David Bell (00:00):

Yeah, thanks for inviting us to talk. Much appreciated. I'm going to give actually a background of two projects. First, it's a project that I'm co-leading at the University of Leeds in the UK on. It's probably the only independent academic project, I think, looking at the evidence base of the pandemic agenda internationally and the finance and political machinations behind it and why it's happening. Because it's very important, we've been looking at why governments, the messaging that's going from international agencies to governments and why they're making the decisions they are and then putting in the money they are and then introduce the International Health Reform Project, which Ramesh and I have been co-chairing. And I think people, everyone's aware of this, but it's worth just reminding ourselves infectious disease is on the way down globally has been for well over a century, 150 years. COVID there took us back to 2008 in terms of mortality, that's all.

(01:04):

So infectious disease is low and getting better at a global level, although there are endemic diseases and low income countries that are a problem. So I'll talk about these two projects. So this is the University of Leeds and we're working with the University of Ghant, and we've been looking at the messaging from the WHO World Bank G20 Secretariat and their primary secondary sources on the urgency around the pandemic agenda and the international health security agenda and why this has sort of taken over global health. And there's a series of reports that we've produced in various papers. The project will probably finish officially in about August this year, but we're actually looking at with some other agencies are then continuing it under another form.

(01:59):

I'm going to go through just very quickly just some examples of what we find because it's depressing and gawling. So the four main documents here from these agencies over the last five years or so. There's two from WHO, Managing Epidemics and Future Surveillance. Then G20 High Level Independent Panel put out this report in 2022 for the G20 meeting in Bali, which is very instrumental in pushing the International Health Regulation Amendments and the pandemic agreement. And the WHO World Bank is the basis of all the financing for the international pandemic agenda. So that report came out in 2022 as well. And this is quotes from these reports, epidemics, pandemics occurring more often, spreading faster than ever 370 times return on investment if we put money in terms of getting money back by saving the cost of a pandemic. This is what governments are being told. This is what these documents and these agencies are saying publicly.

(03:04):

So the two WHO reports there, there's only one bit of evidence in those reports which justifies why they're saying all this concentration should be on pandemic's epidemics. And it's just this graphic. So it obviously says in the year 2000, there's no outbreaks. Now we have about seven or eight. Things are obviously getting worse. You glance at this, the world is getting worse, we're getting more outbreaks. And of course what they should have shown is this. None of these really are new. There's things like plague yellow fever, colour influenza were obviously much worse 50, 100, 200 years ago and now they're just a small problem. So it's classic misinformation by the WHO definition. And this is the only evidence they give in these reports. This is what our government see. And then there's three coronavirus outbreaks. The last one probably not natural. And we detect those now because we have the technologies PCR gene sequencing to distinguish them from the background, but these things have always happened.

(04:14):

So this is false. This is misinformation from the WHO on a very large scale for an obvious reason. The G20 high level panel had two annexes to support its whole premise, two annexes of evidence and it says a clear exponential increase of epidemics. And it has one of the annexes, annexe has these two graphs. They show this is influenza. So they're saying that back in 1995, there was no influenza at all in the world and it's gone up exponentially. This is logarithmic scale. So I mean, it's rubbish. And here we go back to 1960 non-influenza and we're seeing a rapid increase, exponential increase in outbreaks. The same dataset was published by Meadows at our in the BMJ. So it's the same dots, but you can see the exponential curve there. So what they completely ignore in this is that since this graph started, well population's gone up.

(05:21):

There's a huge increase in surveillance. We've invented PCR, we've invented point of care antigen tests and serology tests. We have gene sequencing. All the ways that we distinguish outbreaks from background have been invented since 1960. So that is almost certainly explaining virtually all of this increase in what we're seeing. None of these agencies documents state this. They don't mention it. None of their primary sources mention it in peer reviewed literature. I mean, a child can work this out. And you can see here, this is one of their sources that they put in showing an increase in outbreaks. But what you can see back in 1980, there's a lot in more developed countries, very few in Sub-Saharan Africa. We get to 2005's lots of outbreaks in Sub-Saharan Africa. Of course, that's not new. It's because we've now rolled out these technologies and development into these places we can detect outbreaks.

(06:19):

So probably all of the increase in outbreaks that we see in the messaging from these agencies is explainable by our ability to distinguish infectious disease outbreaks from background, which we didn't have before. And this is from the same data set. They talk about exponential increase in mortality and this is published in the BMJ. The entire exponential increase is due to two dots and that is the Ebold outbreak in West Africa and DRC. You take them out and globally we have a reduction in mortality over the last 20 years, not an exponential increase, but this is published in the BMJ and quoted elsewhere as an exponential increase in mortality from outbreaks. So the other bit of G20 evidence is they just have this table, NXD. It's a list of diseases and dates. So we put numbers on those and you can see 20 years, this is major outbreaks for the last two decades.

(07:19):

It's 189,000 deaths. Nearly all of them were the swine flu, which was far less than normal flu back in 2009. And then the other 25,000 is accounted for by the West Africa Ebola outbreak and a collar outbreak from a UN compound in Haiti. So this is the entire number of outbreak deaths that G20 high level panel could find in 20 years when they say major outbreaks of the last two decades. So in 20 years, this is ... Well, here we go. Mallaria TB HIV in that time is about 60 million deaths, probably more. So endemic disease is still a problem. Outbreaks are not a problem at all, but again, this is misinformation to our governments. This is of quoted 2.5 million a year on average people die from pandemics and this is from Ginkgo Bioworks, but it's a basis of the Lancet Commission on Health Financing for their report.

(08:25):

It was used in the New Zealand Raw Commission that's quoted on the WHO website, two and a half million people on average die from pandemics every year. You get these numbers. This is the frequency the pandemics occur or outbreaks occur, and this is a number of deaths, so naught to 200, most of them, tiny outbreaks that we detect now. The outbreaks that drive the 2.5 million a year on average when it's put against a current population are up here. We haven't seen these for two or three centuries in terms

of those numbers. These are Bubronic plague from the Middle Ages. So they're using those numbers for the middle age outbreaks from Bubonic plague, which we have antibiotics for hour. They put them against today's population and then they average it out per year and say based on the frequency, say two and a half million people die every year on average from pandemics, which is twice what we get from TB.

(09:23):

But it's completely ignoring all the changes in society, in health, in technology, and everything, sanitation from the middle ages to now. So it's completely false. It's obviously rubbish and this is in the Lancet. It's on the WHO website. It's ludicrous, but it's the basis of what our governments are being told. Lastly, the return on investment, they're asking for 31 billion a year on average for the pandemic agenda in the pandemic agreement, the IHR amendments. They're actually asking for more than that at the World Bank. And this is the only bit of data in that to support this contention. This horizontal line is what WHO World Bank said was the cost of HIVTB and malaria per year, about 22 billion on average. And this is a cost of outbreaks up to nine trillion, which is the cost of incentive packages in America basically, which were for COVID.

(10:22):

So they inflate the cost of the outbreaks and they have a falsely low endemic disease cost and 22 billion for those three diseases. We have in the Lancet back in 2018, a 580 billion estimate just for TB alone per year is what it costs the world. So again, this is disinformation, misinformation based on the WHO definitions. They inflate the cost of pandemics. They deflate the cost of other diseases that we're taking money away from and then they are pushing governments to fund the pandemics and it's based on completely false information, but a politician flipping through will see the graph. He won't understand the falsehoods behind it. So if we follow what the WHO World Bank are doing, we'll end up with about 47% of overseas development assistance for health being put into the pandemic agenda based on pre-COVID level. So about half of international health budget.

(11:32):

So this is a huge issue. We're already seeing a reduction in nutrition funding, reduction in malaria funding in TB funding in real terms. So there's a shift of funding. This is going to have huge implications to human health globally and it's all going to this pandemic agenda, which is clearly on a false basis. So with this in mind, we started the International Health Reform Project about one and a half years ago. It's a panel of 11 people from various continents, backgrounds, international law, international agencies, public health, philosophy, et cetera. And through a series of meetings, we came up with the two main reports and there's a policy brief, some of which are here. So just very quickly, Remesh, we'll go into more detail, but it's very in line with what you're saying, I think, Robert, on the basis of what health should be. So based on individuals having autonomy, states being a collective expression of individuals have primary responsibility at interstate level.

(12:38):

International organisations are a good idea, but they base their legitimacy on voluntary state participation, otherwise they're illegitimate. So this is basic World War II medical ethics and international relations. And again, starting with basic human rights and beneficiants, the hippocratic principles plus voluntary informed consent, which is the basis of post-War War II medical ethics. We put them into a series of public health, international public health ethics that would naturally flow from that. And then we look at what would an international agency look like if they followed this and how does the WHO compare with that? And in terms of evidence, we saw the evidence that WHO is using. And I mean, in the background of obviously we know what really determines health outcomes is not pandemics, it's

poverty. So is GDP and there's life expectancy and they match because in the end it is poverty related diseases.

(13:37):

It's not outbreaks that are the problem globally, but this is what WHO started on and has now drifted away from. So why have they drifted away? Mainly funding, loss of firewalls, et cetera. And we identify these and talk about them in their reports. The funding is important. So WHO started as assessed contributions from countries go into a bucket. WHO decides based on disease burden and technical expertise where that money should be spent. Now the screen bit here, 75% is now specified contributions, which means the donor, the funder, decides how that money will be used. So for the vast majority of WHO's work, the organisation is now basically work for hire. They have to do what the funder tells them and it can be very specific who to employ, where to do the work, who comes to what meetings, essentially what the outcomes are. So WHO was originally an independent agency based on countries aimed at population health.

(14:47):

It's now an agency that serves specific donors. The main donors for the last two years now with the United States is leaving, so the main one's private, the Gates Foundation. Second one is a public private partnership, GAVI, which is solely based on vaccines and has pharma on the board, et cetera, directing it European Commission, World Bank. And so we're down here before we even have a nation. The WHO is supposed to be funded just by nation states in assessed funding. It's now funded its largest funders are private and nearly all of its funding is specified. It has to do what the funder says. So it's nothing like the agency which people understand that WHO to be now. And this has happened over the last 20 years or so. So with the health security agenda that's now pushing and we're seeing this at the moment in Australia with the new CDC and with the influenza hysteria at the moment, which is in every other continent it's just got here.

(15:52):

The CDC will survail for variants. They have a couple hundred million dollars to do that. They'll find them because that's nature. You can declare a risk because theoretically any variant, any virus, theoretically you could hypothesise, might cause a risk even though they haven't for hundreds of years. Lockdown restrict. There's a hundred-day vaccine initiative run by CEPI, which is mostly public money and that will give you your freedom back and the companies make money off this. So from a corporate point of view, if you're a pharmaceutical company, you cannot avoid this. I mean, this is just too good a return on investment. So that's why the companies now are in this agenda. For the people working in it, WHO, our colleagues in global health, there's salaries and job security. This is where the money is. If you go against the grain, as we know from Australia, you don't have a career in global health.

(16:48):

So the results we saw in COVID-19, a transfer of wealth from low to high income, which has huge health implications, a direction of diversion of funds now from the main determinants of health to the health security pandemic agenda. So we finished with a series of recommendations. We're not saying reform or replace the WHO, but if it's reform, it has to be very deep and you could question whether the organisation is capable of that given the ingrained incentives to stay the way it is and to follow these funders that are now its predominant base of funding, but it needs to be decentralised so that any recommendations are adjusted based on a country and regional basis and regional need proportionate so there's emergency focus has to be proportionate to the much higher burden of endemic disease.

(17:46):

So a focus on remedial high burden diseases, which is where WHO started and it needs to be financially independent, probably not having private funding, certainly having very strong firewalls to prevent private funding from influencing the organisation. And there's some basic staff reforms which are needed to address the ever-creeping bureaucracy that you get in an 80-year-old organisation. So thank you. That's essentially what these two reports push and that's what we're very interested in getting governments to see this. And we see multilateral cooperation in health globally as a very important focus, but that's not what we're seeing now. This is not a population-based health model anymore and you would never design an international agency now like the WHO to be funded in this way because it's inevitable that it will be corrupted towards a commodity-based profit-based model of healthcare rather than a population need-based model. Thank you.