

The WHO Changes Guidelines to Favor Lockdowns

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By [Will Jones](#) May 18, 2022 May 18, 2022 [Policy](#) 4 minute read

The World Health Organisation intends to make lockdowns and other non-pharmaceutical interventions intended to curb viral spread part of official pandemic guidance.

The revelation comes in a [report](#) scheduled to go to the WHO's World Health Assembly later this month. This is not part of new pandemic treaty and does not require the endorsement of member states. The report says the implementation is already underway.

Many have raised the [alarm](#) about a new WHO pandemic treaty. However, as I've [noted previously](#) (and as Michael Senger notes [here](#)), there isn't a new pandemic treaty on the table. Rather, there are amendments to the existing treaty, the International Health Regulations 2005, plus other recommendations (131 in all) put forward in a [report](#) from the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies.

Most of these amendments and recommendations relate to information and resource sharing and preparation for future pandemics; none of them directly interferes with state sovereignty in the sense of allowing the WHO to impose or lift measures. However, that doesn't mean

they're not dangerous, as **they endorse and codify the awful errors of the last two years**, beginning with China's Hubei lockdown on January 23rd 2020.

The recommendations in the report originate from WHO review panels and committees and were sent out in a survey in December 2021 to member states and stakeholders to seek their views.

Non-pharmaceutical interventions appear three times in the recommendations, once under "equity" and once under "finance," where states are urged to ensure "adequate investment in" and "rapid development, early availability, effective and equitable access to novel vaccines, therapeutics, diagnostics and non-pharmaceutical interventions for health emergencies, including capacity for testing, scaled manufacturing and distribution".

While rapid development and early availability of non-pharmaceutical interventions sounds worrying in itself, it could be interpreted in a number of ways by states.

Where it really gets alarming, however, is in the "leadership and governance" section. LPPPR 29 states (emphasis added):

Apply non-pharmaceutical public health measures systematically and rigorously in every country at the scale the epidemiological situation requires. All countries to have an explicit evidence-based strategy agreed at the highest level of government **to curb COVID-19 transmission**.

Scope	Source code	Recommendation	Total Number of survey responses	High Priority	High Feasibility	Implementation underway	WHA74.7	WGPR Observed Potential Pathway for Implementation	Secretariat to add column of related Recommendations
Leadership & governance	IPPPR_24	Head of States and Government to appoint national pandemic coordinators accountable to the highest levels of government with the mandate to drive whole-of-government coordination for both preparedness and response.	46	65.22%	38.30%			Address or involve external bodies/actors New international instrument Strengthening IHR (2005) WHO normative work	GPMB_12
System & tools	IPPPR_25	Conduct multi-sectoral active simulation exercises on a yearly basis as a means of ensuring continuous risk assessment and follow-up action to mitigate risks, cross-country learning, and accountability, and establish independent, impartial, and regular evaluation mechanisms.	48	56.25%	56.52%			Address or involve external bodies/actors Strengthening IHR (2005) WHO normative work	GPMB_24,GPMB_12
Leadership & governance	IPPPR_26	Strengthen the engagement of local communities as key actors in pandemic preparedness and response and as active promoters of pandemic literacy, through the ability of people to identify, understand, analyse, interpret, and communicate about pandemics.	51	62.75%	45.83%			Address or involve external bodies/actors Strengthening IHR (2005) WHO normative work	
Finance	IPPPR_27	Increase the threshold of national health and social investments to build resilient health and social protection systems, grounded in high-quality primary and community health services, universal health coverage, and a strong and well supported health workforce, including community health workers.	46	76.09%	52.94%			Address or involve external bodies/actors New international instrument	GPMB_04
System & tools	IPPPR_28	Invest in and coordinate risk communication policies and strategies that ensure timeliness and accountability and work with marginalized communities in the co-creation of plans	44	60.87%	36.96%		WHA74.7_36	Address or involve external bodies/actors WHO normative work	WHA74_36
Leadership & governance	IPPPR_29	Apply non-pharmaceutical public health measures systematically & rigorously in every country at the scale the epidemiological situation requires. All countries to have an explicit evidence-based strategy agreed at the highest level of government to curb COVID-19 transmission.	49	75.51%	38.64%	YES		Address or involve external bodies/actors WHO normative work	

The requirement that a country's pandemic strategy must aim to curb viral transmission is a major change from the current guidance. The U.K.'s existing pandemic preparedness strategy, prepared in line with previous WHO recommendations, is completely clear that no attempt should be made to stop viral transmission as it will not be possible and will waste valuable resources:

It will not be possible to halt the spread of a new pandemic influenza virus, and it would be a waste of public health resources and capacity to attempt to do so.

It almost certainly will not be possible to contain or eradicate a new virus in its country of origin or on arrival in the U.K. The expectation must be that the virus will inevitably spread and that any local measures taken to disrupt or reduce the spread are likely to have very limited or partial success at a national level and cannot be relied on as a way to 'buy time'.

It will not be possible to stop the spread of, or to eradicate, the pandemic influenza virus, either in the country of origin or in the U.K., as it will spread too rapidly and too widely.

But now the WHO says that curbing viral transmission is to be the aim of pandemic response. This is a disaster.

Worse, the report says this recommendation will be incorporated into the WHO's "normative work," meaning it will be part of official WHO guidance to states in responding to a pandemic. Worse still, it says it's already being implemented – it doesn't need a treaty or the agreement of member states to do this, it's already happening.

Expect to see new guidance appearing at the international and national levels over the coming months and years which incorporate this presumption that restrictions should be imposed to curb viral spread. This is despite the last two years only confirming the wisdom of the WHO's previous guidance that this is not possible and not worth the attempt.

This matter must be raised at the highest levels so that lockdowns and other non-pharmaceutical interventions are kept out of all pandemic planning.

Sign the parliamentary petition against the latest moves by the WHO [here](#) – now at over 121,000 signatures.

Author



Will Jones

Will Jones is editor of the Daily Sceptic.