



A matter of concern

28 November 2023

Mr. MC Ramaphosa
The State President
Republic of South Africa

REJECTION OF THE PROPOSED AMENDMENTS TO THE INTERNATIONAL HEALTH REGULATIONS 2005

Dear Mr President,

The following document has been compiled by Dr E.V. Rapiti at the request of the representatives of various local NGO's and highly qualified and conscientious individuals on behalf of the citizens of this country. This document addresses the potential grave implications and ramifications of the proposed pandemic treaty, which will be discussed by the 194 member states at the World Medical Assembly's meeting in May 2024 in Geneva, Switzerland.

Concerns:

1. The safety of our sovereignty and the protection of citizens' constitutional rights^{1 2}
2. The implications of the WHO becoming the sole arbiter of scientific information and decisions on what treatment should and should not be used (Article 3 of the Amendments to the IHR);³
3. The huge conflict of interest that is created by private funder donations to the WHO being as high as 84% from individuals like Bill Gates and how it influences the WHO's decisions on public policy⁴
4. The WHO's dismal conduct during the COVID pandemic.

¹ <https://www.youtube.com/watch?v=GkhjH2ySMUw&t=867s>

² <https://www.youtube.com/watch?v=q1OxAxluVNU&t=562s>

³ <https://www.youtube.com/watch?v=GkhjH2ySMUw&t=867s>

⁴ <https://www.youtube.com/watch?v=wADMuGoLgJA>

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1. Discussion:

THE SAFETY OF OUR SOVEREIGNTY AND PROTECTION OF CITIZENS' CONSTITUTIONAL RIGHTS

Some terms included or excluded in the proposed amendments that could impact our sovereignty are:

The phrase “*non-binding*” has been removed from the proposed amendments in the section where the WHO would recommend the types of action and policies that countries should follow or adopt in times of a health crisis:

- 1.1 By removing the phrase “non-binding,” nations will be forced to follow the recommendations, which means that the proposals will become legislation without their knowledge. This would infringe on our inherent right to make our own decisions, using our own expertise.
- 1.2 **Norway’s experience:** During the COVID pandemic, the advice from the WHO was that all countries should institute lockdowns, introduce safe distancing, masking, and vaccination.
 - 1.2.1 **Schools in Norway were not shut down.** 1.9 million children did not wear masks, and the incidence of COVID infections, deaths and hospitalisations was minimal compared to the incidence amongst school learners in the states in the US, where safe distancing and masking were strictly enforced.
 - 1.2.2 Norway did far better than countries like the US and UK without following the WHO recommendations for schoolchildren because they exercised their right to determine a policy that they believed would work and felt that children recover very well from COVID infections.
 - 1.2.3 Norway’s decision to permit pupils to attend school normally without safe distancing and masking has been a great benefit to the learning and well-being of their students, mentally and physically⁵.
 - 1.2.4 Kerren Setten, writing for themedialine.org, on June 1, 2022, commented on how the COVID pandemic policies further damaged Israel’s battered education system in Israel with two years of lockdowns⁶.

⁵ <https://www.sciencenorway.no/children-and-youth-COVID19-schools/closing-schools-did-not-give-a-better-effect-than-strict-infection-measures/1851142>

⁶ <https://themedialine.org/life-lines/pandemic-exposes-weaknesses-of-israels-already-battered-education-system>

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- 1.2.5 The lockdowns on children had a negative impact on children's mental and physical health. Children in poor third-world countries were forced into child labour or early marriage to support their families^{7 8}.
- 1.2.6 **Norway abandoned all lockdowns in December 2022 during the Omicron strain.** When Norway was struck by Omicron 1, 2 in December 2022, the health authorities observed that:
Omicron was a highly contagious variant but was mildly virulent, completely refractory to the monovalent vaccines, so the government decided to:
- remove the lockdowns and rely on natural immunity to achieve herd immunity, which they did⁹;
 - Switzerland, planned to destroy 10.3 million vials of the vaccine as they said it was ineffective against the newer Omicron strains. September 2022, yet the vaccine was still being promoted in many countries around the world, including South Africa, which had already achieved 90% herd immunity¹⁰.
- 1.2.7 South Africa did not mandate vaccines. While vaccines were heavily promoted by the DOH and recommended by the WHO, the government did not make the COVID vaccines mandatory. Our vaccination rate was about 34%, yet we had the lowest death rates, hospitalisations, and complications from COVID because we had achieved herd immunity above 90% by October 2022, according to a study done by the Blood Bank.
- 1.2.8 Africa: the vaccination rate for Africa was low, but the death rate, hospitalisation rate, and complications from COVID were considerably lower than in countries that were heavily vaccinated¹¹.
The only explanation for the good recovery in Africa is that Africans had good natural immunity from previous exposure.
- 1.3 Ivermectin, a repurposed drug: the WHO was steadfastly opposed to the use of Ivermectin to treat COVID infection despite overwhelming evidence from observational studies in countries like India, Peru, and Mexico¹².

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9448635/>

⁸ <https://www.dw.com/en/COVID-and-kids-lockdowns-have-harmed-childrens-health/a-57493736>

⁹ <https://www.reuters.com/world/europe/norway-bins-most-pandemic-curbs-2022-02-01/>

¹⁰ <https://www.gmanetwork.com/news/topstories/world/845982/switzerland-to-destroy-10-million-doses-of-moderna-COVID-19-vaccine/story/>

¹¹ <https://www.newsweek.com/COVID-vax-rates-africa-are-low-region-avoids-worst-leaving-scientists-baffled-1651375>

¹² <https://www.naturalnews.com/2023-08-22-ivermectin-reduced-excess-deaths-peru-74-percent.html>



- 1.3.1 When New Delhi was struck by the delta wave in August of 2021, the hospitals were overwhelmed with severe COVID infections.
- 1.3.2 India was warned in a tweet by Dr Swaminathan, a WHO scientist (a paediatrician and not an infectious disease specialist), that India should not use Ivermectin to treat COVID, without giving any valid reasons for her advice.
- 1.3.3 Dr Swaminathan was challenged by the Indian Bar Council for misinforming the Indian government about the safety of Ivermectin, and a case was lodged against her with the high courts in Mumbai.
- 1.3.4 Dr Swaminathan immediately withdrew her tweet without an explanation¹³.
 - a) India went ahead and used Ivermectin liberally in Delhi during the Delta strain and this led to the number of COVID cases, deaths, and hospitalisations plummeting by 97% in a matter of 2 weeks of use¹⁴.
 - b) The state of Lima in Peru used Ivermectin prophylactically during the Alpha strain and the incidence of COVID dropped 14-fold¹⁵.
 - c) When this state in Peru had a change in governor, he banned the use of IVERMECTIN, which resulted in a 13-fold resurgence of COVID infections¹⁶.
 - d) The State of Uttar Pradesh in India and Mexico had similar positive outcomes using Ivermectin. After using Ivermectin prophylactically, the incidence of COVID infections on July 1, 2021, was 181/day for a population of 240 million people. The UK was seeing over 20,000 COVID cases a day, despite the majority being double-vaccinated¹⁷.
- 1.4 The above examples, where countries exercised their right to adopt policies that they felt were appropriate to deal with the COVID outbreak, yielded positive results to contain the COVID infection even though these policies were not in line with the WHO's recommendations.

¹³ https://www.thedesertreview.com/opinion/columnists/indian-bar-association-sues-who-scientist-over-ivermectin/article_f90599f8-c7be-11eb-a8dc-0b3cbb3b4dfa.html

¹⁴ https://www.thedesertreview.com/news/national/ivermectin-obliterates-97-percent-of-delhi-cases/article_6a3be6b2-c31f-11eb-836d-2722d2325a08.html

¹⁵ <https://www.semanticscholar.org/paper/Ivermectin-for-COVID-19-in-Peru%3A-14-fold-reduction-Chamie-Quintero-Hibberd/211a1c80097e9a53ef94ea8bf246c90458c82577>

¹⁶ <https://osf.io/9egh4/download>

¹⁷ <https://timesofindia.indiatimes.com/city/lucknow/aus-mp-up-smashed-delta-with-ivermectin/articleshow/84051286.cms>



These positive results would not have been possible if the recommendations by the WHO were binding. Millions of people could have lost their lives.

- 1.4.1 If the new amendments are accepted, recommendations would be binding, so non-binding recommendations from the current IHR will become rigid laws with absolutely no recourse to individuals or countries if the recommendations prove to be harmful. Countries that defy the instructions of the WHO in the interest of their citizens will face harsh punitive actions by the WHO and its member states. None of the countries would have been allowed to use safe, effective, repurposed, affordable drugs like Ivermectin and hydroxychloroquine.
- 1.4.2 **Recommendations should not become binding;** (Our comment) if these recommendations became law, they would severely impinge on a nation's sovereignty to make independent decisions as to what is best for its citizen using the local experts at its disposal.
- 1.4.3 A country like South Africa, with the reputation of producing a high standard of doctors through its excellent medical training, has an abundance of highly qualified (our comment is that if these recommendations became law, they would severely impinge on a nation's sovereignty to make independent decisions as to what is best for its citizens using the local experts at its disposal) scientists and doctors to make decisions that are appropriate for any given situation that might afflict the country without an overt intervention from the WHO.
- 1.4.4 The 16 scientists working for the WHO are not enough to cover the entire world when it comes to dealing with a major crisis. They do not have first-hand knowledge of each country's demographics, resources, and limitations.
- 1.4.5 For the world's governments to entrust the management and decision-making on how to deal with a world health emergency, solely into the hands of the WHO's 16 scientists, apart from playing Russian Roulette, it grossly undermines the capabilities, expertise, and intelligence of millions of doctors, scientists, and highly credentialed medical experts in the rest of the world. This is unacceptable and infinitely pejorative of the WHO to take over healthcare emergencies around the world.

2. THE WORDS "HUMAN RIGHTS AND DIGNITY" REMOVED FROM THE IHR BY THE AMENDMENTS

- 2.1 The current IHR, (2005) recommendations are made in accordance with "human rights and human dignity."

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- 2.2 In the proposed amendments, the words, “human rights and human dignity” have been inexplicably removed, meaning that **decisions would be made without any regard for human dignity.**
- 2.3 Any action or policy that disregards human dignity and human rights can only be described as outright dictatorial, autocratic, and open to abuse of citizens.
- 2.4 South Africa has the proud reputation of having one of the most revered constitutions in the world, where human rights and dignity are paramount. These amendments, if passed, will violate our constitution.
- 2.5 If we wish to maintain the dignity of the citizens of this country and show respect to our country’s constitution, we are obliged to strongly object to the removal of these words through the amendments.

3. WHO TO HAVE THE FINAL SAY ON WHAT TREATMENT SHOULD BE USED DURING A PANDEMIC – EXTREMELY DISTURBING AND UNACCEPTABLE

- 3.1 Once recommendations by the WHO scientists are turned into law, the WHO scientists will have the authority to decide what treatment, medications, and vaccines the citizens will have to take without consulting the heads of member countries or obtaining the consent of citizens of the world. Citizens in South Africa are protected by the Constitution, not to be forced to take any medications or treatment without their consent in our Bill of Rights Sections 2, 12, 2, (C).¹⁸
- 3.2 Anyone opposing or refusing to take the treatment determined by the WHO scientists will be regarded as a dissident. They will be punished or censored by local authorities on the instructions of the WHO. Our elected representatives have a duty to abide by our constitution and not any outside force. No international body should have the right to violate our constitution with impunity.
- 3.3 The drugs recommended by the WHO in an emergency could be untested or poorly tried, so there is no guarantee that medications imposed on citizens will be safe and effective, but citizens will be forced to take them.
- 3.4 No mention is made about compensating people, who experience severe adverse events from the treatment prescribed by the WHO.
- 3.5 Citizens, who experience any adverse events will be left to cope on their own, as was the case with the COVID vaccines.

¹⁸ <https://www.gov.za/documents/constitution/chapter-2-bill-rights#14>.



- 3.6 In the event of major adverse events like death or irreversible complications from the WHO's prescribed treatment, no claims can be made against the WHO and their scientists because they are completely indemnified against errors of judgment.
- 3.7 Indemnification of WHO scientists and their workers for any wrongdoing while going about the tasks is unacceptable because it gives them the freedom to abuse the citizens of the world.
- 3.8 Ordinarily, doctors or scientists, who make medical recommendations or prescribe treatment for any condition must be held fully responsible for their actions in the interest of public safety. If stern action is not taken against any form of medical negligence, it should be regarded as a gross violation of our human rights and a violation of the Hippocratic oath and must not be accepted.
- 3.9 These amendments blatantly violate citizens' right to protection via the Nuremburg Code¹⁹.

3.10 **COVID was an example of when the WHO got it horribly wrong, deliberately.**

3.10.1 During the COVID outbreak, the WHO informed the medical fraternity that:

- a) There was not treatment for COVID.
- b) Patients should go home to isolate, and if they turned blue or became breathless, they were advised to attend the hospital²⁰.
- c) Patients in hospitals who did not receive any form of treatment at the onset of the disease ended up dying or with severe irreversible complications like emphysema. This is my experience with a young 43-year-old male who was treated in a state hospital for 3 months with COVID pneumonia. When I saw him, 2 years after he was discharged, he was so breathless, walking just a few steps. I informed him that he would have to remain on permanent oxygen. This was devastating news for a previously perfectly healthy adult male.

3.10.2 **Frontline doctors and countries that used repurposed drugs like Ivermectin and Hydroxychloroquine in India, Africa, Peru, Mexico and Brazil had:**

- a) **100% recovery:** these were rarely ever mentioned on mainstream media and in social media platforms. I personally treated over 3000 COVID patients with

¹⁹ <https://constitutionus.com/law/what-is-the-nuremberg-code>

²⁰ <https://www.youtube.com/watch?v=pNJjGgMcWk>



a 99.97% success rate using repurposed drugs. Videos of my success stories were redacted both by Facebook and YouTube,

b) I had a few treatable complications, but no hospitalisations and just three deaths.

c) This phenomenal feat was only possible because the International Health Regulations did not prohibit doctors or countries desperate to cure their patients or citizens from using repurposed drugs.

- 3.10.3 The new amendments will give the WHO the right to prohibit doctors and countries from exercising their right to prescribe safe treatments as they deem fit to save their patients' lives, which is a right that is enshrined in the Helsinki Declaration. The following is an excerpt from the Helsinki Declaration conference in Tokyo Japan in 1975: The Declaration of Geneva of the World Medical Association binds the doctor with the words: *"The health of my patient will be my first consideration," and the International Code of Medical Ethics declares that "Any act or advice which could weaken physical or mental resistance of a human being may be used only in his interest"*²¹.⁽²¹⁾
- 3.10.4 The WHO's advice not to treat COVID early, as was done in India, Peru and Mexico is not only unscientific but grossly reckless and negligent because the teaching in medicine for centuries has been to treat early to prevent complications and save lives, COVID was no different^{22 23}.⁽²²⁾⁽²³⁾
- 3.10.5 If the WHO promoted the use of safe, inexpensive, and effective drugs, 6 million lives could have been saved. It is dangerous to leave the entire management of any new and serious outbreak entirely in the hands of the WHO based on frontline doctors' experiences of successfully treating COVID with repurposed drugs, against the recommendations of the WHO.
- 3.10.6 Ideally, WHO should consult with frontline doctors to learn from their experiences when it comes to new diseases, not from scientists locked up in their laboratories.

²¹ <https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/doh-oct1975/>

²² <https://www.health.harvard.edu/blog/are-early-detection-and-treatment-always-best-2021012821816>

²³ <https://brownstone.org/articles/early-outpatient-treatment-for-COVID-19-the-evidence/>



4. THE WHO IS THE SOLE OWNER OF INFORMATION AND THE ARBITER OF MISINFORMATION IN A CRISIS IS NOT SCIENCE, NOR IS IT DEMOCRATIC.

The new amendments give the WHO the sole authority to decide what constitutes information and disinformation.

- 4.1 Anyone who questions the views or advice of the WHO after the amendments are passed will be described as guilty of misinformation and will be severely punished and/or censored because the WHO will become the sole arbiter to decide what information is and what is not.
- 4.2 Giving the WHO total ownership of information or determining what constitutes information shuts all doors for debate, discussion, and the opportunity to find solutions for difficult problems by innovative doctors and scientists. This is not how science operates. The hallmark of science has always been to encourage a free flow of debate, where controversial views are not frowned upon but welcomed. It is the norm in medicine that what is accepted today will be discovered to be dangerous in a decade.
- 4.3 This clause is dictatorial and will stifle innovators. The huge danger of the WHO giving advice, like they did with COVID, could be entirely wrong and result in serious, unexpected outcomes like deaths and complications²⁴.
- 4.4 This amendment must be removed completely.
- 4.5 The whole idea of stifling debate and discussion goes right against our constitutional right to free speech, particularly where medicine is concerned. We cannot permit the WHO to have such dictatorial powers if we wish to remain a democracy and if science is to thrive.

5. CONFLICT OF INTEREST – WHO FUNDED HEAVILY BY THE PRIVATE SECTOR

- 5.1 The heavy funding of the WHO by the private sector, according to UK MP, Mr Andrew Bridgen, was about 84% when he addressed the UK parliament on the amendments²⁵.
- 5.2 Dr Margaret Chan, the Director General of the WHO from 2007 to 2017, admitted in a television interview that only 30% of her funds come from member states; she must beg for the rest from private funders²⁶.

²⁴ <https://expose-news.com/2023/05/27/british-mps-write-to-foreign-office-about-pandemic-treaty/>

²⁵ <https://www.youtube.com/watch?v=wADMuGoLgJA>

²⁶ <https://www.youtube.com/watch?v=XPcCiX1YfKk>



Dr Chan went on to add that donors make their own preferences as to how the money should be spent. This means that if a drug company was the sponsor, then it would expect the WHO to use their drugs over other drugs in return for their donations.

- 5.3 Bill Gates, through the Bill and Melinda Gates Foundation and GAVI (Global Alliance for Vaccine Intervention), contributes 88% of the 84% from the private sector, which explains his huge influence in the WHO ²⁷.

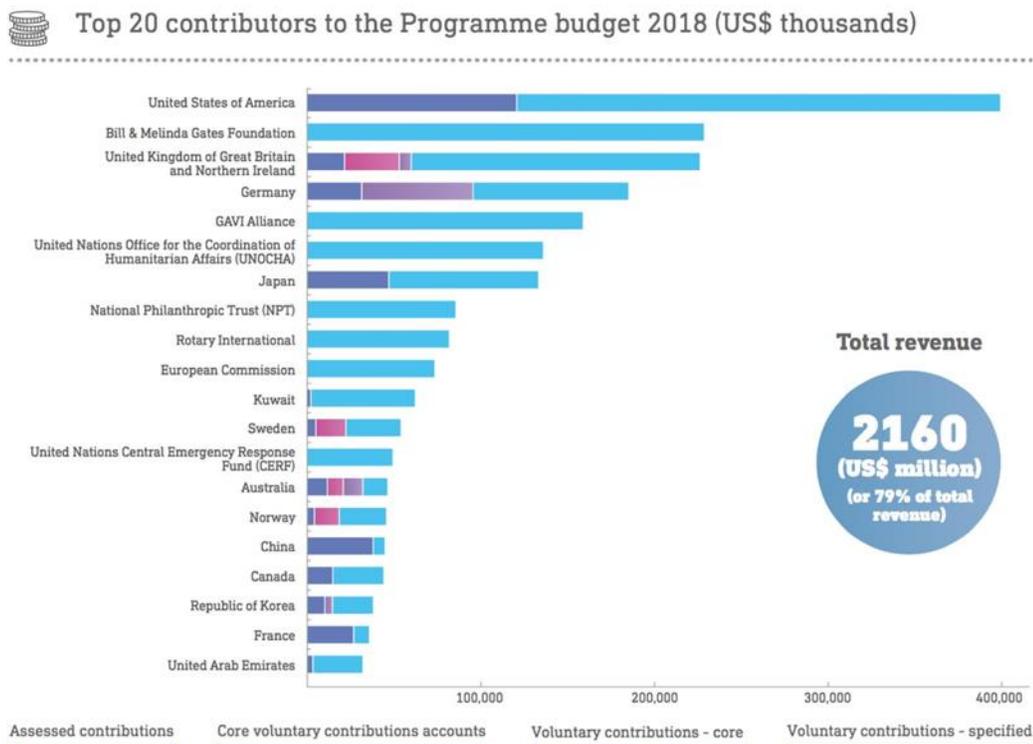


Figure 1 Top 20 funders of the WHO in 2018 – which clearly shows the enormous contributions that are made by the BMGF

- 5.4 The disproportionately high contribution of 84% of the WHO's total budget from the private sector severely compromises the impartiality of the WHO when it comes to making decisions that are supposed to be in the best interest of the public without hurting their funders.

²⁷ <https://www.youtube.com/watch?v=XPcCiX1YfKk>



- 5.4.1 This has been witnessed in the various decisions and attitudes with regards to medications manufactured by their sponsors. The WHO went on to promote the Pfizer vaccine in Africa after the data from Pfizer revealed that there were 1200 deaths and 1293 side effects²⁸.
- 5.4.2 After the Solidarity trial on Remdesivir, the WHO advised healthcare professionals against the use of Remdesivir on the grounds that it did not reduce mortality or morbidity^{29 30}.
- 5.4.3 In the US, doctors used the anti-viral drug Remdesivir during the inflammatory stages of the disease (which was scientifically incorrect) and they were incentivised for doing so³¹.
- a) The WHO failed to object to the US government for incentivising hospitals and doctors to use, Remdesivir, a drug it did not recommend.
 - b) This silence by the WHO makes it suspicious that the WHO did not want to hurt Gilead, the manufacturer of Remdesivir, presumably because they were one of the WHO's sponsors.
- 5.4.4 The WHO refused to acknowledge the safety and efficacy of repurposed drugs like Ivermectin, which is on their essential drug list and is regarded as a safe drug. Dr Andrew Hill's (working for the WHO) research on the early use of Ivermectin, showed that Ivermectin could reduce deaths from COVID by 75%. Dr Hill redacted his claim under pressure from sponsors at his university to do so³².
- 5.4.5 The WHO included **Paxlovid** in its protocol³³.
- Paxlovid:**
- a) Is not a fully tested drug.
 - b) was given an emergency approval.
 - c) Has 115 drug interactions, requiring patients to be monitored carefully³⁴

²⁸ <https://www.youtube.com/watch?v=T0L360W5bc0&t=478s>

²⁹ <https://www.nbcnews.com/health/health-news/remdesivir-shouldn-t-be-used-hospitalized-COVID-19-patients-who-n1248320>

³⁰ <https://www.ft.com/content/ee9b611f-2b4b-4572-afe1-b0b804d17a94>

³¹ <https://childrenshealthdefense.org/defender/COVID-pills-remdesivir-paxlovid-molnupiravir-cola/>

³² <https://expose-news.com/2022/03/13/andrew-owen-blocked-ivermectin-as-treatment/>

³³ <https://www.who.int/news/item/22-04-2022-who-recommends-highly-successful-COVID-19-therapy-and-calls-for-wide-geographical-distribution-and-transparency-from-originator>

³⁴ <https://www.COVID19treatmentguidelines.nih.gov/therapies/antivirals-including-antibody-products/ritonavir-boosted-nirmatrelvir--paxlovid-/paxlovid-drug-drug-interactions/>



- d) It has absolutely no role in the inflammatory disease because it is an antiviral, yet the CEO of Pfizer, Dr A. Bourla, recommended two courses of the drug during Omicron, when the viral stage only lasted about two days. This is a serious crime because, Dr Bourla is not a medical doctor and has no clinical data to support his advice, yet the WHO said nothing about it.

Fortunately, the FDA contested Dr Bourla's recommendations, but strangely, not the WHO ³⁵.

5.4.6 The WHO never uttered a word about the efficacy of natural immunity, even though there were 15 studies showing that natural immunity is:

- a) superior to vaccine immunity, which lasts only about 4 months, whereas natural immunity and
- b) lasts up to 12 months and is effective against future variants ³⁶.

5.4.7 The WHO is totally silent about the huge number of excess deaths related to the vaccine. Official government data revealed that there was a 60,060% increase in excess deaths in 2022 among children aged 6–15, ever since the EMA (European Medical Association) approved the COVID vaccine for children in 2022 ³⁷. Any responsible organisation would have taken these phenomenally excessive deaths as an urgent crisis, but the WHO remained totally silent about it.

5.4.8 The WHO did not comment on the number of, and variety of side effects related to the Pfizer vaccine, after Pfizer was forced to release its data under the Freedom of Information Act by a group of health care professionals and concerned citizens ³⁸.

5.4.9 The only reason that the WHO did not comment on the vaccines side effects is most likely due to them not wanting to hurt their funders.

6. THE RELATIONSHIP BETWEEN BILL GATES AND THE WHO – DISTURBING

6.1 Bill Gates, as a private individual, with zero medical training, is the second biggest donor to the WHO.

6.2 Bill Gates is not a philanthropist but a vaccine investor.

³⁵ <https://www.fdanews.com/articles/207740-fda-counters-pfizers-ceo-on-second-paxlovid-course-after-rebound>

³⁶ <https://www.washingtonpost.com/outlook/2021/09/15/natural-immunity-vaccine-mandate>

³⁷ <https://expose-news.com/2023/06/11/632x-increase-child-deaths-europe-COVID-vaccine/>

³⁸ <https://expose-news.com/2023/06/11/632x-increase-child-deaths-europe-COVID-vaccine/>



- 6.3 He made huge sums of money from his investments in all three vaccine companies. He admitted in a television interview that his \$10 billion investment earned him \$200 billion. He regarded it as his best investment ³⁹ ⁴⁰.
- 6.4 At the height of the pandemic, Bill Gates was seen on TV, repeatedly, promoting vaccines as the saviour of the pandemic.
- 6.5 When Omicron struck, he openly admitted that Omicron beat the vaccines to save the world from the pandemic ⁴¹ ⁴².
- 6.6 He immediately sold all his vaccine shares and condemned the vaccine as ineffective. This, after he made oodles of money, pushing the vaccine agenda ⁴³.
- 6.7 Bill Gates seems to have more influence on the WHO's policies than highly qualified, ethical doctors and scientists. This should not be allowed.

7. PREVENTION/PROTECTION AND RESPONSIVENESS

- 7.1 These words are akin to simple sloganeering to create the impression that the WHO will provide the right answers to stop any epidemic at its roots. This is highly presumptuous of them.
- 7.2 There is no way that any organisation or individual, no matter how well-endowed with knowledge, can:
 - 7.2.1 Predict an outbreak and its timing.
 - 7.2.2 Predict a pathogen's contagiousness or virulence to be adequately prepared for it.
 - 7.2.3 If no one can predict it, then there is no way for anyone to prepare, prevent, or respond appropriately to it.
- 7.3 Amending the IHR to give the WHO the power to manage world health crises is not going to be of much help when they are not able to predict the next epidemic in terms of its occurrence, timing, severity, and the appropriate response to an unknown and unpredictable pathogen.

³⁹ <https://www.cnn.com/2019/01/23/bill-gates-turns-10-billion-into-200-billion-worth-of-economic-benefit.html>

⁴⁰ <https://www.financialexpress.com/business/industry-bill-gates-making-200-billion-from-vaccines-microsoft-co-founder-explains-math-behind-returns-2092891/>

⁴¹ <https://www.biznews.com/health/2023/01/30/bill-gates-mrna>

⁴² <https://www.washingtonexaminer.com/news/bill-gates-omicron-did-a-better-job-moving-faster-than-COVID-19-vaccines>

⁴³ <https://www.biznews.com/health/2023/01/30/bill-gates-mrna>



7.4 The recent respiratory outbreak (November 25, 2023) in China among children exposes WHO's limitations.

7.4.1 The recent outbreak (28 November 2023) of a respiratory tract infection amongst China's children is filling up hospitals with pneumonia with an identifiable pathogen.

7.4.2 The response by China to the outbreak is:

- a) Impose total, ineffective lockdowns and
- b) total silence, which prevents the rest of the world from taking appropriate steps to protect their citizens.

7.4.3 The best response from the WHO so far, is a meek request for information about the pathogen from the feared Chinese government, which is a major funder of the WHO.

7.4.4 The WHO made a similar request to China when we were struck with the COVID pandemic, but they got nothing, and the WHO could do nothing about China's refusal to divulge any information about COVID in China.

7.4.5 This example clearly exposes the severe limitations and biases of the WHO when dealing with severe outbreaks:

- a) They treat powerful funders, nations, and private entities with kid gloves but
- b) threaten smaller nations, who do not obey their recommendations, with harsh actions like sanctions ⁴⁴.

7.5 The next pandemic, like COVID, can take about 59 years to occur, so all our attention should be focused on:

7.5.1 Other health issues like non-communicable diseases (cancer, diabetes, and heart conditions), TB, HIV, malnutrition, and our battered economies ⁴⁵.

7.6 **Estonia**, the second country after Slovakia, rejects the amendments to the IHR and refuses to sign the pandemic treaty.

7.6.1 On 22nd November 2023, 11 members of parliament from Estonia wrote to the WHO, stating that "They reject the proposed international agreement on WHO's

⁴⁴ <https://vm.tiktok.com/ZM6JyhxfT/>

⁴⁵ <https://www.weforum.org/agenda/2021/09/pandemics-epidemics-disease-COVID-likelihood/>



preparedness, prevention, and response, also known as the pandemic treaty, and they reject the amendments to the International Health Regulations” (IHR) ⁴⁶.

- 7.7 Slovakia was the first country in Europe to reject the Pandemic Treaty and refused to sign the amendments to the IHR on the WHO’s plans for preparedness, prevention, and response. The following is an excerpt of a speech given by the fourth time elected prime minister of Slovakia, Mr Robert Fico, in September 2023 to his parliament after he won the election:

“The Pandemic Treaty would transfer health powers in times of a pandemic from the national ministries of health of the signatory countries to the World Health Organisation. The WHO would then acquire draconian decision-making powers, which the signatory countries would have to follow, not only around the obligation to purchase vaccines and medicines ordered by the WHO, but it could also happen with compulsory vaccinations ordered by this multinational organisation.”

And it was Robert Fico who unequivocally rejected this and declared that SMER MPs would not raise their hands for such a proposal.

Fico called the entire agreement with the WHO a plan of greedy pharmaceutical companies, which began to worry about their business, when it now appears that many countries in the world are ceasing to purchase vaccines, cancelling vaccination mandates, and the entire business of the pharmaceutical companies is going down the drain. The Pandemic Treaty is supposed to change this and ensure that, through the WHO, the collection of vaccines will be mandated and authoritatively prescribed to all member countries that sign the Pandemic Treaty and then ratify it in their parliaments.

Robert Fico declared at the ceremonial assembly at Bratislava Castle that Slovakia under his government will not sign the Pandemic Agreement with the WHO, because it is a project of greedy pharmaceutical companies, InfoVojna, 20 November 2023”⁴⁷.

- 7.8 The objections by Estonia and the sentiments expressed by Mr Robert Fico, Prime Minister of Slovakia, to the WHO’s pandemic treaty and the proposed amendments to the IHR to transfer total power to the WHO to take charge of health crises in the entire

⁴⁶ <https://expose-news.com/2023/11/25/estonia-notifies-who-that-it-rejects-pandemic-treaty/>

⁴⁷ <https://expose-news.com/2023/11/25/slovakia-will-not-be-entering-into/>



world resonate strongly with the growing opposition from citizens all over the world. The major concern of citizens is the loss of sovereignty to the WHO once the amendments are passed and the pandemic treaty is adopted.

8. THE WHO's LACK OF ACCOUNTABILITY GIVES THEM FREE REIGN TO ABUSE THEIR POWERS

The following section about how the WHO handled the cases of sexual abuse by WHO workers is a matter of grave concern to every citizen and government to glibly entrust them with the major task of taking control of crises in the entire world.

WHO's REPOSE TO ITS WORKERS SEXUALLY ABUSING CITIZENS DURING THE EBOLA EPIDEMIC, QUESTIONS THEIR ABILITY TO BE A WORLD HEALTH LEADER

- 8.1 During the Ebola outbreak in 2018–2020, the WHO admitted that their workers sexually abused 104 men and women.
- 8.2 The WHO admitted that it received 287 claims of sexual abuse from victims in the Congo during the Ebola outbreak.
- 8.3 Some of the complaints against the WHO workers were that women applying for work had to offer sex to get the job and to even get paid.
- 8.4 The victims were poor and vulnerable, so they were easily exploited by the WHO workers by offering jobs in return for sex.
- 8.5 The WHO felt it was fair to pay the sexually abused \$250 as compensation without consulting the government of Congo.
- 8.6 The figure of \$250 was calculated on the basis that it costs \$2.15 per day for individuals to survive in the Congo. \$250, according to the WHO investigators, should last 4 months to help victims survive. Put plainly, the WHO decided that four months of pay is sufficient to compensate victims of sexual abuse, when in all democratic countries, the perpetrator is sentenced to life imprisonment.
- 8.7 Any of the WHO doctors working in the Congo at the time were being paid \$250 a day.
- 8.8 This money was not paid directly, but these poor victims had to engage in income-generating activities to receive payment. It was not a direct payment; victims had to work for it, so people who could not participate in these income-generating activities because of the trauma they endured because of the abuse would have been denied any payment.
- 8.9 The WHO did its own investigations and only released its findings as late as 2023.
- 8.10 The WHO and its workers are completely indemnified for any violations against citizens of the world and society because the WHO and its employees enjoy complete diplomatic immunity against any crimes they commit.

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- 8.11 Most worrying is that the founding documents for the WHO exempt them and their staff from all sorts of criminal investigations they might be implicated in.
- 8.12 The WHO was present during the Ebola epidemic in the Central Democratic Republic of Congo. When the pandemic treaty is passed, the WHO can and will be present in every country, and what happened in the Congo could happen in every other country in the world that the WHO's workers enter ⁴⁸.
- 8.13 The conduct of the WHO's workers and the way the WHO addressed the crimes of sexual abuse in the Congo during the Ebola outbreak make a compelling argument that:
- a) The diplomatic immunity granted to the WHO and its workers must be scrapped entirely to safeguard the citizens of the world from being exploited.
 - b) The WHO is incapable of taking charge of pandemics in the world, as evidenced by their response to the recent respiratory pathogen outbreak in China on November 25, 2023, which has been discussed in detail in item 7.4 of this document.

9. Summary:

We have presented a range of serious concerns about the proposed amendments to the IHR, along with our reasons for them and the serious ramifications if they pass without due attention to the flaws in the amendments.

The dangers include:

- 1) The loss of sovereignty.
- 2) The violation of an individual's constitutional rights.
- 3) The loss of freedom of speech.
- 4) The end of scientific debate, which will mean the end of new discoveries.
- 5) The private donors will use the WHO to satisfy their own pecuniary interests to the detriment of the helpless public.

Appeal:

We, the undersigned organisations and concerned individuals, wish to make a fervent plea to the President of South Africa and all the politicians of this country to take heed of our concerns and engage with us and the public about rejecting these proposed amendments to the IHR to protect our country's sovereignty, our democratic rights, and our right to free speech.

We request open dialogue with the citizens of our country. We should follow the lead of Slovakia's Prime Minister, Mr Robert Fico, who, along with his SMER party, refused to sign the WHO's

⁴⁸ <https://www.youtube.com/watch?v=ICsHCFpNgkY>



*proposed pandemic treaty, calling it a project to serve the interests of greedy pharmaceutical companies*⁴⁹.⁽⁴⁹⁾

If the World Health Organisation (WHO) decides to proceed with its suggested pandemic treaty and proposed amendments to the International Health Regulations of 2005, and enforce these draconian measures, South Africa should withdraw from the WHO and consequently cease its financial support. We do not endorse the stringent measures that the WHO appears determined to implement in favour of the pharmaceutical industry, rather than prioritising the well-being of humanity.

Thank you for considering my perspective on the matter. I believe that signing this treaty would not be in the best interest of our country and its citizens. I trust in your wisdom and leadership to carefully evaluate the potential consequences and make a decision that upholds our nation's values and safeguards our sovereignty. Your dedication to serving the South African people is greatly appreciated, and I have faith that you will prioritize their well-being above all else.

Thank you for your time and consideration.

Yours Sincerely,

Dr Ellapen Rapiti

MBBS, FCFP, DCH, DMH

(A Leader of TEAM SA, a Humans Rights Movement)

pp Dr Paolo Brogneri

Founder & Chairperson of Freedom Alliance South Africa for and on Behalf of Dr E.V. Rapiti

For more information kindly contact: contact@fasa.org.za



⁴⁹ <https://expose-news.com/2023/11/25/slovakia-will-not-be-entering-into>

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