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15 January 2024

Dear Members of Parliament

PROPOSED AMENDMENTS TO THE INTERNATIONAL HEALTH REGULATIONS 2005 AND THE PANDEMIC TREATY

1. I refer to my letter dated 2 November 2023 regarding the proposed amendments to the International Health Regulations 2005 ("**IHR**") and my parliamentary petition, which over 26,000 New Zealanders signed in less than three weeks[1].

2. An increasing number of New Zealanders are concerned, and many blissfully unaware, that the World Health Organization ("**WHO**") is designing the architecture for a singular controlling authority for global health which now includes climate change and environmental health surveillance. WHO is currently engaged in two parallel law-making processes, the proposed amendments to the IHR and the new Pandemic Prevention, Preparedness and Response Accord ("**Pandemic Treaty**" or the Pandemic Accord). If adopted, New Zealand's independent decision-making powers over health policy will be transferred and vested in an unelected and unaccountable body in Geneva that may lack knowledge or concern for the local circumstances. Likewise, the provisions of these legal instruments will be integrated into domestic law.

3. I would like to thank the coalition leaders for being prudent by reserving the 1 December 2023 amendment to the IHR (i.e., the reduced timeframe to consider future amendments) to allow the new government time to that amendment and the May 2024 proposed amendments against a `*National Interest Test*'.

Executive Summary

4. By way of executive summary, there are serious concerns with the proposed amendments to the IHR and the new Pandemic Treaty as summarized below:

   (a) WHO intends to circumvent Article 55 of the current IHR, which allows state parties four months to consider any amendments prior to the World Health Assembly ("**WHA**") in May 2024. The lack of due process will impact New Zealand's ability to undertake due diligence on the substantial amendments prior to deciding how to vote at the WHA (refer to paragraphs 5 to 11);

   (b) The WHO and its Working Group on IHR ("**WGIHR**") are not being transparent and have failed to disclose the latest draft of the amendments (refer to paragraphs 12 to 13);

   (c) There has been no parliamentary scrutiny on the IHR, and the previous cabinet may have received incorrect advice in regard to the process and implications of the legal instruments (refer to paragraphs 14 to 30);

   (d) WHO's refusal to undertake an independent inquiry to assess the merits of the recommendations it issued during the COVID-19 pandemic raises serious concerns about future recommendations. These recommendations may be implemented by a different Government from the newly formed coalition Government (refer to paragraphs 31 to 33);

   (e) There is a clear and significant financial conflict of interest between the loyalties of WHO to the top private financial contributors and the rights and freedom of citizens around the world. Private donors can direct funding according to their priorities, which creates investment opportunities that provide returns far exceeding the financial contributions to WHO (refer to paragraphs 34 to 51); and

   (f) The drive to include new matters, such as climate change and environmental health surveillance, in international public health may lead to climate change lockdowns (refer to paragraphs 52 to 57).

[1] https://petitions.parliament.nz/ba284b7f-84ca-4059-0743-08dbd732584b

Article 55

5. Member states agreed, through Executive Board Decision 150(3) (2022) and WHA Decision WHA75(9) (2022), to amend the existing IHR ("**2022 Amendments**"). The process is being led by the WGIHR and is running parallel with the Intergovernmental Negotiation Body ("**INB**"), which was established in December 2021 to draft the Pandemic Treaty.

6. Due process is a requirement that legal matters, such as negotiating an international treaty, be resolved according to established rules and principles. Article 55 of the current IHR requires any proposed amendments to be communicated by the Director-General of WHO to all state parties at least four months prior to the annual WHA meeting. Accordingly, the proposed amendments to the IHRs should be communicated to state parties by late January 2024.

7. However, in December 2023, WHO's Principle Legal Officer ("**PLO**") advised the WGIHR that the four-month rule could be circumvented due to the following legal technicality:

   "[t]he WGIHR is a subdivision of the Health Assembly under rule 41 of the rules of procedure of the Health Assembly. Thus, there are no precedents to rely on with respect to the manner in which the four-month requirement set out in Article 55 should be satisfied … Accordingly, an option for consideration by the working group would be for the Director-General to communicate in January 2024 the following documents to all state parties. First the proposed amendments as originally submitted by member states and communicated by the secretary to all state parties by email [back in 2022] and second that the proposed amendments as they might be shown on the screen at the closure of the WGIHR 6. This approach would allow work to continue when the WGHI, if necessary up until the 77th Health Assembly itself."

8. The above position was surprising to many state parties, and the delegate from Monaco asked for clarification, as she believed that she may have misunderstood the intention of the WGIHR not to follow the four-month rule in Article 55. Ashley Bloomfield, the co-chair of the WGIHR, responded by stating:

   "That the January letter is not going to include or append, the …another document [being the latest version of the IHR amendments] but just to simply update the Director General on our progress towards … and at this stage, it is not wise to provide a partially agreed set of amendments[2]".

9. The WGIHR does not intend to adhere to due process. Even if the PLO is correct about the legal technicality, it is not within the spirit of the current IHR to deny state parties time to debate the proposed amendments in their respective parliaments prior to being required to vote on the amendments in May 2024.

10. If the amendments are passed at the meeting in May 2024, state parties will have either a short period of time to `opt-out' depending on whether they rejected, reserved, or did neither concerning the 1 December amendment.

11. As a side note, some members of the European Parliament have also raised concerns that the 2022 Amendments did not comply with the procedure under the current IHR. They have written to WHO seeking evidence that the procedure was complied with, and no response has been received to date.

Lack of Transparency

12. Under the 2022 Amendment, there were 307 proposed amendments to 33 of the 66 articles of the IHR and five of the nine annexes, plus six new articles and two new annexes. However, it is uncertain what amendments will be presented at the WHA, as the WGIHR has been working on them behind closed doors since early 2023, and only a summary report is broadcast at the delegate meetings.

13. The secrecy as to the current version of the proposed amendments to the IHR is perplexing and differs from the INB's approach to the Pandemic Treaty. The INB's approach is stated as being firmly grounded in the principles of inclusiveness, transparency, efficiency, member-state leadership, and consensus. INB has released six draft versions of the Pandemic Treaty to date. Why is the WHO being transparent with one instrument and not the other?

Lack of Parliamentary or Public Debate

14. Under the proposed instruments, WHO will become the singular controlling authority and architect of global health for 99.44% of the world's population, and this *`one size fits all'* approach may not be appropriate for the situation in New Zealand.

[2] https://apps.who.int/gb/wgihr/e/e_wgihr-6.html

15. In a properly functioning democracy, citizens can expect their elected representatives to be transparent and accountable. The Government has a duty to ensure that an international treaty does not impact on New Zealand's sovereignty and its independent decision-making powers. In this regard, the Ministry of Foreign Affairs & Trade's ("**MFAT**") website states that:

    "Every time the New Zealand government signs a new significant international treaty, a National Interest Analysis (NIA) is produced by the lead government agency. The NIA is then presented to Parliament, together with the text of the treaty, for consideration. The requirements of the NIA are set out in Parliament's Standing Orders and the Cabinet Manual."

16. Many people around the world have praised the newly formed coalition government for adopting a prudent approach by "reserving" its decision pending a "national interest test". However, it is concerning how close New Zealand came to not opting out of the 1 December amendment, which would have reduced the timeframe for us to consider future amendments, given the previous government's support for the proposed regime.

17. I am concerned that the previous cabinet may have had incorrect advice from bureaucrats. Firstly, the former cabinet claimed that parliamentary scrutiny was not required for the IHR and attempted to introduce the proposed amendments to the IHR stealthy (as it did with other matters of national interest). In 2022, the Minister of Health, Andrew Little, responded to Stuart Smith's question about whether the IHR would be debated in Parliament as follows:

    "At the 75th World Health Assembly (WHA75) in Geneva in May 2022, World Health Organization (WHO) Member States agreed to adopt a resolution proposing amendments to Articles 55, 59, 61 and 63 of the International Health Regulations (2005) (IHR 2005). Standing Order 405 of the New Zealand House of Representatives ***sets out which international treaties will be presented to the House for Parliamentary scrutiny. This only applies to positive treaty actions****, where the deposit of a formal legal instrument is required and does not apply to treaty actions subject to tacit acceptance, such as the IHR 2005. Tacit acceptance in the context of the IHR 2005 means that amendments will become binding on Member States unless the State lodges an objection within two years of the proposed amendment being adopted by the WHA[3]." [to]*

18. The proposed amendments to the IHR require a state party to expressly opt out. Otherwise, there is tacit acceptance. It would seem that the previous cabinet had no intent to subject the 1 December amendment or the May amendments to parliamentary debate based on advice that they had been given.

19. I am also concerned that the previous cabinet may have received incorrect advice that the 1 December amendment could be reserved or rejected (as recorded in the *Paper to Cabinet Social Wellbeing Committee on Minor Amendments to the International Health Regulations 2005: Approval for Binding Action dated 9 May 2023[4]* ("**NZ Cabinet Paper**"), which does not appear to be the case. The information currently showing on the Ministry of Health's ("**MOH**") website states that the only way to give effect to the coalition's intent *"was to formally reject the amendments*" and confirms that this has been done[5].

20. Prior to the MOH updating its website and after the coalition's announcement, I contacted a professor of international law in the United States. The professor advised that technically a reservation to an international agreement is a rejection that must be accepted anew by the other party or parties to it under the Vienna Convention on the Law of Treaties.

21. The point being that international law is complicated and a specialised area of law, and there has been conflicting advice given to the former cabinet and the new cabinet. Accordingly, it is imperative that we take time to undertake due diligence given there is no mechanism to exit the proposed amendments to the IHR.

22. The NZ Cabinet paper states that the cost of implementing the two instruments was unknown. This is a concern given the prior Government's policies had budget blowouts and "*unintended consequences*". One overseas project forecast that over five years, an estimated $124 billion is needed for every country to reach demonstrated capacity for all IHR

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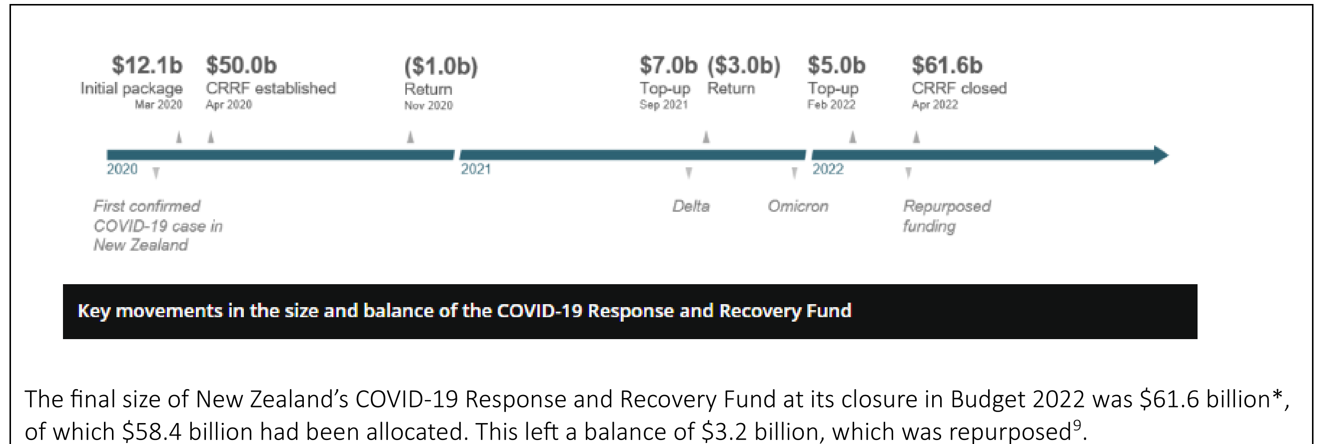
[3] https://www.parliament.nz/en/pb/order-paper-questions/written-questions/document/WQ_17523_2022/17523-2022-stuart-smith-to-the-minister-of-health

[4] https://www.health.govt.nz/system/files/documents/information-release/minor_amendments_to_the_international_health_regulations_2005_approval_for_binding_action_watermarked_for_pr.pdf

[5] https://www.health.govt.nz/our-work/emergency-management/pandemics/strengthening-global-pandemic-prevention-preparedness-and-response/amending-international-health-regulations-2005#:~:text=They%20are%20the%20principal%20international,to%20the%20COVID%2D19%20pandemic.

indicators[6]. It is claimed that the WHO is "*grossly underfunded*."[7] and in January 2021, a Working Group on Sustainable Finance was set up to explore funding options[8]. The working group discussed doubling members' assessed contributions (which does not factor in the cost of implanting the proposed IHR amendments and the Pandemic Treaty) from their 2022/23 levels, starting in 2024 and gradually increasing until 2028–2029. It is essential that cost forecasting is undertaken for the implementation of the two legal instruments prior to adoption- given that New Zealand has spent billions on the COVID-19 response, which has had far-reaching effects. Surely members of Parliament have a duty to let the public know the forecasted cost.



The final size of New Zealand's COVID-19 Response and Recovery Fund at its closure in Budget 2022 was $61.6 billion*, of which $58.4 billion had been allocated. This left a balance of $3.2 billion, which was repurposed[9].

Transfer of New Zealand's Independent Decision-Making Power

23. The existing IHR are currently the only legally binding global health laws which set out state parties' obligations during an international public health risk[10]. Under article 18 of the existing IHR, WHO can issue non-binding recommendations to the state parties with include:

   (a) proof of medical examination and any laboratory analysis;
   (b) requiring medical examinations;
   (c) proof of vaccination or other prophylaxis;
   (d) vaccination or other prophylaxis;
   (e) placing suspect persons under public health observation;
   (f) implementing quarantine or other health measures for suspect persons;
   (g) implementing isolation and treatment where necessary of affected persons;
   (h) implementing tracing of contacts of suspect or affected persons;
   (i) refusing entry of suspect and affected persons;
   (j) refusing entry of unaffected persons to affected areas; and
   (k) implement exit screening and/or restrictions on persons from affected areas.

24. The recommendation under Article 18 impacted every New Zealander during the COVID-19 pandemic. For example, the Government changed legislation in defiance of a High Court ruling, locked down the South Island despite there not being one case, refused New Zealanders entry to their home country, refused to consult with the public, introduced vaccine mandates resulting in financial hardship for many families and mandated vaccine passports despite the paradox of segregation given the vaccine does not provide immunity (i.e., it does not stop transmission or prevent infection) and much more. The democratic process and human rights were harmed by the former overreaching Government which bred distrust in public institutions. Every New Zealander has a story of how the response to COVID-19 impacted their lives. loved ones.

25. The amendments to the IHR and the Pandemic Treaty are designed to extend and strengthen the powers of WHO, which will be implemented by the Government of the day. The provisions contained in these legal instruments may be very dangerous in the hands of a controlling Government which is influenced by external bodies such as the World Economic Forum ("**WEF**") (which was the case with Ardern and for which I have provided undeniable evidence in my former open letters to members of Parliament).

[6] https://twitter.com/MurfittTauranga/status/1725687395469906166
[7] https://odi.org/en/publications/fixing-un-financing-a-pandoras-box-the-world-health-organization-should-open/
[8] https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_30-en.pdf
[9] https://www.treasury.govt.nz/information-and-services/nz-economy/covid-19-economic-response/overview-covid-19-response-and-recovery-fund-crrf
[10] https://healthpolicy-watch.news/ihr-negotiations-to-continue-until-may-2024/

26. If either instrument is adopted, New Zealand will be transferring important independent decision-making powers over our health and other policies (e.g. climate change) and vesting these powers in an unelected and unaccountable body in Geneva. There is no entity, such as a court, to review the laws and regulations being made by the WHO to ensure that the basic principles of the Universal Declaration of Human Rights and other international human rights instruments are adhered to. It is imperative that we scrutinize whether there will be other independent checks and balances under the proposed regime, or will WHO have a monopoly over health? If WHO controls the narrative on health and science, this will flow into the decisions of both international and domestic courts decisions, as was the case over COVID-19 and the challenges to the mandates. This is a potential but serious threat to our democracy and sovereignty.

27. We should all be alarmed that the last publicly available draft of the proposed amendments to the IHR contain the following provisions (which is not an exhaustive list):

    (a) Definitions Section: The references to ***"non-binding"*** in regard to the *standing recommendation"* and *"temporary recommendations"* have been removed, which would imply that the IHR are binding. Given that the current IHR has standing under international law, the deletion of words such as "non-binding" is alarming given the current social-political global environment.

    The definition *"health products includes medicines, vaccines, medical devices, diagnostics, assistive products, **cell and gene-based therapies**, and other health technologies, but not limited to this course".* What therapies are included in "cell and gene-based therapies", as the proposed amendments do not define the term? It is usual in legislation to have an exhaustive list of definitions rather than leaving terms open for interpretation.

    (b) Article 2 Scope and Purpose: removed the words *"public health risk"* and replaced them with *"all risks with a **potential** to impact public health".*

    (c) Article 3 Principles: the removal of the words ***"with full respect for the dignity, human rights and fundamental freedoms of persons"*** in regard to the implementation of the regulations and replacing them with "based on the principles of equity, inclusivity, coherence and in accordance with their common but differentiated responsibilities of the States Parties, taking into consideration their social and economic development."

    Why does WHO want to remove references to the existing human rights laws and protections and establish equity? While this may sound benign to some, WHO is focused on *"vaccine equity"* rather than using established medicines which aim for positive health outcomes for people. This issue will be further discussed under the `*Conflict of Interest* 'heading below.

    (d) Article 10 Verification: removed the words *"taking into account the views of the State Party concerned."*

    (e) Article 12 Determination of a public health emergency of international concern, public health emergency of regional concern, or intermediate health alert risk assessment: added the words *"**potential** or actual public health emergency of international concern"* for action to be taken (e.g. lockdowns, mandates etc.) and *"**determination of a Public Health Emergency of International Concern** and intermediate level of alert, including temporary recommendations and the convening and functioning of the Emergency Committee."*

    It is perplexing that WHO's powers could be extended to decide on the response to a potential or actual public health emergency of international concern ("PHEIC") without reference to any standards or definitions of what constitutes such an emergency. PHEICS and potential PHEICs could be declared by WHO without the agreement of the concerned State or States such was the case when WHO declared monkeypox a PHEIC in July 2022.

    (f) Article 13 Public health response: removed the words *"At the request of a State Party"* and replaced them with *"**WHO shall clearly define assistance** to a State Party offer assistance to a State Party in response to public health risks and other events by providing technical guidance, health products, technologies, know-how, deployment of civil medical personals. The State has 48 hours to respond."*

    (g) NEW Article 13A WHO Led International Public Health Response: "*States Parties recognize WHO as the guidance and coordinating authority of international public health response during public health Emergency of International Concern and **undertake to follow WHO's recommendations in their international public health response"** and "WHO shall carry out an assessment of the availability and affordability of the health products such as diagnostics,*

therapeutics, vaccines, personal and protective equipment and other tools required for responding to public health emergencies of international concern".

(h) New Article 13A: Access to Health Products, Technologies, and Know-How for Public Health Response: ***"States Parties*** shall ***co-operate with each other and WHO to comply with such recommendations*** *pursuant to paragraph 1 and shall take measures to ensure timely availability and affordability of required health products such as diagnostics, therapeutics, vaccines, and other medical devices required for the effective response to a public health emergency of international concern."* WHO wants to coordinate international Intellectual Property Law and "*establish a repository for cell-lines to accelerate the production and regulatory of similar biotherapeutics products and vaccines"?*

The word "shall" means mandatory.

(i) Information sharing: added the following "*For this purpose, WHO shall facilitate the exchange of information between States Parties and ensure that the* ***Event Information Site*** *for National IHR Focal Points offers a secure and* ***reliable platform*** *for information exchange among the WHO and States Parties and allows for interoperability with relevant data information systems*."

(j) Vaccine Passport Provisions

Article 35 General rule: added ***"Digital health documents must incorporate means to verify their authenticity*** *via retrieval from an official web site, such as a QR code", and Health documents meeting the conditions approved by the Health Assembly shall be recognized and accepted by all Parties. Specifications and requirements for* ***certificates in digital form shall take into account existing widely used systems established at the international level*** *for the issuance and verification of digital certificates."*

Article 36 Certificates of vaccination or other prophylaxis: "Other types of proofs and certificates may *be used by Parties to* ***attest the holder's status as having a decreased risk of being the disease carrier,*** *particularly where a vaccine or prophylaxis has not yet been made available for a disease in respect of which a public health emergency of international concern has been declared. Such proofs may include test certificates and recovery certificates. These certificates may be designed and approved by the Health Assembly according to the provisions set out for* ***digital vaccination or prophylaxis certificates,*** *and should be deemed as substitutes for, or be complementary to, the digital or paper certificates of vaccination or prophylaxis.*

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We know from our experience in New Zealand that the traffic light system and vaccine passports were not intended, and it was known to dampen transmission (the MOH's OIA response dated 10 September 2021 confirms this point) but to push the uptake of the vaccine. Dr Michael Baker, a touted COVID-19 expert, was quoted in the Guardian newspaper as follows:

> *"...the traffic light system won't help us very much because it was never designed to dampen down transmission, it was only designed to nudge people towards vaccination.[11]"*

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[11] https://www.theguardian.com/world/2022/jan/10/new-zealand-not-prepared-for-omicron-outbreak-expected-in-matter-of-weeks-experts-warn

Any requirement for vaccine passports has the potential to lead us into a biosecurity regime and social credit system with digital ID and international vaccine passports (will the vaccine passports only remain valid if you take the latest booster?).

Telekom reports on its website that the WHO selected T-Systems as an industrial partner. The company providing the technology states:

> *"The World Health Organization (WHO) will* ***make it easier for its member states to introduce digital vaccination certificates in the future****. The WHO is setting up a gateway for this purpose.* ***It enables QR codes on electronic vaccination certificates to be checked across national borders****. It is intended to serve as* ***a standard procedure for other vaccinations****, such as polio or yellow fever after COVID-19. The WHO has selected T-Systems as an industry partner to develop the vaccination validation services*[12]*."*

In 2016, the United Nations held the inaugural ID2020 to discuss how to provide digital identity to all, a defined Sustainable Development Goal (under Agenda 2023). The 2018 summit focused on defining what constituted a "good" digital ID. In 2019, ID2020 was launched in conjunction with Global Alliance for Vaccines and Immunization ("**GAVI**")[13]. ID2020, a nongovernmental organisation[14], recently launched its Good Health Pass for a digital health pass system for global travel and the global economy. It is highly likely that any mandatory digital ID system will have more functions added over time.

As you may be aware, the previous Government introduced the Digital Identity Programme[15] , and the Digital Identity Services Trust Framework Bill was passed in March 2023[16]. In November 2023, the European Parliament and Member States reached an agreement to introduce Digital Identity.

28. The response to the COVID-19 pandemic took its toll on scientific debate and informed consent and resulted in serious breaches of fundamental human rights via the lockdowns, mandates, and the Traffic Light System. Accordingly, politicians have a duty to ensure that the instruments do not impact the sovereignty of our nation and sovereignty over our bodies.

29. If there are no issues around our nation's sovereignty and the transfer of independent decision-making powers to WHO, as claimed by the mainstream media when I ran the petition, then Crown Law should release their advice to the Government. Crown Law has refused my request under the Official Information Act 1982 ("**OIA Act**") to access the documents on whether the IHR will impact on our nation's sovereignty and obligations under the Treaty of Waitangi. Crown Law has stated that they will not be releasing the documents due to legal professional privilege between Crown Law and the Government. This is outrageous, given that New Zealand taxpayers fund Crown Law. Accordingly, I request that members of Parliament request Crown Law's advice.

30. It may be argued that despite the current IHR being a legally binding instrument, they are `toothless' as there are no sanctions. However, Aljazeera reported in 2015 that the WHO was investigating ways to reprimand countries that disobey the IHR[17]. The drive to introduce sanctions is alarming, given the wording of the proposed amendments to the IHR and the removal of the word "non-binding".

No independent Audit of WHO's COVID-19 Recommendations

31. The WHO's website claims that the process of drafting the amendments to the IHR and the new Pandemic Treaty "*builds on lessons learned from the various review panels that examined the functioning of the IHR and the global health security architecture during the COVID-19 pandemic*."[18]. However, the WHO refuses to be astute and undertake an independent inquiry to assess the merits of the recommendations it issued during the COVID-19 pandemic. How can we blindly trust an unelected and unaccountable organisation that does not wish to learn from an audit, given the medical and scientific debates surrounding the COVID-19 pandemic?

32. Following WHO's advice has resulted in billions of dollars of national debt for New Zealand, which in turn has contributed to inflation, a crumbling health system with huge waiting lists partially due to diseases not being diagnosed early during

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[12] https://www.telekom.com/en/media/media-information/archive/covid-19-who-commissions-t-systems-648634
[13] https://en.wikipedia.org/wiki/ID2020
[14] https://id2020.org/ and https://www.goodhealthpass.org/
[15] https://www.digital.govt.nz/digital-government/programmes-and-projects/digital-identity-programme/
[16] laws/document/BILL_116015/digital-identity-services-trust-framework-bill and https://www.newsroom.co.nz/government-to-introduce-vaccine-passports
[17] http://america.aljazeera.com/articles/2015/10/22/health-sanctions-against-countries-misguided.html
[18] https://www.who.int/teams/ihr/working-group-on-amendments-to-the-international-health-regulations-(2005)

the lockdowns and mandates and increased vaccine injuries, mental health issues and the damage to our children's education and development. Even the Director-General of Who admitted in April 2022 that the pandemic has resulted in:

"...countless livelihoods destroyed, health systems disrupted, already-vulnerable people pushed into poverty, and the global economy plunged into its deepest recession since the Second World War[19]."

33. If New Zealand is going to sign over the power for WHO to control the health narrative and potentially prevent scientific debate, especially given the proposed leveraging of communication channels to counter misinformation and disinformation (a key capacity in the proposed amendments to the IHR), then we need to understand where WHO got it wrong during the COVID-19 response. For example, the risks and benefits of national lockdowns, masks and the vaccine, the definition and counting of COVID-19 death (e.g. dying **with** a COVID-19 positive test versus **from** the disease as the actual cause of death) and the threshold for the PCR Test which was originally used to "diagnose" a case.

Conflict of Interest with the Financial Support

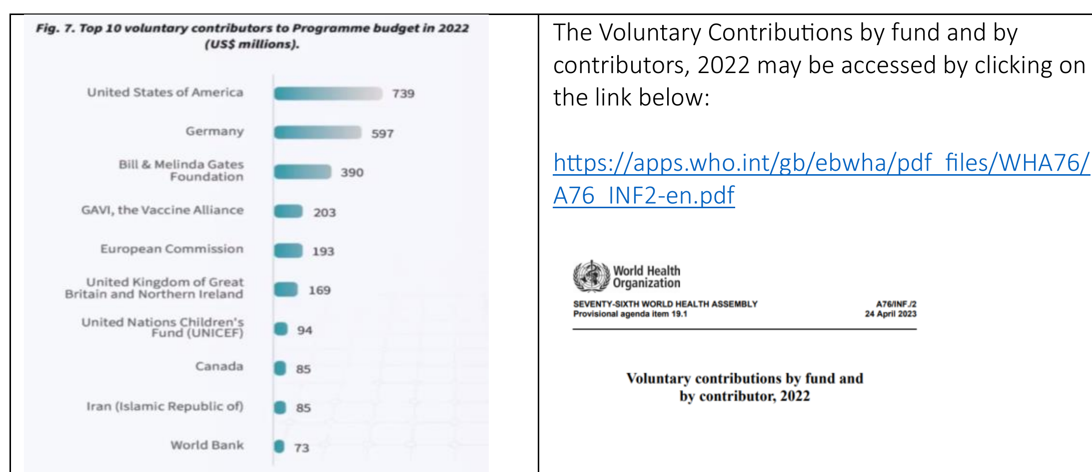
34. As set out in my previous letter, there have been past allegations of corruption of the WHO implementing policies and measures for the vested interests of various industries. Accordingly, the Government must consider WHO's funding model and any potential conflicts of interest.

35. WHO gets its funding from two main sources: assessed and voluntary contributions from the member states and other private partners. Many of these private partners are significant financial contributors to WHO and are also involved in the pharmaceutical and vaccine industries. There is a genuine concern that there may be a conflict of interest between WHO's loyalties to these private partners and human rights. This was illustrated during the COVID-19 pandemic, with WHO having a singular focus on vaccines rather than exploring legal and cheap medicines (which were no longer under patents) with an extensive safety history.

36. WHO's website states that:

"For much of the Organization's history most of its funds were provided ***through assessed contributions made by Member States****, but in recent decades these have been capped and* ***today account for only 16% of WHO's total budget****. As these assessed contributions have declined in real terms, they have been replaced over time by an* ***increasing share of funding to WHO, coming as voluntary contributions where donors direct funding according to their priorities****.*

Contributions to WHO come largely from public funds. In both assessed and voluntary funding, Member States contribute directly nearly 60% of the programme budget, and another 14% comes from other organizations in the United Nations system, partnerships and development banks, which are themselves largely funded by governments. ***Nearly 10% of WHO's funds come from philanthropic foundations, predominantly the Bill & Melinda Gates Foundation*** *Through the results framework for the Thirteenth General Programme of Work* ***WHO holds itself accountable for the use of these funds, whether from government or philanthropic sources, and to ensure that they support significant outcomes[20]."***



The Voluntary Contributions by fund and by contributors, 2022 may be accessed by clicking on the link below:

https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_INF2-en.pdf

[19] https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-public-hearing-regarding-a-new-international-instrument-on-pandemic-preparedness-and-response---12-april-2022 and https://www.bmj.com/rapid-response/2011/11/02/who-changed-definition-influenza-pandemic

[20] https://www.who.int/about/funding/invest-in-who/investment-case-2.0/current-state

37. As noted above, donors of voluntary funding can direct funding according to their priorities. This creates investment opportunities that have the potential to provide returns far exceeding the financial contributions to WHO.

38. Private partners of WHO include top financial funders, such as the Bill & Melinda Gates Foundation, who also make further donations through parallel organisations such as the Strategic Advisory Group of Experts ("**SAGE**"), UNICEF, Rotary International and the Global Alliance for Vaccines and Immunisation ("**GAVI**"). CNBC reported in 2019 that Bill Gates claimed that vaccines were his best investment, with 10 billion "*…yielding $200 billion over those 20 or so years"* when they interviewed him at the World Economic Forum's annual meeting in Davos[21].

39. The Bill and Melinda Gates Foundation purchased shares in BioNTech in September 2019, a few months before WHO declared a global pandemic. BioNTech is the German biotechnology company that partnered with Pfizer in bringing a mRNA COVID-19 vaccine to market under emergency use. It is reported that the Bill and Melinda Foundation downsized its BioNTech holdings by 86% in the third quarter of 2021, which was BioNTech's best-performing quarter. The foundation had purchased the shares at a pre-public offering price of $18.10 per share in 2019. In 2021 the foundation sold the shares at an average sale price of $300 per share, pocketing a profit of approximately $260 million, or more than 15 times its original investment[22].

40. The Bill and Melinda Gates Foundation is also a founding partner of GAVI, another top private partner of WHO, and has contributed $4.1 billion to date[23]. At the 2020 Global Vaccine Summit, the Bill & Melinda Gates Foundation announced US$ 1.6 billion for Gavi's next "strategic period" between 2021 and 2025.

41. In turn, GAVI is working with the International Finance Facility for Immunisation ("**IFFLm**"), another public/private vaccination initiative. IFFLm's website states[24]:

> *"Gavi is developing a Day Zero Pandemic Financing Facility for Vaccines, in line with the recent G7 and G20 discussions on the need for such instruments, to ensure that the right surge financing capacities are in place when the next pandemic hits. This Day Zero facility will use innovative financing instruments to mobilise, for example, up to US$ 2 billion in risk-tolerant surge and contingent capital and will be comprised of a number of innovative financing tools that complement one another, including a contingent financing capability for IFFIm.*
>
> *This contingent financing mechanism (CFM), currently under development, will allow IFFIm to raise funds for Gavi even faster in the next pandemic by pre-positioning donor commitments to IFFIm today, but only activating those commitments if and when a future pandemic occurs. Once activation happens, IFFIm could raise funding on the capital markets, just as it does now.*
>
> *The contingent mechanism's structure provides the flexibility and adaptability needed for the unpredictable nature of pandemics, while still benefiting from the many strengths of IFFIm. This mechanism has the potential to contribute substantially – and efficiently – to the standby resources proposed for pandemic response. The contingent pledge feature is another example of how IFFIm continues to adapt. It builds on IFFIm's 17 years of experience in frontloading funding through the capital markets to support immunisation."*

42. The World Bank is also involved with GAVI. The World Bank stated in the *International Bank for Reconstruction and Development and International Development Association Project Paper on a Proposed Additional Financing to the Covid-19 Strategic Preparedness And Response Program using the Multiphase Programmatic Approach (Global Covid-19 MPA) with an additional IBRD and IDA Financing of up to Us$12 Billion (of which up to Us$6 Billion from IDA and up to US$6 Billion from IBRD Dated October 13, 2020')* that:

> *"**The Bank is on the Board of GAVI (as a founding member) and CEPI and works closely with both partners**. The Bank also works closely with UNICEF and WHO under the Global COVID-19 MPA and broader global public health priorities. Both organizations, play a leading role in global vaccination efforts. The Bank is a member of the ACT-Accelerator Partnership and leads its health strengthening pillar. **The Bank's increased financial and technical support for vaccine purchase and deployment will also be a part of a broader global partnership to support COVID-19 response**. In addition to building on the Bank's existing robust health portfolio and efforts under the Human Capital Project, Bank vaccination*

[21] https://www.cnbc.com/2019/01/23/bill-gates-turns-10-billion-into-200-billion-worth-of-economic-benefit.html
[22] https://clarkcountytoday.com/news/pfizer-vaccine-bonanza-slows-but-bill-gates-sold-early-made-huge-profits/
[23] https://www.gavi.org/investing-gavi/funding/donor-profiles/bill-melinda-gates-foundation
[24] https://iffim.org/about-iffim

support will build on other complementary initiatives underway globally and in each individual country, supported by partners that are also providing financing, health and immunization system strengthening support, and support other COVID-19 interventions[25].”

43. Given the World Bank’s financial interest in the promotion of vaccines, it is curious that the founder of the World Economic Forum, Klaus Schwab, has stated that:

    *"I believe that the future is not state capitalism or shareholder capitalism. The future is what I call stakeholder capitalism, which is combined with social responsibility… **Under a WEF-imagined stakeholder system, banks wouldn't lend to businesses that don't comply with, say, climate change policies or, say, vaccination mandates**. Investors wouldn't invest if the WEF didn't approve. Insurers wouldn't insure — governments wouldn't permit — developers wouldn't develop — builders wouldn't build — and so forth and so on. The Government, through partners and friends in business, would be the behind-the-scenes' strings puller[26]."*

44. The WHO and the WEF have a working relationship, and the newly appointed Director-General, Tedros Adhanom Ghebreyesus, posted on Facebook in 2019 the following (other more recent examples are set available).

    “Excellent discussion with Klaus Schwab, Founder & Executive Chairman of @wef, about how we can join forces to accelerate progress in health & development to deliver the @GlobalGoalsUN. I look forward to continuing our discussions with partners @Davos. #WEF20 #HealthForAll[27]”

45. As noted above, the proposed amendments to the IHR have removed the words “*with full respect for the dignity, human rights and fundamental freedoms of persons”* as a principle for implementing the IHR and replacing them with principles based on equity. The WHO and its private funders, such as the Bill and Melinda Gates Foundation, promote the principle of equity in regard to vaccines. At *the New Zealand Association of the United Nations* Conference in August 2023, Bloomfield was asked by the chairperson what would be the singular thing he would do differently in another pandemic. Bloomfield responded by stating that:

    “The absolute, fundamental argh shift should we need to make this and this is at the heart of our negotiations on updating the International Health Regulations is equity, equity, equity needs to be front and centre. It’s not something that you can just do on the spur of the moment. It needs to be built into the way that we support, the low-income and lower-middle-income countries to develop the capabilities capacity that they need[28]”.

    Equity has little to do with health and is a world trade perspective, which likely explains the World Bank's involvement in the push for vaccinating entire healthy populations with vaccines that have not undergone the standard clinical trials and overprescribing approved medicines for people who become sick.

46. While some may argue that vaccine equity is a good thing, others contend that vaccine equity presents the organisation structure of top funders of WHO with an opportunity to increase sales and reap huge financial rewards from novel vaccines which have not been subjected to costly trials. It would appear that fast-tracking vaccines is going to become more common. Recently the Coalition for Epidemic Preparedness Innovations (“**CEPI**”) and the UK Government recently hosted the Global Pandemic Preparedness Summit to explore how we can respond to the next *“Disease X”,* by making “safe and effective vaccines” within 100 days[29]. The WEF has been preparing for Disease X since 2018 and has included it in its agenda for the 2024 Davos conference[30].

47. Jeremy Farrar was one of the three co-authors of the CEPI concept in 2015. The concept was further developed at the WEF 2016 Davos meeting. CEPI was launched at the 2017 Davos meeting with co-founder Bill Gates, who stated:

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[25] https://documents1.worldbank.org/curated/en/882781602861047266/text/World-COVID-19-Strategic-Preparedness-and-Response-Program-SPRP-using-the-Multiphase-Programmatic-Approach-MPA-Project-Additional-Financing.txt
[26] https://x.com/MurfittTauranga/status/1718292201543983223?s=20
[27] https://www.facebook.com/DrTedros.Official/photos/a.555336211202542/2424952817574196/?type=3&paipv=0&eav=AfbMCXq2qdSw1Ao1l6Bu10sSerkjQAzyRiZITX94JRJZnhppotB3P8lZvoYpITGBT7k&_rdr
[28] https://x.com/MurfittTauranga/status/1715943450015850743?s=20
[29] https://100days.cepi.net/#:~:text=What%20if%20it%20took%20100,effective%20vaccines%20within%20100%20days.
[30] https://x.com/MurfittTauranga/status/1746246754788577714?s=20

"The market is not going to solve this problem because epidemics do not come along very often — and when they do you are not allowed to charge some huge premium price for the tools involved.[31]".

48. Recently, Farrar pioneered the idea of producing a vaccine in 100 days and manufacturing it for an entire nation in 30 days. Given that it normally takes years to develop a licensed vaccine, it is highly questionable whether this can be done safely (consequently the instruments require a liability shield for manufacturers). It is interesting to note that Farrar served as a director of The Wellcome Trust (a funder of GAVI) from 2013 to 2023 but was appointed as the Chief Scientist at WHO in the second quarter of 2023[32] and will have an instrumental role in any future pandemic, such as the proposed Disease X pandemic.

49. As set out in my first letter to the Police Commissioner dated March 2022 (links to my previous letters are set out a **Schedule 1**), the UK Government and other organisations such as the WEF who promote the Fourth Industrial Revolution (also referred to as Agenda 2030), hold disturbing views about using vaccines for human augmentation. The UK Ministry of Defence Report, `*Human Augmentation – The Dawn of a New Paradigm*', a strategic implications project dated May 2021,12 states:

"We cannot wait for the ethics of human augmentation to be decided for us, we must be part of the conversation now. The ethical implications are significant but not insurmountable; early and regular engagement will be essential to remain at the forefront of this field. Ethical perspectives on human augmentation will change and this could happen quickly. There may be a moral obligation to augment people, particularly in cases where it promotes well-being or protects us from novel threats. It could be argued that treatments involving novel vaccination processes and gene and cell therapies are examples of human augmentation already in the pipeline (p 13). Currently pharmaceuticals have only limited use in human augmentation but developments in biotechnology, microtechnology and bioinformatics could allow new pharmaceuticals to be designed that have more powerful and precise effects (p 34)… Nanotechnological systems have significant potential for human augmentation technologies (p 37)… Nano-systems have the potential to reduce the size of many human augmentation-related components. Longer terms possibilities include replacing organs with functionality equivalent or better systems, as well as adding new capacities, such as `nano-blood' (p 38) [33]"

50. Given what appears to be a serious conflict of interest between WHO and its top financial partners and some disturbing views of the military that cannot be dismissed as a conspiracy theory, the proposed change in the IHR with the removal of the words *`non-binding'* in the IHRs is a serious concern. Some will say that the potential risks will never play out, but then again, the majority of New Zealanders would have thought the same about the actual COVID-19 pandemic response pre-2020. Members of Parliament have a duty to investigate these matters and report to the people of New Zealand prior to adopting either instrument.

51. It would also seem that the employees of WHO may also have a conflict of interest given that they are privileged to have diplomatic immunity and are immune from tax payments.

Inclusion of Climate Change as a Public Health Risk

52. Currently, there is significant scientific debate about the validity of the climate change narrative. Overseas politicians are challenging the climate change narrative while highly credible scientists are censored or labeled as spreading "misinformation" (or now "malinformation"). Regardless of your personal views, health policy should not be based on unsettled climate science.

53. It is clear that WHO wishes to push the climate change narrative, as does the WEF. The Director-General of WHO has publicly stated that the climate crisis is a health crisis and has appointed the first-ever Director-General Special Envoy for Climate Change and Health[34].

54. The NZ Cabinet Paper states that WHO defines One Health under the Pandemic Treaty as:

"an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. A One Health approach is essential as most new pathogens are zoonotic (i.e. animal) in origins driven in part by changes in land use such as deforestation and intensive family. Environmental degradation and climate change

[31] https://en.wikipedia.org/wiki/Coalition_for_Epidemic_Preparedness_Innovations#:~:text=Founding,-Jeremy%20Farrar%2C%20co&text=The%20concept%20for%20CEPI%20was,)%2C%20American%20physician%20Stanley%20A.
[32] https://www.who.int/news/item/13-12-2022-world-health-organization-names-sir-jeremy-farrar-as-chief-scientist-dr-amelia-latu-afuhaamango-tuipulotu-as-chief-nursing-officer
[33] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/986301/Human_Augmentation_SIP_access2.pdf
[34] https://www.who.int/news/item/22-06-2023-dr-vanessa-kerry-appointed-as-who-director-general-special-envoy-for-climate-change-and-health

also create conditions that are favourable to pathogens of zoonotic origin and emerge and for disease vectors to spread and establish. A One Health approach was not adequately implemented prior to or during the COVID-19 pandemic. The compromised surveillance of pandemic risks of zoonotic origins which would have helped with the early detection and response."

55. The One Health Panel also states that:

> *"The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together to foster well-being and* ***tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate changes and contributing to sustainable development***[35]*."*

56. One Health is based on pandemics of zoonotic origins even though there is growing evidence that the COVID-19 virus may have been accidentally released from a lab in Wuhan, China. This theory is largely accepted, and the US Select Subcommittee Coronavirus Pandemic inquiry raised this issue with former White House coronavirus advisor, Anthony Fauci, a few days ago. Fauci stated that the lab leak explanation of COVID-19's origins is not a conspiracy theory. Fauci has denied he ever categorically rejected the possibility that COVID-19 accidentally escaped from a laboratory. But he faces very serious allegations that he deterred scientific experts from considering it. Regardless of the origins of the COVID-19 virus, global pandemics are rare,[36] and modern medicines have improved our ability to respond to public health threats.

57. My point is that we should be taking a considered approach; there is no rush as we can still share information and follow recommendations without signing up to the climate change narrative without question and legal instruments that will have the ability to implement climate change lockdowns.

What Happens at the World Health Assembly?

58. The proposed amendments to the IHR and the Pandemic Treaty will be voted on at the WHA in May 2024. The WHA is the decision-making body of the WHO[37] and is comprised of unelected representatives employed by their respective governments.

59. The IHR requires 50% of members to vote in favour of it being passed, and the Pandemic Treaty requires 75%. If the amendments to the IHR are passed, they will come into effect 12 months later (New Zealand has 24 months due to rejecting the 1 December amendment), and state nations will have ten months to revoke or reserve their position (New Zealand has 18 months due to rejecting the 1 December amendment[38]). Following the ten-month opt-out period, there is seemingly no option to revoke the legally binding IHR.

60. It is important to note that a procedural feature of the IHR is that if a state party has not expressly rejected the amendments prior to the expiration of the opt-out period, the amendments are automatically binding. The approval of the regulations by the Government is not necessary[39].

61. If the Pandemic Treaty is passed, state nations must formally agree to adopt it (i.e., opt-in). The Pandemic Treaty will come into effect for all signatories one month after the 40th state nation opts into the treaty. Following opting in, state nations cannot revoke the treaty for at least one year, and then it will take 24 months to leave.

62. Some claim that neither instrument impacts our nation's sovereignty, as our Government makes our laws. However, the instruments transfer decision-making powers, and the instruments require the provisions to be integrated into New Zealand's legislation. For example, Article 14(5), Regulatory Strengthening, of the Pandemic Treaty states that:

> *"Each Party* ***shall take steps to ensure that it has the legal, administrative and financial frameworks in place*** *to support emergency regulatory approvals for the effective and timely regulatory approval of pandemic-related products during a pandemic*[40]*."*

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[35] https://www.onehealthcommission.org/en/why_one_health/what_is_one_health/
[36] https://www2.nau.edu/gaud/bio302/content/pndmic.htm
[37] https://www.who.int/about/accountability/governance/world-health-assembly
[38] https://www.health.govt.nz/system/files/documents/information-release/minor_amendments_to_the_international_health_regulations_2005_approval_for_binding_action_watermarked_for_pr.pdf
[39] https://www.swp-berlin.org/publications/products/comments/2023C04_LawmakingAtWHO.pdf
[40] https://apps.who.int/gb/inb/pdf_files/inb7/A_INB7_3-en.pdf

63. Likewise, article 59 of the current IHR contemplates the integration of the regulations into domestic law and states:

"If a State is not able to adjust its domestic legislative and administrative arrangements fully with these Regulations within the period set out in paragraph 2 of this Article, that State shall submit within the period specified in paragraph 1 of this Article, a declaration to the Director-General regarding the outstanding adjustments and achieve them no later than 12 months after the entry into force of these Regulations for that State Party.[41]"

Conclusion

64. The proposed amendments to the IHR and the Pandemic Treaty will galvanise WHO as the singular controlling authority and architect of global health. This will change the relationship between New Zealand citizens and the State by moving away from a democracy and towards an autocratic dictatorship run by unelected and unaccountable members of the WHO. In this regard to the *`one size fits all'* approach, Australian Politician Craig Kelly has stated:

"The best way to handle any health crisis is with diversified & localised decision making (by those accountable legally & politically for their decisions) devoid of groupthink & Big Pharma influence - with rapid feedback and the ability to quickly change policies if needed…It would be a catastrophic mistake to hand decision-making to a cumbersome and slow-moving giant bureaucracy, run by unelected officials with zero accountability and easily influenced & corrupted by Big Pharma[42]."

65. If the instruments are adopted, WHO will have law-making, executive, expert, and censorship roles, which are well-known paths to the usurpation of unrestrained power. This is a serious concern given the vested interest of WHO's private donors who can direct funding according to their priorities, which creates investment opportunities that provide returns far exceeding their financial contributions to WHO. Recently, Croatian MEP Mislav Kolakušić stated:

"It would be healthier and safer for humanity to sign an agreement with the Colombian drug cartel than to sign an agreement with the World Health Organisation[43].

66. New Zealanders must be given the opportunity to understand the full ramifications of the two legal instruments. We can still share information and follow recommendations in a rare global public health emergency without signing away our rights to make independent decisions on our public health responses, taking into account our local circumstances. The newly formed coalition is strongly encouraged to act democratically and debate the adoption of the amendments, which have the potential to impact New Zealand's sovereignty by transferring our independent decision-making to WHO.

Kind regards

Kirsten Murfitt

NB: Please note that I am writing this letter in my private capacity as a concerned citizen of New Zealand.

[41] https://iris.who.int/bitstream/handle/10665/246107/9789241580496-eng.pdf?sequence=1
[42] https://x.com/CKellyUAP/status/1717954262347780366?s=20
[43] https://x.com/MurfittTauranga/status/1718289928617120241?s=20

Schedule 1

I have set out some of my work below:

(a) Project Q&A: Questions and Accountability https://nzrising.co.nz/project-qa/

(b) Letter to Parliament dated 22 January 2022 https://docdro.id/TTWjPjC

(c) Letter to Parliament dated 22 July 2022 https://docdro.id/XhkeZ0H

(d) Letter to the Police Commissioner dated 16 March 2022 https://docdro.id/vj3q8wL

(e) Letter to the Police Commissioner dated 11 April 2022 https://docdro.id/6EtblPx

(f) Letter to the Police Commissioner dated 22 April 2022 https://nzdsos.com/2022/04/27/3rd-letter-to-andrew-coster-refusal-to-meet/

(g) Letter to the Governor General dated 8 May 2022 https://acrobat.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A12c79d29-e452-4e59-990e-5e0c9753bdaa&viewer%21megaVerb=group-discover

(h) Official Information Act 1982 request to the Ministry of Health dated 26 November 2022 in relation to the rollout of the vaccine to children https://docdro.id/6EtblPx

(i) Submissions in regards to the proposed changes to the Coroners Amendment Bill https://docdro.id/rEnhSho

(j) Submission to Parliament regarding the COVID-19 Public Health Response Amendment Bill (No 2) https://docdro.id/SSWN5kE