

# JURIDISCH WEEKJOURNAAL

## D.D. 31 MEI 2022

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## ONDERWERP VANDAAG

Strengthening WHO preparedness for and response  
to health emergencies

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**Seventy-fifth World Health Assembly**



# Seventy-fifth World Health Assembly

#WHA75

The Seventy-fifth World Health Assembly is being held in Geneva, Switzerland, on 22-28 May 2022. It is the first in-person Health Assembly since the start of the COVID-19 pandemic.







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# WE'VE GOT OUR EYE ON WHO...

The World Health Assembly is being livestreamed and recorded from May 22-28 2022. This is a request for everyone to help analyze and report on the proceedings.



**James Roguski**

May 23





**World Health  
Organization**

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Ref.: C.L.2.2022

### **Proposal for amendments to the International Health Regulations (2005)**

The Director-General of the World Health Organization presents his compliments to States Parties to the International Health Regulations (2005) (IHR (2005)) and has the honour to transmit the text of the proposal for amendments of the IHR (2005) received from the United States of America pursuant to paragraph 1 of Article 55 of the IHR (2005).

In accordance with paragraph 2 of Article 55 of the IHR (2005), this letter constitutes a formal communication of the text of the amendments proposed by the United States of America.

The Director-General of the World Health Organization takes this opportunity to renew to States Parties to the IHR (2005) the assurance of his highest consideration.

GENEVA, 20 January 2022

*Article 12: Determination of a public health emergency of international concern, public health emergency of regional concern, or intermediate health alert*

1. The Director-General shall determine, on the basis of information received, in particular from the State Party within whose territory an event is occurring, whether an event constitutes a public health emergency of international concern in accordance with the criteria and the procedure set out in these Regulations.
2. If the Director-General considers, based on an assessment under these Regulations, that a **potential or actual** public health emergency of international concern is occurring, the Director-General shall **notify all States Parties and seek to** consult with the State Party in whose territory the event arises regarding this preliminary determination **and may, in accordance with the procedure set forth in Article 49, seek the views of the Committee established under Article 48 (hereinafter the “Emergency Committee”).** If the Director-General determines ~~and the State Party are in agreement regarding this determination~~ **that the event constitutes a public health emergency of international concern**, the Director-General shall, in accordance with the procedure set forth in Article 49, seek the views of the ~~Committee established under Article 48 (hereinafter the~~ “Emergency Committee”) on appropriate temporary recommendations.
3. ~~If, following the consultation in paragraph 2 above, the Director-General and the State Party in whose territory the event arises do not come to a consensus within 48 hours on whether the event constitutes a public health emergency of international concern, a determination shall be made in accordance with the procedure set forth in Article 49.~~

4. In determining whether an event constitutes a public health emergency of international concern, the Director-General shall consider:

- (a) Information provided by the State Party, by other States Parties, available in the public domain, or otherwise available under Articles 5-10;
- (b) The decision instrument contained in Annex 2;
- (c) The advice of the Emergency Committee;
- (d) Scientific principles as well as available scientific evidence and other relevant information; and
- (e) An assessment of the risk to human health, of the risk of international spread of disease and of the risk of interference with international traffic.

5. If the Director-General, following consultations with the Emergency Committee and relevant States Parties ~~within whose territory the public health emergency of international concern has occurred,~~ considers that a public health emergency of international concern has ended, the Director-General shall take a decision in accordance with the procedure set out in Article 49.

New 6. Where an event has not been determined to meet the criteria for a public health emergency of international concern but the Director-General has determined it requires heightened international awareness and a potential international public health response, the Director-General, on the basis of information received, may determine at any time to issue an intermediate public health alert to States Parties and may consult the Emergency Committee in a manner consistent with the procedure set out in Article 49.

New 7. A Regional Director may determine that an event constitutes a public health emergency of regional concern and provide related guidance to States Parties in the region either before or after notification of an event that may constitute a public health emergency of international concern is made to the Director-General, who shall inform all States Parties.



1. **Within 24 hours of receiving information.** WHO shall request, ~~in accordance with Article 9,~~ verification from a State Party of reports from sources other than notifications or consultations of events which may constitute a public health emergency of international concern allegedly occurring in the State's territory. In such cases, WHO shall inform the State Party concerned regarding the reports it is seeking to verify.
2. Pursuant to the foregoing paragraph ~~and to Article 9,~~ each State Party, when requested by WHO, shall verify and provide:
  - (a) within 24 hours, an initial reply to, or acknowledgement of, the request from WHO;
  - (b) within 24 hours, available public health information on the status of events referred to in WHO's request; and
  - (c) information to WHO in the context of an assessment under Article 6, including relevant information as described in **paragraphs 1 and 2 of** that Article.
3. When WHO receives information of an event that may constitute a public health emergency of international concern, it shall offer **within 24 hours** to collaborate with the State Party concerned in assessing the potential for international disease spread, possible interference with international traffic and the adequacy of control measures. Such activities may include collaboration with other standard-setting organizations and the offer to mobilize international assistance in order to support the national authorities in conducting and coordinating on-site assessments.

**3bis. Within 24 hours of receiving a WHO offer of collaboration, the State Party may request additional information supporting the offer. WHO shall provide such information within 24 hours. When 48 hours have elapsed since the initial WHO offer of collaboration, failure by the State Party to accept the offer of collaboration shall constitute rejection for the purposes of sharing available information with States Parties under Paragraph 4 of this section.**
4. If the State Party does not accept the offer of collaboration **within 48 hours**, WHO ~~shall~~ **may**, 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.~~

*Article 13: Public health response*

3. ~~At the request of a State Party,~~ WHO shall **offer assistance** ~~collaborate~~ **to a State Party** in the response to public health risks and other events by providing technical guidance and assistance and by assessing the effectiveness of the control measures in place, including the mobilization of international teams of experts for on-site assistance, when necessary. **The State Party shall accept or reject such an offer of assistance within 48 hours and, in the case of rejection of such an offer, shall provide to WHO its rationale for the rejection, which WHO shall share with other States Parties.**

4. If WHO, in consultation with the States Parties concerned as provided in Article 12, determines that a public health emergency of international concern is occurring, it **shall** ~~may~~ offer, in addition to the support indicated in paragraph 3 of this Article, further assistance to the State Party, including an assessment of the severity of the international risk and the adequacy of control measures. Such collaboration may include the offer to mobilize international assistance in order to support the national authorities in conducting and coordinating on-site assessments. When requested by the State Party, WHO shall provide information supporting such an offer. **The State Party shall accept or reject such an offer of assistance within 48 hours and, in the case of rejection of such an offer, shall provide to WHO its rationale for the rejection, which WHO shall share with other States Parties. 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.**



1. The State Parties shall establish a Compliance Committee that shall be responsible for:
  - (a) Considering information submitted to it by WHO and States Parties relating to compliance with obligations under these Regulations;
  - (b) Monitoring, advising on, and/or facilitating assistance on matters relating to compliance with a view to assisting States Parties to comply with obligations under these Regulations;
  - (c) Promoting compliance by addressing concerns raised by States Parties regarding implementation of, and compliance with, obligations under these Regulations; and
  - (d) Submitting an annual report to each Health Assembly describing:
    - (i) The work of the Compliance Committee during the reporting period;
    - (ii) The concerns regarding non-compliance during the reporting period; and
    - (iii) Any conclusions and recommendations of the Committee.
2. The Compliance Committee shall be authorized to:
  - (a) Request further information on matters under its consideration;
  - (b) Undertake, with the consent of any State Party concerned, information gathering in the territory of that State Party;
  - (c) Consider any relevant information submitted to it;
  - (d) Seek the services of experts and advisers, including representatives of NGOs or members of the public, as appropriate; and
  - (e) Make recommendations to a State Party concerned and/or WHO regarding how the State Party may improve compliance and any recommended technical assistance and financial support.
3. The Members of the Compliance Committee shall be appointed by States Parties from each Region, comprising six government experts from each Region. The Compliance Committee shall be appointed for four-year terms and meet three times per year.



James Roguski

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nations like Australia, the UK, the European Union and the United States spoke in strong support of the amendments and urged other states to join them in signing away their countries' sovereignty.

The first sign, however, that things might not be going the globalists' way, came when Botswana stated that they would be collectively withholding their support for the 'reforms', which many African members were very concerned about.

Multiple other countries also said they had reservations over the changes and would not be supporting them either.

**These included Brazil, Brunei, Namibia, Bangladesh, Russia, India, China, South Africa, and Iran.** Brazil in particular said it would exit WHO altogether, rather than allow its population to be made subject to the new amendments.

May 25, 2022 · 9:25 AM GMT+2

Last Updated 6 days ago

**Healthcare & Pharmaceuticals**

# Africa objects to U.S. push to reform health rules at WHO assembly

By Emma Farge and  
Jennifer Rigby

3 minute read

GENEVA, May 24 (Reuters) - African countries raised an objection on Tuesday to a U.S.-led proposal to reform the International Health Regulations (IHR), a move delegates say might prevent passage at the World Health Organization's annual assembly.

If Africa continues to withhold support, it could block one of the only concrete reforms expected from the meeting, fraying hopes that members will unite on reforms to strengthen the U.N. health agency's rules as it seeks a central role for itself in global health policy. [read more](#)

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Seventy-fifth World Health Assembly – Daily  
update: 27 May 2022

## Seventy-fifth World Health Assembly – Daily update: 27 May 2022

27 May 2022 | Note for Media

| Reading time: 7 min (1876 words)

### More rapid changes to the International Health Regulations

Delegates agreed to amend the International Health Regulations (IHR) to reduce the time of entry into force of any future amendments from 24 to 12 months. A comprehensive process for addressing future amendments to the IHR was agreed earlier in the week.

### Related links

[Report of the Working Group on strengthening WHO preparedness and response to health emergencies to the Seventy-fifth World Health Assembly](#)

[Proposal for amendments to the International Health Regulations \(2005\)](#)





WORLD HEALTH ASSEMBLY  
SECOND SPECIAL SESSION  
Provisional agenda item 2

SSA2/3  
23 November 2021

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## **Report of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies to the special session of the World Health Assembly**

### **Report by the Director-General**

The Director-General has the honour to transmit to the World Health Assembly at its Second special session the report of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies to the special session of the World Health Assembly (see Annex), as agreed by the Working Group at its fifth meeting held on Monday, 15 November 2021.



## **ASSESSMENT OF THE BENEFITS OF DEVELOPING A NEW WHO CONVENTION, AGREEMENT OR OTHER INTERNATIONAL INSTRUMENT ON PANDEMIC PREPAREDNESS AND RESPONSE**

8. There is general consensus that several key aspects of health emergency preparedness and response may not be addressed solely within the scope of the IHR (2005) and may be best addressed either through a potential new instrument or through another normative, policy or programmatic tool available through WHO. In addition, some recommendations and key areas will require effective coordination between WHO and other institutions that may have relevant mandates for those issues and recommendations. Member States raised the following topics:

- (a) **Equity.** Member States agree that equity is critically important for global health both as a principle and as an outcome. Member States emphasized that equity is essential in particular in prevention, preparedness and response to health emergencies, including with respect to capacity-building, equitable and timely access to and distribution of medical countermeasures and addressing barriers to timely access to and distribution of medical countermeasures, as well as related issues such as research and development, intellectual property, technology transfer and empowering/scaling up local and regional manufacturing capacity during emergencies to discover, develop and deliver effective medical countermeasures and other tools and technologies. While each of these areas are complex, equity is at the core of the breakdown in the current system. Despite unprecedented developments of medical countermeasures, the challenge remains to ensure their universal and equitable access and distribution, with a view to achieving universal

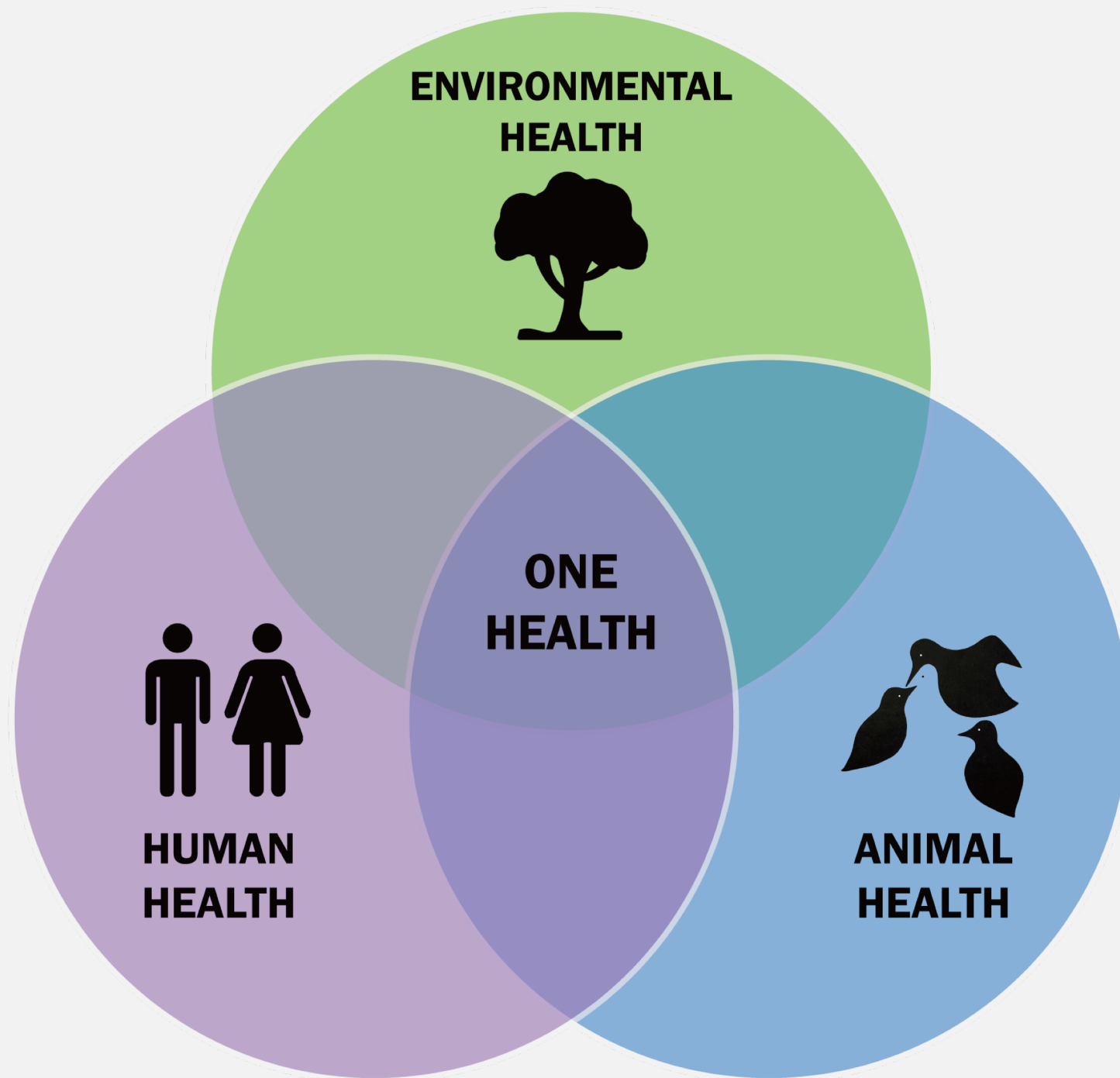


health care. This is an issue that could be meaningfully addressed under the umbrella of a potential new instrument and through discussions in several other relevant global forums.

(b) **One Health approach.** This is an area in which there is strong prioritized interest but further elaboration and collaboration are needed, particularly as the One Health concept reaches beyond pandemic preparedness and response. Many aspects of this area may be beyond the scope of the IHR (2005) and complex. This complexity is reflected through the involvement of multiple actors at global and national levels, but the application of a One Health approach also would yield significant benefits for the international community to reduce the risks posed by emerging diseases of zoonotic origin in the future.

(c) **Prevention, rapid risk assessment, detection and response.** Some aspects of this topic could be handled under the discussions on strengthening the IHR (2005) implementation, compliance and potential targeted amendments, while others could be incorporated under a new instrument. There is wide support among Member States to strengthen the collective efforts necessary to prevent, rapidly detect and share information to respond effectively to outbreaks of disease with pandemic potential.

(d) **Compliance and accountability with IHR obligations.** While IHR (2005) has a dispute resolution provision, it remains unused to date. Many Member States expressed a desire to prioritize the strengthening of compliance and recognized the importance of providing incentives for implementation and assistance to respond, but there remains divergence on how best to do that as part of strengthening the IHR (2005) or as part of a new instrument.



## Looking ahead: How a One Health Approach BETTER PREPARES US



More testing and monitoring  
to detect illnesses in animals  
and people...



...and farms following  
standards to protect  
animals, the people  
who work there, and  
the farm environment...



...could help prevent  
an influenza pandemic.



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Media | 02-23-2022 | Albert Hold | 14 Comments

## Checking Covid 19 certificates: World Health Organization selects T-Systems as industry partner

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- WHO facilitates 194 member states to introduce digital vaccination certificates
- Solution enables countries to check electronic evidence



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The World Health Organization has brought T-Systems on board to develop validation services that confirm the authenticity of digital Covid certificates.  
© Deutsche Telekom

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.



Garrett Mehl, Unit Head, WHO Department of Digital Health and Innovation, said: "COVID-19 affects everyone. Countries will therefore only emerge from the pandemic together. Vaccination certificates that are tamper-proof and digitally verifiable build trust. WHO is therefore supporting member states in building national and regional trust networks and verification technology. The WHO's gateway service also serves as a bridge between regional systems. It can also be used as part of future vaccination campaigns and home-based records."

Adel Al-Saleh, Member of the Deutsche Telekom AG Board of Management and CEO T-Systems, explained: "Corona has a grip on the world. Digitization keeps the world running. Digital vaccination certificates like the EU's are key to this. We are pleased to be able to support the WHO in the fight against the pandemic. Health is a strategic growth area for T-Systems. Winning this contract underscores our commitment to the industry."

## T-Systems industry partner in the pandemic

For T-Systems, the WHO contract is familiar territory. The company had already developed the [EU gateway for vaccination certificates \(DCC, Digital Covid Certificate\)](#). More than 60 countries are connected to it today.

T-Systems had previously set up the [European Federation Gateway Service \(EFGS\)](#). The service ensures that member states' corona tracing apps work across borders.

# Advancing Digital Agency: The Power of Data Intermediaries

INSIGHT REPORT  
FEBRUARY 2022



# Executive summary

Data intermediaries represent a new policy lever to navigate the challenges of the growing data ecosystem.

## The challenge

Everyone is familiar with the paradigm of going online and clicking on terms and conditions they don't understand (or take time to read). No one knows (nor follows) what happens to their data. This status quo creates a reliance on companies to be responsible but can lead to mistrust in the data ecosystem as a whole. Further, mistrust between people and technology becomes amplified the more complex the data ecosystem becomes over

time. Where once people had screens to navigate, new ambient data collection methods with their many benefits create nervousness and resignation when people don't have the full picture. In some cases, individuals may opt out of interacting with technologies that would be of huge benefit to their lives. But what if it were possible to outsource these decision points to a trusted agent acting on an individual's or even a group's behalf?

## The opportunity

Now that screenless technology is a part of everyday life, there is an opportunity to rethink the human-technology interaction paradigm and reposition the debate to focus on roles and responsibilities beyond the person. How can the use of data intermediaries help people navigate technologies and data ecosystem models without losing sight of what it means to be human, in terms of agency and expectations? How can people think beyond that given that, as they move towards the complexity of screenless metaverse issues, their understanding of "humanness" is transforming? Data intermediaries—especially digital agents—represent a new policy

lever through and around which individuals can potentially navigate the challenges of the growing data ecosystem. This report seeks to shed light on an alternative method of mediated human-technology interaction whereby data appears to travel seamlessly from people to technology in a human-centric and, crucially, trusted manner. By communicating shared incentives, establishing reputation or receiving third-party verification, as well as having assurance structures to mitigate risk to both the intermediary and the rights holders, data intermediaries can increase trust between people and the technology they interact with.

## The solution

This report explores the opportunities and risks of data intermediaries and, specifically, third-party digital agents. From data trusts to trusted digital agency, the report paints a picture of a world that is more empathetic to people and to companies, providing greater certainty for data sharing as a foundation for

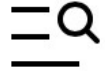
innovation through the introduction of a trusted third party. Crucially, it suggests levers of action for both the public and private sector to ensure a future-proof digital policy environment that allows for the seamless and trusted movement of data between people and the technology that serves them.



FIGURE 2 Identity in everyday lives



Source: World Economic Forum, 2018, Identity in a Digital World A new chapter in the social contract.



# World Economic Forum and UN Sign Strategic Partnership Framework

Alem Tedeneke, Media Manager, Tel.: +1 646 204 9191, Email: [ated@weforum.org](mailto:ated@weforum.org)

- The UN-Forum Partnership was signed in a meeting held at United Nations headquarters between UN Secretary-General António Guterres and World Economic Founder and Executive Chairman Klaus Schwab to accelerate the implementation of the 2030 Agenda for Sustainable Development

- The partnership identifies six areas of focus – financing the 2030 Agenda, climate change, health, digital cooperation, gender equality and empowerment of women, education and skills – to strengthen and broaden their combined impact by building on existing and new collaborations
- The full partnership framework can be found [here](#)



(e) **Finance.** Member States recognized the need to provide the Organization with adequate and sustainable financing, so that WHO can play a leading and coordinating role in global health as enshrined in the WHO Constitution. Member States also recognize the need for national investments and leadership from other actors, including the international financial institutions and existing global health institutions.

(f) **Resilient and rapid response to pandemics by enhancing surge capacity, through striving to achieve universal health coverage and health system strengthening, which includes the enhancement of primary health care, the health workforce and social protection.**

(g) **Sample sharing by enhancing and expanding networks, mechanisms and incentives for sharing pathogens, genetic information, biological samples and the benefits derived therefrom.** Member States see sample sharing as important, as well as the need to develop proper incentives and benefits to support more equitable health emergency preparedness and response. There is openness to explore a more comprehensive mechanism under the auspices of WHO.

(h) **Structural solutions to promote a whole-of-government and whole-of-society approach to pandemic prevention, preparedness and response, including other health emergencies, are a priority for Member States.**

(i) **Misinformation and disinformation.** Member States recognize the need for national and global coordinated actions to address the misinformation, disinformation and stigmatization that undermine public health.



# Whole-of-government approach

Article **Talk**



## Whole-of-Government Approach

("WGA") refers to the joint activities performed by diverse [ministries](#), [public administrations](#) and [public agencies](#) in order to provide a common solution to particular problems or issues.

Although there are many perspectives of Whole-of-Government (WoG), the most accepted definition is WoG as a concept that emphasises the need for greater collaboration and coordination across departmental boundaries to eliminate duplication, optimize resources, create synergies among agencies, and deliver seamless services to the citizens and businesses.<sup>[4]</sup> WoG is increasingly seen as an imperative mechanism for delivering coherent and integrated policies including effective alignment of top-down policies.<sup>[5]</sup>

A “whole-of-society” approach to public integrity **requires companies, civil society organisations and individuals to ensure that their engagement with the public sector respects the shared ethical norms, principles and values of society.**

# Dijkgraaf: desinformatie Ongehoord Nederland problematisch

RTL Nieuws / ANP 5 dagen geleden



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Minister Robbert Dijkgraaf.

Minister Robbert Dijkgraaf van Onderwijs, Cultuur en Wetenschap maakt zich zorgen over desinformatie die door het programma Ongehoord Nieuws, van de nieuwe publieke omroep Ongehoord Nederland (ON!), wordt verspreid. Dat zei hij gisteravond bij Beau.

Dijkgraaf wil vanuit zijn functie geen oordeel vormen. "Daar ga ik niet over. Maar als burger vind ik het problematisch dat dat soort informatie ongefilterd doorgaat", zo sprak de minister. "Daar moeten we toch een kanttekening bij zetten."

## Vertrouwen in wetenschap

Ook noemde Dijkgraaf het een 'grof schandaal' dat wetenschappers en beleidsmakers tijdens de coronacrisis de afgelopen twee jaar persoonlijk bedreigd zijn. "Dat raakt me heel erg diep", zegt hij. Het wantrouwen in de wetenschap heeft zich volgens de minister 'verhard'.



## **Benefits of a new WHO convention, agreement or other international instrument**

9. Based on the discussions of the WGPR, a number of potential benefits of a new instrument for strengthening pandemic preparedness and response have been identified, inter alia:

- (a) High-level political commitment and a whole-of-government and whole-of-society approach, which could strengthen cross-sectoral coherence and mobilization. This could maintain focus and drive continued momentum to ensure that pandemic preparedness and response remains a regular feature on the agenda of world leaders.
- (b) An opportunity to enhance, update and strengthen the leading and coordinating role of WHO and its function to act as the directing and coordinating authority on international health work in the light of the 21st century global health landscape, including in improving engagement with civil society and the private sector. Doing so could provide a clear pathway for policy-makers and leaders in pandemic preparedness and response, supporting coherence and avoiding fragmentation at both the national and global levels. The WHO Constitution expressly provides for the possibility of a new instrument and WHO has experience in managing whole-of-society and whole-of-government instruments, including for example the WHO Framework Convention on Tobacco Control.
- (c) Creating constituency support for the new instrument and its goals for pandemic preparedness and response, for example through a Conference of the Parties to the new instrument.
- (d) Fostering the confidence of States Parties to the new instrument in mutual high-level commitments to pandemic preparedness and response.

# WHO Framework Convention on Tobacco Control

Article Talk



The **World Health Organization Framework Convention on Tobacco Control (WHO FCTC)** is a [treaty](#) adopted by the 56th [World Health Assembly](#) held in Geneva, Switzerland on 21 May 2003.<sup>[1]</sup> It became the first [World Health Organization](#) treaty adopted under article 19 of the WHO constitution.<sup>[2]</sup> The treaty came into force on 27 February 2005.<sup>[3]</sup> It had been signed by 168 countries and is legally binding in 181 [ratifying](#) countries.<sup>[3]</sup> There are currently 15 [United Nations member states](#) that are non-parties to the treaty (nine which have not signed and six of which have signed but not ratified).<sup>[4]</sup>

The FCTC, one of the most quickly ratified treaties in United Nations history,<sup>[5]</sup> is a supranational agreement that seeks "to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to [tobacco smoke](#)" by enacting a set of universal standards stating the dangers of tobacco and limiting its use in all forms worldwide.<sup>[1][6]</sup> To this end, the treaty's provisions include rules that govern the production, sale, distribution, advertisement, and taxation of tobacco. FCTC standards are, however, minimum requirements, and signatories are encouraged to be even more stringent in regulating tobacco than the treaty requires them to be.<sup>[6]</sup>

The FCTC was furthermore a watershed moment for the European Union. According to Mamudu and Studlar, since the adoption of the FCTC in 2003, "shared sovereignty through multilevel governance has become the norm in the tobacco control policy area for EU members, including having one international organization negotiate within the context of another."<sup>[7]</sup> Worldwide [tobacco control](#) set a precedent for EU Commission participation and negotiation in multilateral treaties, and further defined the powers and capabilities of the EU as a supranational entity.



(e) Anchoring the new instrument in all the principles found in the WHO Constitution (Preamble), including the principle of non-discrimination and the right to the enjoyment of the highest attainable standard of health. These are important in advancing equity and universal health coverage, ensuring equitable access to medical countermeasures and health services, both now and in the future.

(f) Addressing equitable access to countermeasures such as vaccines, therapeutics and diagnostics. A framework could facilitate concrete measures and long-term mechanisms to develop, manufacture and scale up countermeasures through increasing local production, sharing of technology and know-how for broadening manufacturing capacity, and strengthening regulatory systems.

(g) Sharing of data, samples, technology and benefits in the context of pandemic preparedness and response. There are some legally binding agreements relating to pathogen sharing, but there is no comprehensive framework within WHO, either for sharing of pathogens or sharing of the benefits derived therefrom, that takes into account the reality and needs of pandemic preparedness and response.

(h) Reducing the risks posed by emerging diseases of zoonotic origin in the future, recognizing that diseases of zoonotic origin are among the most likely sources of future pandemics. This could include strengthening existing platforms and surveillance, furthering multisectoral partnerships (human, animal and environmental health sectors) and promoting specific countermeasures in line with the One Health approach.

(i) Supporting the strengthening of strong, resilient and inclusive health systems that are foundational for effective and efficient pandemic preparedness, prevention, detection and response systems, through strengthening primary health care service, health care workers and achieving universal health coverage.



## CONCLUSIONS AND WAY FORWARD

26. Member States agree that there are benefits to developing a new instrument, while also acknowledging that the IHR (2005) currently remains the key legally binding instrument for pandemic preparedness. The WGPR has confirmed the importance of a number of topics, as identified in subparagraphs 8 (a)–(i) above, that might be better addressed by a new instrument under the auspices of WHO.

27. The WGPR assesses, for consideration by WHASS, that the way forward should include as part of a comprehensive and coherent approach a process or processes for: (a) developing a WHO convention, agreement or other international instrument on pandemic preparedness and response, and (b) strengthening the IHR (2005), including through implementation, compliance, support for IHR (2005) core capacities, and potential targeted amendments to the IHR (2005).



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**World Health Assembly agrees to launch process to develop historic global accord on pandemic prevention, preparedness and response**

## **World Health Assembly agrees to launch process to develop historic global accord on pandemic prevention, preparedness and response**

1 December 2021 | News release | Geneva

| Reading time: 2 min (456 words)

In a consensus decision aimed at protecting the world from future infectious diseases crises, the World Health Assembly today agreed to kickstart a global process to draft and negotiate a convention, agreement or other international instrument under the Constitution of the World Health Organization to strengthen pandemic prevention, preparedness and response.

Dr Tedros Adhanom Ghebreyesus, WHO Director-General, said the decision by the World Health Assembly was historic in nature, vital in its mission, and represented a once-in-a-generation opportunity to strengthen the global health architecture to protect and promote the well-being of all people.

The Health Assembly met in a Special Session, the second-ever since WHO's founding in 1948, and adopted a sole decision titled: "The World Together." The decision by the Assembly establishes an intergovernmental negotiating body (INB) to draft and negotiate a WHO convention, agreement, or other international instrument on pandemic prevention, preparedness and response, with a view to adoption under Article 19 of the WHO Constitution, or other provisions of the Constitution as may be deemed appropriate by the INB.

Under the decision adopted today, the INB will hold its first meeting by 1 March 2022 (to agree on ways of working and timelines) and its second by 1 August 2022 (to discuss progress on a working draft). It will also hold public hearings to inform its deliberations; deliver a progress report to the 76<sup>th</sup> World Health Assembly in 2023; and submit its outcome for consideration by the 77<sup>th</sup> World Health Assembly in 2024.



# INB.WHO.INT



## Intergovernmental Negotiating Body

**“The World Together”: the  
Intergovernmental  
Negotiating Body to draft and  
negotiate a WHO convention,  
agreement or other  
international instrument on  
pandemic prevention,  
preparedness and response**

In December 2021, at its second-ever special session, the World Health Assembly established an intergovernmental negotiating body (INB) to draft and negotiate a convention, agreement or other international instrument under the Constitution of the World Health Organization to strengthen pandemic prevention, preparedness and response, with a view to adoption under Article 19, or under other provisions of the WHO Constitution as may be deemed appropriate by the INB.



## **Zero draft report of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies to the Seventy-fifth World Health Assembly**

### **I. BACKGROUND, MANDATE, AND SCOPE OF THE MEMBER STATES WORKING GROUP ON STRENGTHENING WHO PREPAREDNESS AND RESPONSE TO HEALTH EMERGENCIES (WGPR)**

1. The Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR) was established with a mandate derived from resolution WHA74.7 (2021) and by decision WHA74(16) (2021).<sup>1</sup> The WGPR successfully submitted its first report and the latter mandate was fulfilled successfully with the submission of the report<sup>2</sup> which was adopted by consensus by the WGPR and welcomed at the World Health Assembly at its second special session (29 November–1 December 2021),<sup>3</sup> which led to the historic formation of the Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement, or other international instrument on pandemic prevention, preparedness and response (PPR). An interim report was also submitted to the Executive Board at its 150th session (24–29 January 2022),<sup>4</sup> fulfilling part of the former mandate.

2. This final report is developed to fulfil the rest of the mandate derived from resolution WHA74.7, that is “to submit a report with proposed actions for the WHO Secretariat, Member States, and non-State actors, as appropriate, for consideration by the Seventy-fifth World Health Assembly”, including a proposal for onward work to close critical gaps that remain in pandemic PPR not covered by the INB.



5. At the close of the survey period, 113 entities (64 Member States and 49 stakeholders) had submitted input<sup>4</sup> that responded to at least one recommendation, representing an average response rate of 24% (33% of Member States and 18% of stakeholders) (see Annex 1). In addition, a number of respondents provided qualitative comments on recommendations included in the survey. Because the total number of Member States' responses varied by region, WGPR members found that the results of the survey provided useful guidance for areas of convergence and focus; nonetheless, they considered that the survey's results should not be the only source of input for guiding their recommendations on proposed actions.

20. With respect to political leadership, the WGPR proposes the actions set out in Table 1.

**Table 1. Political leadership**

Member States (MS)	WHO Secretariat	Non-State Actors (NSAs)
<p>1. <u>MS to appoint a national high-level coordinator with the authority and political accountability to lead whole-of-government and whole-of-society approaches.</u></p> <p>2. MS to update their national preparedness plans, ensuring that whole-of-government and whole-of-society coordination is in place and that there are appropriate and relevant</p>	<p>6. WHO Secretariat to play the leading, convening and coordinating role in operational aspects of an emergency response to a pandemic.</p> <p>7. WHO Secretariat to provide normative, policy, and technical guidance including supporting countries to build capacity for pandemic PPR and for resilient health systems.</p>	<p>9. NSAs to work with governments to strengthen health emergency preparedness.</p> <p>10. NSAs to work with governments to sharing information with communities, fighting disinformation and building digital capacity and community engagement and where relevant be involved in independent</p>
<p>skills, logistics, and funding available to cope with future health crises.</p> <p>3. MS to routinely conduct multisectoral simulation exercises to establish and maintain effective preparedness.</p> <p>4. MS to renew their commitment to the multilateral system and strengthen WHO as an impartial and independent international organization, responsible for directing and coordinating pandemic preparedness and response.</p> <p>5. MS to empower their citizens and strengthen civil society on health emergency preparedness.</p>	<p>8. WHO Secretariat, at all three levels, to prioritize support to MS to establish national competent authorities in pandemic PPR and to situate the IHR national focal points adequately within them. WHO must clearly articulate where resource constraints are preventing execution of this strong and repeated mandate.</p>	<p>monitoring of preparedness and response.</p> <p>11. While respecting privacy, NSAs to leverage their considerable data and forecasting power with governments, WHO and other international partners to create the strongest possible early warning and response systems.</p>

24. With respect to cooperation and collaboration, the WGPR proposes the actions set out in Table 2.

**Table 2. Cooperation and collaboration**

Member States (MS)	WHO Secretariat	Non-State Actors (NSAs)
<p>1. MS to support research efforts to inform and expand capacity for effective public health and social measures during pandemics to underpin preparedness &amp; readiness efforts, including in the formulation of emergency guidance and advice.</p> <p>2. <u>MS to participate in WHO-led research and development efforts including under the WHO R&amp;D</u></p>	<p>3. WHO Secretariat to continue coordinating global research, building upon its R&amp;D Blueprint, to identify and address the knowledge gaps and solutions needed for health emergencies.</p> <p>4. WHO Secretariat to facilitate and support efforts to build evidence and research on the effectiveness of public health and social measures during</p>	<p>7. NSAs, including researchers, research institutions, research funders, the private sector, to work with governments, and WHO to improve coordination and support for research and development in health emergencies</p> <p>8. NSAs, including international research funders, to continue working under the R&amp;D Blueprint umbrella for</p>
<p><u>Blueprint, recognizing that WHO's role is not to direct national efforts, but to facilitate greater alignment, collaboration and more rapid progress toward shared goals.</u></p>	<p>pandemics to underpin preparedness and readiness efforts, including the formulation of emergency guidance and advice.</p> <p>5. WHO Secretariat to strengthen its Science Division with a view to regularizing and elevating the level and calibre of pandemic PPR research and guidelines across the board.</p> <p>6. WHO Secretariat to work with all key United Nations and/or other international system actors to establish clear roles and responsibilities and to enable coordination and ongoing collaboration, with the aim of improving pandemic PPR.</p>	<p>global equity in prioritizing and ensuring equitable access to the research and development products.</p>

**Table 7b. Strengthening IHR**

Member States (MS)	WHO Secretariat	Non-State Actors (NSAs)
<p>8. <u>MS, where relevant, enact or adapt legislation to authorize National Focal Points to perform their functions and ensure that the National Focal Point is a designated centre, which is appropriately organized, resourced and positioned within government, with sufficient seniority and authority</u></p>	<p>11. <u>WHO Secretariat to provide clear guidance on the functions of the National Focal Point</u> required by the IHR, and documents and disseminates best practices for the designation and operation of National Focal Point centres.</p> <p>12. WHO Secretariat to support MS to strengthen the capacities of National</p>	<p>17. NSAs, such as professional organizations and academic institutions, to support IHR advocacy, implementation and monitoring, in collaboration with National Focal Points where appropriate, so as to enhance and facilitate mutual support</p>
<p>to meaningfully engage with all relevant sectors.</p> <p>9. MS, where relevant, to establish and inform the Secretariat of its <u>national competent authority responsible for overall implementation of the IHR that will be recognized and held accountable for the National Focal Point's functioning and the delivery of other IHR obligations.</u></p> <p>10. <u>MS to define clearly the mandate, position, role and resources of the National Focal Point.</u></p>	<p>Focal Points, including through regular and targeted training and workshops, especially at the national and regional levels.</p> <p>13. WHO Secretariat to assess the performance and functioning of National Focal Points using appropriate criteria and in full transparency, and report its findings accordingly in the Director-General's annual report to the Health Assembly on IHR implementation.</p> <p>14. WHO Secretariat to work with MS to identify additional stakeholders, such as professional organizations and academic institutions, capable of supporting IHR advocacy, implementation and monitoring, in collaboration with National Focal Points where appropriate, so as to enhance and facilitate mutual support mechanisms and networks at the regional and global levels.</p> <p>15. WHO Secretariat to make greater use of digital technology for communication among National Focal Points and support MS in strengthening information technology systems to enable rapid communication between National Focal Points, the Secretariat and other Member States.</p> <p>16. WHO Secretariat, in consultation with MS and where relevant, to develop and improve review framework for the competent authorities responsible for implementing the IHR.</p>	<p>mechanisms and networks at the regional and global levels.</p>

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
Leadership & governance	IPPPR_24	Head of States and Government to appoint national pandemic coordinators accountable to the highest levels of government with the mandate to drive whole-of-government coordination for both preparedness and response.	46	65.22%	38.30%			Address or involve external bodies/actors New international instrument Strengthening IHR (2005) WHO normative work	GPMB_12
System & tools	IPPPR_25	Conduct multi-sectoral active simulation exercises on a yearly basis as a means of ensuring continuous risk assessment and follow-up action to mitigate risks, cross-country learning, and accountability, and establish independent, impartial, and regular evaluation mechanisms.	48	56.25%	56.52%			Address or involve external bodies/actors Strengthening IHR (2005) WHO normative work	GPMB_24;GPMB_12
Leadership & governance	IPPPR_26	Strengthen the engagement of local communities as key actors in pandemic preparedness and response and as active promoters of pandemic literacy, through the ability of people to identify, understand, analyse, interpret, and communicate about pandemics.	51	62.75%	45.83%			Address or involve external bodies/actors Strengthening IHR (2005) WHO normative work	
Finance	IPPPR_27	Increase the threshold of national health and social investments to build resilient health and social protection systems, grounded in high-quality primary and community health services, universal health coverage, and a strong and well supported health workforce, including community health workers.	46	76.09%	52.94%			Address or involve external bodies/actors New international instrument	GPMB_04
System & tools	IPPPR_28	Invest in and coordinate risk communication policies and strategies that ensure timeliness and accountability and work with marginalized communities in the co-creation of plans	44	60.87%	36.96%		WHA74.7_36	Address or involve external bodies/actors WHO normative work	WHA74_36
Leadership & governance	IPPPR_29	<u>Apply non-pharmaceutical public health measures systematically &amp; rigorously in every country at the scale the epidemiological situation requires. All countries to have an explicit evidence-based strategy agreed at the highest level of government to curb COVID-19 transmission.</u>	49	75.51%	38.64%	YES		Address or involve external bodies/actors WHO normative work	





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GEZAMENLIJKE RECHTSZAKEN

# HUISHOUDELIJKE MEDEDELINGEN

- Cursusaanbod De Vrije Mens Academie in **juni** 2022:  
(door een wetenschapper die gepromoveerd is in de moleculaire microbiologie)
- Donderdag 9 juni 12.30 – 16.30 uur Risico's van de Covid-19 injecties (deel 1)
- Zaterdag 18 juni 12.30 – 16.30 uur Het Grotere Plaatje (deel 2)
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- Vrijdag 17 juni 12.30 – 16.30 Basiscursus Grond- en Mensenrechten (deel 1)
- Vrijdag 24 juni 12.30 – 16.30 Basiscursus Inleiding Privaatrecht (deel 2)

# AANMELDEN CURSUS RECHT (17 & 24 JUNI)

- Kleinschalig onderwijs met ruime aandacht voor de deelnemers.
- Deze cursus is toegankelijk voor iedereen die geïnteresseerd is in het recht.
- Voor de mensen met een kleine beurs of voor de late aanmelders heb ik altijd een paar (verouderde) reserve bundels over die ik meeneem, dus als je niet op tijd aan boeken kunt komen of het écht niet kunt betalen, dan is dat geen probleem. Dan kun je ze na afloop alsnog bestellen.
- Het doel van de cursus is om je eigen juridische weerbaarheid te vergroten.
- Aanmelden kan door een mailtje te sturen naar: [MLGprive@protonmail.com](mailto:MLGprive@protonmail.com). Vergeet je s.v.p. niet om je telefoonnummer erbij te zetten.

## PROGRAMMA – 17 JUNI 2022

### SCHIPHOL-RIJK

- 13.00-15.00 uur uitleg wettenbundels (2 boeken, bestaande uit 13 delen)
- 15.00-15.30 uur pauze inclusief koffie/thee/versnapering
- 15.30-17.00 uur uitleg deel 13 waarin 36 internationale verdragen zitten, waarvan we er een stuk of 7 met elkaar zullen doornemen, waaronder (zie volgende slide)
- Deel 2 van de cursus wordt op 24 juni 2022 gegeven.
- Meer info: <https://devrijemensacademie.nl/>



# INHOUD CURSUS 17 JUNI

- \* Internationaal Verdrag voor de Rechten van het Kind (IVRK)
- \* Europees Verdrag voor de Rechten van de Mens (EVRM)
- \* Internationaal Verdrag voor de Burgerlijke en Politieke Rechten (BUPO)
- \* Universele Verklaring voor de Rechten van de Mens (UVRM)
- \* Handvest van de Europese Unie (EU-Handvest; de Europese Grondwet)
- \* Statuut van Rome inzake het Internationale Strafhof  
(en uiteraard ook de Nederlandse Grondwet)

## AANMELDEN CURSUS RISICO'S COVID-19 INJECTIES (9 EN 18 JUNI)

- Kleinschalig onderwijs met ruime aandacht voor de deelnemers.
- Deze cursus is toegankelijk voor iedereen die geïnteresseerd is in de risico's van de Covid-19 injecties.
- De cursus wordt gegeven door een wetenschapper die gepromoveerd is in de moleculaire microbiologie.
- Het doel van de cursus is om je eigen kennis over de risico's van de injecties te vergroten en dit in begrijpelijke woorden aan je eigen omgeving uit te leggen.
- Aanmelden kan door een mailtje te sturen naar: [MicroMars@protonmail.com](mailto:MicroMars@protonmail.com). Vergeet je s.v.p. niet om je telefoonnummer erbij te zetten.