WHO-FACTCHECK

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According to Article 55.2 of the International Health Regulations (IHR), WHO Director-General Tedros must communicate the text of any proposed amendment to all member states at least **four months** before the vote. Since the Wolrd Health Organization published numerous changes of the IHR only on April 17, 2024, the member states must reject to vote on the IHR at the World Health Assembly at the end of May! The authoritarian texts presented by the WHO in older IHR drafts, e.g. Art. 13A-1 IHR (WHO "recommendations" must be followed) were scandalous and expose the true intentions of the WHO! The WHO is no trustworthy organization - even if it were to water down the drafts still further due to increasing international pressure.

The Soverei	gnty of the Member States
Wording of the new WHO-draft (IHR) from April 17, 2024	"Health measures taken pursuant to these Regulations shall be initiated and completed without delay, and applied in a transparent and non-discriminatory manner. States Parties shall take all practicable measures, in accordance with national laws, to engage with non-State actors1 operating in their respective jurisdictions with a view to achieving compliance with, and implementation of, health measures taken pursuant to these Regulations." (Art. 42 IHR)
Fact 1	According to international law, the pressure remains for WHO member states to immediately implement the "health measures" issued in the WHO Director-General's so-called "recommendations". In terms of constitutional law, however, the states themselves generally decide whether and to what extent they implement the WHO's guidelines at national level. It depends on the respective constitutions. From a purely formal point of view, state sovereignty is thus preserved. However, requirements such as Article 42 IHR or the implementation mechanism provided for in the IHR (see Art. 54bis IHR below) put states pressurize under international law. This pressure is intensified by the fact that the WHO is an important sub-organization of the powerful, global UN. That means that in practice, there is an acute risk that WHO member states will violate their own constitutions, including fundamental rights, referencing to commitments made to the WHO (see WHO powers below). Massive human rights violations have been committed internationally in this way since 2020.
Wording of the new WHO-draft (IHR) from April 17, 2024	"The Implementation and Compliance Committee for the International Health Regulations (2005) (hereinafter the "IHR Implementation and Compliance Committee") is intended to facilitate and oversee the implementation of, and promote compliance with, these Regulations. [] " (Art. 54bis 1 IHR)
Fact 2	The WHO has set up a special committee with the sole purpose of monitoring compliance with health regulations.

The Declaration of a Public Health Emergency (PHEIC) or a Pandemic Wording of the new WHO-draft (Pandemic Treaty = PT) from April 18, 2024 "The modalities, terms and conditions and operational dimensions of a One Health approach shall be further defined in an instrument that takes into consideration the provisions of the International Health Regulations (2005) and will be operational by 31 May 2026." (Art. 5.4 Pandemic Treaty)

Fact 1	Art. 4.3 and Art. 5 of the Pandemic Treaty describe the so-called "One Health" approach. The modalities of this approach are to be regulated in a separate contract by 31 May 2026, taking into account the IHR! These sensitive points are only to be settled after the contract has been signed. This is scandalous! Art. 5.4 of the Pandemic Treaty establishees the first ever direct cross-link between the PHEIC proclamation in accordance with the IHR and the One Health approach of the Pandemic Treaty! The result is that now there is a risk of the WHO even being able to declare climate emergencies in the future.
Wording of the new WHO-draft (IHR) from April 17, 2024	"If the Director-General determines, [] that an event constitutes a public health emergency of international concern, he or she shall also determine, [] whether the public health emergency of international concern also constitutes a pandemic emergency." (Art. 12.4bis IHR)
Fact 2	According to the new Article 12.1 and 12.4bis of the IHR, Director General Tedros can even declare "pandemic emergencies" in the future!
Fact 3	Although there are certain rules for the declaration of a PHEIC in the IHR (Art. 12.4 IHR), these are not independently monitored and can't ultimately prevent arbitrariness by the Director General! In particular, the advice of the so-called emergency committee is non-binding, the committee is not independent (Fact 4).
Wording of	"The Director-General shall establish an Emergency Committee []"
the current WHO-draft	"The Emergency Committee shall be composed of experts selected by the Director- General []"
(IHR)	"The Director-General shall determine the duration of membership. []" (Art. 48.1 and Art 48.2 IHR)
Fact 4	The members of the Emergency Committee are appointed and dismissed by the Director-General. Thus the committee is not independent in any way!

The WHO's	Powers in the Event of a PHEIC or a Pandemic
Wording of the current WHO-draft (IHR)	"If it has been determined in accordance with Article 12 that a public health emergency of international concern, including a pandemic emergency, is occurring, the Director-General shall issue temporary recommendations in accordance with the procedure set out in Article 49. []" (Art. 15.1 IHR) "Health measures taken pursuant to these Regulations shall be initiated and completed without delay []" (Art. 42 IHR)
Fact 1	By declaring a PHEIC or a "pandemic emergency", the WHO Secretary-General empowers himself. This gives him "emergency powers". He can issue so-called "temporary recommendations", but according to Article 42, these must be implemented by all member states "without delay"!
Wording of	"Recommendations issued by WHO to States Parties with respect to persons may
the current	include the following advice:
WHO-draft	 review proof of vaccination or other prophylaxis;
(IHR)	require vaccination or other prophylaxis;
	 place suspect persons under public health observation;
	 implement quarantine or other health measures for suspect persons;
	implement isolation and treatment where necessary of affected persons;
	implement tracing of contacts of suspect or affected persons;
	 refuse entry of unaffected persons to affected areas; []" (Art. 18.1 IHR)
Fact 2	The Director-General should observe certain rules when issuing recommendations (Art. 17 IHR). In particular, he would have to check the proportionality of the "recommended" measures such as vaccinations. However, no independent supervisory authority exists, meaning the door is wide open to arbitrariness! In particular, the advice of the so-called Emergency Committee is non- binding; the committee is not independent (see above).

Fact 3	These "recommendations" of the WHO, which must be implemented by the states in accordance with Art. 42 IHR, could ultimately lead to a massive violation of people's medical and personal freedom and ultimately fundamental human rights. At the same time, they pave the way for complete digitalization and seamless surveillance!

Need for a Public Debate on Broad Scale		
Wording of the new WHO-draft (IHR)	"each State Party shall develop, strengthen and maintain the core capacities for: [] risk communication, including countering misinformation and disinformation; (on national, intermediate and local levels)" (Annex 1A.3 (i) IHR)	
Wording of the new WHO-draft (PT)	"The Parties shall strengthen science, public health and pandemic literacy in the population, as well as access to transparent, accurate, science- and evidence-informed information on pandemics []" (Art. 18.1 Pandemic Treaty) The Parties shall, as appropriate, conduct research to inform policies on factors that hinder or strengthen adherence to public health and social measures in a pandemic [] (Art. 18.2 Pandemic Treaty)	
Fact 1	Unlike the IHR, Article 18 of the Pandemic Treaty no longer directly addresses the fight against misinformation and disinformation. However, this is addressed in the preamble (No. 13) of the Pandemic Treaty, which, among other things, deals with the targeted "education" and behavioral guidance of the population, which presupposes a kind of truth monopoly with the WHO member states leadership. This is diametrically opposed to the idea of the free human and responsible citizen and therefore to the foundations of any constitution based on freedom and the rule of law.	
Fact 2	As the WHO sees itself as the "directing and coordinating body of the international health system" according to Art. 2.a of the WHO Constitution, it will continue to dictate to the nation states how so-called "disinformation" is to be defined. Information that contradicts the WHO's political approach can therefore be arbitrarily labeled as "disinformation" and censored. The required "public debate on broad scale" can be prevented by total censorship disguised as the suppression of so-called disinformation.	

The Path to	the Enforcement of both WHO Treaties	
PT	The pandemic treaty can only enter into force if a two-thirds majority of the delegates to the World Health Assembly approve the treaty (Art. 19 WHO Constitution) and if it is subsequently ratified by at least 60 states (Art. 35.1 Pandemic Treaty). Ratification must take place within 18 months (Art. 20 WHO Constitution). This requires the approval of the 194 parliaments for the national implementation of the pandemic treaty.	
IHR	The far-reaching amendments to the IHR, on the other hand, are deemed to have been adopted if a simple majority of delegates vote in favor (Art. 60.b WHO Constitution). The state in question can only withdraw from its obligation under international law if it expressly objects to the entry into force of the IHR within ten months, otherwise they enter into force automatically after twelve months (Art. 22 WHO Constitution, Art. 59 IHR). For states whose constitutions do not provide for any further acts of parliamentary approval for the domestic implementation of the IHR, this means parliamentary democracy is being undermined.	

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