

# Schermate degli emendamenti al Regolamento sanitario internazionale (ultima bozza disponibile del 23/02) e della bozza di accordo pandemico dell'OMS (versioni del 30/10/23 e del 14/02/24)

Entrambi i documenti devono essere vincolanti per le nazioni e ciascuno fornisce istruzioni su ciò che le nazioni devono fare per conformarsi, ovvero come viene ceduta la sovranità (nonostante le affermazioni contrarie dell'OMS e dei negoziatori statunitensi). L'agenda dell'OMS sarà soddisfatta se uno dei due documenti verrà accettato. Il "voto" è previsto per l'ultima settimana di maggio 2024. Il cavallo di Troia di "One Health", che non mostro qui, estende l'autorità della DG dell'OMS agli animali, alle piante e agli ecosistemi.

Qui si può leggere l'intera NDAA, solo la legge sulla preparazione alla pandemia, i miei punti salienti e il mio commento: <https://doortofreedom.org/2023-ndaa/>

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# I 2 documenti dell'Oms in votazione a maggio 2024

## Emendamenti al regolamento sanitario internazionale (RSI)

- Per passare è necessaria una maggioranza superiore al 50%;
- Ogni membro dell'OMS e quindi dell'IHR/RSI (196 paesi) deve obbedire alla norma se approvata, a meno che la nazione non emetta una revoca o una riserva formale;
- Entra in vigore 12 mesi dopo un voto o tramite un "consenso" (se l'OMS evita un voto);
- Le nazioni hanno 10 mesi per revocare o manifestare riserve alla sua approvazione. Non esiste alcuna opzione per uscire dal nuovo RSI dopo tale data;
- Questo è un processo di OPT-OUT In vigore durante una pandemia d(un particolare tipo di comunicazione per la quale non viene richiesto direttamente il consenso del soggetto);
- In vigore durante una pandemia dichiarata (o potenziale pandemia).

## Trattato pandemico, chiamato anche Accordo, Strumento, ecc.

- Per passare sono necessari almeno i 2/3 dei voti;
- Se approvato, le nazioni dovranno firmarlo e ratificarlo formalmente nei loro parlamenti;
- Entra in vigore per tutti i firmatari un mese dopo la firma;
- Le nazioni non possono chiedere di recedere dal trattato fino a uno o due anni dopo la sua entrata in vigore, poi ci vorranno altri 12 mesi per uscire;
- Si tratta di un processo OPT-IN (un sistema che consente di "accettare" un determinato servizio, come ad esempio la profilazione, il marketing, la ricezione di newsletter ...), con un lasso di tempo insolitamente breve prima dell'entrata in vigore;
- Il trattato sarà sempre in vigore.



**World Health  
Organization**

**SECOND MEETING OF THE WORKING GROUP ON  
AMENDMENTS TO THE INTERNATIONAL HEALTH  
REGULATIONS (2005)  
Provisional agenda item 6**

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**A/WGIHR/2/7  
6 February 2023**

**Article-by-Article compilation of proposed  
amendments to the International Health  
Regulations (2005) submitted in accordance with  
decision WHA75(9) (2022)**

[https://apps.who.int/gb/wgihhr/pdf\\_files/wgihhr2/A\\_WGIHR2\\_7-en.pdf](https://apps.who.int/gb/wgihhr/pdf_files/wgihhr2/A_WGIHR2_7-en.pdf)

Queste regole esistono già nel RSI, ma quando le nuove modifiche saranno in vigore saranno vincolanti = obbligatorie

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

Recommendations issued by WHO to States Parties with respect to persons may include the following advice:

- *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.*

Rimuovere i diritti umani dall'RSI non è stato un errore ...:  
lo hanno fatto due volte! ... e li hanno rimossi da una versione  
precedente della bozza del trattato

### *Article 3 Principles*

1. 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.

### *Article 2 Scope and purpose*

The purpose and scope of these Regulations are 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, and which avoid ~~unnecessary~~ interference with international traffic ~~and trade~~, livelihoods, human rights, and equitable access to health products and health care technologies and know how.

## Espandere l'autorità dell'OMS:

- \* Attualmente, l'RSI si limita a rispondere ai rischi per la salute pubblica
- \* Modificato, l'OMS sarà in grado di rispondere a **tutti i rischi** che **potenzialmente** possono incidere sulla salute pubblica
- \* Ciò potrebbe includere rischi non medici come le scelte alimentari, la biodiversità o il cambiamento climatico.

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La condivisione di agenti patogeni potenzialmente mortali viene discussa apertamente: nessuna condivisione **fino a quando non saranno stabiliti i benefici finanziari** per farlo, e l'OMS promette di non condividere potenziali agenti patogeni pandemici con "elementi impegnati in atti di violenza".

Si tratta essenzialmente di una **guerra biologica Open Source**?

### *Article 6 Notification*

**New 3. No sharing of genetic sequence data or information shall be required under these Regulations. The sharing of genetic sequence data or information shall only be considered after an effective and transparent access and benefit sharing mechanism with standard material transfer agreements governing access to and use of biological material including genetic sequence data or information relating to such materials as well as fair and equitable sharing of benefits arising from their utilization is agreed to by WHO Member States, is operational and effective in delivering fair and equitable benefit sharing.**

**New 3: Upon receiving notification from a State Party, WHO shall not transfer the public health information received pursuant to paragraph 1 of this provision, and other information as defined in paragraph 2 of this provision to establishments, personals, non-state actors or any recipient whatsoever engaging directly or indirectly with conflict and violence elements. WHO shall also handle the information in a manner designed to avoid such actors accessing the information, directly or indirectly.**

L'articolo 43 "Misure sanitarie aggiuntive" è quello dove si nasconde, utilizzando un linguaggio in codice, il **piano di limitare i farmaci durante le future pandemie**

*Article 43 Additional health measures*

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 shall make recommendations to the State Party concerned 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.

[https://apps.who.int/gb/wgihhr/pdf\\_files/wgihhr2/A\\_WGIHR2\\_7-en.pdf](https://apps.who.int/gb/wgihhr/pdf_files/wgihhr2/A_WGIHR2_7-en.pdf)



La **censura** è stata silenziosamente inserita nell'articolo 44, "Collaborazione e assistenza": l'OMS aiuterà prontamente gli stati a sorvegliare e censurare i propri cittadini

*Article 44 Collaboration and assistance*

2. WHO shall collaborate with and promptly assist States Parties, in particular developing countries upon request, ~~to the extent possible~~, in:

(e) (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;



**World Health  
Organization**

**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  
Provisional agenda item 2**

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**A/INB/7/3  
30 October 2023**

**Proposal for negotiating text  
of the WHO Pandemic Agreement**

[https://apps.who.int/gb/inb/pdf\\_files/inb7/A\\_INB7\\_3-en.pdf](https://apps.who.int/gb/inb/pdf_files/inb7/A_INB7_3-en.pdf)

# Contraddizioni deliberate riguardo all'accesso alle informazioni

## 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;

## Article 3. General principles and approaches

3. **Equity** – Equity is at the centre of pandemic prevention, preparedness and response, both at the national level within States and at the international level between States. It requires, inter alia, specific measures to protect persons in vulnerable situations. Equity includes the unhindered, fair, equitable and timely access to safe, effective, quality and affordable pandemic-related products and services, information, pandemic-related technologies and social protection.

7. **Transparency** – The effective prevention of, preparedness for and response to pandemics depends on the transparent, open and timely sharing of, access to and disclosure of accurate information, data and other relevant elements that may come to light, for risk assessment, prevention and control measures, and the research and development of pandemic-related products and services, including reports on sales revenues, prices, units sold, marketing costs and subsidies and incentives, consistent with national, regional and international privacy and data protection rules, regulations and laws.

Dopo aver sottolineato l'importanza di un accesso senza ostacoli alle informazioni, la bozza del trattato indirizza le nazioni a "gestire" le informazioni, combattere la "disinformazione" e promuovere la "fiducia nella scienza"

### Article 9. Research and development

2. To this end, the Parties shall promote:

(d) knowledge translation and evidence-based communication tools, strategies and partnerships relating to pandemic prevention, preparedness and response, including **infodemic management**, at local, national, regional and international levels.

### Article 18. Communication and public awareness

1. The Parties shall strengthen science, public health and pandemic literacy in the population, as well as access to information on pandemics and their effects and drivers, and combat false, misleading, misinformation or disinformation, including through effective international collaboration and cooperation as referred to in Article 16 herein.

2. The Parties shall, as appropriate, conduct research and inform policies on factors that hinder adherence to public health and social measures in a pandemic and trust in science and public health institutions.

L'OMS vuole farci credere che la “copertura sanitaria” che promettono sia assistenza sanitaria, ma in realtà è l'assicurazione sanitaria che promettono ripetutamente

- Ecco cosa dice la bozza del Trattato sulla **copertura sanitaria**:

### **Article 1. Use of terms**

For the purposes of the WHO Pandemic Agreement:

(k) “universal health coverage” means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care;

- Ecco come il governo degli Stati Uniti definisce la **copertura sanitaria**:

<https://www.healthcare.gov/glossary/health-coverage/>

### **Copertura Sanitaria**

Diritto legale al pagamento o al rimborso delle spese sanitarie, generalmente in base a un contratto con una compagnia di assicurazione sanitaria, un piano sanitario di gruppo offerto in relazione al lavoro o un programma governativo come Medicare, Medicaid o il programma di assicurazione sanitaria per bambini (CHIP)

Le nazioni sono tenute ad **approvare leggi** per consentire una rapida licenza o autorizzazione (uso senza un'adeguata revisione) di "prodotti pandemici", ovvero vaccini o farmaci

#### **Article 14. Regulatory strengthening**

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

6. Each Party **shall**, in accordance with relevant laws, encourage manufacturers to generate relevant data, contribute to the development of common technical documents, and diligently pursue regulatory authorizations and/or approvals of pandemic-related products with WHO listed authorities, other priority authorities and WHO.

Il Trattato sulla  
pandemia si è  
assicurato di  
eliminare ogni  
responsabilità  
per gli  
infortuni  
causati dai  
vaccini “Warp  
Speed”.

Il Trattato lo  
dice in 3 modi  
diversi.

## Article 15. Compensation and liability management

1. Each Party shall develop national strategies for managing liability risks in its territory regarding the manufacturing, distribution, administration and use of novel vaccines developed in response to pandemics. Strategies may include, inter alia, the development of model contract provisions, vaccine injury compensation mechanisms, insurance mechanisms, policy frameworks and principles for the negotiation of procurement agreements and/or the donation of novel vaccines developed in response to pandemics, and building expertise for contract negotiations in this matter.
2. The Conference of the Parties shall establish, within two years of the entry into force of the WHO Pandemic Agreement, using existing relevant models as a reference, no-fault vaccine injury compensation mechanism(s), with the aim of promoting access to financial remedy for individuals experiencing serious adverse events resulting from a pandemic vaccine, as well as more generally promoting pandemic vaccine acceptance. The Conference of the Parties shall further develop the mechanism(s), which may be regional and/or international, including strategies for funding the mechanism(s), through the modalities provided for in Article 20 herein.
3. Each Party shall endeavour to ensure that, in contracts for the supply or purchase of novel pandemic vaccines, buyer/recipient indemnity clauses, if any, are exceptionally provided and are time-bound.

# L'OMS ha costruito un sistema per la condivisione di agenti di guerra biologica "Open-Source"

## Article 12. Access and benefit sharing

1. The Parties hereby establish a multilateral system for access and benefit sharing, on an equal footing, the WHO Pathogen Access and Benefit-Sharing System (WHO PABS System), to ensure rapid and timely risk assessment and facilitate rapid and timely development of, and equitable access to, pandemic-related products for pandemic prevention, preparedness and response.

4. The WHO PABS System shall have the following components:

(a) WHO PABS Materials sharing:

(i) Each Party, through its relevant public health authorities and authorized laboratories, shall, in a rapid, systematic and timely manner: (1) provide WHO PABS Material to a laboratory recognized or designated as part of an established WHO coordinated laboratory network; and (2) upload the genetic sequence of such WHO PABS Material to one or more publicly accessible database(s) of its choice, provided that the database has put in place an appropriate arrangement in respect of WHO PABS Materials.

(ii) The WHO PABS System shall be consistent with international legal frameworks, notably those for the collection of patient specimens, material and data, and will promote findable, accessible, interoperable and reusable data available to all Parties.



Invece di terminare la ricerca sul guadagno di funzione, gli esperti dell'OMS la supervisioneranno! (bozza di trattato 14/2/24)

**[Article 24. Scientific Advisory Committee**

1. The Parties hereby establish a Scientific Advisory Committee as a subsidiary body of the Governing Body, to assess the science related to pandemic prevention, preparedness, response and recovery.
2. The Scientific Advisory Committee shall consist of independent experts from various disciplines related to pandemic prevention, preparedness, response and recovery. The experts shall be nominated by the Parties, and **appointed by the Director General.**
3. The Scientific Advisory Committee shall perform the following functions:
  - (i) supervise research involving pandemic potential pathogens including genetic engineering and “gain of function” research with a view to avoiding biosafety and biosecurity concerns, including accidental laboratory leakages of disease causing agents and in this regard, develop guidelines and submit to the Governing Body; and

[https://healthpolicy-watch.news/wp-content/uploads/2024/02/INB8\\_Chapter-III.pdf](https://healthpolicy-watch.news/wp-content/uploads/2024/02/INB8_Chapter-III.pdf)