

POLICY *Analysis*

Center for Family and Human Rights

Five Problems with the WHO Pandemic Preparedness Treaty

The *Pandemic Prevention, Preparedness and Response Accord*, commonly known as the “WHO Pandemic Treaty,” not only extends greater power to the World Health Organization (WHO) to reallocate pandemic resources from member states and targets “misinformation” opposed to its own narrative, but also carries consequences for families and the unborn.

The WHO includes abortion as part of the “right to health” and essential health services

The Biden administration has called for “sexual and reproductive health”, a euphemism for abortion, to be part of essential health services under the pandemic treaty.¹ Moreover, international bodies who will have roles implementing the treaty, including the World Health Organization and the UN Secretary General, have already declared abortion to be an essential health service during the COVID-19 pandemic.² Other UN bodies protested against conservative U.S. States including Texas and Florida, claiming they were violating human rights when States’ administrations closed abortion clinics as non-essential during the pandemic.³

The WHO explicitly includes abortion as a critical component of the right to health in myriad documents, including its *Abortion Care Guideline 2022*,⁴ and can be anticipated to include abortion as an essential health service as part of the treaty’s implementation. The pandemic treaty envisions “the highest attainable standard of health for all peoples, on the basis of equity, human rights and solidarity,”⁵ incorporating the WHO’s consistent interpretation that abortion is a human right and must be protected under law. The WHO abortion guidelines even urge member states to remove conscience protections for health workers who object to performing abortions or referring women for abortions.⁶

Secrecy Surrounding the Negotiations of the Treaty

During negotiations of the draft, Biden appointee Ambassador Hamamoto called for “access to essential health care services during pandemics, including sexual and reproductive health services,” to be integrated in the draft of the treaty. Hamamoto supported China’s call for secrecy in the pandemic negotiations—future negotiations and drafts should not be available to the public because of potentially controversial elements: “I think at this stage I have some concerns about the sharing the draft to all stakeholders given where we are in the process.”⁷

Moreover, the lack of transparency during COVID-19 from high-level U.S. and international health officials throughout the pandemic is cause for alarm. Continuing to bar the public from negotiations about future pandemic preparedness further puts societies at risk and reinforces bureaucratic power. A complex web of public and private interests and geo-political tensions converged during the COVID-19 pandemic to create a justifiable suspicion of overreach in the promotion of unprecedented pandemic response policies, including lockdowns, vaccine mandates, travel restrictions, and restrictions on civil liberties—freedom of speech, association, and religious freedom. Such mechanisms should not be enshrined in a binding international treaty.

Greater WHO Authority

Should the WHO Secretary-General declare a pandemic, the declaration would trigger the requirements and provisions of the treaty. Under the provisions of the treaty, the U.S. government and other member states are bound to the obligations therein during a pandemic response; these include allocating a percentage of gross domestic product for “international

cooperation and assistance,” domestic budget allocation for pandemic preparedness, and provision of specific “essential” health services. These funds would extend to healthcare, social programs, and other obligations as the WHO sees fit.⁸ Once the mechanisms and obligations of the treaty are in place, they are binding; despite the sovereignty clause, the treaty gives the WHO more direct control over the domestic and international affairs of member states.

The Ineffectiveness of the Sovereignty Clause

The treaty draft ostensibly affirms the sovereignty of each member state: “States have, in accordance with the Charter of the United Nations and the principles of international law, the sovereign right to determine and manage their approach to public health, notably pandemic prevention, preparedness, response and recovery of health systems.”⁹ Yet immediately following, the draft contains a caveat ensuring that member states’ domestic “jurisdiction or control do not cause damage to their peoples and other countries.”¹⁰ “Damage” to populations remains unspecified, and can be interpreted in various ways, including actions deemed “discriminatory,” such as prohibitions on abortions, transgender surgeries¹¹, and other policies often claimed as “essential health services.”¹² The WHO guidelines on “safe abortion” also claims that “denial or delay of safe abortion care and/or post-abortion care” is violence.¹³ Ultimately, countries are at the direction of the WHO and its standards for domestic “jurisdiction or control.”

In Article 14, the WHO claims that “protection of human rights” is an essential part of “pandemic preparedness.” The WHO’s pandemic-prevention rhetoric becomes another vehicle to implement its human rights priorities. Since “pandemic preparedness” is an ongoing process, the WHO will seek to instill every member state with its principles under the guise of rights. In the treaty, member states are required to “incorporate non-discriminatory measures to protect human rights as part of their pandemic prevention, preparedness, response and recovery, with a particular emphasis on the rights of persons in vulnerable situations.”¹⁴

The pandemic treaty obliges member states to address—and if necessary, restructure—systems in accordance with the WHO standards for its “One Health” and “universal healthcare” ideals:

“States are accountable for strengthening and sustaining their health systems’ capacities and public health functions to provide adequate health and social measures by adopting and implementing legislative, executive, administrative and other measures for fair, equitable, effective and timely pandemic prevention, preparedness, response and recovery of health systems. All Parties shall cooperate with other States and relevant international organizations.”¹⁵

With the WHO emphasizing a “One Health” approach and including all societal sectors in pandemic preparedness, e.g., economic and social aspects of health, abortion and LGBT rights are likely to be considered as necessary rights for pandemic preparedness. Should the United States agree to the treaty, it will be required to cooperate with the WHO’s human rights and universal health objectives, which contain grave threats to life and family.

The Treaty Creates Processes Beyond Pandemic Times

Per the draft of the treaty, member states will be subject to “preparedness monitoring, simulation exercises and universal peer review” and provide “necessary funding for developing countries” to implement national and global targets, indicators, and review systems. This mechanism functions similarly to the Universal Periodic Review (UPR), a mechanism of the Human Rights Council to review the human rights records of member states and offer policy suggestions and criticisms. The UPR yields many radical progressive policy recommendations from a small concentration of developed western countries¹⁶—including the United States—to conservative and developing UN member states. Recommendations include mounting pressures to liberalize abortion laws and establish a pro-gender ideology politic.¹⁷ It is likely that the pandemic preparedness universal peer review would result in similar outcomes as the UPR. Should the United States be under an administration with conservative domestic and international officials, the U.S. would become a target of backlash against progressive member states.

In addition to the peer-review from state to state, the ratification of the treaty establishes a treaty-monitoring body with reporting requirements, as well as mechanisms for the monitoring body to make recommendations. Given that the treaty covers also social determinants of health, the monitoring body would have the ability to make recommendations on a plethora of social and economic issues.

In these reporting systems, both progressive member states and treaty monitoring bodies often enforce an agenda that

is unmoored from international consensus. They do not produce binding observations or consequences, though they are influential in the UN system and can erode consensus and offer problematic “interpretations” of treaties which are then weaponized by agencies and governments.

Endnotes

- 1 Friday Fax, “Biden Pushes Abortion and Secrecy in New Pandemic Treaty” Center for Family and Human Rights, 3 March 2020. Available at: https://c-fam.org/friday_fax/biden-pushes-abortion-and-secrecy-in-new-pandemic-treaty/
- 2 Friday Fax, “USAID Head to UN Secretary General: Stop Peddling Abortion as COVID-19 Relief”, Center for Family and Human Rights, 18 May 2020. Available at: https://c-fam.org/friday_fax/usaaid-head-to-un-secretary-general-stop-peddling-abortion-as-covid-19-relief/
- 3 United Nations, “Mandates of the Working Group on discrimination against women and girls...,” 22 May 2020. Available at: <https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gId=25279>
- 4 “Everyone has the right to scientific progress and right to health, which requires the availability and accessibility, acceptability, and quality of medical abortion. This means that States should ensure access to abortion medicines.” World Health Organization, “Abortion Care Guideline,” 8 March 2022, web: <https://www.who.int/publications/i/item/9789240039483>
- 5 WHO Pandemic Treaty, pp. 8
- 6 WHO Abortion Care Guidelines, pp. 8
- 7 Friday Fax, “Biden Pushes Abortion and Secrecy in New Pandemic Treaty,” Center for Family and Human Rights, 3 March 2023, web: https://c-fam.org/friday_fax/biden-pushes-abortion-and-secrecy-in-new-pandemic-treaty/
- 8 WHO Pandemic Treaty, pp. 25
- 9 WHO Pandemic Treaty. 11
- 10 Ibid, pp. 11
- 11 “Transgender people share many of the same health needs as the general population, but may have other specialist health-care needs, such as gender-affirming hormone therapy and surgery.” World Health Organization, “Gender incongruence and transgender health in the ICD,” accessed 2 June 2023. Available at: <https://www.who.int/standards/classifications/frequently-asked-questions/gender-incongruence-and-transgender-health-in-the-icd>
- 12 Ibid, pp. 11
- 13 WHO Abortion Care Guidelines, pp. 9
- 14 WHO Pandemic Treaty, pp. 21
- 15 WHO Pandemic Treaty, pp. 11
- 16 Friday Fax, “C-Fam Investigation Reveals Lack of Agreement and Nefarious Connections in UN Human Rights Mechanism,” Center for Family and Human Rights, 10 February 2022. Available at: https://c-fam.org/friday_fax/c-fam-investigation-reveals-lack-of-agreement-and-nefarious-connections-in-un-human-rights-mechanism/
- 17 Friday Fax, “Biden Pushes Homosexual Marriage as a Binding Human Right,” Center for Family and Human Rights, 18 May 2023. Available at: https://c-fam.org/friday_fax/biden-pushes-homosexual-marriage-as-a-binding-human-right/



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