The Honourable Mr Matamela Cyril Ramaphosa
President of the Republic of South Africa
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30 November 2023

URGENT APPEAL TO REJECT THE WHO PANDEMIC AGREEMENT (ACCORD) AND THE PROPOSED AMENDMENTS TO THE INTERNATIONAL HEALTH REGULATIONS (IHR) OF 2005

Dear President Ramaphosa,

The following letter was compiled by the Freedom Alliance of South Africa (FASA). We are a grassroots human rights movement that represent various affiliate organisations both nationally and internationally with approximately 13 million members between them. We, together with these like-minded organisations, are concerned about potential human rights and national sovereignty infringements that will deeply affect the lives of ordinary citizens of the Republic of South Africa. We call upon you to exercise your authority under Article 61 of the International Health Regulations (IHR)[1] to send an official notice to **REJECT THE AMENDMENTS** to the IHR that were adopted by the 75th World Health Assembly on May 27, 2022.[2]

These two documents referred to above pose an imminent threat to civil liberties and national sovereignty and autonomy will be presented by the 194 Member states and other stakeholders at the 76th World Health Assembly from May 21 to 30 in Geneva.[3]

"One process is being led by Member States through the Intergovernmental Negotiating Body (INB) to draft and negotiate a **new pandemic accord**[4]. Another negotiation process, also led by Member States, will update the **International Health Regulations (IHR)** [5], which were first agreed by participating countries in 1969 and last revised in 2005". [6] As such, it is of notable importance to consider the potential impact of a final version of

[1] International Health Regulations (2005) – Third edition (who.int)
[2] Director-General's report to Member States at the 75th World Health Assembly – 23 May 2022 (who.int)
[3] Countries set out way forward for continued negotiations on global agreement on pandemic prevention, preparedness, and response (who.int)
[4] https://apps.who.int/gb/inb/pdf_files/inb7/A_INB7_3-en.pdf
[5] https://apps.who.int/gb/wgihr/pdf_files/wgihr2/A_WGIHR2_Reference_document-en.pdf
[6] https://unfoundation.org/blog/post/75-years-of-who-the-world-health-assembly-considers-whats-next-for-the-global-health-agency/

International Health Regulations on the constitutional, human rights and freedoms of South Africans. This letter attempts to lay out these concerns in reference to the latest available World Health Organisation (WHO) draft documents.

On the 19th May 2023 we sent correspondence to you regarding our concerns about potential constitutional breaches and infringements as they pertain to the proposed IHR amendments and the Pandemic Preparedness Treaty. We have not received an acknowledgement or response to that correspondence.

If those responsible for approving or rejecting amendments and agreements, treaties or accords on behalf of The Republic of South Africa and its people make decisions that allow the South African constitution and by implication, the Bill of Rights to be dismissed, we regard such actions not only as deeply concerning, but also unacceptable. As such, we as the South Africans to whom this oath is declared before God, will hold accountable those persons, including yourself, who fail to uphold the oath which you have publicly affirmed as follows:

"In the presence of everyone assembled here, and in full realisation of the high calling I assume as President/Acting President of the Republic of South Africa, I, Matamela Cyril Ramaphosa, swear/ solemnly affirm that I will be faithful to the Republic of South Africa, and will obey, observe, uphold and maintain the Constitution and all other law of the Republic; and I solemnly and sincerely promise that I will always—

- *promote all that will advance the Republic, and oppose all that may harm it;*
- *protect and promote the rights of all South Africans;*
- *discharge my duties with all my strength and talents to the best of my knowledge and ability and true to the dictates of my conscience;*
- *do justice to all; and*
- *devote myself to the well-being of the Republic and all of its people.*

So help me God"[7]

We are not alone in highlighting concerns about the proposed amendments and pandemic agreement (accord). The **European Parliament** has recently (28 November 2023) released a letter[8] to the WHO Director-general to provide proof that there indeed was a majority vote to negotiate on these two legal instruments of the WHO. This procedure might well prove to be in breach of the rules. Legal recourse will establish that in addition to the breach of rules, no effort was made for public participation or awareness of these WHO legal instruments, not even at political party level.

[7] https://www.justice.gov.za/legislation/constitution/SAConstitution-web-eng-s02.pdf
[8] https://interestofjustice.substack.com/p/parliament-demands-who-prove-ihr

The **Third World Network**[9] has also expressed concerns about the onerous obligations that the IHR amendments will place on developing nations[10]. On 22 November 2023 the **Republic of Estonia**, based on Article 22 of the WHO, declared that it rejects and does not consent to the pandemic agreement, the amendments to the IHR (2005) or improving the sustainability of financing of WHO[11]. **Slovakian** Prime Minister Robert Fico declared that his "*government will not sign the World Health Organisation's Pandemic Treaty and SMER Members of Parliament will not ratify in parliament the Pandemic Treaty with the WHO because it is a project of greedy pharmaceutical companies*" and that they will not "*support strengthening the powers of the World Health Organization at the expense of sovereign states in managing the fight against pandemics.*[12]"

On the 25th of May (Africa Day), **Botswana** read a statement on behalf of its **47 AFRO members**, stating that they would "*collectively be withholding their support for the 'reforms,' which many African members were very concerned about*[13]" "***Iran*** *and* ***Malaysia*** *are reported to have also expressed reservations to the proposed IHR amendments, while* ***Russia*** *and* ***Brazil*** *seem set to make big moves on international health policies, or possibly even exit the WHO. Meanwhile,* ***India*** *raised audit concerns on irregularities with WHO financials*[14]."

The coalition agreement[15] of the newly inducted government parties in **New Zealand** state that they will:

- *"End all Covid-19 vaccine mandates still in operation.*
- *Ensure, as a matter of urgency in establishment and completion, a full scale, wide ranging, independent inquiry conducted publicly with local and international experts, into how the Covid pandemic was handled in New Zealand, including covering:*
  - *Use of multiple lockdowns,*
  - *Vaccine procurement and efficacy,*
  - *The social and economic impacts on both regional and national levels, and*
  - *Whether the decisions made, and steps taken, where justified.*
- *Ensure a 'National Interest Test' is undertaken before New Zealand accepts any agreements from the UN and its agencies that limit national decision-making and reconfirm that New Zealand's domestic law holds primacy over any international agreements.*

[9] https://twn.my/title2/health.info/2021/hi211204.htm
[10] https://www.twn.my/title2/health.info/2021/hi211209.htm
[11] Document - Riigikogu
[12] Slovakia - MP Fico announces they will not sign the WHO amendments - Door To Freedom
[13] https://www.reuters.com/business/healthcare-pharmaceuticals/africa-objects-us-push-reform-health-rules-who-assembly-2022-05-24/
[14] Africa objects to US proposal on controversial IHR amendments (substack.com)
[15] NZFirst_Agreement_2.pdf (nationbuilder.com)

• *As part of the above, by 1 December 2023 reserve against proposed amendments to WHO health regulations to allow the incoming government to consider these against a "National Interest Test*." (p.9-10)

We trust that you will join these nations in rejecting the amendments to the ***International Health Regulations (2005)*** as well as the proposed ***new WHO Pandemic Prevention, Preparedness and Response Agreement (Accord)***. We trust that as the head of state you will consider and affirmatively respond to our concerns, which are in the best interest of South Africans.

The Annexure to this letter details our concerns. The first part of the Annexure responds to inclusions, exclusions and additional phrases that pertains to proposed amendments for the IHR. The second part of the letter highlights aspects of the new pandemic accord that raise concerns. Inclusions and new phrases will be underlined while exclusions will be struck through. The footnotes are hyperlinked for convenient referencing.

Signing on behalf of Freedom Alliance South Africa (FASA - NPC) and its affiliates,

Dr Paolo Brogneri

Founder & Chairman of Freedom Alliance South Africa (FASA - NPC)


FREEDOM ALLIANCE
SOUTH AFRICA

APPENDIX

PART 1 - AMENDMENTS TO THE INTERNATIONAL HEALTH REGULATIONS (2005)

This section is an analysis of the table[16] that presents an overview of the amendments to the International Health Regulations (2005) (IHR) that have been proposed in accordance with decision WHA75(9). The technical recommendations made by the Technical Review Committee (also referred to as "the committee") is also considered in the analysis.

Since the IHR committee is "working towards a binding legal instrument regarding pandemics" (p.87), it is crucial that any amendments do not infringe either on national sovereignty, autonomy and the South African constitution[17] nor on individual human rights[18] and freedoms. The actual proposed International Health Regulations (IHR) amendments use terminology that undermine these principles.

We note the importance of language to disseminate meaning, and as such, the removal of phrases such as "non-binding", the changing of words such as "may" to "shall" as well as the exclusion of phrases such as "with full respect for the dignity, human rights and fundamental freedoms of persons" are of significant concern.

Various articles and the Annex will now be reviewed with these concerns in mind.

1.1 Article 1 – Definitions

"Standing recommendation" means ~~non-binding~~ advice issued by WHO for specific ongoing public health risks pursuant to Article 16 regarding appropriate health measures for routine or periodic application needed to prevent or reduce the international spread of disease and minimize interference with international traffic;

"*Temporary recommendation" means ~~non-binding~~ advice issued by WHO pursuant to Article 15 for application on a time-limited, risk-specific basis, in response to a public health emergency of international concern, so as to prevent or reduce the international spread of disease and minimize interference with international traffic*" (p.2)

a. The words, "***non-binding***" have been removed in the above-mentioned definitions.
b. We concur with the technical committee's concerns and note the importance of **not** making such an amendment as per their statement on page 3: *"However, given that substantial proposals were made in*

[16] Reference document: proposed amendments and technical recommendations (who.int)
[17] saconstitution-web-eng.pdf (justice.gov.za)
[18] bill_of_rights_chapter_2_final_constitution.pdf (sahistory.org.za)

relation to WHO recommendations in other related articles, the proposed amendments to these definitions ***could be understood as aiming to change the nature of these recommendations from non-binding to binding****, and giving a binding effect to WHO recommendations and requests as proposed in other articles. That change would require a fundamental reconsideration of the nature of recommendations and the process for their adoption and implementation. The Committee further notes that during a public health emergency of international concern the recommendations may work better if they are* ***not mandatory*** *and* ***advises against changing the nature of recommendations****." (p.4)*

c. We therefore urge The President not to accept amendments to Article 1 where the words *non-binding* have been removed, as per the WHO committee's own recommendations stated above.

1.2 Article 2 – Purpose and scope

Changing the purpose and the scope of the regulations *"to prevent, protect against, prepare, control and provide a public health response to the international spread of diseases, including through health systems readiness and resilience in ways that are commensurate with and restricted to ~~public health risk~~* ***all risks*** *with a potential to impact public health*." (p.3-4)

a. This inclusion of the terms "***all risk***" is excessively broad, and is not defined. In practical terms, "all risk" can be understood to mean absolutely anything, which means that any arbitrary situation can be regarded as having the potential to impact public health.
b. The broad use of language such as "all risk" may place member states and their constituents at risk of being called to action, as determined by the WHO, for any situation that may be labelled a "risk" based on pure speculation, opinion, or perception. This vagueness is of particular concern.
c. We concur with the Committee's technical recommendations that state: "*The Committee considers that the proposed amendment to replace "public health risk" with "all risks with a potential to impact public health" may not increase the clarity of this Article. Public health risks are already defined in Article 1 and the definition fully encompasses the desire of States Parties for the "all-hazard approach" envisioned in the 2005 revision of the Regulations". (p.5)*
d. We therefore urge The President not to accept amendments to Article 2 where the words "all risk" has been included, as per the WHO committee's recommendations stated above.

1.3 Article 3 – Principles

We are particularly concerned about the exclusions of the following terms "***with full respect for the dignity, human rights and fundamental freedoms of persons***" in Article 3 (p.5-6). It states the "*The implementation of*

these Regulations shall be ~~with full respect for the dignity, human rights and fundamental freedoms of persons~~ 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."

a. The terms commonly understood terms "*dignity, human rights and fundamental freedoms of persons*" are used to protect individuals from potential abuse and human rights violations. These terms cannot be removed in preference of terms such as "equity, inclusivity, coherence" which is not language that ensures that individual rights and freedoms are protected.
b. Human rights are protected under the South African constitution. We are concerned that any legal agreements with external bodies that disregard human dignity and human rights in favour of concepts that will undermine individual freedoms and rights. This can open the door to dictatorial and autocratic actions.
c. We concur with the technical committee's recommendation: "*The Committee strongly recommends the retention of the existing text "full respect for the dignity, human rights and fundamental freedoms of persons" as an overarching principle in the first paragraph, and notes that the concepts of human rights, dignity and fundamental freedoms are clearly defined within the framework of treaties to which many of the States Parties to the Regulations have adhered. The inclusion of human rights in Article 3 of the current International Health Regulations (2005) was a major improvement on the previous 1969 Regulations*. (p.6)
d. We therefore urge The President not to accept amendments to Article 3 where the words "full respect for the dignity, human rights and fundamental freedoms of persons" are replaced with "equity, inclusivity, and coherence".

1.4 Article 5 – Surveillance

"Each State Party shall develop, strengthen, and maintain, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party, the capacity to detect, assess, notify and report events in accordance with these Regulations, as specified in Annex 1. Developed State Parties and WHO shall offer assistance to developing State Parties depending on the availability of finance, technology and know-how for the full implementation of this article" (p.10)

a. The Committee notes that "while the proposed mechanism is striving to promote transparency and accountability, the inclusion in a legally binding instrument of a peer-review mechanism which is currently in a pilot phase is premature." (p.11)

b. The word *"shall"* is an imperative or demand, which implies adherence to potentially rigid, context-inappropriate, costly and unnecessary surveillance actions.
c. Such actions may undermine human rights. It is therefore important that WHO retain the position of merely providing guidelines, so that South Africa can adjust actions as per our contextual needs and consensus of the public.
d. We therefore urge The President not to accept amendments to Article 5 where the member state will be bound to the recommendations, regardless of the broader impact on the Republic of South Africa and its people.

1.5 Article 9 – Other reports

"WHO may take into account reports from sources other than notifications or consultations and shall assess these reports according to established epidemiological principles and then communicate information on the event to the State Party in whose territory the event is allegedly occurring. ~~Before taking any action based on such reports, WHO shall consult with and attempt to obtain verification from the State Party in whose territory the event is allegedly occurring in accordance with the procedure set forth in Article 10. To this end,~~ WHO shall make the information received available to the States Parties and only where it is duly justified may WHO maintain the confidentiality of the source." (p.23).

a. The idea that risk assessments can take place based on the report from an external source, without consulting the member state where that risk is purported to occur, is deeply disrespectful of that particular member state. It implies that the member state has the responsibility to comply with recommendations, potentially at great cost, without having input as to the risk assessment which may not be accurate or contextually appropriate.
b. We concur with the committee that the presumed intention with this amendment is to accelerate the risk assessment by WHO. This can compromise accuracy of information.
c. The committee also notes that in "*removing the requirement for WHO to verify the information it has received from **other reports** with the State Party in which the event allegedly occurs may reduce the availability of relevant information for WHO's consideration and may also affect the relationship between WHO and the State Party. There may also be feasibility concerns, since without engaging with the State Party it may not be possible to obtain authoritative information about the event.*" (p.23)
d. We urge The President not to accept amendments to Article 9 where the member state will be bound to such recommendations, regardless of the broader impact on the Republic of South Africa and its people.

1.6 Article 10 - Verification

*"If the State Party does not accept the offer of collaboration within 48 hours, WHO ~~may~~ **shall**, when justified by the magnitude of the public health risk, immediately share with other States Parties the information available to it, whilst encouraging the State Party to accept the offer of collaboration by WHO, ~~taking into account the views of the State Party concerned~~." (p.25)*

a. *We concur with the committee that "while still qualified by the "... when justified by the magnitude of the public health risk", removes the discretion (changing "may" to "**shall**") for WHO to share information with other States Parties, and in so doing, reduces flexibility for WHO to take account of the wider circumstances. The amendment removing the requirement for WHO to take account of the views of the States Parties in whose territory the event is occurring may speed the process up, but potentially at the expense of long-term trust between WHO and States Parties." (p25)*
b. We disagree with the use of binding language such as "shall" in agreements with external bodies that can then dictate behaviour.
c. We urge The President not to accept amendments to Article 10 where the member state will be bound to such recommendations

1.7 Article 12 - Determination of a public health emergency of international concern

"*Determination of a public health emergency of international concern public health emergency of regional concern, or intermediate health alert.*" (p.28)

a. The inclusion of "regional concern" and "intermediate health alert" broadens the WHO's scope of influence on territories at regional level as well as potentially calling for costly actions and responses where it may not be necessary. "A proposed amendment to paragraph 2 introduces the concept of a "potential or actual" PHEIC". (p.28).
b. The pandemic was in part created by the WHO prescribed public health measures[19], including but not limited to, faulty PCR methodology, health measures such as 2-weeks-to-flatten-the-curve, lockdowns, impact on normal health services and screening, preventing doctors from doctoring and early treatments, limiting access to off-label medicines and antibiotics. These problematic interventions[20] had

[19] https://www.scientificamerican.com/article/how-the-u-s-pandemic-response-went-wrong-and-what-went-right-during-a-year-of-covid/
[20] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7405033/

a massive financial and social impact, including deeper impoverishment, loss of businesses, isolation, delayed scholastic, social and cognitive development for children as well as an increase in mental health problems such as anxiety and depression[21].

c. We are of opinion that South Africa has the knowledge capacity and human resources to determine whether and which interventions may be required to respond within our local context, without necessitating the recommendations of the WHO. However, specialists employed by the Ministerial Advisory Committee provided incorrect information, leading to incorrect and damaging public health measures[22]. The National Covid Command Council was not adequately equipped scientifically to deal with the situation, leading to irrelevant and damaging regulations. Consultation with a broad scope of South African medical, scientific, and actuarial voices should be considered, and not a selected group that have vested interests in a particular perspective. The government can respond much more effectively to health crises when following the principles of limited, local government[23].
d. We urge The President not to accept amendments to Article 12 where determinations can be made that affect the particular member state at the regional level, without their input on such recommendations. This is a threat to national autonomy, and by default, national sovereignty.

1.8 Article 13 – Public health response

"~~At the request of a State Party~~, WHO shall ~~collaborate~~ articulate clearly defined assistance to a State Party offer assistance to a State Party in the response to public health risks and other events by providing technical guidance, health products, technologies, know-how, deployment of civil medical personals… in the case of rejection of such an offer, shall provide to WHO its rationale for the rejection," (p.35)

a. The technical recommendations states that the "*obligation for States Parties to accept or justify rejecting WHO's offer of assistance may undermine the sovereignty of the State Party concerned and risks undermining the purpose and spirit of genuine collaboration and assistance*."
b. We agree that the sovereignty of the Republic of South Africa will be undermined if it cannot collaborate regarding the appropriate and contextual response to public health risks.
c. We also concur that it constitutes clear external control if the RSA is compelled to provide the reasons to an external body, such as the WHO, for its decision-making. This undermines autonomy.

[21] https://capmh.biomedcentral.com/articles/10.1186/s13034-020-00329-3
[22] https://www.nature.com/articles/s41598-021-84487-0
[23] https://www.cato.org/policy-analysis/government-pandemic

"Regarding on-site assessments, in compliance with its national law, a State Party shall make reasonable efforts to facilitate short-term access to relevant sites; in the event of a denial, it shall provide its rationale for the denial of access." (p.36)

d. "Some Committee members also consider that this amendment poses challenges for the sovereignty of States Parties" (p.37). We agree with these members.
e. Once again, using the imperative term "*shall*" undermines the autonomy of the member state and places a dogmatic burden of obligation on it.
f. We urge The President not to accept amendments to Article 13 that undermine national sovereignty.

1.9 NEW Article 13A - WHO Led International Public Health Response Article

Title and paragraph 1 – WHO's leading role in 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. (p.40)

a. The use of the term "recommendation" to suggest an obligation, particularly if such regulations become legally binding, is deceptive.
b. This singular source of public health knowledge, guidance and proposed responses implies that a small body of WHO delegated experts are consulted. A more meaningful approach to solution-finding is to open conversations and to invite a broad spectrum of conflict-of interest-free expert-voices from across the world to provide input in a transparent, open, and public forum. Most problems have multiple solutions and a one-size fits all approach is non-sensical in a multi-dimensional world. Nation states should be given the choice to follow the most context-appropriate solution from a multiplicity of proposed solutions, or not to follow any at all – if this option is indeed in the best interest of the people of South Africa.
c. We concur with the following *"If indeed recommendations under Articles 15 and 16 are the targets of this addition in paragraph 1, the addition would be incoherent with the existing Regulations, as it would render these recommendations* ***mandatory****, whereas they were intended to be* ***non-binding****. The Committee notes that the same State Party that proposed this new Article, has also put forward amendments to the definitions of temporary and standing recommendations, which propose removing the reference to "non-binding" in these definitions. If read in conjunction with this newly proposed Article, the proposed amendments to remove "non-binding" could be seen as a desire to make the temporary*

and standing recommendations binding, and therefore legally coherent with Article 13A, paragraph 1." (p.40)

Paragraphs 2 to 5 – Health products and technologies

*"WHO shall develop and allocation plan for health products so as to ensure equitable access to people of all States Parties" (*p.41)

d. The committee notes that the article attributes to WHO *"several obligations that it does not currently have under the International Health Regulations (2005), including: to conduct an assessment of availability and affordability of "health products"; to develop an allocation and prioritization plan in the event that such an assessment reveals shortages in supply; and to direct States Parties to increase and diversify production and distributive functions for health products within individual States*."(p.38)
e. The committee also raises concern about the lack of clarity about "*how WHO could discharge the unprecedented set of new responsibilities attributed to it relating to health products and know-how under this proposed amendment, as these may arguably exceed its constitutional mandate. In order to be legally feasible, this amendment will require coherence with States Parties' relevant national laws and other international obligations*". (p39)
f. The technical recommendations state that "*the new functions for WHO to "assess availability and affordability" may be impractical. Noting that "affordability" is a relative and much more complex concept than "cost," these proposals effectively give WHO the authority to instruct States to "undertake to scale up production" of health products and to supply the requisite health products according to an "allocation plan." It is not readily apparent whether States could be in a position to do so, without altering their domestic regulation of private actors operating in their territory" (p.43)*
g. We are of opinion that it is beyond the scope of the WHO's mandate to make decisions regarding the production and distribution of health products in the RSA, which may not be suitable or affordable within the South African context. This undermines sovereignty and autonomy in decision-making regarding the allocation, distribution, and use of "health products" in South Africa.

Paragraph 7 – Non-State actors

"In accordance with the provisions of these Regulations and in particular Article 13A (1), shall collaborate with other international organizations, and other stakeholders consistent with the provisions of FENSA, for responding to public health emergency of international concern" (p.42)

h. The committee notes that "*the first sentence in this paragraph is missing a "subject" (that is, WHO, States Parties, or both, or others?). The concern regarding the oversight of non-State actors also appears in the proposed amendments to Article 42*." (p.42)
i. Without designating a subject in this paragraph, the instruction is open to interpretation and unclear.
j. In addition, the WHO acted together with other international and intergovernmental bodies under the COVAX facility to allocate vaccines, diagnostics, and therapeutics. This facility remained a voluntary mechanism to procure health products from non-State actors.
k. The imperative use of "shall" undermines the concept of voluntary engagement. This then becomes a coercive statement.
l. The forced collaboration with non-state actors may not be in the best interest of the RSA and its people.
m. We urge The President not to accept the addition of Article 13A that contain limiting, mandatory, and binding recommendations.

1.10 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***."** (p.43)

a. It is not clear what is meant by "availability and affordability" since these are terms that are context-specific.
b. Again, the imperative use of "shall" is coercive and undermines autonomy and sovereignty regarding steps to avail and afford health products as determined by the WHO.
c. We agree with the technical recommendation that this article introduces the expansion of WHO's scope to become the dictator regarding the procurement and dissemination of health products as defined by WHO. This removes autonomy of decision-making regarding the national budget allocation as it relates to pharmaceutical intervention.
d. We agree that this "*proposed new Article would benefit from clarity and consistency in the use of terms that connote health products and know-how. WHO recommendations, as currently stated under Articles 15 and 16, were not envisioned for the purposes of establishing a medicines allocation mechanism or otherwise directing States Parties on increasing access to health products*." (p.43)
e. The committee notes the following concerns: *"Paragraph 5 presents significant challenges relating to the publication of* ***manufacturers' regulatory dossiers, the contents of which are almost always secret****,*

proprietary company data. Far greater clarity is required to enhance understanding of how this provision may be operationalized." (p46)

f. We are concerned that, as was recently experienced throughout the world, that therapeutics, technologies, and other health products will be made available and accessible to the public under rushed circumstances and lack of clarity of the contents of manufacturers' regulatory dossiers.

g. *"Paragraph 6 introduces obligations on WHO to "take measures" to ensure the availability and accessibility "through local production" of "required health products." Yet at a preliminary level, it is not clear what these health products must be required for. Presumably, they are for a PHEIC, but this point could be made more clearly. The same comment applies to paragraph 6(a). More fundamentally, however, it is not clear what is meant in paragraph 6(b) by "specifications" for the production of these required health products, or "**appropriate regulatory guidelines for the rapid approval of health products of quality**" under 6(c). It may be inadvisable from a legal perspective to require that WHO develops such regulatory guidelines, as the liability in the event of a significant safety flaw that appears post-marketing of the product will then fall chiefly on the Organization*." (p64). We agree that the WHO should not be in control of regulatory aspects of pharmaceuticals. We also are not in favour of the rapid approval of health products, since any health products may have adverse effects that may only manifest over time. This is not ethical or prudent health care advice.

h. The urgency for member states to comply with recommendations can introduce challenges for the South African Health Products Regulatory Authority. Furthermore, when affordable, well-established, and effective health products are already available, these should be the preferred products of intervention, rather than rolling out new, experimental technologies whose possible harms may not be immediately apparent.

i. We urge The President not to accept the addition of Article 13A that contain mandatory language regarding the regulation, approval, production, procurement, and dissemination of health products.

1.11 Article 15 – Temporary recommendations

"New Para 2 bis: Temporary recommendations should be evidence based as per real time risk assessment of a potential or declared PHEIC, and the immediate critical gaps to be addressed for an optimal public health response, that shall be fair and equitable. The recommendations based on these assessments shall include:

(b) prohibitive recommendations to avoid unnecessary interference with international traffic and trade." (p.47-48)

a. The committee suggests that *"prohibitive recommendations" are not defined in Article 1 and this addition therefore does not add clarity to Article 15. However, it is important to balance this with potential interference to travel and trade, and the Committee is aware that border restrictions that were inconsistent with the temporary recommendations were implemented against countries that reported the new variant of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) known as Omicron to WHO*." (p48)
b. South Africa reported the "variant… known as Omicron" to WHO and was barred from travel and trade. The implementation of arbitrary and poorly defined recommendations has had real life economic consequences for South Africa.
c. South Africa was punished with "temporary recommendations" for taking the responsibility of reporting to the WHO. This reflects the inability of the WHO to truly make meaningful and context-specific recommendations.
d. We urge The President not to accept amendments to Article 15.

1.12 Article 18 – Recommendations with respect to persons, baggage, cargo, containers, conveyances, goods and postal parcels

"1. Recommendations issued by WHO to States Parties with respect to persons may include the following advice:
- *no specific health measures are advised;*
- *review travel history in affected areas;*
- *review proof of medical examination and any laboratory analysis;*
- *require medical examinations;*
- *review proof of vaccination or other prophylaxis;*
- *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 suspect and affected persons;*
- *refuse entry of unaffected persons to affected areas; and*
- *implement exit screening and/or restrictions on persons from affected areas." (p.50)*

a. The first part of the proposal about passenger information is unclear and does not identify whether it concerns affected persons or all passengers. It means that unaffected passengers may be subjected to

rights-limiting procedures such as isolation, quarantine, unwanted vaccination, contact tracing and limitation of movement. This is clearly a human rights infringement.

b. We urge The President not to accept amendments to Article 18 where rights-limiting procedures can become compulsory under normal travel conditions.

1.13 Article 23 – Health measures on arrival and departure

"1. Subject to applicable international agreements and relevant articles of these Regulations, a State Party may require for public health purposes, whether in paper based or digital format, on arrival or departure: (a) with regard to travellers:

(ii) …review of the traveller's health documents if they are required under these Regulations including documents containing information for a lab test in digital or physical format including documents containing information on a laboratory test for a pathogen and/or information on vaccination against a disease, including those provided at the request of the State Party in digital /electronic form; and/or
(iii) a non-invasive medical examination which is the least intrusive examination that would achieve the public health objective" (p.54)

a. "Regarding the proposal to introduce the possibility for health documents to include information related to laboratory tests, the Committee notes that this was a practice during the COVID-19 pandemic, within the context of the PHEIC and the related temporary recommendations. However, given that Article 23 applies to all situations, not only PHEICs, the Committee is concerned that such a requirement may overburden travellers, and may even raise ethical and discrimination-related concerns." (54)
b. We agree that the broad-scale introduction of the presentation of health documentation and the potential for medical examinations to all travel situations is unethical, discriminatory, and possibly in breach of the Protection of Personal Information Act.
c. We urge The President not to accept amendments to Article 23 that raises ethical and discrimination-related concerns.

1.14 Article 36 – Certificates of vaccination or other prophylaxis

"2. A traveller in possession of a certificate of vaccination or other prophylaxis issued in conformity with Annex 6 and, when applicable, Annex 7, shall not be denied entry as a consequence of the disease to which the certificate refers, even if coming from an affected area, unless the competent authority has verifiable indications and/or evidence that the vaccination or other prophylaxis was not effective.

3. 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." (p61-62)

a. Although it is unclear how an authority can verify that a vaccination or other prophylaxis is or is not effective as a prophylaxis, it generally takes time to make proclamations of safety and effectiveness, particularly as it pertains to new products.
b. In the WHO Coronavirus disease (COVID-19): Vaccines and vaccine safety Q&A section[24], for instance, it is stated that "even if you are vaccinated it is still possible to transmit the virus to others, including those who may be in danger of severe disease, hospitalization or death." If this is indeed the case, the need for vaccine passports, health certificates or other health documentation is meaningless in its practical application.
c. Chapter 2 of the South African Constitution contains the Bill of rights[25] which states on p8. that: "*Everyone has the right to freedom of movement and residence within the borders of each state. Everyone has the right to leave any country, including his own, and to return to his country*." We are concerned about the introduction of any documentation that can be used in a discriminatory fashion to limit travel and movement.
d. South Africa has a particularly disturbing history where restrictions via documentation was placed on people in the form of the *dompas.* It "*was similar to a passport, but it contained additional information like the person's name, fingerprints, photograph, personal details of employment, permission from the government to be in a particular part of the country, qualifications to work or seek work in the area, and an employer's reports on worker performance and behaviour*"[26].
e. Bardosh et al[27] (2023) found that although *"mandatory COVID-19 vaccine policies have been used around the world during the COVID-19 pandemic to increase vaccination rates… these policies have provoked considerable social and political resistance, suggesting that they have unintended harmful consequences and may not be ethical, scientifically justified, and effective"*. They discuss a set of "*hypotheses for why current COVID-19 vaccine policies may prove to be both counterproductive and damaging to public health".* Their "*analysis strongly suggests that mandatory COVID-19 vaccine policies have had damaging*

[24] Coronavirus disease (COVID-19): Vaccines and vaccine safety (who.int)
[25] https://www.justice.gov.za/constitution/SAConstitution-web-eng-02.pdf
[26] https://www.iol.co.za/news/south-africa/western-cape/carrying-apartheids-book-1828624
[27] https://gh.bmj.com/content/7/5/e008684 - The unintended consequences of COVID-19 vaccine policy: why mandates, passports and restrictions may cause more harm than good

effects on public trust, vaccine confidence, political polarization, human rights, inequities and social wellbeing. We question the effectiveness and consequences of coercive vaccination policy in pandemic response and urge the public health community and policymakers to return to non-discriminatory, trust-based public health approaches".

f. We urge The President not to accept amendments to Article 36 that require Parties to implement the use of any movement limiting and discriminatory proofs and certificates.

1.15 Article 43 – Additional health measures

"*2. In determining whether to implement the health measures referred to in paragraph 1 of this Article or additional health measures under paragraph 2 of Article 23, paragraph 1 of Article 27, paragraph 2 of Article 28 and paragraph 2(c) of Article 31, States Parties shall base their determinations upon:*

(a) scientific principles;

(b) available scientific evidence of a risk to human health, or where such evidence is insufficient, the available information including from WHO and other relevant intergovernmental organizations and international bodies; and

(c) any available specific guidance or advice from WHO." (p63)

a. The proposed determinations require health measures to be subject to a singular international body in its determinations of acceptable management and treatment, rather than using and facilitating local ingenuity and innovation and indigenous treatment options. As noted previously, centralised decision-making that impact people on a local and regional level seem inappropriately autocratic and reliant on a narrow knowledge base.

b. It is unclear in terms of Article 43 (2a) whether the "scientific principles" will encapsulate general scientific principles or solely a narrow set of protected and endorsed values and determinations formulated by the WHO. Science should allow for open discourse, multiple perspectives and solutions and broaden rather than narrow sources of information.

"4. After assessing information and public health rationale provided pursuant to paragraph 3, 3bis and 5 of this Article and other relevant information within two weeks, WHO ~~may request that~~ shall make recommendations to the State Party concerned ~~reconsider~~ to modify or rescind the application of the additional health measures in case of finding such measures as disproportionate or excessive. The Director General shall convene an Emergency Committee for the purposes of this paragraph." (p.64)

"6. ~~A State Party implementing a health measure pursuant to paragraph 1 or 2 of this Article shall within three months review such a measure taking into account the advice of WHO and the criteria in paragraph 2 of this Article.~~ Recommendations made pursuant to paragraph 4 of this Article shall be implemented by the State Party concerned within two weeks from the date of recommendation. State Party concerned may approach WHO, within 7 days from the date of recommendations made under paragraph 4 of this Article, to reconsider such recommendations. Emergency Committee shall dispose the request for reconsideration within 7 days and the decision made on the request for reconsideration shall be final." (p.64-67)

c. We agree with the committee that the *"proposals in paragraphs 4 and 6 establish a quasi-judicial process with **tight deadlines** and **binding effects** for recommendations, with the **Emergency Committee having the final authority** to decide on the appropriateness of health measures. This Committee is concerned that these proposals may **unduly impinge on the sovereignty of States Parties** and give **binding effects** to what are supposed to be recommendations. Moreover, it remains unclear which types of recommendations are considered under this proposed amendment, since the Regulations only define temporary and standing recommendations in Article 1."* (p.63)
d. If the Emergency Committee has the final authority to decide on the appropriateness of health measures, South Africa would essentially be stripped of its sovereignty as a self-determined state. This is deeply concerning and not acceptable.
e. We therefore urge The President not to accept amendments to Article 43 that will bind South Africa to recommendations with tight deadlines, and that undermine national sovereignty.

1.16 Article 44 – Collaboration and assistance

"1. States Parties shall ~~undertake to~~ collaborate with and assist each other, in particular developing counties States Parties, upon request, ~~to the extent possible~~, in:

(h) (New) countering the dissemination of false and unreliable information about public health events, preventive and anti-epidemic measures and activities in the media, social networks and other ways of disseminating such information" (p.68)

a. The particular great concern is that "science" is changed from an epistemological construct, a collaboration between people of all avenues, fields and studies, exploring, testing and developing, to something else, to something defined by authoritarians and bureaucrats. Unconventional ideas, or novel routes of scientific enquiry become unacceptable when they do not confirm to official narratives. True science is always open to being questioned, but in this new kind of ideology, society moves away from real science to a kind of scientism.

b. Censorship of information undermines the principle of the right to freedom of expression and speech. Narratives of diverse perspectives should be allowed to compete with each other even they are unpleasant or not in line with the preferred worldview.
c. If we believe that humans are autonomous beings with the capacity and freedom to make their own decisions when presented with various choices and options, there should be no need for censorship. Public relations, born from the work of Edward Bernays[28], use tactics of censorship as the act of limiting narratives on the one hand, and advertising as the act of providing a barrage of exclusive narratives on the other, are definitive mechanisms to control and manipulate society. There is much research into the manipulations of groups using media manipulation in particular[29].
d. The Oxford Internet Institute has for instance found that social media manipulation of public opinion is a growing threat to democracies around the world[30]. Their 2020 media manipulation survey found that governments, public relations firms, and political parties are producing misinformation on an industrial scale". The report also indicates that "disinformation has become a common strategy, with more than 93% of the countries (76 out of 81) seeing disinformation deployed as part of political communication". The only antidote to the abuse of information – either through omission or commission, is to allow for a free flow of alternative perspectives and to trust that the most meaningful discourses will prevail.
e. We therefore urge The President not to accept amendments to Article 44 that will subject the authorities to manipulate public opinion[31] rather than encouraging meaningful indabas to debate conflicting views.

1.17 ANNEX 1 – A. Core capacity requirements for disease detection, surveillance and health emergency response - 6. At the national level

"Public health preparedness response. The capacities:

(j) Capacity to research, manufacture and deploy quickly medical countermeasures/ health products to respond to the health event.

(i) to make available affordable health products and any other response materials

[28] https://theconversation.com/the-manipulation-of-the-american-mind-edward-bernays-and-the-birth-of-public-relations-44393
[29] https://www.globalissues.org/print/article/532
[30] https://www.ox.ac.uk/news/2021-01-13-social-media-manipulation-political-actors-industrial-scale-problem-oxford-report
[31] https://www.journals.uchicago.edu/doi/10.1086/214599

(o) to ensure the implementation of available prevention measure(s) to prevent further transmission, prevent avoidable morbidity, mortality and disability." (p.84-91)

a. Whilst in principle one cannot have too great objections to this section, it is nonetheless worth noting that privacy concerns need to be maintained at the same time as such research is to occur. This was discussed in detail under point 1.10.

"New 7. Health System Capacities: States shall develop health systems capacities with a view to achieve resilience against health emergency outbreaks, including through

(i) state-of-art health care infrastructure and service delivery including scene care and pre-hospital services,

(iv) adoption of legal, administrative and technical measures to diversify and increase production of health products,

(vii) financing solutions avoiding catastrophic burdens in the households" (p.91)

b. In South Africa the great concern with such provisions is of course affordability. First world countries can afford to upgrade existing systems, or otherwise may already have sufficient systems in place, whereas in developing countries and the third world, including South Africa, upgrading such systems may be unduly expensive, and subject to broad based corruption if one were challenged to upgrade systems at speed.

"New 7. Health Systems Capacities: in accordance with principle 2bis, States Parties need to build, develop and maintain health systems capacities resilient to public health emergency of international concern" (p. 91)

(iv) Health information systems: establishment and maintenance of institutional mechanism in charge of health statistics, synthesis of data from different sources and validation of data from population-based and facility-based sources, periodic health systems performance assessment, health systems resource tracking, immunization coverage and periodic burden of disease studies and its dissemination, subject to national sovereignty of the State Parties and privacy of personal data" (p.92)

a. This section highlights that such upgrades need to be occur to the "resilience levels as defined by WHO" including "state-of-the art technologies" (p.91). Although the people of South Africa are clearly in need of improved health systems, it is not clear how health information system upgrades will be financed,

whether these will be standardised, who will provide such technologies and services and how the security of data and information will be managed and used.

1.18 ANNEX 1 – A. Core capacity requirements for disease detection, surveillance and health emergency response - 7. At the global level

"WHO shall strengthen capacities to:

(e) Counter misinformation and disinformation" (p.93)

a. The Unites Nations defines these terms as follows: "While misinformation refers to the accidental spread of inaccurate information, disinformation is not only inaccurate, but intends to deceive and is spread in order to do serious harm."[32] They also acknowledge that "There is no universally accepted definition of disinformation. No one definition may be sufficient on its own, given the multiple and different contexts in which concerns over disinformation may arise" [9]
b. Based on the above, it is therefore not clear what is meant by these terms, and how mis- and disinformation will be determined.
c. We are also concerned that, in the context of the WHO and their influence on member states, that alternative perspectives and information could be incorrectly pronounced to be dis- or misinformation.
d. We agree with the General Assembly and the Human Rights Council who have "*both called for responses to the spread of disinformation to promote and protect and not to infringe on individuals' freedom of expression and freedom to seek, receive and impart information… Rather than imposing restrictions, states are encouraged to promote and protect free and independent media and to maximize transparency and access to information, in order to build trust in public institutions, governance, and processes. They should also encourage public participation at all levels and enable meaningful dialogues and debates.*" [10]
e. Despite such recommendations from the UN, public debate with various perspectives on matters of health, and more recently, the COVID-19 pandemic, has not been forthcoming.

"(g) Ensure sustainable financing for managing health emergencies." (p.93)

f. It is not clear where such financing will be sourced from and whether the sources will be free from conflict of interest and free from influence on how such finances should be spent.

[32] https://www.un.org/en/countering-disinformation

g. It is also unclear if such financing will place a higher tax burden on member states in order to fund the WHO's management of health emergencies.
h. During the World Health Assembly in May 2022, it was decided to increase membership contributions to the WHO and they will have to uphold their commitment this year.[33] It is not clear what real-life value this membership truly offers South Africans.

1.19 ANNEX 1 – G. Point of entry capacities

"*2. For responding to events that may constitute a public health emergency of international concern*

The capacities:

> *New (b) to provide surveillance at point of entry and access to laboratory facilities for quick diagnosis of pathogens and other public health hazards*
>
> *(b) to provide assessment of and care for affected travellers or animals by establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required;*
>
> *(c) to provide appropriate space, separate from other travellers, to interview suspect or affected persons;*
>
> *(d) to provide for the assessment and, if required, quarantine of suspect travellers, preferably in facilities away from the point of entry*
>
> New (j) Leverage digital technology for harmonising reporting capabilities and for uniform certification procedures / mutual trust framework / universal credential verification system." (p94 – 95)

a. This provision may very well be unconstitutional. It allows for segregation of people who have not been found infected or ill or in any real sense a threat to society. Healthy people are limited in bodily movement, segregated, potentially arrested, and quarantined. Section 37 of the Constitution expressly provides that, in the exercise of emergency powers, security and autonomy of the body may not be impeded.

1.20 ANNEX 6 - Vaccination, prophylaxis and related certificates

[33] https://unfoundation.org/blog/post/75-years-of-who-the-world-health-assembly-considers-whats-next-for-the-global-health-agency/

"When a public health emergency of international concern has been declared, for the purposes of entry and exit of international travellers in a scenario of voluntary vaccination using products still at the research phase or subject to very limited availability, vaccination certificates should be considered approved in accordance with the normative framework of the country of origin, including with reference to the model/format of certification and the vaccination schedule (type of vaccine and schedule)."(p.99)

a. This provision is again deeply disconcerting, and is rife with all manner of inherent contradictions. It provides for what would amount to experimental vaccines, voluntarily taken. That is well and fine for those who do. But based on such selective participation, society again becomes segregated, regulated, discriminating against those who do not choose to participate. This effectively forces people into a system of discrimination by which they are compelled to participate in experimental vaccines.
b. The world and South Africa have learned the hard way under such as Dr Joseph Mengele[34] that vulnerable people can become the guinea pigs of unscrupulous colonisers. The Nuremberg code[35] in a wide array of principles prevents and prohibits medical experimentation, whilst this provision seeks to indirectly subvert its principles.
c. The *South African Bill of Rights* clearly state the right to freedom and security of the person as follows: *"(2) Everyone has the right to bodily and psychological integrity, which includes the right— (a) to make decisions concerning reproduction; (b) to security in and control over their body; and (c) not to be subjected to medical or scientific experiments without their informed consent."*[36]
d. It is the duty of the President to ensure that such freedoms and securities are upheld and protected.

"3. Certificates under this Annex or any digital format are valid only if the vaccine or prophylaxis used has been approved by WHO or/and by State Parties." (p.101)

e. It is not clear if previous infections and recovery, which constitutes natural immunity, is regarded as prophylaxis under the WHO definition. Based on a study by Franchi et al. (2023)[37] natural immunity can be regarded as at least as effective as vaccines, and therefore we suggest that natural immunity be included as an acceptable prophylaxis.

[34] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4822534/
[35] https://media.tghn.org/medialibrary/2011/04/BMJ_No_7070_Volume_313_The_Nuremberg_Code.pdf
[36] https://www.justice.gov.za/constitution/SAConstitution-web-eng-02.pdf
[37] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10198735/pdf/main.pdf - Natural and vaccine-induced immunity are equivalent for the protection against SARS-CoV-2 infection

PART 2 – NEW PANDEMIC AGREEMENT (ACCORD)

Proposal for negotiating text of the WHO Pandemic Agreement (A/INB/7/3) – 30 October 2023[38]

This is the most current working document from the "*seventh meeting of the intergovernmental negotiating body to draft and negotiate a WHO convention, agreement or other international instrument* ***on pandemic prevention, preparedness and response***."

With regards to the negotiating text, dated 30 October 2023, document A/INB/7/3 there are fortunately not many glaring and egregious concerns particularly evident from the text. The document will be referred to more simply as "the negating text." Nevertheless a few themes are worthy of note, predominantly in developing the formulations as set out by the WHO.

Concerns pertain to **data privacy, freedom of speech, the solidarity of states to apply unique and tailored responses to their own situations**.

1.2 Article 1 – Use of terms

"(c) "infodemic" means too much information, false or misleading information, in digital and physical environments during a disease outbreak. It causes confusion and risk-taking behaviours that can harm health. It also leads to mistrust in health authorities and undermines public health and social measures" (p5)

a. Whilst particular empathy and concern may be had with 'infodemics' as set out in Article 1 of the text, there always needs to be a balancing exercise in which medical practitioners, authorities and research institutions are able to weigh and draw unmitigated data from the public without fear of reprisal or adjustment based on confirmation biases reinforcing publicly acceptable narratives.
b. During the 2020 pandemic for example many within the public found themselves censored[39] [40], gas-lit[41], demeaned for reporting adverse reactions to mRNA-based vaccine technology, and such reactions also came to be vastly underreported.

[38] https://apps.who.int/gb/inb/pdf_files/inb7/A_INB7_3-en.pdf
[39] https://nclalegal.org/2023/05/ncla-challenges-governments-censorship-of-support-groups-for-victims-of-covid-vaccine-injuries/
[40] https://richardd3d.substack.com/p/lawsuit-governments-censored-support
[41] https://www.telegraph.co.uk/news/2023/09/13/people-injured-bereaved-covid-vaccines-fear-censor-inquiry/

c. Medical doctors experienced similar censoring of public discussion as well as threats[42] [43].

d. Our local doctors who have acted on their Hippocratic oath and have successfully treated their patients with early treatment regimes have been falsely and vexatiously charged before the Health Professions Counsil of South Africa (HPCSA)[44]. They are required to defend themselves from these false and trumped-up charges at their own costs for legal fees. They include local South African physicians like Drs Naseeba Kathrada[45], Susan Vosloo[46], Tros Bekker[47] and Shankara Chetty[48].

e. A study by Shir-Raz et al[49] (2022) note that the "*emergence of COVID-19 has led to numerous controversies over COVID-related knowledge and policy. To counter the perceived threat from doctors and scientists who challenge the official position of governmental and intergovernmental health authorities, some supporters of this orthodoxy have moved to censor those who promote dissenting views. The aim of the present study is to explore the experiences and responses of highly accomplished doctors and research scientists from different countries who have been targets of suppression and/or censorship following their publications and statements in relation to COVID-19 that challenge official views. Our findings point to the central role played by media organizations, and especially by information technology companies, in attempting to stifle debate over COVID-19 policy and measures. In the effort to silence alternative voices, widespread use was made not only of censorship, but of tactics of suppression that damaged the reputations and careers of dissenting doctors and scientists, regardless of their academic or medical status and regardless of their stature prior to expressing a contrary position. In place of open and fair discussion, censorship and suppression of scientific dissent has deleterious and far-reaching implications for medicine, science, and public health"* (p.407 – 408).

2.2 Article 4(2) – Pandemic prevention and public health surveillance

[42] https://www.news.com.au/technology/science/human-body/dr-kerryn-phelps-reveals-devastating-covid-vaccine-injury-says-doctors-have-been-censored/news-story

[43] https://www.documentcloud.org/documents/23484616-prof-kerryn-phelps-testimony-to-australia-parliament

[44] https://childrenshealthdefense.co.za/news/africas-doctors-under-attack-from-controversial-health-bodies/

[45] https://www.medicalbrief.co.za/hpcsa-warns-that-anti-vax-doctors-face-misconduct-inquiries/

[46] https://www.news24.com/life/wellness/body/condition-centres/infectious-diseases/coronavirus/complaints-to-be-laid-against-leading-heart-surgeon-after-problematic-video-on-covid-19-vaccines-20210813

[47] https://www.rnews.co.za/truth-must-come-out-even-if-it-costs-the-doctor-everything/

[48] Port Edward doctor back in HPSCA hearing | South Coast Herald (citizen.co.za)

[49] https://www.researchgate.net/publication/364987307_Censorship_and_Suppression_of_Covid-19_Heterodoxy_Tactics_and_Counter-Tactics

"2. The Parties should take actions to strengthen multisectoral, coordinated data interoperability and support the adoption of relevant international data standards in the development of pandemic prevention and public health surveillance capacities, with particular regard to the strengthening of developing countries' capacities." (p.8)

a. Article 4(2) of the negotiating text raises themes of "International data standards". This term is not particularly highlighted elsewhere in the document, including in Article 1 dealing with definitions. "International data standards" as a governing concept needs to be clarified, and also in particular, limited.
b. As formulated the term is very vague, potentially subject to abuse, including to exclude divergent opinions and scientific analyses.
c. This is also well read with Article 18 of the negotiating text. Whilst there cannot be any glaring critique raised in respect of, for example Article 18, concern needs to be had for potential abuses imbedded with the censoring of unpopular data or other medical information.

2.3 Article 5 – One Health

(1d) "One Health approach" means an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes that the health of humans, domestic and wild animals, plants and the wider environment (including ecosystems) is closely linked and interdependent. 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 change, and contributing to sustainable development" (p5)

a. Article 5 (p9-10) engages the "One health" approach, broadly envisioning a holistic, integrated approach to pandemic response, also more broadly defined in Article 1(d). Whilst the operating text of the article is sufficient in itself, it is submitted that a bald enforcement of it can become a hard-handed exercise.
b. One Health would include the roll-out of technology like 5G[50] and beyond, and future planned low-orbit satellite systems like Starlink (high-power GHz), of which the implications have not been well studied although already injurious effects have been established[51].

[50] Henry Lai's Research Summaries - BioInitiative Report 2012
[51] https://childrenshealthdefense.org/news/what-you-should-know-about-5g-satellites-how-musks-sci-fi-dreams-are-becoming-our-living-nightmare/

c. We respectfully advise that Article 5 raises specific provisions by which states are authorized and acknowledged to, where reasonable, also develop and implement what may be localized response mechanisms that may diverge from global prevention, management, and implementation strategies.

Article 9(3) – Research and development

"3. The Parties shall, in accordance with national laws and regulatory frameworks and contexts, take steps to develop and sustain strong, resilient, and appropriately resourced, national, regional, and international research capabilities." (p13-14)

a. Article 9(3) providing for research and development, very similarly, ought to have an additional provision that adequately recognizes national responsibility towards privacy rights and concerns.

Article 17 – Whole-of-government and whole-of-society approaches at the national level

a. Article 17 raises what it terms as "whole of government" and "whole of society approaches". Of the whole of the negating text, this provision is perhaps the most disconcerting. It layers and lays a particularly administrative burden on the whole of the state, and not only on the state, but also on private organizations, to become medical bureaucrats, enforcing ideologies received from the WHO.
b. There is no reason that such values cannot and ought not to be solely limited to their natural organisations: medical research establishments, hospitals, and the department of health. Private bodies ought not to become medical enforcement agencies.
c. This played itself out during the recent pandemic. Even though the SA government did not mandate vaccination[52], they stayed silent when guidance should have been given. Private companies brought in vaccine mandates[53]. The NCCC (and the NDoH) created an environment where employees were wrongfully held to being exposed to a work environment with a BSL3 pathogen. Exactly this unethical scenario would repeat in future under the proposed agreement.
d. The ethical guidelines followed by the WHO[54] is insufficient for an organisation that purports to be a Health Organisation. Its ethics guidance should be at least similar as the industry they serve, i.e., the

[52] https://www.cliffedekkerhofmeyr.com/export/sites/cdh/practice-areas/downloads/An-Employers-Guide-to-Mandatory-Workplace-Vaccination-Policies.pdf
[53] https://www.deloitte.com/za/en/services/legal/analysis/mandatory-covid-19-vaccine-and-testing-policy-in-the-workplace.html
[54] Ethics (who.int)

ethical guidelines that doctors and medical professionals are guided by. This would have prevented much of the misguidance in this latest pandemic.

e. The bad handling by the WHO of data management, statistics collection and verification during the pandemic caused private and state actor institutions to take over the role of the WHO. These institutions represent the very same funding that also benefitted from the share price of vaccine companies[55]. There is a conflict of interest that was not addressed by the WHO.

f. The WHO's standpoint on the effectiveness of the mRNA vaccine technology on a number of issues such as safety and effectiveness, lack of oversight of WHO by taking into account the evaluation of clinical trials by independent authorities to evaluate clinical trials, recommending that pregnant and lactating mothers be vaccinated regardless of the lack of trial data, are deeply and severely flawed. Since the WHO depends largely on donor and private funding, besides the contributions of member states, it cannot be excluded that their recommendations are potentially not independent from the external influences of those who fund them, and whose interest are financially and ideologically driven.

g. Following vaccination there have been correlation of excess morbidity and mortality when looking at excess deaths across 17 equatorial and Southern-Hemisphere countries. Research by Rancourt Analysis by Denis Rancourt et al[56] (2023) confirm COVID-19 vaccine-associated mortality in the Southern Hemisphere. South Africa was included in this analysis.

[55] https://www.businessinsider.com/lawmakers-bought-sold-covid-19-related-stocks-during-pandemic-2021-12

[56] https://www.researchgate.net/publication/373989367_COVID-19_vaccine-associated_mortality_in_the_Southern_Hemisphere