STAND FOR HEALTH FREEDOM

Fact Sheet on US Proposed Amendments to WHO's International Health Regulations

Almost every sovereign nation in the world has membership in the World Health Organization. When there is a need for global coordination to face a health threat, International Health Regulations guide actions. The US, along with 40 countries, has proposed amendments to the IHR that would dramatically change the authority and reach of the WHO.

Summary of Proposed Amendments

The major points of the proposed U.S. amendments:

1. The WHO could act without verification from a Member State where there is a report of a public health concern.
2. WHO could act on information "available in the public domain" without necessity to verify truth.
3. WHO Regional Directors could declare a Public Health Emergency of Regional Concern.
4. WHO Director General could unilaterally issue a new, "intermediate public health alert," for potential (not verified) threats.
5. New Compliance Committee to review national surveillance, infrastructure, cooperation, and implementation of medical response.
6. Changes to the IHR would be fast-tracked from a 2-year to a 6-month process.

Detailed Synopsis of Proposed Amendments

Article 5: Surveillance

Each Member State must maintain capacity to "detect, assess, notify, and report events." The US amendments would allow for a new, completely subjective review of a country's compliance with the IHR and then require the WHO to provide funding to build data collection infrastructures, vaccine acquisition and distribution nodes, and more.

More alarmingly, the U.S. calls for the WHO to expand medical surveillance and "develop early warning criteria for assessing and progressively updating the national, regional, or global risk posed by an event of unknown causes or sources and shall convey this risk assessment to State Parties."

Article 6: Notification

Member States must notify the WHO about potential Public Health Emergencies of International Concern (PHEICs—pronounced "fakes"). The U.S. amendments would require notification to the WHO within 48 hours of the receipt of knowledge by the state's "National IHR Focal Point," a designated contact person for urgent communications with the WHO. Currently, states are required to be able to assess a threat within 48 hours as a "core capacity requirement," but assessment and notification are different. One could guess that in a true health emergency good actors would want to save as many lives as possible, rendering a timeframe in a regulation irrelevant for anything other than punishment for noncompliance later.

The U.S. amendments would also expand the group of international organizations privy to notification to include the Food and Agriculture Organization (FAO), the World Organisation for Animal Health (OIE), the UN Environmental Programme (UNEP), "or other relevant entities."

Article 9: Other reports

This amendment is HUGE. Right now, if the World Health Organization wants to take an action, like declare a PHEIC, it must "consult with and attempt to obtain verification from the State Party in whose territory the event is allegedly occurring." The U.S. wants to get rid of that requirement, which is a clear strike to national sovereignty.

Article 10: Verification

In a further blow to sovereignty the amendments would require a member nation to accept WHO collaboration within 48 hours of WHO inquiry, or be considered as rejecting the offer to work with the WHO. The amendment would further change the next action of the WHO from a choice to a mandate to immediately share the information with "other States Parties," though the amendment does not specify which ones, nor require that all States Parties be notified.

Article 11: Provision of information by WHO

The WHO acts on reports from Member States, but the amendments would expand the trigger for action to include information "which is available in the public domain." The amendments would change the WHO's decision to inform all members from a "should" to a "shall." The amendments would escalate the verification and sharing of information from cautionary (not sharing information until conditions are met) to a mandate to share information when the "WHO determines it is necessary that such information be available." No longer would the WHO "consult with" the State Party, but instead assert its new authority by simply informing them.

Article 12: Determination of a public health emergency of international concern

The amendments would lower the threshold of when the Director General of the WHO can take action to include "potential" emergencies. The information does not need to be verified by the state in which the situation is allegedly happening, and can come from the public domain. Additionally, the DG may unilaterally issue an "intermediate public health alert," if he or she determines the situation requires "heightened international awareness." This amendment would put the ability to affect the economy of a country in the hands of one, unelected and unaccountable person.

The amendments would add new possible determinations of a Public Health Emergency of Regional Concern by regional WHO directors.

It's of note that even though the regulations do include a provision for the Director General to unilaterally terminate a PHEIC, no such amendments are included for the PHERC or the intermediate public health alert.

Article 13: Public health response

The language of collaboration is removed from this section, which details how the WHO should proceed with the State Party where a PHEIC originates. No longer working together, the WHO must simply "offer assistance," and the State Party must accept or reject the offer within 48 hours, and facilitate on-site access, or "provide its rationale for the denial of access."

Article 15: Temporary recommendations

The amendment proposed to this section adds the ability to get boots on the ground, so to speak. The U.S. proposes the WHO may recommend "the deployment of expert teams" to a location with a declared PHEIC. The DG "shall consult with relevant international agencies such as ICAO, IMO and WTO in order to avoid unnecessary interference with international travel and trade." The amendment would exempt travel and trade restrictions on health workers, "essential medical products and supplies," and provide for repatriation of travelers.

Article 48: Terms of reference and composition & Article 49: Procedure

Reasonably, the U.S. proposes to add Regional Directors from impacted regions to the Emergency Committee considering whether there is a PHEIC, and that those serving be trained in the IHR.

The amendments would define an "affected State Party" as one which "either geographically proximate or otherwise impacted by the event in question," allowing any party to present their views to the Emergency Committee or propose a termination of the PHEIC or other recommendations. As the procedure stands now, only the State Party in which territory the emergency is situated may propose an end to the emergency. Any EC member who disagrees with the findings may present a dissent to be included with the final EC report.

NEW: Compliance Committee

This new committee is the essence of the power grab. These amendments would rocket the WHO from a supportive to an authoritative role in global health. The U.S. proposes a new Compliance Committee that would monitor, promote, and report on compliance with the IHR. The Committee "shall strive to make its recommendations on the basis of consensus" (but there is no requirement for how many votes are required for consensus),and may request representatives from the United Nations or other organizations to attend sessions.

Article 59: Entry into force; period for rejection or reservations

Last, but not least by a long shot, the U.S. proposes to speed up the process for legally binding changes to the IHR to take effect on the Member States. The U.S. suggests reducing the time frame for rejecting or taking reservations to amendments from 18 months to 6 months, and time for when adopted amendments take effect from 2 years to 6 months.