**Letter 28 – Reject the 2024 proposed amendments to the International Health Regulation 2005 (IHR)**

You may remember the negotiations which took place at the WHO last year in relation to the International Health Regulations 2005 (IHR). The time for governments around the world to reject them is 19th July, 2025 otherwise they will be deemed to have been accepted. The UK government is no different and MPs need to understand this and have a chance to formally oppose the changes.

Write to your MP today using our template. Personalising your letter is even better if you can. Let us know of the responses you receive at [northeast@ukcitizen2021.org](mailto:northeast@ukcitizen2021.org)

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Dear XXXX MP (your MP’s name),

I am writing to urge you to take immediate action to oppose and formally reject the 2024 proposed amendments to the International Health Regulations 2005 (IHR).  Unless actively rejected by July 19, 2025, these amendments will be considered accepted and may be directly implemented into UK law, without parliamentary debate, under existing statutory provisions.

**Key Concerns with the 2024 IHR Amendments**

Below are some of the concerns with the proposed amendments.

1. ***“Relevant Health Products” Definition (Article 1)***

The new definition *"relevant health products"* refers to pharmaceutical drugs, diagnostics, medical devices, vaccines, **gene and cell-based therapies** and other health technologies. Notably, it does not mention natural, integrative or holistic health approaches such as vitamins, minerals, herbs, sunlight, social connection, exercise and other non-pharmaceutical modalities thereby disregarding many people's preferred and proven methods of maintaining health and wellbeing.

1. **Unchecked Power of the WHO Director-General (Articles 1, 12, 49)**  
   The Director-General would gain the authority to declare a public health emergency unilaterally, without any defined checks, balances or a process for state parties to terminate such declarations. This centralisation of power undermines national sovereignty and democratic control.
2. **Undefined Financial Commitments (Article 44)**  
   State parties are obligated to *"maintain or increase domestic funding”* for implementing the IHR. There has been no cost analysis or democratic discussion around how this will impact the UK financially. What is the cost to the UK tax payer?
3. **Addition of a Financing Mechanism (Article 44bis)**  
   It introduces a vague *“Coordinating Financial Mechanism”* that lacks financial accountability, transparency and safeguards against conflicts of interest. This is contrary to the WHO Review Committee’s explicit recommendations in February 2023.
4. **Authorisation of Quarantine for Healthy Individuals (Article 27)**  
   The amendments allow for quarantine of individuals merely suspected of exposure to disease, even if they are healthy. This is a breach of freedom.
5. **Forced Application of *“Health Measures”* During Travel (Article 24.1, Annex 4.1(c), Annex 5)**  
   The amendments empower authorities to compel spraying of insecticides or other substances on board public and private transport during boarding or disembarking, violating personal choice, informed consent and bodily autonomy.
6. **Human Rights Violations Related to Medical Coercion (Article 31.2)**  
   The amendments would authorise state parties to compel individuals to undergo medical interventions, including vaccination, isolation or public health observation, regardless of consent under certain circumstances. This is in breach of the principle of informed consent, bodily autonomy and medical ethics.

**Automatic Implementation Through UK Domestic Law: Public Health Act 1984, s.45B(1)(c)**

Most crucially, these amendments could automaticallybecome part of UK domestic law without the need for a new Act of Parliament.

Section 45B(1)(c) of the Public Health(Control of Disease) Act 1984, as amended by the Health and Social Care Act 2008, allows the *“appropriate Minister”* to make regulations for the purpose of *“giving effect to any international agreement or arrangement relating to the spread of infection or contamination.”*

The Rt Hon Andrew Stephenson CBE MP, in a letter in January 2024, confirmed that changes made by the 2008 Act were designed to allow UK law to reflect new obligations under the IHR. He went on to state that *“any new or amended domestic legislation to reflect new international obligations under the IHR would be made through the applicable Parliamentary process and in all circumstances, the sovereignty of the UK Parliament would remain unchanged.”*

This assurance is misleading:

* The *“Parliamentary process”* referred to can be secondary legislation, which often bypasses full debate and is rarely blocked.
* UK sovereignty is functionallyeroded when far-reaching public health obligations can be triggered and implemented without meaningful parliamentary scrutiny or public consent.
* Once these powers are embedded in international law and enacted via statutory instruments into domestic legislation, they are difficult to challenge or repeal, especially when backed by unelected global health bodies.

Andrew Stephenson’s reassurance that sovereignty remains intact appears inconsistent with the legal and procedural realities outlined above. This makes it even more urgent that the government formally reject the 2024 IHR amendments before the July 19, 2025 deadline to prevent them being binding in the first place.

**Action You Can Take**

I urge you to:

* Call on UK Government to immediately issue a formal notice of rejection of the 2024 IHR amendments under Article 61 of the International Health Regulations;
* Oppose any attempt to implement these amendments through secondary legislation under the Public Health Act 1984;
* Demand a full public inquiry and parliamentary debate before the UK commits to any international agreement that undermines health freedom, human rights or democratic sovereignty.

This issue goes to the very heart of our nation’s autonomy, public trust and individual rights. I ask that you act with courage and integrity to safeguard all three.

I would appreciate a response outlining your position on this matter.

Best regards,

**[Your name and address]**