Dear [*enter name here*]

We respectfully raise the critical issue of the proposedInternational Treaty on Pandemic Prevention and Preparedness and the proposed amendments to the International health Regulations (IHR) [1] currently under negotiation by the Government and other member States of the World Health Organization (WHO). We call on you to oppose these proposed agreements by raising this issue *in Parliament*, demanding debate and open review, in the interests of preserving national sovereignty and individual rights.

These agreements seek to impose WHO dictates in place of national sovereignty and the rights of an individual to make choices regarding their own body and health, and is demonstrably inappropriate and disproportionate from a public health viewpoint.

**Basic principles governing public health**

The breadth of factors impacting an individual’s health, and the importance of personal, community and national control over health, are reflected in principles previously accepted by the World Health Organization:

Definition of health: *Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.* (Constitution of the WHO, 1946) [2]

*Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.* (Constitution of the WHO, 1946) [2]

*The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.* (Article IV, Declaration of Alma Ata, 1978) [3]

The UN Declaration of Human Rights [4], 1948, also supports the fundamental rights of the individual: *All human beings are born free and equal in dignity and rights*.

**Public health priority of pandemics**

Pandemics severely affecting a high proportion of younger and middle-aged people have not occurred since the pre-antibiotic era (1918-20), when a majority of deaths were considered to be due to secondary bacterial [5] infections. The WHO lists only four pandemics [6] in the 120 years prior to Covid-19; 1918-19, 1957-58, 1968-69, and 2009-10, with only 1918-19 causing more than 1.1 million deaths. Severe pandemics are rare events. The Covid-19 pandemic, whilst resulting in considerable disruption and collateral harm, resulted in mortality at an average age [7] similar to that of all-cause mortality, with severity concentrated within clearly identifiable population groups [8].

The diversion of resources and various mitigation measures used mostly unsuccessfully during the Covid-19 public health response are demonstrated to have had a considerable negative impact on the economy and healthcare access. In doing so, they divert resources to private and corporate entities that are closely allied with WHO in promoting the proposed health emergency program. This underlines the importance of national and local control in time of disease outbreaks to ensure long-term harms do not outweigh intended short-term benefit, responses are in line with population priorities, and free of conflict of interest.

**Dangers of the proposed agreements**

*This proposed treaty and IHR amendments raise a number of fundamental concerns that we believe should lead to their immediate abandonment:*

*1.*    *People in countries complying with these instruments will lose sovereignty over major aspects of daily life to unelected international bureaucrats, who are subject to significant conflicts of interest from private individuals and industry.*

*2.*    *These WHO bureaucrats will decide on the criteria for and timing of such take-overs.*

*3.*    *The track record of the WHO in managing international outbreaks is poor. It is inherently dangerous to delegate control over complex issues that heavily impact the economy, society and public health to individuals in a distant location with no community or relevant national affiliations, and no direct stake in the outcomes.*

*4.*    *Such centralization is contrary to the fundamental pillars of community-based, locally organised healthcare, and antithetical to the principles of individual rights and autonomy upon which the WHO’s constitution is based.*

*5.*    *The increasing emphasis on pandemics instead of on the actual major causes of human illness and mortality is inappropriate, and the diversion of funds and activity will have hugely negative impacts on overall population and individual health.*

*The world needs international forums for sharing data, for concentrating technical expertise to support countries lacking these and to facilitate discussions between countries concerning health issues, including emergencies. Such organisations must be in service of member countries and their people, not act as unelected authorities, funded and influenced by conflicted, non-national interests that attempt to direct and control the lives of free citizens.*

The definition of pandemic and health emergency used by the WHO are arbitrary [10], leaving the decision to subvert national sovereignty in health matters at the whim of individual interpretation.

The WHO was set up after World War II as a body to serve countries, governed by them, and not as a body that would govern the actions of member states. Our laws and process of governance have developed over centuries to protect the rights of individuals and to preserve national sovereignty at the will of the people. It is imperative that those setting policy and rules on complex issues have a direct stake in the outcomes.

**We therefore request that steps be taken urgently to review the sovereignty and health issues that are at risk through the process currently under way, and to ensure that the role of the WHO, and other international organisations, remains strictly advisory and technical, whilst all decisions affecting citizens remain within the ambit of local and national government as well as the individuals themselves.**

 Sincerely,

*Sign your name here*

**Letter References**

1. WHO INternatonal Negotiating Body (INB) website for CA+ (pandemic treaty). <https://www.who.int/news-room/events/detail/2023/02/27/default-calendar/fourth-meeting-of-the-intergovernmental-negotiating-body-(inb)-for-a-who-instrument-on-pandemic-prevention-preparedness-and-response>
2. WHO Working Group for the International Health Regulations website. <https://apps.who.int/gb/wgihr/index.html>
3. <https://pandata.org/proposed-amendments-whos-ihr/>
4. https://pandata.org/proposed-who-instruments-for-pandemics-and-health-emergencies/
5. Council of the European Union, *An international treaty on pandemic prevention and preparedness*, <https://www.consilium.europa.eu/en/policies/coronavirus/pandemic-treaty/>
6. WHO, *Constitution of the World Health Organization*, <https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf#page=6>
7. <https://cdn.who.int/media/docs/default-source/documents/almaata-declaration-en.pdf?sfvrsn=7b3c2167_2>
8. International Conference on Primary Health Care, *Declaration of Alma-Ata*, <https://www.un.org/en/about-us/universal-declaration-of-human-rights>
9. National Institutes of Health, *Bacterial Pneumonia Caused Most Deaths in 1918 Influenza Pandemic*, <https://www.nih.gov/news-events/news-releases/bacterial-pneumonia-caused-most-deaths-1918-influenza-pandemic>
10. WHO, *Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza*, <https://apps.who.int/iris/bitstream/handle/10665/329438/9789241516839-eng.pdf?ua=1>
11. Office for National Statistics, UK, *Average age of those who had died with COVID-19*, <https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/averageageofthosewhohaddiedwithcovid19>
12. Centers for Disease Control and Prevention, USA, *People with Certain Medical Conditions,* <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>
13. WHO, *Special session of World Health Assembly 29 November 2021 - 1 December 2021,* <https://www.who.int/news-room/events/detail/2021/11/29/default-calendar/second-special-session-of-the-world-health-assembly>
14. WHO, *Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza*, <https://apps.who.int/iris/bitstream/handle/10665/329438/9789241516839-eng.pdf?ua=1>