

World Health Organization pandemic treaty: A fresh push for vaccine passports, global surveillance, and more

The unelected international health agency is on the verge of being granted sweeping new powers.

By Tom Parker Posted 11:52 am

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Members of the World Health Organization (WHO) are days away from voting on an international pandemic treaty and amendments to the International Health Regulations (2005) which would give the unelected WHO greater control of national emergency healthcare decisions and new powers to push vaccine passports, global surveillance, and “global coordinated actions” that address “misinformation” whenever it declares a “health emergency.”

From May 22 to May 28, representatives of the WHO’s 194 member states (which represent 98% of all the countries in the world) will attend a World Health Assembly meeting in Geneva and vote on this treaty and the proposed amendments to the International Health Regulations (IHR). If passed, both the treaty and amendments to the IHR will be legally binding under international law.

The international pandemic treaty

The World Health Assembly (WHA), the decision-making body of the WHO, established an intergovernmental negotiating body (INB) to draft and negotiate a “global accord on pandemic prevention, preparedness and response” in December 2021. The WHA aims to have this treaty adopted under Article 19 of the WHO Constitution which gives the WHA the power to impose legally binding conventions or agreements on WHO member states if two-thirds of the WHA vote in favor of them.

While the WHO framed this as an international pandemic treaty, the latest draft of the treaty has since evolved to cover all “health emergencies.” Unlike the term “pandemic,” which is limited in scope and refers to the worldwide spread of infectious disease, the WHO’s definition of a “public health emergency of international concern” (PHEIC) is much broader and applies to all types of disease, regardless of whether they’re infectious:

“A PHEIC is defined in the IHR (2005) as, ‘an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response.’”

The draft treaty places the “WHO at the centre” and solidifies the WHO as “the directing and coordinating authority on international health” and gives it sweeping, legally binding powers to force member states to adopt many of the censorship and surveillance tools that were imposed during the COVID-19 pandemic.

Some of the key areas of the draft treaty include:

International vaccine passports and contact tracing: Member states will be required to “support the development of standards for producing a digital version of the International Certificate of Vaccination and Prophylaxis” (the WHO’s official vaccine passport). The WHO will also “develop norms and standards” for “digital technology applications relevant to international travel” such as contact tracing apps and digital health forms.

Global surveillance: The WHO will conduct “coordinated global surveillance of public health threats” and member states will be required to build out their surveillance systems and work with “the WHO’s global systems for surveillance.” Non-state actors (which could include Big Tech companies) will also be required to work with governments, the WHO, and other international partners to leverage their “considerable data” to “create the strongest possible early warning and response systems.”

Addressing “misinformation,” “disinformation,” and “too much information:” The draft treaty pushes “national and global coordinated actions to address the misinformation, disinformation, and stigmatization, that undermine public health.” Member states will also be required to strengthen their approaches to “infodemic management” (a term coined by the WHO that refers to “too much information including false or misleading information in digital and physical environments during a disease outbreak.”) Additionally, non-state actors will be required to work with governments to fight disinformation.

Funding: WHO members are set to collectively pay the WHO over \$950 million in dues for 2022-2023 and already paid over \$270 million in voluntary contributions for 2020-2021. And this draft treaty proposes that G7 countries (Canada, France, Germany, Italy, Japan, the UK, and the US) also pay \$11 billion for the “Access to COVID-19 Tools Accelerator (ACT-A).” Additionally, it intends to create an “International Pandemic Financing Facility” that will extract long-term (10-15 year) contributions of \$5-10 billion per year.

We obtained a copy of the draft treaty for you [here](#).

If this draft treaty is approved at the May 22 to May 28 WHA meeting, the INB will hold a second meeting on August 1 to discuss progress on the draft. A progress report will then be delivered at the 76th WHA meeting in May 2023. The final treaty will then be presented for adoption at the 77th WHA meeting in May 2024.

Proposed amendments to the International Health Regulations (2005)

On January 18, the Biden administration quietly sent the WHO its extensive proposed amendments to the IHR. The details of these proposed amendments were only made public on April 12, almost three months after they were sent.

Under the current IHR, 196 countries are legally required under international law to build the capability to detect and report potential public health emergencies worldwide and respond promptly to a public health emergency of international concern (PHEIC) whenever it’s declared by the WHO.

These proposed amendments from the Biden administration give the WHO and its Director-General, Dr. Tedros Adhanom Ghebreyesus, sweeping new powers to declare public health emergencies, even over the objection of member states, and implement global surveillance measures that require the mass collection of genetic sequence data.

Some of the key amendments that are being pushed by the Biden administration include:

Increased WHO powers to declare “potential” emergencies: Currently, the WHO can only declare a PHEIC when there’s an actual “public health risk to other States through the international spread of disease.” These proposed amendments allow it to declare a PHEIC when there’s a “potential or actual” PHEIC. This means there doesn’t have to be evidence of the international spread of disease, just the potential for it.

Increased WHO powers to declare health emergencies: Currently, the WHO has to follow the PHEIC criteria when declaring a public health emergency and health emergencies can only be declared by the Director-General. But under these proposed amendments, the WHO Director-General can issue an “intermediate public health alert” to any country in response to events that don’t meet the criteria of a PHEIC and a WHO “regional director” can declare a “public health emergency of regional concern” (PHERC).

Global surveillance and data sharing: The Biden administration’s proposed amendments empower the WHO to develop new “early warning criteria” for monitoring “national, regional, or global risk posed by an event of unknown causes or sources.” Additionally, these proposed amendments expand the scope of data sharing under the IHR and require members to hand over genetic sequence data to the WHO whenever they have an event that “may constitute a public health emergency of international concern.”

We obtained a copy of the proposed amendments to the IHR for you [here](#).

If these amendments are approved at the May 22 to May 28 WHA meeting, nations have six months to reject them. After six months, they’ll enter into force and any rejection or reservation “shall have no effect.”

The WHO’s history of supporting surveillance and acting as an arbiter of truth

Not only could this treaty and the proposed amendments to the IHR empower the unelected WHO to push surveillance, vaccine passports, and global programs that target what it deems to be misinformation but this international health agency already gave the world a taste of how it exercises these powers during the COVID-19 pandemic. As COVID-19 spread, the WHO rigorously supported surveillance tech and was increasingly used as an arbiter of truth on Big Tech platforms, even though it got many things wrong.

YouTube, Facebook, Wikipedia, and others have partnered with the WHO to tackle misinformation or display labels with information from the WHO. YouTube even goes as far as removing videos that go against the WHO and has censored over 800,000 videos under this policy.

Despite having significant influence over how these platforms determine which posts to brand as misinformation, the WHO has got many things about COVID wrong and amplified misleading statements. For example, in an infamous January 14, 2020 tweet, the WHO stated that “preliminary investigations conducted by the Chinese authorities have found no clear evidence of human-to-human transmission” of the coronavirus.