

The WHO's Threatening Plans

The amended International Health Regulations (IHR) and the new Pandemic Agreement (PA)

Demands on Government and Parliament

On 1 June 2024, the World Health Assembly (WHA) - in a legally questionable procedure - adopted fundamental changes to the International Health Regulations. The new IHR will enter into force under international law on 19 September 2025, unless the governments of the IHR States Parties object to them by 19 July 2025. In addition, the WHA adopted a new Pandemic Agreement on 20 May 2025, albeit without the annex necessary for its later entry into force. The annex should regulate details of the so-called PABS system (see below) and cannot be adopted until 2026 at the earliest. Only then can the PA be opened for signature.

WHE ALL strictly rejects the two WHO treaties. WHE ALL calls on the governments of the States Parties to formally reject

- **the IHR amendments by 19 July 2025 and, if necessary, to reject**
- **future approval (national) laws for the two treaties.**

Justification

The current IHR-2005 already provide for comprehensive, practically uncontrollable powers of the WHO Director-General (DG). Even now, the DG could (again) declare a Public Health Emergency of International Concern (PHEIC) at any time and 'recommend' far-reaching restrictions on fundamental rights on this basis. There is no independent supervisory body that could, for example, review the scientific evidence and proportionality of such decisions as required by the rule of law.

As the WHO is currently more than 85% dependent on voluntary, mostly earmarked donations and its actions are demonstrably characterised by a blatant lack of transparency. This ultimately results in **the risk of arbitrariness, abuse of power, external control and massive violations of fundamental rights.**

The new IGV-2024 reinforce and deepen all these problems with the following innovations:

1. **„Pandemic Emergency“:** A highly vaguely defined PHEIC including merely “high risks”, which raises fears of even more frequent arbitrary, unfounded declarations of emergency.
2. **Focus „relevant health-products“**, for example medicines, vaccines or cell- and gene-based therapies. Specifically, research and development, production, ‘equal access’, global distribution and financing of such products - especially by the richer countries in favour of developing countries - are to be massively promoted. A clear focus on **‘speed instead of security’** is recognizable. Important: The development of modRNA ‘vaccines’ in particular is linked to gain-of-function research and thus de facto to **bioweapons research!** This means further intensified dangers to life and limb either through new ‘pandemics’ or through ‘vaccinations’ (see also the WHO's so-called R&D Blueprint concept and the non-transparent Emergency Use Listing procedure of 9 August 2022 based on research into dangerous pathogens).
3. **„Risk communication including addressing misinformation and disinformation“:** Part of the WHO „infodemic“-concept, which presupposes a kind of monopoly on truth, promotes censorship and poses an acute threat to freedom of opinion, information, science and the media.
4. **Administrative consolidation of the IHR obligations in the States Parties**, including through the introduction of a National IHR Authority and the expansion of the “core capacities” of state authorities. This means that state health authorities at national, intermediate and local level must adapt to the IHR obligations.

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The new Pandemic Agreement 2025 (PA) increases the problems of arbitrariness, external control and potential human rights violations already contained in the IHR-2005 and IHR-2024:

1. **The PA adopts the terminology of PHEIC and Pandemic Emergency** and thus links seamlessly to the IGV-2024. Synergies are intended.
2. **Expansion and deepening the dangerous focus on 'relevant health-products'** by fleshing out the above-mentioned factors of research and development, production, access and financing. Additional points include the areas of **transfer of technology and cooperation** as well as the **targeted strengthening of emergency authorization systems** at national and supranational (e.g. EU) level. Of particular importance: the so-called **Pathogen Access and Benefit-Sharing (PABS) system**, which concerns access to pathogens and the sharing of the corresponding profits in connection with the vaccine production based on them. Details are to be regulated in an annex that has not yet been adopted.
3. **'Completion' of the WHO 'infodemic' concept:** Targeted 'further education' and behavioral guidance, which can act as a door opener for comprehensive propaganda and manipulation in a totalitarian sense.
4. **Further innovations:** Introduction of the abuse-prone **One Health principle**, which links human health with animal health and environmental protection concerns. Establishment of the **'Conference of the Parties'**, an additional monitoring mechanism with a reporting system.



The new WHO Treaties

- Reinforce the already existing dangers of arbitrariness, abuse of power and external control in the (profit) interests of their sponsors due to the lack of independent supervisory bodies. They establish a global medical-industrial complex.
- Threaten the sovereignty of the WHO member states, in particular by strengthening monitoring systems and anchoring WHO obligations at the level of state authorities ("core capacities").
- Promote a global, totalitarian system of censorship, propaganda and manipulation ('infodemic' concept).



- Thus harbor the risk of mass violations of elementary civil liberties, in particular the right to life and physical integrity, freedom of opinion, information, media and science. They promote the global establishment of authoritarian-totalitarian systems.

The principles of human rights, democracy and the rule of law and the values on which they are based are under acute threat! There is an obligation to act!

WHE ALL demands

- compliance with applicable human rights standards, in particular the protection of the fundamental right to life, physical integrity, and individual self-determination in health matters,
- the preservation of state sovereignty, and
- power limitation, power control and transparency at the WHO!

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