

INTERPELLATION TO MINISTERS

To Minister of Social Affairs Jakob Forssmed (KD)

2023/24:173 Powers of the WHO

Six months after the outbreak of the COVID-19 pandemic, an initiative for future pandemic preparedness and response was presented, a global treaty called the Pandemic Treaty. The treaty now on the table, the WHO Pandemic Agreement, has been formally developed by the Intergovernmental Negotiating Body (INB) with input from the WHO, the EU, national politicians and lobbyists. Although negotiations are ongoing, the treaty is expected to be adopted as early as May 2024.

In parallel to the development of a new pandemic treaty, the World Health Assembly is working on a revision of the International Health Regulations (IHR), which will also be adopted in May 2024.

Some parts of the IHR will be adopted already on December 1, 2023, unless Sweden and at least 97 other member states actively reject these parts, which mainly involve shortening the ratification process to make the IHR legally binding, articles 55, 59, 61, 62 and 63.

An important and recent change to the IHR is that a single person, the Secretary-General of the WHO, is given mandate to declare an international health emergency on very loose grounds, which can be used to justify worldwide lockdowns of almost all (194 Member States) or parts of the world.

At the last meeting of the WHA, in May 2023, Sweden was represented by Minister of Health Acko Ankarberg Johansson. The meeting was a status update in the process of developing a pandemic agreement (WHO Pandemic Agreement), but during the meeting days, a large number of meetings regarding the revision of the IHR were also held with the working group called WGIHR.

In her speech Acko Ankarberg Johansson did not raise any concerns to the changes that are now on the table. There was no criticism or questioning on her part, but rather a celebration of the WHO's increased dictatorial powers. Ankarberg Johansson claims that these expanded

powers are crucial to achieving the sustainable development goals of the 2030 Agenda. The question is whether the health minister understands the seriousness of the revisions to the IHR and the new pandemic treaty.

Below are some of the changes now on the table that the Swedish government, represented by Acko Ankarberg Johansson, should vigorously oppose. If these go through anyway, despite protests from the Swedish government, Sweden should reasonably leave the WHO immediately. If not, a discussion of human rights violations is warranted. The need to respect "human rights, dignity and personal freedom" is embedded in the current International Health Regulations (IHR), as well as in other UN treaties. However, language guaranteeing human rights, dignity and personal freedom was immediately removed from the latest draft treaties. Following complaints, this language has been added to the latest draft treaties. While the treaty may not pass (it requires a 2/3 vote), the IHR amendments are likely to do so, requiring only 50% of states to vote yes. So whether or not human rights will be removed is an open question. But it shouldn't be. The WHO should have been clear that these important texts must remain.

IHR Article 12: The Director-General is empowered to declare an emergency event even if there is only a "potential emergency". What constitutes a potential emergency is defined by the IHR and thus cannot be questioned. To determine whether such an emergency exists, the IHR requires extensive monitoring and reporting. The Secretary-General is also empowered to create a central body to control the production and distribution of medicines needed to respond to a declared international health emergency or potential health emergency.

IHR Article 1: Currently, all WHO recommendations are non-binding on Member States. In the new version, the word "non-binding" has been removed.

IHR Article 13a: Member States shall have the WHO as their guiding and coordinating authority and they undertake to follow the WHO's legally binding recommendations in their health responses.

IHR Article 42: Member States commit to follow and introduce without delay legally binding recommendations during an emergency but also to follow permanent legally binding recommendations that may be proposed between pandemics. The Director-General is empowered to order legally binding measures such as quarantine, vaccines, medical examinations and medical treatments.

IHR Article 17: Parties/Member States undertake to address false, misleading or inaccurate information or disinformation and implement regular social listening/monitoring and analysis to identify the presence of such information and disinformation profiles.

IHR Article 18: Article 18 addresses what legally binding recommendations the WHO can propose in different possible situations. This could include, for example, the use of PCR tests, vaccines and prophylaxis.

IHR Article 44: Member States shall assist each other to counter false and unreliable information on public health events. False and unreliable information may include activities in the media, social networks and information that has been disseminated by other means. There will be two committees under the WHO, one to ensure implementation and another to ensure compliance by Member States.

IHR Chapter 3: The 2005 revision of the IHR emphasizes that all actions recommended by the WHO should be undertaken with "full respect for human dignity and fundamental rights and freedoms". This phrase was removed and replaced by loose and fuzzy expressions such as "gender equality and inclusion" but now appears to have been reinstated.

IHR Chapter 2: This is the scope and purpose where the WHO is given the right to declare a public health emergency and international concern because of something - anything - that may have the potential to threaten public health, such as climate change, threats to biodiversity, ecosystem disruption, new virus variants, etc.

Example of two key paragraphs of the new Pandemic Treaty.

Article 18: Member States shall combat 'Infodemic' (= pandemic of misinformation). Member States shall also combat inaccurate and false information, disinformation and misinformation. Member States shall conduct "social listening" with periodic analysis to identify profiles and the prevalence and spread of misinformation. - It sounds like they want to identify people/research who simply do not share the WHO's "correct" view on, for example, vaccines or whether we might be in a health or climate emergency.

Article 12: This article will ensure the powers of the WHO in public health emergencies. The article already exists and will be extended to include a regional health threat and also an intermediate health warning.

Last spring, the Minister for Social Affairs gave the following answer to my written question about why the government does not clearly distance itself from the above-mentioned articles that are included in the amendments and are being negotiated within the WHA (World Health Assembly) where Sweden is represented by Acko Ankarberg Johansson.

The Minister of Social Affairs writes:

"There are currently no final negotiated articles, but this is still an ongoing process. In this process, all Member States of the World Health Organization (WHO) have been given the opportunity to make suggestions on which revisions they wish to include in the negotiations. Over 300 proposals have been submitted and far from all proposals will be included in the final negotiated text. The proposals for new articles that Elsa Widding refers to in her questions, and which can be found on the WHO's website and documents, are thus proposals submitted by all WHO member states and are in no way guaranteed to be included in the finalized text."

There are many proposals in the IHR update and it is difficult to see the big picture. The WHO and the countries' ministries seem to keep the proposed changes to the IHR secret. This legislative process is thus taking place with very little democratic debate and discussion.

I would therefore like to put the following questions to the Minister for Social Affairs, Jakob Forssmed:

- Does the Minister believe that the process of developing new international health regulations is being carried out in a democratic and satisfactory manner, and if not, does the Minister intend to take any initiatives in this regard?
- Has the minister or the government made any critical analysis in the light of the experience we now have from the recent pandemic, that is, in terms of what the WHO has done well that has contributed positively to the health of Swedish citizens, and what the WHO has failed to do in its recommendations to the world?
- Has the Minister received any analysis from the WHO regarding the WHO's recommendations during the pandemic and, if so, has the Minister taken any action in response to the analysis?
- Has the Minister or the Government made any critical analysis of the legal changes that Sweden is now facing in the event that Sweden *does not* choose to leave the WHO, including in the light of what is described by Morten Walløe Tvedt, Professor of Law in Norway, in the report *Betenkning om rettsutviklingen i Verdens helseorganisasjon WHO* that the WHO's proposed treaty and the amendments to the IHR are contrary to the definition of human rights?
- Can the Minister explain Sweden's position in the negotiations and, in particular, what in the WHO's recommendations from the recent COVID-19 pandemic can justify giving the WHO greater powers and confidence?

- Does the Minister see any risks in giving the Secretary-General of the WHO alone the above-mentioned mandates and, if so, will the Minister take any initiatives in this regard?

..... Elsa Widding (-)

Submitted according to assignment

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