



## International Health Regulations (2005)

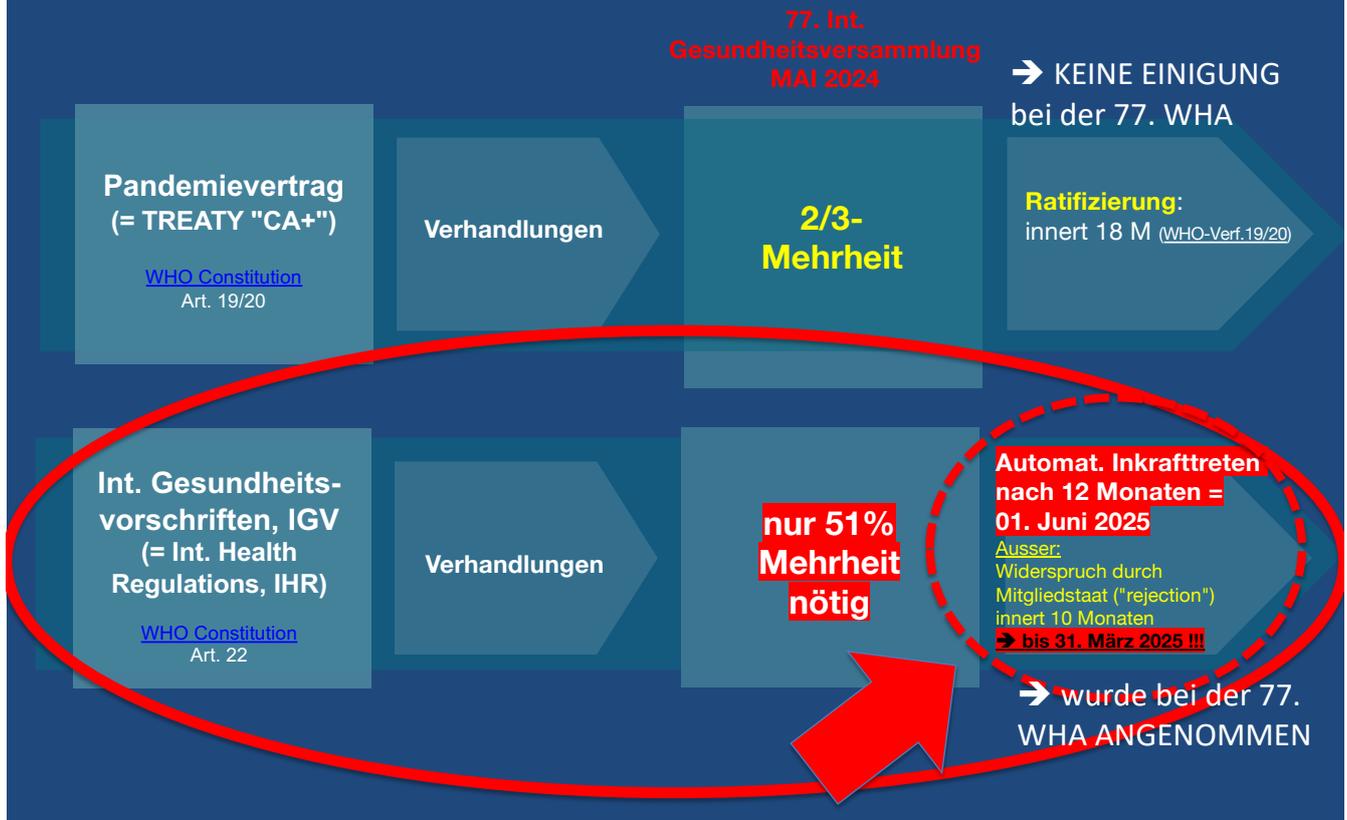
WHO ändert  
Int. Gesundheitsvorschriften  
(IGV)

## Vortragsthemen:

- WHO Überblick beschlossene Änderungen der Int. Gesundheitsvorschriften IGV (IHR)
- Finanzierung WHO
- Warum könnte das ein Nachteil sein...?

# Pandemievertrag (CA+) und Int. Gesundheitsvorschriften, IGV (IHR) sind **2 unterschiedliche Vertragswerke**:

KRUSE | LAW



DR. CHRISTIAN PRESOLY  
RECHTSANWALT | ATTORNEY AT LAW

Wie nachfolgend aufgezeigt wird:

- Durch beschlossene IGV/IHR wird einer einzelnen Person sehr viel **Macht über unser Gesundheitssystem** eingeräumt
- Die Person selbst steht in Vertretung der WHO jedoch in grosser **finanzieller Abhängigkeit von int. Geldgebern**
- Bei diesen int. Geldgebern sind **vorrangige wirtschaftliche Interessen** nicht auszuschliessen

**Int. Gesundheitsvorschriften IGV (IHR)**  
*Änderungen gemäss Originaldokument der WHO*



SEVENTY-SEVENTH WORLD HEALTH ASSEMBLY  
Agenda item **13.3**

~~A77/ACONF/14~~  
**1 June 2024**

## International Health Regulations (2005)

Quelle: [https://apps.who.int/gb/ebwha/pdf\\_files/WHA77/A77\\_ACONF14-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_ACONF14-en.pdf)



**Int. Gesundheitsvorschriften IGV (IHR)**  
*Ursprüngliche Änderungsvorschläge der WHO*  
**16. November 2022**

### **Article-by-Article Compilation of Proposed Amendments to the International Health Regulations (2005) submitted in accordance with decision WHA75(9) (2022)**

The Working Group on Amendments to the International Health Regulations (WGIHR) at its first meeting on 14–15 November 2022 decided that “the Secretariat shall also publish online an article-by-article compilation of the proposed amendments, as authorized by the submitting Member States, in the six official languages, without attribution of the proposals to the Member States proposing them.”<sup>1</sup>

Quelle: <https://apps.who.int/gb/wgih/>

## PART I – DEFINITIONS, PURPOSE AND SCOPE, PRINCIPLES AND RESPONSIBLE AUTHORITIES

### *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;

Quelle: <https://apps.who.int/gb/wgthr/>

...“unverbindliche“ Empfehlungen wurden ausdrücklich für verbindlich erklärt...

### *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.**

Quelle: <https://apps.who.int/gb/wgthr/>

...Menschenrechte wurden gestrichen!

*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 the 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.

**WHO Generaldirektor allein (!) entscheidet, ob ein PHEIC vorliegt**  
– warum nicht ein unabhängiges (!) Spezialistengremium...?

**NEW (6) The Director-General, if the event is not designated as a public health emergency of international concern, based on the opinion/advice of the Emergency Committee, may designate the event as having the potential to develop into a public health emergency of international concern, communicate this and the recommended measures to States parties in accordance with procedures set out in Article 49**

**Massnahmen sogar auch für den Fall vorgesehen, dass „nur das Potential“ für einen PHEIC vorliegt...**

## PHEIC bedeutet:

“public health emergency of international concern” means an extraordinary event which is determined, as provided in these Regulations:

- (i) to constitute a public health risk to other States through the international spread of disease;  
and
- (ii) to potentially require a coordinated international response;

...das heisst:

- öffentl. Gesundheitsrisiko für andere Staaten durch int. Ausbreitung einer Krankheit,
- die eine int. koordinierte Antwort benötigt

→ Seit 2009 keine grosse Sterblichkeitsrate gefordert...

### *Article 15 Temporary recommendations*

1. If it has been determined in accordance with Article 12 that a public health emergency of international concern is occurring, **or the event has a potential to become PHEIC**, the Director-General shall issue temporary recommendations in accordance with the procedure set out in Article 49. Such temporary recommendations may be modified or extended as appropriate, including after it has been determined that a public health emergency of international concern has ended, at which time other temporary recommendations may be issued as necessary for the purpose of preventing or promptly detecting its recurrence.

**WHO Generaldirektor (!) entscheidet die Massnahmen und auch, wie lange sie gelten**

– warum nicht ein unabhängiges (!) Spezialistengremium...?

**NEW Article 13A WHO Led International Public Health Response**

**1. 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.**

...die Mitgliedstaaten verpflichten sich (=undertake to follow),  
die Empfehlungen der WHO zu befolgen

## Was sind die „verpflichtenden“ Massnahmen, die der WHO Generaldirektor bestimmt?

*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.
- **Impfnachweise**
  - **Impfpflicht**
  - **Quarantäne**
  - **Kontaktverfolgung**
  - **Zugangsbeschränkungen**

...warum so viel Macht für nur eine Person...



Vorgesehene Zensur:

Die Verbreitung „falscher“ und „unzuverlässiger“ Informationen soll unterdrückt werden:

*Article 44 Collaboration and assistance*

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

**(h) (new) in 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**

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;**

## Umsetzungskomitee:

### *Article 53A - Establishment of an Implementation Committee*

**The State Parties shall establish an Implementation Committee, comprising of all States Parties meeting annually, that shall be responsible for:**

**(c) Promote international cooperation and assistance to address concerns raised by WHO and States Parties regarding implementation of, and compliance with, obligations under these Regulations in accordance with Article 44;**

...um zu überwachen, dass auch alles brav umgesetzt wird.

- Keine Kontrollmechanismen zu finden...!!!
  - **KEINE ÜBERPRÜFUNGSMÖGLICHKEIT!!!**  
(Überprüfung durch unabhängiges Expertengremium oder Gericht...)
- Durchsetzung Seitens der WHO?
  - keine berittene Eingreiftruppen
  - **ABER: Gruppenzwang!**



## Working Group on Amendments to the International Health Regulations (2005) (WGIHR)

Proposed Bureau's text for Eighth WGIHR Meeting, 22–26 April 2024

17 April 2024

Quelle: [https://apps.who.int/gb/wgihhr/pdf\\_files/wgihhr8/WGIHR8\\_Proposed\\_Bureau\\_text-en.pdf](https://apps.who.int/gb/wgihhr/pdf_files/wgihhr8/WGIHR8_Proposed_Bureau_text-en.pdf)



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The Working Group on Amendments to the International Health Regulations (WGIHR) at its first meeting on 14–15 November 2022 decided that “the Secretariat shall also publish online an article-by-article compilation of the proposed amendments, as authorized by the submitting Member States, in the six official languages, without attribution of the proposals to the Member States proposing them.”<sup>1</sup>

16.11.2022

2025

17.04.2024 (!)



### Working Group on Amendments to the International Health Regulations (2005) (WGIHR)

Proposed Bureau's text for Eighth WGIHR Meeting, 22–26 April 2024

17 April 2024

*Article 1 Definitions*

1. For the purposes of the International Health Regulations (hereinafter “the IHR” or “Regulations”):  
(...)

“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;

→ Bisherige Streichung von „non-binding“ wurde wieder weggelassen.  
...es sollten wieder „nicht-verbindliche Empfehlungen“ sein...

Menschenrechte bei bisheriger Version gestrichen:

*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.**

Quelle: <https://apps.who.int/gb/wgahr/>

...wurden wieder inkludiert...:

*Article 3 Principles*

1. The implementation of these Regulations **shall be with full respect for the dignity, human rights and fundamental freedoms of persons, and shall promote equity and solidarity among States Parties.**

## Entscheidung über Vorliegen eines Public Health Emergency of Int. Concern (PHEIC):

### *Article 12 Determination of a public health emergency of international concern, including a pandemic emergency*

1. The Director-General shall determine, on the basis of the information received, in particular from the State(s) Party(ies) within whose territory(ies) an event is occurring, whether an event constitutes a public health emergency of international concern, including, when appropriate, a pandemic emergency, in accordance with the criteria and the procedure set out in these Regulations.

Es bleibt wie zuvor: WHO Generaldirektor allein (!) entscheidet, ob ein PHEIC vorliegt (warum nicht ein Spezialistengremium...?):

## WHO Generaldirektor soll zwar seine Entscheidung mit dem betroffenen Mitgliedstaat besprechen, aber...:

2. If the Director-General considers, based on an assessment under these Regulations, that a public health emergency of international concern is occurring, the Director-General shall consult with the State(s) Party(ies) in whose territory(ies) the event is occurring arises regarding this preliminary determination. If the Director-General and the State(s) Party(ies) are in agreement regarding this determination, 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.

...bei Uneinigkeit wird nach dem Art. 49 Verfahren entschieden...

3. If, following the consultation in paragraph 2 above, the Director-General and the State(s) Party(ies) in whose territory(ies) the event is occurring 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.

## Verfahren nach Art. 49:

### *Article 49 Procedure*

1. The Director-General shall convene meetings of the Emergency Committee by selecting a number of experts from among those referred to in paragraph 2 of Article 48, according to the fields of expertise and experience most relevant to the specific event that is occurring. For the purpose of this Article, "meetings" of the Emergency Committee may include teleconferences, videoconferences or electronic communications.

2. The Director-General shall provide the Emergency Committee with the agenda and any relevant information concerning the event, including information provided by the States Parties, as well as any temporary recommendation that the Director-General proposes for issuance.

5. The views of the Emergency Committee shall be forwarded to the Director-General for consideration. The Director-General shall make the final determination on these matters.

**Schlussendlich bleibt die Entscheidung beim WHO Generaldirektor allein und nicht beim Spezialistengremium!**

### *Article 15 Temporary recommendations*

1. If it has been determined in accordance with Article 12 that a public health emergency of international concern, **including a pandemic emergency**, is occurring, the Director-General shall issue temporary recommendations in accordance with the procedure set out in Article 49. Such temporary recommendations may be modified or extended as appropriate, including after it has been determined that a public health emergency of international concern, **including a pandemic emergency**, has ended, at which time other temporary recommendations may be issued as necessary for the purpose of preventing or promptly detecting its recurrence.

**Welche Massnahmen umgesetzt werden sollen, bleibt ebenfalls die Entscheidung des WHO Generaldirektors!**

Umsetzungsverpflichtung – bisher in eigenem Artikel festgehalten:

~~*NEW Article 13A WHO Led International Public Health Response*~~

~~1. 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.~~

...die Mitgliedstaaten verpflichten sich (=undertake to follow), die Empfehlungen der WHO zu befolgen

ABER: Es bleiben *health measures to be implemented* =

*Gesundheitsmassnahmen, die umzusetzen sind...*

*Article 15 Temporary recommendations*

2. Temporary recommendations may include health measures to be implemented by the State(s) Party(ies) experiencing the public health emergency of international concern, including a pandemic emergency, or by other States Parties, regarding persons, baggage, cargo, containers, conveyances, goods, including relevant health products, and/or postal parcels to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic.

Die möglichen Massnahmen bleiben gleich:

*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;
- implement exit screening and/or restrictions on persons from affected areas.

- **Impfnachweise**
- **Impfpflicht**
- **Quarantäne**
- **Kontaktverfolgung**
- **Zugangsbeschränkungen**

...das heisst zusammengefasst:

- Es blieb wie zuvor: WHO Generaldirektor entscheidet de facto allein (!), ob ein PHEIC vorliegt (warum nicht ein Spezialistengremium...?)
- Es blieb, dass de facto er allein die anzuwendenden Massnahmen entscheidet
- De facto Umsetzungsverpflichtung für Mitgliedstaaten blieb über anderen Paragraphen inkludiert
- Es blieb, dass keine Kontrollmechanismen vorgesehen waren

...es bleibt weiterhin viel Macht für nur eine Person...

**Int. Gesundheitsvorschriften IGV (IHR)**  
Änderungen gemäss Originaldokument der WHO



SEVENTY-SEVENTH WORLD HEALTH ASSEMBLY  
Agenda item 13.3

~~A77/A/CONF./14~~  
1 June 2024

## International Health Regulations (2005)

Quelle: [https://apps.who.int/gb/ebwha/pdf\\_files/WHA77/A77\\_ACONF14-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_ACONF14-en.pdf)



**Article-by-Article Compilation of Proposed Amendments  
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The Working Group on Amendments to the International Health Regulations (WGIHR) at its first meeting on 14–15 November 2022 decided that “the Secretariat shall also publish online an article-by-article compilation of the proposed amendments, as authorized by the submitting Member States, in the six official languages, without attribution of the proposals to the Member States proposing them.”<sup>1</sup>



SEVENTY-SEVENTH WORLD HEALTH ASSEMBLY  
Agenda item 13.3

A77/A/CONF./14  
1 June 2024

## International Health Regulations (2005)

16.11.2022

01.06.2024

2025

17.04.2024 (!)



**Working Group on Amendments to the International  
Health Regulations (2005) (WGIHR)**

Proposed Bureau's text for Eighth WGIHR Meeting, 22–26 April 2024

17 April 2024

## ABER:

### *Article 55 Amendments*

[Amendments to this Article will enter into force on 31 May 2024]

1. Amendments to these Regulations may be proposed by any State Party or by the Director-General. Such proposals for amendments shall be submitted to the Health Assembly for its consideration.
2. The text of any proposed amendment shall be communicated to all States Parties by the Director-General at least four months before the Health Assembly at which it is proposed for consideration.
3. Amendments to these Regulations adopted by the Health Assembly pursuant to this Article shall come into force for all States Parties on the same terms, and subject to the same rights and obligations, as provided for in Article 22 of the Constitution of WHO and Articles 59 to 64 of these Regulations.

- Gemäss eigenem Wortlaut der WHO IHR hätte Abstimmungstext 4 (!) Monate vorher allen Mitgliedstaaten vorgelegt werden müsse
- **War nicht der Fall: HÄTTE NICHT BESCHLOSSEN WERDEN DÜRFEN!**

## Was wurde beschlossen?

### Article 1 Definitions

#### ○ “standing recommendation”

“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;

→ bleibt non-binding advice - Streichung von “non” bleibt aufgehoben

#### ○ temporary recommendation”

“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;

• → bleibt non-binding advice - Streichung von “non” bleibt aufgehoben

*Article 3 Principles*

1. The **implementation** of these Regulations shall be **with full respect for the dignity, human rights and fundamental freedoms of persons, and shall promote equity and solidarity.**

**Article 12 Determination of a public health emergency of international concern, including a pandemic emergency**

1. **The Director-General shall determine, on the basis of the information received, in particular from the State(s) Party(ies) within whose territory(ies) an event is occurring, whether an event constitutes a public health emergency of international concern, including, when appropriate, a pandemic emergency, in accordance with the criteria and the procedure set out in these Regulations.**

/

3. **If, following the consultation in paragraph 2 above, the Director-General and the State(s) Party(ies) in whose territory(ies) the event is occurring 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.**

→ Die Entscheidung, ob ein PHEIC vorliegt, verbleibt beim WHO GD.

→ Wenn der jew. Mitgliedstaat dieser Einschätzung nicht zustimmt, soll dies im Wege des Verfahrens nach Art. 49 IHR bestimmt werden, bei dem aber auch wieder der WHO GD entscheidet – wozu dann das ganze... .

*Article 49 Procedure*

1. **The Director-General shall** convene meetings of the Emergency Committee by selecting a number of experts from among those referred to in paragraph 2 of Article 48, according to the fields of expertise and experience most relevant to the specific event that is occurring. For the purpose of this Article, “meetings” of the Emergency Committee may include teleconferences, videoconferences or electronic communications.
2. **The Director-General shall** provide the Emergency Committee with the agenda and any relevant information concerning the event, including information provided by the States Parties, as well as any temporary recommendation that the Director-General proposes for issuance.
5. **The views of the Emergency Committee shall be forwarded to the Director-General for consideration. The Director-General shall make the final determination on these matters.**

→ Die finale Entscheidung beim Art. 49 Verfahren verbleibt beim WHO GD!

**Article 15 Temporary recommendations**

*Article 15 Temporary recommendations*

1. **If it has been determined in accordance with Article 12 that a public health emergency of international concern, including a pandemic emergency, is occurring, the Director-General shall issue temporary recommendations in accordance with the procedure set out in Article 49. Such temporary recommendations may be modified or extended as appropriate, including after it has been determined that a public health emergency of international concern, including a pandemic emergency, has ended, at which time other temporary recommendations may be issued as necessary for the purpose of preventing or promptly detecting its recurrence.**
2. **Temporary recommendations may include health measures to be implemented by the State(s) Party(ies) experiencing the public health emergency of international concern, including a pandemic emergency, or by other States Parties, regarding persons, baggage, cargo, containers, conveyances, goods, including relevant health products, and/or postal parcels to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic.**
3. **Temporary recommendations may be terminated in accordance with the procedure set out in Article 49 at any time and shall automatically expire three months after their issuance. They may be modified or extended for additional periods of up to three months. Temporary recommendations may not continue beyond the second World Health Assembly after the determination of the public health emergency of international concern, including a pandemic emergency, to which they relate.**

- Nach wie vor **entscheidet der WHO GD** (und nicht ein Spezialistengremium!) **über** die verhängten **Massnahmen**
- Nach wie vor **sind** die **Massnahmen von den einzelnen Mitgliedstaaten umzusetzen** („*Temporary recommendations may include health measures to be implemented by the State(s) Party(ies)*“)
- Der WHO GD entscheidet auch, wann temporary recommendations wieder aufgehoben werden sollen, denn ein Verfahren nach Art. 49 wird schlussendlich auch vom WHO GD entschieden.
- **Neu:** temporary recommendations sollen nach 3 Monaten automatisch auslaufen und nur für weitere 3 Monate verlängert werden können

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

- 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;
  - implement exit screening and/or restrictions on persons from affected areas.
- **Impfnachweise**
  - **Impfpflicht**
  - **Quarantäne**
  - **Kontaktverfolgung**
  - **Zugangsbeschränkungen**

## Angebliche Kontrolle durch Expertenräte:

### Article 47 IHR Roster of Experts (Expertenliste) – Composition

The Director-General shall establish a roster composed of experts in all relevant fields of expertise (hereinafter the “IHR Expert Roster”). The Director-General shall appoint the members of the IHR Expert Roster in accordance with the WHO Regulations for Expert Advisory Panels and Committees (hereinafter the “WHO Advisory Panel Regulations”), unless otherwise provided in these Regulations.

→ Zufälligerweise werden die Mitglieder der Expertenliste auch wieder vom WHO GD ernannt...

### Article 48 The Emergency Committee – Terms of reference and composition

#### Chapter II – The Emergency Committee

#### Article 48 Terms of reference and composition

1. The Director-General shall establish an Emergency Committee that at the request of the Director-General shall provide its views on:
  - (a) whether an event constitutes a public health emergency of international concern, including a pandemic emergency;
  - (b) the termination of a public health emergency of international concern, including a pandemic emergency; and
  - (c) the proposed issuance, modification, extension or termination of temporary recommendations.

Soll beraten, ob (a) PHEIC vorliegt, (b) wann dieser beendet ist und (c) welche Massnahmen wie lange zu verhängen sind

2. The Emergency Committee shall be composed of experts selected by the Director-General from the IHR Expert Roster and, when appropriate, other expert advisory panels of the Organization. The Director-General shall determine the duration of membership with a view to ensuring its continuity in the consideration of a specific event and its consequences. The Director-General shall select the members of the Emergency Committee on the basis of the expertise and experience required for any particular session and with due regard to the principles of equitable geographical representation. ~~At least one member~~ **Members of the Emergency Committee should include at least one** ~~be an expert~~ nominated by a State(s) Party(ies) within whose territory the event arises **is occurring**.

→ Zufälligerweise werden die Mitglieder des Emergency Committee auch wieder vom WHO GD ernannt...

→ Der WHO GD entscheidet aber sogar auch, wie lange diese im Komitee bleiben... (= totale Kontrolle durch GD!)

### Article 49 Procedure (of the Emergency Committee)

5. The views of the Emergency Committee shall be forwarded to the Director-General for consideration. **The Director-General shall make the final determination on these matters.**

→ Finale Entscheidung im Emergency Committee bleibt – trotz aller Kontrollmöglichkeiten – sogar auch beim WHO GD !!!

...es bleibt weiterhin viel Macht für nur eine Person...

- Weiter keine Kontrollmechanismen vorgesehen, wie Überprüfung durch
  - unabhängige Gerichte
  - unabhängiges Expertengremium
  - etc....
  
- Gegen eine ganz klar als falsch angesehene Entscheidung des WHO GD kann kein Rechtsmittel ergriffen werden...!

## Änderungen der Frist für Widerspruch und Inkrafttreten der IHR:

### Article 54 Entry into force; period for rejection or reservations

#### [Amendments to this Article will enter into force on 31 May 2024]

1. The period provided in execution of Article 22 of the Constitution of WHO for rejection of, or reservation to, these Regulations or an amendment thereto, shall be 18 months from the date of the notification by the Director-General of the adoption of these Regulations or of an amendment to these Regulations by the Health Assembly. Any rejection or reservation received by the Director-General after the expiry of that period shall have no effect.
2. These Regulations shall enter into force 24 months after the date of notification referred to in paragraph 1 of this Article, except for:
  - (a) a State that has rejected these Regulations or an amendment thereto in accordance with Article 61;

➔ ABER: gem. WHO soll Fristverkürzung gem. 75. WHA auf 12 und 10 Monaten bereits in Kraft sein:

## Beschluss der 75ten WHA (WHA 75.12 Agenda item 16.2, 28. Mai 2022)



World Health  
Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY  
Agenda item 16.2

WHA75.12  
28 May 2022

### Amendments to the International Health Regulations (2005)

The Seventy-fifth World Health Assembly,

1. **ADOPTS**, in accordance with paragraph 3 of Article 55 of the International Health Regulations (2005), **the amendments to Article 59**, and the consequent necessary updates to Articles 55, 61, 62, and 63 of the International Health Regulations (2005) **set out in the Annex below**;

## Beschluss der 75ten WHA (WHA 75.12 Agenda item 16.2, 28. Mai 2022) ANNEX

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

1. The **period** provided in execution of Article 22 of the Constitution of WHO **for rejection** of, or reservation to, these Regulations shall be **18 months from the date of the notification** by the Director-General of the adoption of these Regulations by the Health Assembly. Any rejection or reservation received by the Director-General after the expiry of that period shall have no effect.

1bis The **period** provided in execution of Article 22 of the Constitution of WHO **for rejection** of, or reservation to, an amendment to these Regulations shall be **10 months from the date of the notification** by the Director-General of the adoption of an amendment to these Regulations by the Health Assembly. Any rejection or reservation received by the Director-General after the expiry of that period shall have no effect.

2. **These Regulations** shall enter into force **24 months** after the date of notification referred to in paragraph 1 of this Article, and **amendments** to these Regulations shall enter into force **12 months** after the date of notification referred to in paragraph 1bis of this Article, except for:

(a) a State that has rejected these Regulations or an amendment thereto in accordance with Article 61;

## WHO Note v. 21. Juni 2024 betr. Beschluss WHA 75.12 v. 28.05.2022



### INTERNATIONAL HEALTH REGULATIONS

The Seventy-fifth World Health Assembly, through resolution **WHA75.12 (2022)**, adopted amendments to **Articles 55, 59, 61, 62 and 63** of the International Health Regulations (2005). The above amendments entered into force on **31 May 2024** in accordance with paragraph 2 of Article 59 of the Regulations, except vis-à-vis the States Parties that rejected said amendments, pursuant to Article 61 of the Regulations.

The Sixty-fifth World Health Assembly, through resolution WHA58.5 (2005), adopted the International Health Regulations (2005).

The Sixty-seventh World Health Assembly, through resolution WHA67.13 (2014), adopted amendments to Annex 7 of the International Health Regulations (2005). Noting that no States Party expressed reservations or rejections regarding said amendment, the latter entered into force for all States Parties on 11 July 2016, in accordance with paragraph 2 of Article 59 of the Regulations.

The Seventy-fifth World Health Assembly, through resolution WHA75.12 (2022), adopted amendments to Articles 55, 59, 61, 62 and 63 of the International Health Regulations (2005). The above amendments entered into force on 31 May 2024 in accordance with paragraph 2 of Article 59 of the Regulations, except vis-à-vis the States Parties that rejected said amendments, pursuant to Article 61 of the Regulations.

- 2022 soll die Notifizierungsfrist nur 3 (!) Tage gebraucht haben (Beschlussfassung 28.05.2022 ↔ Inkrafttreten 31.05.2024).
- Beschluss vom 01.06.2024 über die jetzigen Änderungen soll aber erst am 17.09.2024 (!) zugestellt worden sein.
  - Warum diesmal so lange?
  - Warum das letzte Mal so schnell?
  - Auswirkungen?

## Finanzierung der WHO:

The screenshot shows the WHO website page titled "How WHO is funded". A red circle highlights the browser address bar with the URL "www.who.int/about/funding". A red arrow points to the "Countries" menu item in the top navigation bar. Another red circle highlights the main heading "How WHO is funded" on the page. A third red arrow points to the introductory text below the heading.

WHO gets its funding from two main sources: Member States paying their assessed contributions (countries' membership dues), and voluntary contributions from Member States and other partners.

**Assessed contributions (AC)** are a percentage of a country's gross domestic product (the percentage is agreed by the United Nations General Assembly). Member States approve them every two years at the World Health Assembly. They cover less than 20% of the total budget.

The remainder of WHO's financing is in the form of **voluntary contributions (VC)**, largely from Member States as well as from other United Nations organizations, intergovernmental organizations, philanthropic foundations, the

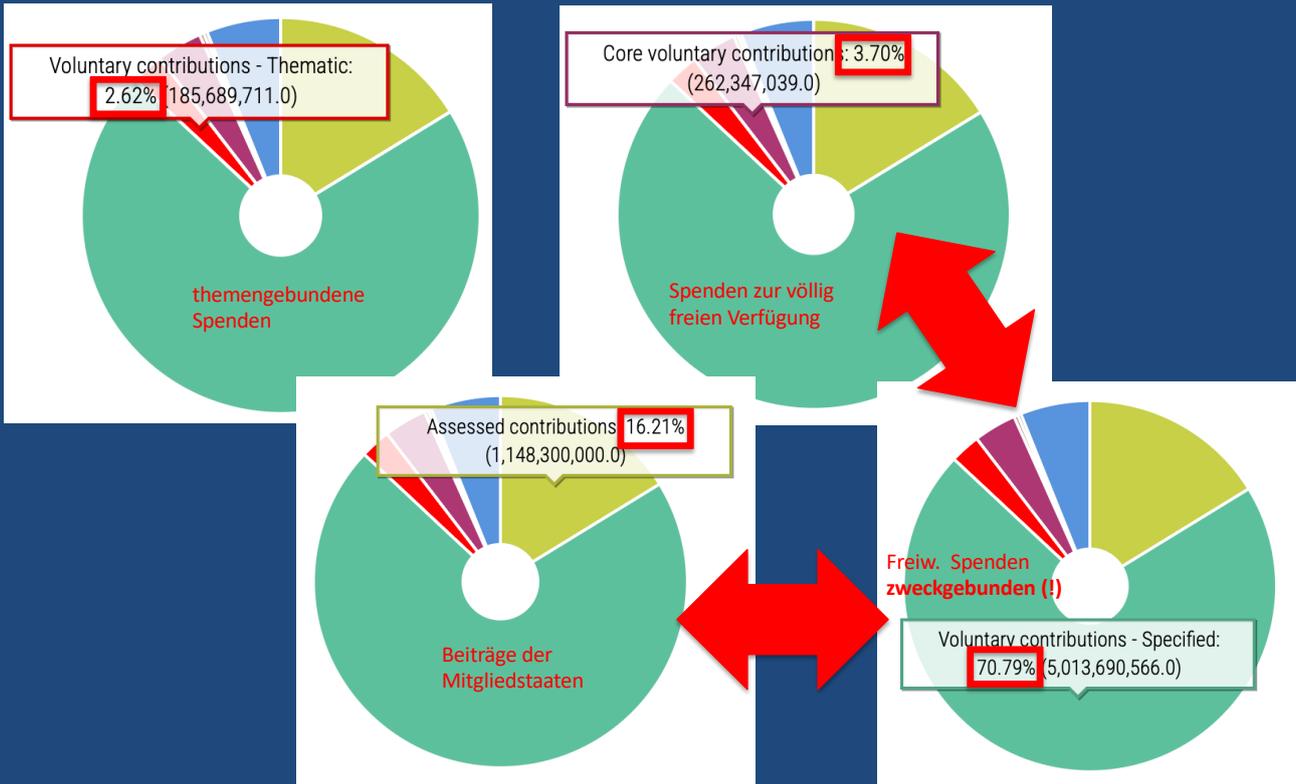
- Assessed contributions
- Flexible funding
- Invest in WHO
- Our contributors
- Sustainable financing

The screenshot shows the WHO website page titled "By contributor" for the period 2024-25. A red circle highlights the year "2024-25" in the top navigation. A search bar is set to "- All Contributors". A pie chart titled "Funding by fund type" shows that "Voluntary contributions - Specified" account for 70.79% (5,013,690,566.0). A table titled "Funding by contributor" lists various contribution types with their respective values.

Contributor Type	Value
Assessed contributions	1,148,300K
Voluntary contributions - Specified	5,013,691K
Voluntary contributions - Thematic	185,690K
Core voluntary contributions	262,347K
PIP Contributions	23,692K
Contingency Fund for Emergencies	20,722K
Projected funding*	428,268K
<b>Total</b>	<b>7,082,709K</b>

\* Projected can be either core voluntary or voluntary thematic/specified

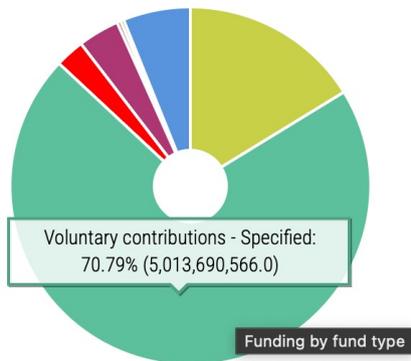
Quelle: <https://open.who.int/2024-25/contributors/contributor>



## Finanzierung der WHO:

- 16.21 % sind Beiträge der Mitgliedstaaten
- 77.11 % freiwillige Spenden:
  - ➔ 3.70 % völlig freie Spenden, 2.62% halbfreie Spenden und:
  - ➔ insgesamt 70.79% der WHO Gelder sind zweckgebundene Spenden, die nur bei Umsetzung spezieller Programme gegeben werden = die Spender bestimmen die Richtung!!!

### Funding by fund type



### Funding by contributor

UPDATED UNTIL 01-2025

- All Contributors

Assessed contributions	1,148,300K
Voluntary contributions - Specified	5,013,691K
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PIP Contributions	23,692K
Contingency Fund for Emergencies	20,722K
Projected funding*	428,268K
<b>Total</b>	<b>7,082,709K</b>

**16.21% Assessed contributions (Beiträge Mitglieder)**  
**<=> 70.79% Voluntary contributions spec. (zweckgeb.)**

- Von diesen zweckgebundenen Spenden ist
  - der **2. grösste Spender**: die **Bill & Melinda Gates Foundation (USD 687 Mio.)**
  - der **3. grösste Spender**: die **Impfvereinigung GAVI (USD 526 Mio.)**



2024-25

By contributor Contributors by fund types Contributions by fund types

ASSESSED CONTRIBUTIONS

VOLUNTARY CONTRIBUTIONS - SPECIFIED

VOLUNTARY CONTRIBUTIONS - THEMATIC

CORE VOLUNTARY CONTRIBUTIONS

PIP CONTRIBUTIONS

CONTINGENCY FUND FOR EMERGENCIES

PROJECTED FUNDING

### Voluntary contributions - Specified

Shows the total funds available in this biennium and are exclusive of Programme Supports Costs.

United States of America	727,505K
Bill & Melinda Gates Foundation	686,970K
GAVI Alliance	525,736K
European Commission	352,364K
World Bank	295,026K
Germany	187,544K
Canada	130,457K
United Kingdom of Great Britain and Northern Ireland	123,858K
European Investment Bank	119,908K

Quelle: <https://open.who.int/2024-25/contributors/by-fund-types/vcs>

### Voluntary contributions - Specified

Shows the total funds available in this biennium and are exclusive of Programme Supports Costs.

United States of America	727,505K
Bill & Melinda Gates Foundation	686,970K
GAVI Alliance	525,736K

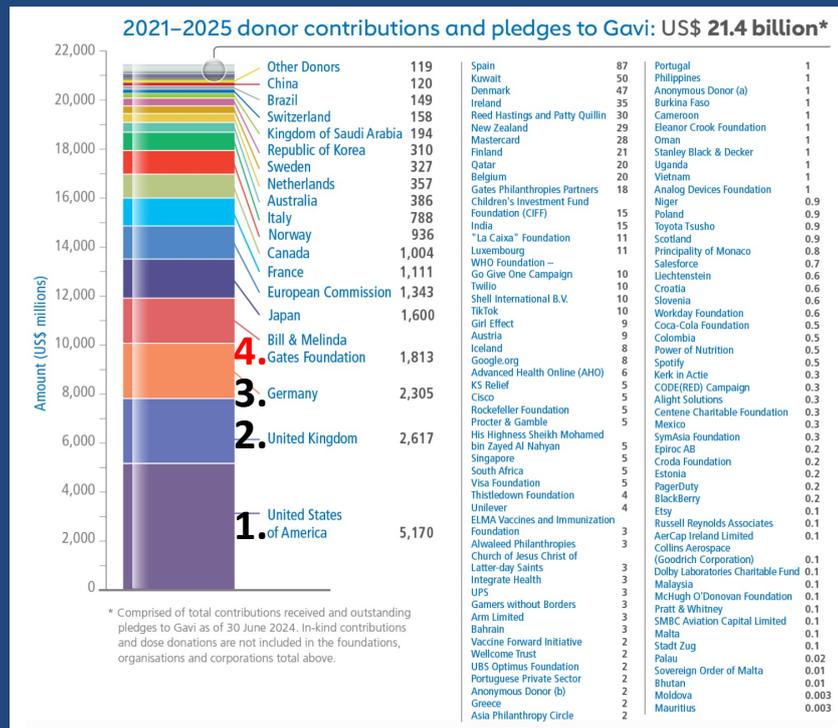
**Gates Foundation USD 686'970'000 + GAVI USD 525'736'000 =**

**USD 1'212'706'000**

**⇔ USA as "largest donor" USD 727'505'000**

- bei GAVI („The Vaccine Alliance“) ist die **Bill & Melinda Gates Foundation**:
  - Gründungsmitglied
  - 4. grösster Spender

Homepage von  
GAVI:



Quelle: <https://www.gavi.org/investing-gavi/funding/current-period-2021-2025>

< BACK TO GAVI'S PARTNERSHIP MODEL

## The Bill & Melinda Gates Foundation

Gates Foundation pledged US\$ 750 million to set up Gavi in 1999.

The Foundation is a key Gavi partner in vaccine market shaping.



Bill & Melinda Gates Foundation/2017/Sam Reinders

<https://www.gavi.org/operating-model/gavis-partnership-model/bill-melinda-gates-foundation>

# The Bill & Melinda Gates Foundation

Gates Foundation pledged US\$ 750 million to set up Gavi in 1999.

The Foundation is a key Gavi partner in vaccine market shaping.



<https://www.gavi.org/our-alliance/about>

# The Gates Foundation

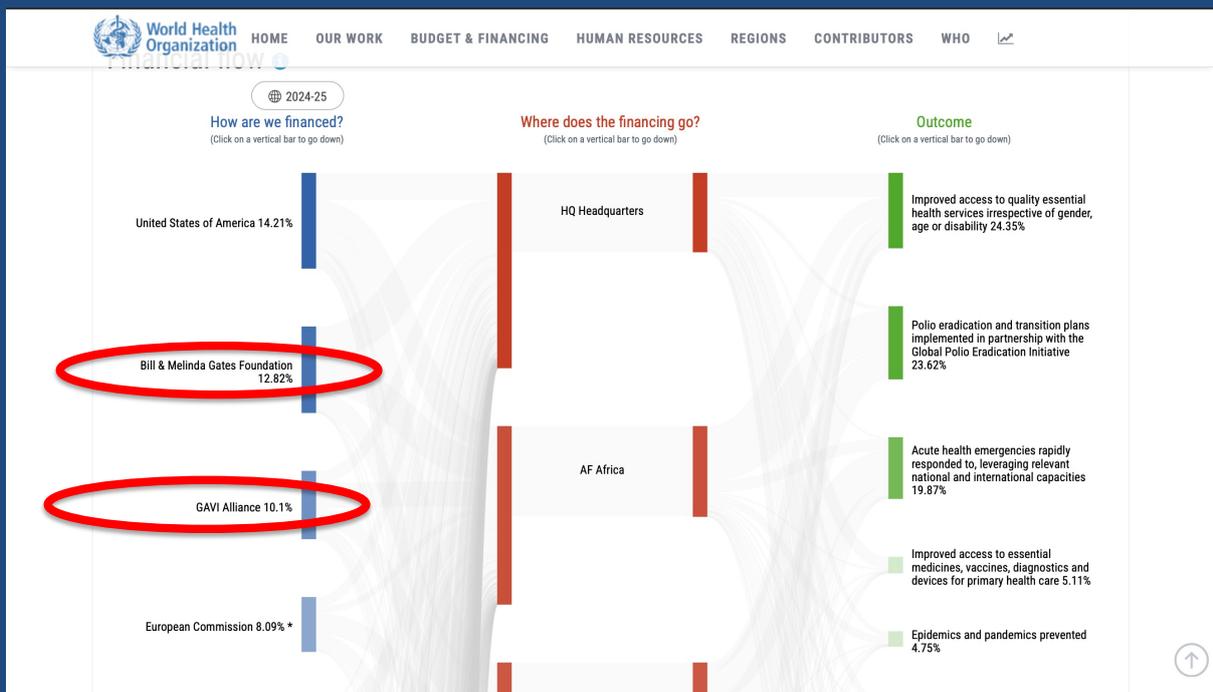
As a founding partner of Gavi, the Gates Foundation has brought international attention to the cause of immunisation and has made several commitments to Gavi totalling US\$ 4.1 billion to date. In 2000, the foundation made an initial US\$ 750 million commitment to the Vaccine Fund, which was catalytic in bringing other donors to support vaccine delivery and creating Gavi, the Vaccine Alliance.

<https://www.gavi.org/investing-gavi/funding/donor-profiles/gates-foundation>

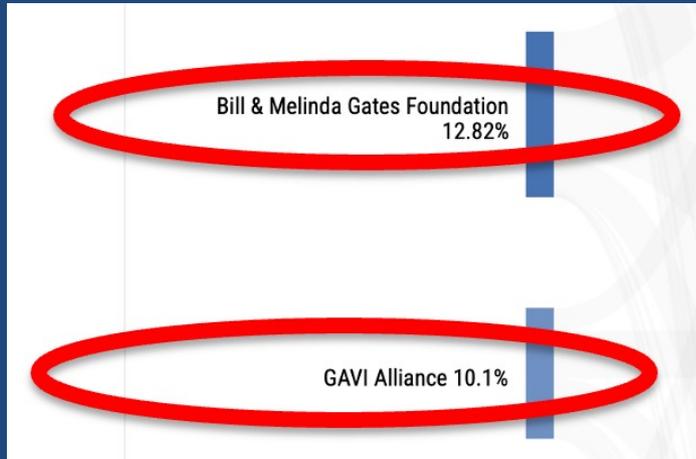
## Bill & Melinda Gates Foundation in WHO:

- einmal 2. grösster Spender der WHO
- aber auch Grossspender und Mitbegründer von GAVI

→ Einfluss der Bill & Gates Foundation auf die WHO...?



<https://open.who.int/2024-25/contributors/contributor>



**12.82% (Gates Found.)  
+ 10.1% (Gavi) =**

**22.93% der zweck-  
gebundenen Spenden**

**(= 16.23 % der gesamten  
finanziellen Mittel der WHO)**

...Einfluss der Bill & Melinda Gates Foundation  
auf die WHO...?

DAVOS WEF

# Bill Gates: My 'best investment' turned \$10 billion into \$200 billion worth of economic benefit

PUBLISHED WED, JAN 23 2019 7:13 AM EST | UPDATED WED, JAN 23 2019 10:28 AM EST



Matthew J. Belvedere  
@MATT\_BELVEDERE

SHARE    

## KEY POINTS

- Investing in global health organizations aimed at increasing access to vaccines creates a 20-to-1 return, the Microsoft co-founder and philanthropist says.
- Putting \$10 billion into the S&P 500 would have grown only to \$17 billion over 18 years, factoring in reinvested dividends, Gates tells CNBC in Davos.

RELATE

Quelle: <https://www.cnbc.com/2019/01/23/bill-gates-turns-10-billion-into-200-billion-worth-of-economic-benefit.html>

Interview nachzuhören unter:

<https://www.cnbc.com/2019/01/23/bill-gates-turns-10-billion-into-200-billion-worth-of-economic-benefit.html>

...ist das wahrlich Philanthropie  
und menschenfreundliches  
Verhalten...?

...oder stehen die  
wirtschaftlichen Interessen  
vielleicht doch im  
Vordergrund?

**Warum könnte das von Nachteil sein?**

## Warum könnte das von Nachteil sein?

- Einzelperson mit sehr viel Macht – WHO GD bestimmt alles allein  
→ *Warum kein von den Mitgliedstaaten besetztes, unabhängiges Spezialistengremium?*
- Grosse Abhängigkeit von den zweckgebundenen Spenden  
→ *Warum nicht alles als verbindlich für mehrere Jahre zugesagte Spenden, die von WHO völlig frei verwendet werden dürfen?*
- Ausrufung einer Pandemie erlaubt verkürzte Zulassungsverfahren für ua Impfungen (Notzulassung, statt über 10 Jahre Testphase nur wenige Monate)  
→ *wirtschaftliche Vorteile einer Pandemie für diese Branchen?*

## Soll wirklich der WHO Generaldirektor alleine entscheiden,

- welche Medikamente wir bei einer Pandemie nehmen müssen bzw. nicht nehmen dürfen,
- welche Injektionen wir uns geben lassen müssen
- und ob wir überhaupt aus dem Haus dürfen?

Soll wirklich er alleine entscheiden, ob überhaupt so eine Pandemie vorliegt? Und das bei dieser finanziellen Abhängigkeit der WHO?

...auf genau das laufen diese Änderungen hinaus...

Wir sind nicht nur verantwortlich  
für das, was wir tun, sondern auch  
für das, was wir nicht tun.

*Molière*

Es reicht nicht nur, dagegen zu sein.  
Man muss auch etwas tun!

*Sophie Scholl/Die Weisse Rose*