



World Health
Organization

Under the Leadership of Dr. Margaret Chan 2006 - 2017

This pre-2017 vision of the World Health Organization is what comes to mind for most people.

“To lead strategic collaborative efforts among Member States and other partners to promote equity in health, to combat disease, and to improve the quality of, and lengthen, the lives of the all peoples of the world.”

Statement of Director General



“I want my leadership to be judged by the impact of our work on the health of two populations: women and the people of Africa.”

- Dr Margaret Chan
Director General
WHO; Geneva, Switzerland

DIVISIONS

1. Epidemiological surveillance and health situation and trend assessment
2. Communicable Disease
3. Vector biology and control
4. Environmental Health
5. Public information and education for health
6. Diagnostic, therapeutic and rehabilitative technology

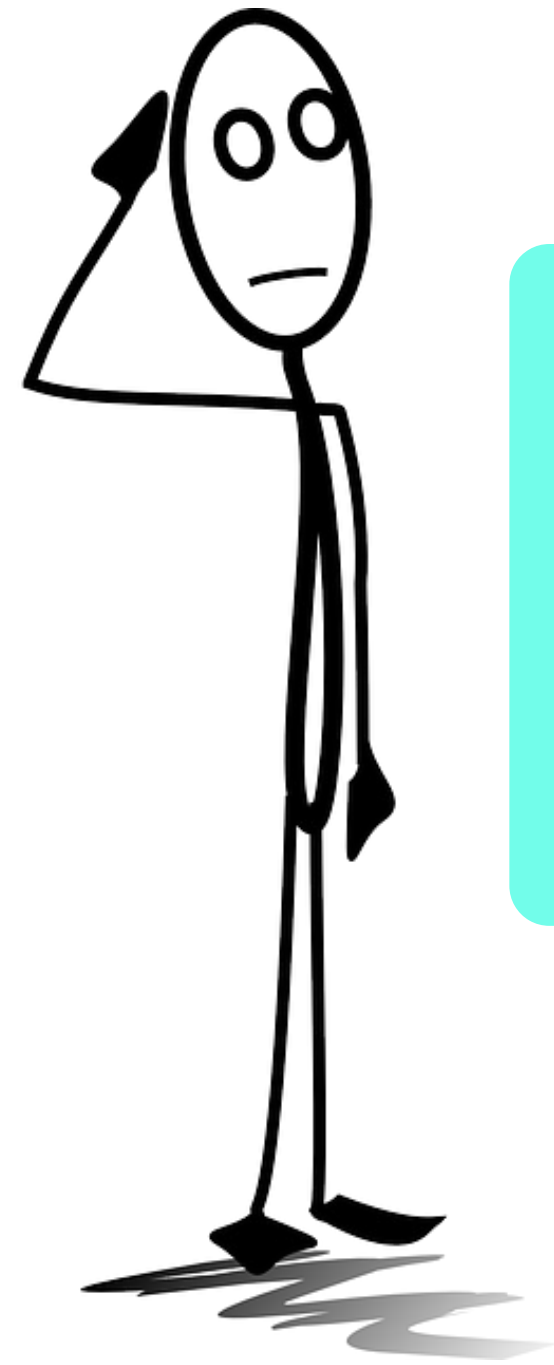
7. Mental health
8. Strengthening of health services
9. Family health
10. Non communicable disease
11. Health manpower development
12. Information system supports
13. Personal and general services
14. Budget and finance

Role in Public Health

- ❖ Articulating ethical and evidence-based policy options;
- ❖ Providing technical support, catalyzing change, and building sustainable institutional capacity; and
- ❖ Monitoring the health situation and assessing health trends.

Role in Public Health

- ❖ Providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- ❖ Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- ❖ Setting norms and standards and promoting and monitoring their implementation;



Why? The WHO is a good thing. Those guys must be crazy!!

PRE 2017 Mindset



Post COVID Mindset

Or...could the problem with today's WHO be regulatory capture? A revolving door between BigPharma staff and WHO staff?

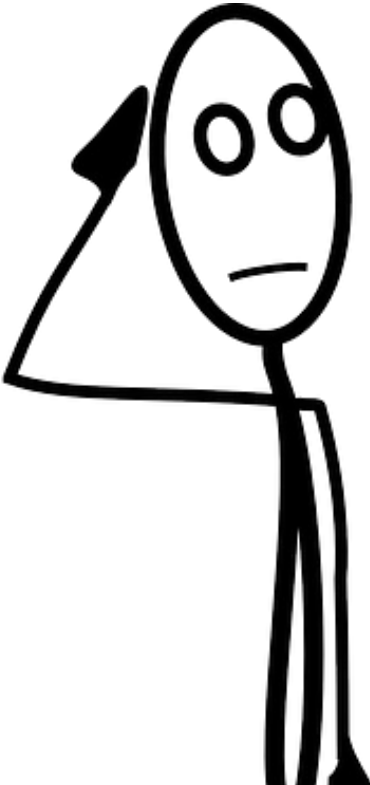


Image: <https://www.textor.ca/regulatory-capture-is-to-blame-reducing-rc-starts-with-education/>

Written in 2017: The WHO...

- is an agency of the United Nations
- is financed by a mix of assessed contributions provided by Member States and voluntary contributions provided by both State and non-State actors.
- By **1990**, voluntary contributions had increased to **54%** of total funds and now make up almost **80%** of WHO's total income (US\$ 4.4 billion for **2016-2017**)
- **WHO's top 20 contributors provide nearly 80% of the total financing** - among them, Bill and Melinda Gates Foundation, Rotary International and Bloomberg Family Foundation - which motivated the Director-General, Margaret Chan, to say: "*A broader base of contributors would make this Organization more genuinely owned by its Member States*" She somehow agreed with those who believe that WHO actions and priorities are no longer the result of the consensus of the world's people but top down decision making from wealthy philanthropists.

Source:

<https://www.scielo.br/i/csp/a/Nwc4PfM54vsQ355nSQVr3dP/?lang=en>

“WHO as an organization, only 30% of my budget is predictable funds. Other 70% I have to take a hat and go around the world, to beg for money. And when they give us the money, they are highly linked to their preferences they like. It may not be the priority of the WHO so if we do not solve this, you know, we are not going to be as great as we were” (stated at the 1 hour 20 minute mark of **Trust WHO - Documentary** - <https://www.youtube.com/watch?v=zJYUgN9BO2I&rco=1>)

This undated comment was made before the end of Dr. Chan’s period as WHO Director General which ended in 2017.

The Trust WHO - Documentary can be seen here: www.youtube.com/watch?v=zJYUgN9BO2I

The official website is here: <https://www.oval.media/en/trust-who-2/>



**Dr. Margaret Chan,
former Director
General of the World
Health Organization**

Starting in 2016, the role of “NON STATE ACTORS” was formalized not without critique.



<https://www.ncbi.nlm.nih.gov/pubmed/28678937>

> [Cad Saude Publica](#). 2017 Jul 3;33(6):e00100716. doi: 10.1590/0102-311X00100716.

World Health Organization and the search for accountability: a critical analysis of the new framework of engagement with non-state actors

[Danielle Hanna Rached](#) ¹, [Deisy de Freitas Lima Ventura](#) ¹ ²

Affiliations + expand

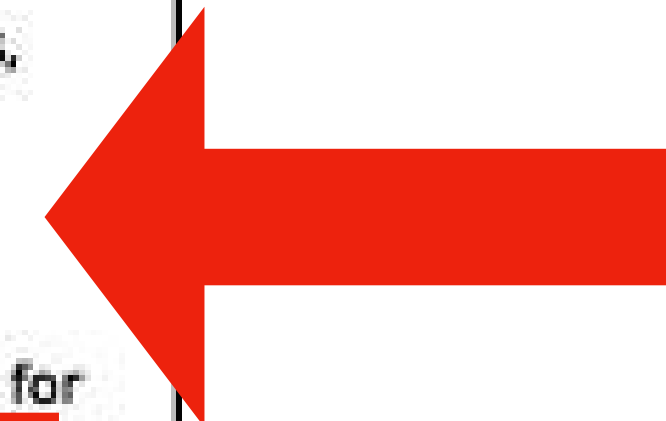
PMID: 28678937 DOI: [10.1590/0102-311X00100716](https://doi.org/10.1590/0102-311X00100716)

NON-STATE ACTORS



Private sector (§10)	<ul style="list-style-type: none">• Commercial enterprises, that is to say, businesses that are intended to make a profit for their owners;• Entities that represent, or are governed or controlled by, private sector entities, including international business associations.	<p><u>WHO will determine through its due diligence if a non-State actor is subject to the influence of private sector entities (through financing, participation in decision-making or otherwise) to the extent that the non-State actor has to be considered itself a private sector entity (§13).</u></p>
Nongovernmental organizations (§9)	<ul style="list-style-type: none">• Nonprofit entities that operate independently of governments, free from concerns which are primarily of a private, commercial or profit-making nature.	
Philanthropic foundations (§11)	<ul style="list-style-type: none">• Nonprofit entities whose assets are provided by donors and whose income is spent on socially useful purposes, clearly independent from any private sector entity in their governance and decision-making.	
Academic institutions (§12)	<ul style="list-style-type: none">• Entities engaged in the pursuit and dissemination of knowledge through research, education and training, including think tanks that are policy-oriented institutions, as long as they primarily perform research.	

<p>Principles (§5)</p>	<ul style="list-style-type: none">• Demonstrate a clear benefit to public health;• Conform with WHO's Constitution, mandate and general program of work;• Respect the intergovernmental nature of WHO and the decision-making authority of Member States as established in the WHO's Constitution;• Support and enhance, without compromising, the scientific and evidence-based approach that underpins WHO's work;• Protect WHO from any undue influence, in particular on the processes in setting and applying policies, norms and standards, including information gathering, preparation for, elaboration of and the decision on the normative text;• Not compromise WHO's integrity, independence, credibility and reputation;• Be effectively managed, including by, where possible avoiding conflict of interest and other forms of risks to WHO;• Be conducted on the basis of transparency, openness, inclusiveness, accountability, integrity and mutual respect.
<p>Benefits (§6)</p>	<ul style="list-style-type: none">• Contribution of non-State actors to the work of WHO;• Influence that WHO can have on non-State actors to enhance their impact on global public health or to influence the social, economic and environmental determinants of health;• Influence that WHO can have on non-State actors' compliance with WHO's policies, norms and standards;• Additional resources non-State actors can contribute to WHO's work;• Wider dissemination of and adherence by non-State actors to WHO's policies, norms and standards.
<p><u>Risks (§7)</u></p>	<ul style="list-style-type: none">• <u>Conflicts of interest;</u>• <u>Undue or improper influence exercised by a non-State actor on WHO's work, especially in, but not limited to, policies, norms and standard setting, including information gathering, preparation for, elaboration of and the decision on the normative text;</u>• <u>Negative impact on WHO's integrity, independence, credibility and reputation; and public health mandate;</u>• <u>Engagement being primarily used to serve the interests of the non-State actor concerned with limited or no benefits for WHO and public health;</u>• <u>Engagement conferring an endorsement of the non-State actor's name, brand, product, views or activity;</u>• <u>Whitewashing of a non-State actor's image through an engagement with WHO;</u>• <u>Competitive advantage for a non-State actor.</u>





Most people are not aware how the power & influence of NON STATE ACTORS has changed the WHO



Tedros Adhanom Ghebreyesus

Director-General, World Health Organization (WHO)

Listed as an “Agenda Contributor”
to the **world’s largest corporate lobby group**
the World Economic Forum

<https://www.weforum.org/agenda/authors/tedros-adhanom-ghebreyesus/>

<https://www.weforum.org/press/2019/06/world-economic-forum-and-un-sign-strategic-partnership-framework/>

In 2019, UN Secretary-General António Guterres and World Economic Forum Founder and Executive Chairman Klaus Schwab signed

A “Strategic Partnership Framework” which includes:

- **Health** – Support countries achieve good health and well-being for all, within the context of the 2030 Agenda, focusing on key emerging global health threats that require stronger multistakeholder partnership and action.

&

- **Digital cooperation** – Meet the needs of the Fourth Industrial Revolution while seeking to advance global analysis, dialogue and standards for digital governance and digital inclusiveness.



THIS is CURRENTLY UNDERWAY



**Meetings now on: April 12 to May 16
in advance of the planned ratification of
the WHO pandemic treaty and IHR vote**

Informal WHA77 pre-meetings for Member States, non-State actors in official relations and the Secretariat

List of 217 non-State actors in official relations with WHO

Bill & Melinda Gates Foundation
2nd largest funder of WHO (10% in 2018)

The Bloomberg Family Foundation, Inc.
(Bloomberg Philanthropies)
CEO = WEF Agenda Contributor

**NO record of discussions?
NO ACCOUNTABILITY?
WHY let these folks SHAPE WHO
treaties without oversight?**

Aga Khan Foundation (AKF)
Fondation Aga Khan (AKF)
Incl. various WEF Agenda Contributors
Founded by bankers who moved health system from wholistic to pharma model. Behind early versions of WHO
Current President = WEF Agenda Contributor

The Rockefeller Foundation

United Nations Foundation Inc. (UNF) CEO = WEF Agenda Contributor

What are these NON-STATE ACTORS doing at the WHO meetings?
NOT ONE of them is holding the WHO to account for its very dangerous management of COVID-19.
Are they all on standby for endless repeat performances? That is what the Pandemic Treaty + IHR will lead to.

For a whole MONTH these groups have the ear of WHO officials.
Who is recording what is said and decided at these meetings?
Does Canada's rep to the WHA have access to these conversations?

Speak up if you oppose the World Economic Forum "Great Reset" & UN "Agenda 2030." COVID-19 showed us how massive "wealth transfer" works.
Why is our health, our future and our economy in the hands of the world's most powerful unelected lobbyists?

Vital Strategies, Inc.
CEO = WEF Agenda Contributor

Corporate Accountability
No pharmaceutical companies in their "Wall of Shame"

Clinton Health Access Initiative, Inc. (CHAI)
Funded "vaccine confidence guide" for faith leaders

International Union of Architects (UIA)
Union Internationale des Architectes (UIA)
Aligned with United Nations Agenda 2030

Wellcome Trust
Global Policy Lead = WEF Agenda Contributor

The Carter Center, Inc. Various links to WEF

PATH Promotes mRNA vaccine; corporate investment funded

The Population Council, Inc. (PopCouncil)
Conseil de la Population, Inc. (PopCouncil)
Advocating for moderation population growth. WEF ties

International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)
Fédération Internationale de l'Industrie du Médicament (IFPMA)
No mention of lack of safety/efficacy of COVID-19 mRNA vaccines on their website

Consumers International (CI)
Are supposed to fight for consumer rights
Silent on Covid-19 vaccine fraud

Action steps re: World Health Assembly vote May 2024

I - Get Information. II - Take Actions. III - Share

Information. **I - Get Information.**

- Canada is a member of the World Health Organization (WHO). It used to be a reputable, balanced organization operating ethically. That is no longer the case.
- Canada's representative will take part in the upcoming annual WHO Assembly held from May 27-29 in Geneva Switzerland (aka WHA77, because it is the 77th meeting).
- On the agenda are two important documents: A new Pandemic Treaty & a long list of new amendments to International Health Regulations last updated in 2005 (IHR).
- Canadians are seeking ways to persuade our representative to:
 - A. DEFER the vote** to another time because the 4 month notice period was not provided and the current draft of the Pandemic Treaty violates International Bioweapons treaties.
 - B. INITIATE a withdrawal process**, because today's WHO is beholden to pharmaceutical companies.

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Information.

I - Reliable Sources of Information.

The **KEY MESSAGES** posted here <https://www.canadaexitwho.org/> have been drawn from these sources:

- US journalist James Rogulski near daily updates on the WHO negotiations: <https://jamesroguski.substack.com/>
- US Bioweapons expert Dr. Meryl Nass and other experts' presentations held in Rome, Italy with English translations here: <https://cmsindipendente.it/>
- Information provided by Dr. Leslyn Lewis here: <https://leslynlewismp.ca/2024/01/17/the-who-pandemic-treaty/>
- Information shared at the April 18, 2024 press conference of the US Sovereignty Coalition <https://sovereignty.substack.com/p/on-now-rep-ralph-norman-hosts-a-press>
- Conference presentations given on April 19 at this event: <https://cmsindipendente.it/>

The 2 WHO documents to be voted on in May 2024

International Health Regulation (IHR) Amendments

- Needs over a **50% vote** to pass
- **Every member** of the WHO and IHR (196 countries) **must obey** it if passed, unless the nation issues a formal revocation or reservation
- Goes into effect 12 months from a vote or a 'consensus' (if WHO avoids a vote)
- **Nations have 10 months to revoke or reserve after it passes.** No option exists to get out of the new IHR after that.
- This is an **OPT-OUT** process
- In force during a declared pandemic or potential pandemic

Pandemic Treaty, also called Accord, Agreement, Instrument, etc.

- Needs at least **2/3 vote** to pass
- If passed, nations must then formally sign or ratify to become a party
- Goes into effect for all signatories one month after the 40th signature
- Nations may not ask to withdraw from the treaty until two years after it enters into force, and then it will take an additional 12 months to get out
- This is an **OPT-IN** process, with an unusually short time-frame before entering into force
- The treaty will always be in force

What if the vote goes ahead? - It is technically **ILLEGAL** but...

The 2 WHO documents to be voted on in May 2024

International Health Regulation (IHR) Amendments

98+/196

- Needs over a 50% vote to pass
- **Every member** of the WHO and IHR (196 countries) **must obey** it if passed, unless the nation issues a formal revocation or reservation
- **May 27, 2025** Goes into effect 12 months from a vote or a 'consensus' (if WHO avoids a vote)
- **March 27, 2025** Nations have 10 months to revoke or reserve after it passes. No option exists to get out of the new IHR after that.
- This is an **OPT-OUT** process
- In force during a declared pandemic or potential pandemic

Pandemic Treaty, also called Accord, Agreement, Instrument, etc.

129+/196

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- If passed, nations must then formally sign or ratify to become a party
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?

? + 3 years to be free again

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Information. **II - Take Actions.**

- **Submit YOUR COMMENTS** to the US delegation to the WHA77 as shown here <https://jamesroguski.substack.com/p/submit-your-public-comment>
- **Send YOUR COMMENTS** also to your MP as well as others as outlined here: <https://www.canadaexitwho.org/> - Consider sending letters weekly, selecting different Key Messages each time.
- **Share the Unanswered Questions & Key Messages** and other documents with local or national newspaper columnists, private investigators, social media influencers, etc. suggesting they seek answers to the Unanswered Questions and report them.
- Write [wwwCanadaExitWHO.org](http://www.CanadaExitWHO.org) on a **sign to be displayed** in the back of your vehicle, in front of your home or other legal location of your choice.

Action steps re: World Health Assembly vote May 2024

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Information. **III - Share Information**

- Print off and post or distribute the “business cards” found here: <https://www.canadaexitwho.org/> to inform others.
- Ask your local community newspaper to run the content of the business cards as a public service message.
- Connect with your radio call-in shows (or their internet equivalents) and share the ONE KEY MESSAGE that resonates best with you.
- Ask your municipal government representatives how they would proceed if lockdowns, quarantines, mandatory masking and injections, digital IDs, population segregation, etc. would repeatedly be implemented moving forward. Suggest they share their comments with the federal & provincial health ministers.
- Ask your colleagues and employers the same question as above. Suggest actions for them.

Pick your approach... gentle or hard hitting!



How comfortable do you feel with people we didn't vote for in some agency outside of our country being given the ability to affect our health and wellness?

People who are far removed from our local social and geographic realities might be tempted to implement restrictions and measures that our local health officers wouldn't choose to use.

Would you agree that giving unelected people far away decision making power over our health care system is not the best way to go?

**More hard hitting
approach**

Are YOU ready for THIS?

- Repeat implementation of **vaccine and masking mandates**, the use of **tracking technology**, **digital ID** and **vaccine passes**, **quarantines**, etc.
- Censorship & surveillance** of Canadians
- Forced disclosure** of private medical data
- An increase in **pandemics as biowarfare**

Do you want all this again? And again?

If we all do and say NOTHING, the **World Health Organization** is set to give **ITSELF** the absolute power to repeatedly declare emergencies with little evidence. *(Last time, only 5 monkeypox deaths were enough to trigger the WHO to declare its monkeypox emergency. Before that, by disallowing some treatments for COVID-19, the WHO paved the way for BigPharma's COVID-19 products even AFTER the flaws were well known.)* The WHO's **Big Pharma backers** will be the only beneficiaries, as they plan to profit from any WHO declaration of any "health emergency" in the future.

**For more on how to say NO to giving
the WHO new pandemic powers...**

See:
canadaexitwho.org

[https://
freedomrising.info/
canada-exits-the-
who/](https://freedomrising.info/canada-exits-the-who/)

For UPDATES
ACTIONS
+
A letter writing
campaign to our
politicians, media,
and more.

Action steps re: World Health Assembly vote May 2024

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Information.

Newsy Bits when speaking with Others:

- Comment for the “fact checkers” who say....”There is nothing in the WHO Pandemic Treaty that takes away a nation’s sovereignty over its own health care.” —> While such a reassuring statement does occur in the **Treaty**, there are many terms in the **IHR** that override that statement. So the statement, while **technically correct becomes false** once both documents are implemented.
- Video footage of Dr. Margaret Chan, the former WHO Director General explaining in 2017 how the WHO needs to “go around with a hat, begging” for funds can be seen starting at the 1:20 mark in this documentary <https://www.youtube.com/watch?v=zJYUgN9BO2I&rco=1>.
- People who also want Canada to pull out of the United Nations have prepared this website <https://preventgenocide2030.org/> with this action item: https://oneclickpolitics.global.ssl.fastly.net/messages/edit?promo_id=21898

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Information. INFORMATION SHARING TOOLS

- Template letter - to fill in with your choice of Key Messages or Questions needing Answers (pre-written letters available for use / adaptation) The same messages can be used in emails.
- “Business Cards” can be printed off and shared, can be posted, can be sent to community newspaper to ask to be published as a public service message
- Items to be added to the INFORMATION PACKAGE TAB (Press Release, Questions needing Answers...)
- People who also want Canada to pull out of the United Nations have prepared this website <https://preventgenocide2030.org/> with this action item:
https://oneclickpolitics.global.ssl.fastly.net/messages/edit?promo_id=218

Summary of **KEY MESSAGES** re: what is up for vote at **WHA77**

- Can't sufficiently analyse the document in **4 weeks**. WHO should have had it ready on Jan 27 (4 week notice period).
- **No info on cost** of Canada's contributions to WHO till December 2026.
- Unacceptable to have **ONE PERSON** declaring emergencies with ZERO oversight or checks and balances
- The **Treaty violates international Law!** 1972 Biological Weapons Convention, the 2004 Security Council Resolution 1540 and 'customary international law.'
- Terms of the Treaty **will lead to MORE pandemics, and MORE DANGEROUS Gain of Function Research**, via vulnerabilities of BioHub network to hackers.
- While the Treaty states no nation's health sovereignty is at risk, the

Summary of KEY MESSAGES

continued p. 2

The travelling public will be faced with vaccine and masking mandates, the use of tracking technology, digital ID and vaccine passes, quarantines, etc. if ANY of the nations sign in.

- Non-governmental entities (such as employers, charities, etc.) will be **coerced** to comply with government dictates
- The IHR include terms around ongoing **surveillance of citizens and public disclosure of private data** .
- We will face continued **censorship** of what is falsely defined as "misinformation".
- WHO policies are **counter-productive** - should focus on developing immunity!
- The current text **violates the principle of equity** - it ignores the main concern of the African nations - equitable access to the profits of

Summary of KEY MESSAGES

continued p. 3

~~Removes wording~~ around **RESPECT OF HUMAN RIGHTS & FUNDAMENTAL FREEDOMS**, replacing them with equity, inclusivity & coherence (*Some see this as paving the way for ONE HEALTH initiatives where humans are seen as just another organism within a larger ecosphere.*)

- **20 to 80% split between member nations and corporate donor funding.** And 90% of donor funding is “earmarked” for specific priorities. Why join something where the entire funding model needs to be clawed back from corporate interests?
- American lawmakers urging that the **vote be deferred** (i.e. **that it NOT be HELD IN MAY 2024**).