. This is especially important given the UK government is highly unlikely to reject these amendments, which means they will, most probably, be incorporated into domestic law. With this in mind, I would like to draw your attention to a few of the 307 proposed amendments (**none of which were proposed by the UK** and all of which should be rejected by the UK):

Article 1: Definitions - deletion of "non-binding" from the definition of "standing recommendations" and "temporary recommendations".

Article 3: Principles - deletion of "with the full respect for the dignity, human rights and fundamental freedoms" and the inclusion of the additional language "based on the principles of equity, inclusivity, coherence and in accordance with their common but differentiated responsibilities of the State Parties, taking into consideration the social and economic development".

Article 12: **Determination of a Public Health Emergency of International Concern (PHEIC)** - the inclusion of the additional language “public health emergency of regional concern, or intermediate health alert” and the removal of the obligation of the DG to consult with countries in whose territory the health emergency occurs by replacing the word “shall” with “seek to”.

Article 13: Public Health Response - extend the remit of the WHO by the addition of responsibilities it does not currently have:

1. The ability to conduct an assessment of availability and affordability of “health products”;

2. The ability to develop an allocation and prioritisation plan (anticipating that the above assessment may reveal supply shortages); and

3. The ability to direct countries to increase/diversify production and distribution for health products within individual countries.

I would argue that these new responsibilities exceed the mandate of the WHO as provided for in Article 21 of the WHO Constitution.

Article 15: Temporary Recommendations - the proposed amendment to paragraph 1 seeks to expand the circumstances in which temporary recommendations can be issued to encompass an event that has the “potential” to become a PHEIC.

Article 16: Standing Recommendations - the proposed amendment introduces an allocation mechanism for “fair and equitable access” to health products, technologies and know-how. (Could the “allocation mechanism” mean shifting resources and funds from developed countries to developing countries?)

Article 36: Certificates of vaccination or other prophylaxis & **Article 23: Health measures on arrival and departure** - when considered together, the proposed amendments to these two Articles are extremely concerning for the following reasons:

1. They could facilitate an international, interoperable database permitting countries to implement travel restrictions based on vaccination certificates, testing certificates, prophylaxis certificates and recovery certificates i.e. a digital global “health" certificate.

   The Czech Republic proposed the amendments to Article 36 and the new paragraph to Article 23, on behalf of the European Union. It is worth remembering that in June 2023, the European Commission and the WHO launched a “digital health partnership” whereby the WHO will utilise the EUs’ system of digital Covid-19 certification “to establish a global system that will help facilitate global mobility and protect citizens across the world from on-going and future threats, including pandemics”.

   This is clearly the first step towards the WHO Global Digital Health Certification Network, otherwise known as “show me your papers”; and

2. They could also facilitate track and trace via passenger locator forms. Note that Article 23 applies to ALL situations; it is not limited to PHEICS.

Article 44: Collaboration and assistance - there are several proposed amendments to Article 44 but I would like to focus on the proposals made by Eswatini on behalf of the WHO Africa Region Member States.

The African region claims that a lack of sufficient financing and funding at both the national and international level limits the implementation of IHR obligations, hence their desire to create a fund. The proposal indicates the African Region's desire to obligate other nations not only to collaborate but to provide financial resources and establish a financial mechanism to facilitate this. It is fair to argue that the WHO does not have such a financing function. Under the current language, there is an obligation to collaborate and to mobilise resources so no need to create a formal financing structure.

The cost of strengthening core capacities and health systems across the developing countries has been estimated at an annual cost at about $30 billion, which is far in excess of the WHO's annual budget. It raises the question, **is this really about health or is it about corporate profit and the continued transfer of wealth from the people to the already super wealthy** i.e. simply a continuation of what we have witnessed during Covid but now legitimised via domestic law?

The article-by-article compilation of proposed amendments was published by the WGIHR in December 2022. Despite numerous meetings having taken place since that time, there has been no updated package of amendments released to date. There are two further WGIHR meetings scheduled, one from 5th to 9th February and one from 22nd to 26th April (neither of these meetings should have been scheduled as they are **past the deadline specified Article 55.2 of the IHR**). It is therefore reasonable to assume that any revisions to the proposed amendments will not be released until after the April meeting and that the final package of proposed amendments will likely be published at the 77th WHA in May 2024 where the intention is for them to be adopted. Comments made by Dr Precious Matsoso (Co-Chair of the Intergovernmental Negotiating Body made) at the recent Executive Board meeting of the WHO makes very clear the intention, *"So in May, when you meet, the expectation is that you adopt the two instruments"* (she is referring to the proposed amendments to the IHR and the "Pandemic Treaty").

The comments above are based on the December 2022 proposed amendments and thus it is easy to see that it is quite possible for the said comments to turn out to be moot.

Part C. Is tyranny imposed by the WHO or the UK government?

Several MPs have repeatedly stated they will not agree to any amendments to the IHR that will cede sovereignty to the WHO. Andrew Stephenson's statement is illustrative of this, *"Throughout these negotiations, the Government has been and will continue to be clear that the UK will not agree any amendments to the IHR that would cede sovereignty to the WHO in making domestic decisions on national measures concerning public health, for example, domestic immunisation programme rollouts and lockdowns."*

I am sure you are aware that the UK has a dualist legal system (as opposed to a monist system), which means that treaty obligations such as those contemplated in the proposed amendments to the IHR do not automatically form part of the UK's domestic law. This can

be seen in Andrew Stephenson's statement, *"A treaty is an international agreement concluded in writing between member states that creates rights and obligations in international law.* ***Treaties bind states, not individuals****."*

Consequently, seemingly bold statements about "never ceding sovereignty to the WHO" should not be seen as MPs bravely standing up for the freedoms and rights of the people but rather as an easy "give" made by politicians who understand the dualist system and that, consequently, sovereignty can never be ceded as it's not within their authority to do so.

So where does the danger to the freedoms and rights of the people truly lie? Should the UK reject the amendments to the IHR? Absolutely. If the UK were to do so, will the rights and freedoms of the people of the UK be protected? Absolutely not! This is simply because the two pieces of domestic implementing legislation referenced above (The Public Health (Control of Disease) Act 1984 and The Health Protection Agency (Amendment) Regulations) can be used to impose tyrannical policies on the people of the UK (as was done during the Covid-19 "pandemic").

Ultimately, it will be the elected representatives of the UK through domestic legislation that impose the tyranny desired by the WHO on the people of the UK.

Part D. "Member State led process"

It has been repeatedly stated that the IHR amendment negotiations of the WGIHR is a "Member State led process". I think, if asked, the majority of the people of the UK would take that to mean an elected representative of the UK government is attending the WGIHR meetings and negotiating on behalf of the UK. However, this is not the case. In reality, an unelected, unaccountable and largely unknown bureaucrat is "representing" the people - a diplomat.

Part E. A few questions for you

1. What is the working relationship between diplomats and MPs?

2. Who will be attending the 77th WHA on behalf of the UK?

3. Assuming that the final package of proposed amendments to the IHR is published after the April meeting, do you believe this affords the UK delegate sufficient time to review and consider the amendments before having to vote on their adoption?

4. Please define what "binding" international law means.

5. Do you believe the people have inalienable rights which are not granted to them by the government, the WHO or the United Nations? If so, what are they?

6. Please highlight the articles in the IHR and the proposed amendments that actually deal with health and well-being.

7. The WHA, in decision WHA75/9, requested the WGIHR to "establish a program of work consistent with decisions EB150/3 taking into consideration the request of the Review Committee to propose a package of targeted amendments for consideration by the 77th WHA **in accordance with Article 55 of the IHR**." I would like to draw your

attention to point 60 of EB150/3 (https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_3-en.pdf) specifically the reference, by the DG, to "true health care, not sick care". The DG states that true health care is achieved when:

i. families, individuals and communities are empowered and enabled to make healthy choices;
ii. governments create conditions in which the health of the people can thrive;
iii. (i) and (ii) require respect and protection of bodily autonomy, informed consent and self-determination in association with clean water, high quality affordable organic food, healthy soil, sunlight, affordable power, absence of toxins, exercise, social connection, minimisation of stress, availability of holistic and functional medicine, and reduction in the power of big pharma, big tech and mainstream media. I would be grateful if you could highlight the Articles in the IHR that cover such issues. i.e. the provisions that allow the people to access "true health care".

Part F. Conclusion

It is my opinion that **the IHR (2005) laid the foundations for a form of global governance** and that the **UK implementing legislation gives such governance teeth at the domestic level.**

The MPs cannot hide behind the WHO blaming them for any subsequent assault on the freedom and liberty of the people of the UK; it is not international law that limits the rights of the people rather domestic law.

The IHR have nothing to do with health - they should not be referred to as "health regulations" but rather "surveillance regulations".

You should be under no illusion as to the goal of the WGIHR as clearly stated by Dr Abdullah Assiri during the Strategic Round Table session at the 76th World Health Assembly in May 2023, *"the world requires a different level of legal mandates...**prioritising actions that may restrict individual liberties**...mandating and sharing of information, knowledge and resources and most importantly providing funds".*

I look forward to receiving your comprehensive response.

Yours sincerely,

Constituent

Cc Andrew Stephenson MP