

# The WHO Pandemic Agreement may be worrying, but it is also really stupid



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**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**

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

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

The WHO Pandemic Agreement has worried many, and justifiably so. Covid has taught us all to be wary of people who talk about pandemics, of people who plan for pandemics and above all of people peddling various snake oils and schemes to mitigate pandemics. The prospect of an international treaty to further encourage these evils is in itself very bad, whatever it actually provides for. Pandemics, I will never tire of repeating, are social constructs, and if you don't want to have them, you should try thinking less about them. Seasonal respiratory viruses in fact represent a comparatively small threat to humanity; it is entirely in our reaction to them that the danger lies.

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All of the wrong people have left their fingerprints on the WHO Pandemic Agreement. The idea originated in November 2020 with [Charles Michel](#), the President of the European Council. The

G7 and the World Health Organisation both threw their support behind the concept in 2021. There have now been at least seven rounds of negotiations, culminating in an awkwardly named [“Proposal for negotiating text of the WHO Pandemic Agreement,”](#) published on 30 October 2023. As the title says, this is only a proposal. There will be further haggling before the final Agreement comes up for a vote in May at the World Health Assembly in Geneva. We do not yet know whether there will even be a pandemic treaty, how much of it will be legally binding, how much of it will be happy bold words, or even what these words will be.

We only know the proposal, and for my sins, I have read it several times. I can report that it has its bad moments, but that these are vastly outweighed by its banality. Someday, perhaps somebody will explain what it is about the international globaloid order that encourages the production of so much long, unreadable and clearly unnecessary verbiage.

The draft opens with a preamble, where the “Parties to the WHO Pandemic Agreement” spend a page and a quarter “recognizing,” “recalling,” “noting,” “reaffirming,” “reiterating,” “underscoring,” “acknowledging,” and being “deeply concerned” about various things. Among the matters that they recognise is how great the WHO is, and among the things they are deeply concerned about are “the gross inequities ... that hindered ... equitable access to medical and other COVID-19 pandemic-related products.” This line, right at the beginning, is an important signal about what the Pandemic Agreement actually is. Contrary to many assessments, it is not a blueprint for global hygiene dictatorship, but rather a bureaucratic scheme to steer more magical “pandemic-related products” – above all, vaccines – into the third world, where people are least interested in them.

Having cleared our internationalist throats, we proceed to Article 1, which defines various terms. Here we learn, for example, that the neologism “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.

Yes, the WHO worries that it is a problem if we the rabble are exposed to “too much information”; infodemic levels of information may confuse us and cause us to self-harm. It is easy to worry about things like this, but perhaps harder to recognise that these are little more than free-floating concepts in the proposal, tied to no concrete provisions at all. Despite its appearance in the introductory glossary, for example, the word “infodemic” occurs only once more in the entire text. This is in Article 9, section 2, subsection (d), where the parties to the treaty are commanded to “promote ... knowledge translation and evidence-based communication tools ... relating to pandemic prevention ... including infodemic management.” What the significance of this can be, given that all of our countries are already deeply interested in virus propaganda, is very unclear, and our proposal has no interest in specifying.

Another term requiring definition in Article 1 is the [“One Health approach.”](#) This

... means an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes that the health of humans, domestic and wild animals, plants and the wider environment (including ecosystems) is closely linked and interdependent. The approach mobilizes multiple sectors, disciplines and communities at



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varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate change, and contributing to sustainable development.

There is a great drive among the globaloids to gather all their separate agendas and initiatives behind the same unifying principles. “One Health” is a way of making pandemic bothering also relevant to the third-worldists who want to improve bike sharing in the Democratic Republic of Congo and to the climateers who want to change the balance of the earth’s atmospheric gases. One Health means that everything can be about preventing pandemics, and that everybody will have a role to play during the next pandemic.

How bad “One Health” in the context of pandemic preparedness might be, however, is once again very unclear. It is the subject of a whole Article (the fifth one), which is among the worst-written and worst-conceived sections of the whole document.

Have a taste:

The Parties shall promote and enhance synergies between multisectoral and transdisciplinary collaboration at the national level and cooperation at the international level, in order to identify and conduct risk assessments at the interface between human, animal and environment ecosystems, while recognizing their interdependence, and with applicable sharing of the benefits ...

The parties to the pandemic treaty are to “enhance synergies ... in order to identify” not risks but “risk assessments.” Perhaps our pandemic agrees got lost in their own dependent clause. This identification, whatever its nature, must happen “at the interface between ... ecosystems,” which come in three types – “human, animal, and environment[al].” As an “ecosystem” is the system of interaction between organisms and their environment, it is very hard to know what an “environment ecosystem” might be, or how this might differ from an “animal ecosystem.” Also curious is the contention that this identification is no good unless the identifiers are properly mindful of “interdependence.” All the jargon is there, all the correct genuflections to the right orthodox concepts, merely with a resolute indifference to communicating anything.

The vast majority of the proposal suffers from emptiness like this. Its authors demand more pandemic preparedness, more equity, more research, more virus surveillance, better healthcare systems in the developing world, more free chocolate, more peace and love. One of their favourite verbs is “strengthen.” It occurs fifty-six times. “Regulatory authorities” need to be strengthened, “rapid alert systems” need to be strengthened, “national public health and social policies” need to be strengthened, “sustainable pandemic prevention” needs to be strengthened, “health systems” need to be strengthened, something called “multisectoral coordinated data interoperability” needs to be strengthened, “synergies” need to be strengthened, and of course the “capacity to fulfil obligations arising from this Agreement” and the “implementation of the WHO Pandemic Agreement” need to be strengthened. The practical force of this incontinent high-mindedness escapes me entirely. Countries have the healthcare systems they can afford; to the extent that these systems are inadequate, that is because the countries that fund them cannot afford better. Healthcare in the third world is not going to improve if everyone signs a treaty agreeing that improvements would be a good idea, not least because we live in a world where everybody already thinks that.

Beyond the poor writing and the emptiness, we encounter telling problems with thought and conception. In Article 3 (on “General principles and approaches”), for example, there is much blather about human rights, solidarity, responsibility, accountability and inclusiveness. I was very interested in item 11, on “Proportionality,” because if Covid has taught us anything about the pandemicists, it is that “proportionality” is something they should think more about. Behind this heading, however, we read only that “Public health decisions for preventing, preparing for and responding to pandemics should be proportionate in a manner consistent with Article 2.” So we go back to the mercifully brief Article 2 (“Objective and scope”), which merely calls for ... preventing, preparing and responding to pandemics. Pandemic response, in other words, has to be proportional to the commitment to respond to pandemics. How does something like this even get out of committee?

The first moment of substance comes in Article 8, on “Preparedness monitoring and functional reviews.” This binds signatories to conduct assessments of their “pandemic preparedness” “no less than every five years.” They are further required to “support the conduct of ... appropriate simulation or tabletop exercises.” Finally, parties to the treaty must establish “a global peer review mechanism to assess pandemic prevention, preparedness and response capacities.” I guess this means that everybody’s pandemic preparedness experts get to review the work of everybody else’s pandemic preparedness experts. Pandemic preparedness means a great deal of bureaucracy, even more than we already have. It means spending more money and more time on self-promotional pandemic wargames for the media, writing more reports, and above all employing more pandemicists. This is not good.

The heart of the Pandemic Agreement begins with Articles 10 and 11 on “Sustainable production,” and “Transfer of technology and know-how.” The provisions here strive to attenuate intellectual property rights to make things like novel vaccines more readily available to the third world. Bill Gates got his way in this section: These demands are interwoven with so many caveats that I have a hard time believing they will ever amount to much.

More significant and revealing of the managerial soul of the WHO, is Article 12 on “Access and benefit sharing.” This would establish a “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.”

Here’s how that would work: Relevant pathogens are to be submitted to a WHO-certified lab, and their genetic sequences are then to be uploaded to a WHO-certified “publicly accessible database.” Any “benefits” arising from the use of this eminently WHO-certified information is then to be “shared fairly and equitably.” Specifically, anybody using the WHO PABS System – for example to develop a vaccine – must agree to give the WHO access to 20% of whatever pharmaceutical product they produce; the WHO will get 10% for free and will have the right to buy another 10% “at affordable prices.”

Now, I do not care very much about vaccines and I’m generally happy for the globaloids to harass the pharmaceutical industry if that’s what they want to do, but this is just boundlessly stupid. The WHO wants erect a set of entirely useless bureaucratic procedures involving arbitrarily WHO-certified labs and WHO-certified databases, so that they can gain some vague ownership of the resulting data and leverage it to squeeze free or discounted “pandemic products” for the developing world out of manufacturers. This is basically an elaborate scam, which can only have arisen from the reluctance of developed nations to commit to any more concrete plan.

In Article 13 we encounter another bureaucratic innovation, this one called the “WHO Global Supply Chain and Logistics Network.” This network is to be “guided by equity” for “the needs of developing countr[ies].” It will set targets for medical stockpiles and “assess” various logistical matters, again for the purpose of steering more vaccines into the third world. The network will set up a “dashboard” (but of course) “of manufacturers and suppliers,” identify “purchasing mechanisms,” promote “transparency,” and a lot of other multi-syllabic things that in practice will probably amount to little more than a lot of well-paid WHO goons darting about the world and tallying things on clipboards.

Ensuing articles on “Regulatory strengthening” (that word again!), “Compensation and liability management,” “International collaboration and cooperation,” “Whole-of-government and whole-of-society approaches” descend once more into a verbal fog about all the great things everybody needs to do more of. The only remotely interesting item here is Article 18, on “communication and public awareness”:

The Parties shall strengthen [lol] 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 ...

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.

The Parties shall promote and apply a science- and evidence-informed approach to effective and timely risk assessment and public communication.

None of this sounds very good, but again, it’s crucial to remember that *all of our countries already want to do all of this*. They don’t need the encouragement of a treaty, and it’s hard to read these words as anything but the sublimation of their existing aspirations.

My verdict on all of this has a lot in common with [an analysis that the Neue Zürcher Zeitung published last December](#). The Pandemic Agreement is above all concerned with expanding and enhancing the prerogatives of the WHO bureaucracy. That is not great, but it is also not world hygiene totalitarianism. The Pandemic Agreement abounds with glittering aspirations for better healthcare, better medicine and better One Health, but from the first article to the last page it is entirely devoid of concrete, practical measures to achieve any of these things. Its primary aim is to bleed pharmaceutical products and financial resources from wealthier countries for the developing world, but with a few exceptions like the idiotic (and laughably transparent) WHO PABS scam, even this aspect of its agenda seems vague and under-realised. I suspect that this deeply stupid monstrosity will be further attenuated and nebulised before it’s ever put to a vote.

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