

— A Justice Centre Report —

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Canada's Surrender of Sovereignty

New WHO health regulations
undermine Canadian democracy
and *Charter* freedoms



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Justice Centre
for Constitutional Freedoms

We Defend
Freedom
in Canada

Abstract

On September 19, 2025, amendments to the World Health Organization's (WHO) International Health Regulations (IHR) came into force worldwide. Canada accepted these regulations without parliamentary consideration, effectively ceding decision-making authority to the WHO in future health crises. Canada's federal government and the WHO both contend that Canada is "bound" by the IHR. This report argues that accepting the new regulations undermines Canadian sovereignty and the democratic will of Canadian voters. Uncritically accepting WHO guidance is also unwise generally, given the WHO's harmful guidance during Covid. WHO-guided Covid policies cost Canadians a great deal of social and economic harms, including persistent high death rates long after lockdowns and vaccine mandates. Further, the revised IHR conflict with *Charter* protections of mobility, privacy, expression, and democratic accountability. This report concludes that Canada's decision to follow these regulations is consistent with its UN-centric traditions but dangerously misguided. Our report recommends that the federal government cooperate internationally while withdrawing from the new regulations and rejecting subordination to the WHO, as other countries have done.

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Updates to this report

This is Version 1.0 of this report, which may be updated periodically.

About the authors

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Executive Summary

In June 2024, member states of the World Health Organization (WHO) voted to adopt new [amendments](#)¹ to the [International Health Regulations \(IHR\)](#). The amended health regulations, which would take effect in September 2025, authorise the WHO to direct a worldwide response in a future “Public Health Emergency of International Concern,” such as Covid during 2020-2022.

The WHO has no legal authority to impose orders on any country, nor does the WHO possess an army, police, or courts to enforce its orders or regulations. Nevertheless, the WHO regards its own regulations as “an instrument of international law that is legally-binding on 196 countries,”² including Canada. By the WHO’s interpretation, the regulations would, in future health crises, effectively shift decision-making authority for public health response from sovereign governments to the WHO. This can become a reality to whatever extent countries abdicate their own sovereignty and authority over their health policies.

While the WHO concedes that it “will have no ability to impose any health measure,”³ the Government of Canada chooses to treat the regulations as binding, anyway: “The *International Health Regulations* (IHR) (2005) are binding on the World Health Organization (WHO) and 196 countries (known as States Parties), including Canada.”⁴

Though framed as “binding,” IHR cannot take precedence over Canada’s laws and constitution, including the *Canadian Charter of Rights and Freedoms*. Surrendering Canada’s sovereignty to an international body offends the democratic principles of Canada’s Constitution. And, depending upon how Canadian governments at all levels interpret their newly established “obligations” to the WHO, there is significant potential for conflict between the IHR and specific rights and freedoms outlined in the *Charter*.

The *Charter* permits rights to be limited only when prescribed by law and demonstrably justified in a free and democratic society. The difficulty for the IHR is that rights-limiting measures arising not from Canadian law, but from a foreign entity, are by definition not prescribed by Canadian law. Meanwhile, however well-conceived, it will prove difficult to justify the regulations “in a free and democratic society.”

¹ World Health Organization. *International Health Regulations (2005), Amended 2025*. Geneva: WHO, 2025. https://apps.who.int/gb/bd/pdf_files/IHR_2014-2022-2024-en.pdf

² World Health Organization. *International Health Regulations*. https://www.who.int/health-topics/international-health-regulations#tab=tab_1

³ World Health Organization. “International Health Regulations: amendments.” October 1, 2024. <https://www.who.int/news-room/questions-and-answers/item/international-health-regulations-amendments>

⁴ Government of Canada. Canada and the International Health Regulations (IHR) Overview. Ottawa: Public Health Agency of Canada, 2025. <https://www.canada.ca/en/public-health/services/emergency-preparedness-response/international-health-regulations.html>

The matter is immediate. On September 19, 2025, after nearly two years of negotiations, the amendments to the IHR have come into effect. Although Canada has, for the moment, exempted itself, pending resolution of peripheral items, it anticipates accepting them fully within twelve months.⁵ Meanwhile, the dependably multilateralist Government of Canada considers itself “bound”⁶ by these regulations, anyway.

By voluntarily “binding” Canada to external directives, the Government of Canada has:

- 1) Limited its own capacity to balance health measures against broader national interests. While accepting the IHR amendments is consistent with Canada’s historic alignment with the UN, this is a strategic error. Ceding decision-making power on public health to the WHO undermines Canadian sovereignty and democracy, weakens accountability, and risks repeating the damaging errors of Canada’s Covid response between 2020 and 2022.
- 2) Committed itself to taking instructions that if applied, would almost certainly be vulnerable to a *Charter* challenge. Constitutional lawyer Allison Pejovic warns that the revised IHR would likely violate Canadians’ *Charter* rights and freedoms, including mobility rights, privacy, freedom of expression, and democratic accountability.

The Justice Centre therefore recommends a future government withdraw Canada’s participation from the IHR. Taking note that 11 UN members – including the US – have declined to accept the revised IHR, the Justice Centre recommends maintaining international cooperation while rejecting subordination to the WHO. Decisions about Canadian health policies must be made in Canada by Canadians, not directed from Geneva.

⁵ They were accepted under a “negative option” clause. That is, countries that did not explicitly reject the amendments were deemed to have accepted them. https://apps.who.int/gb/bd/pdf_files/IHR_2014-2022-2024-en.pdf

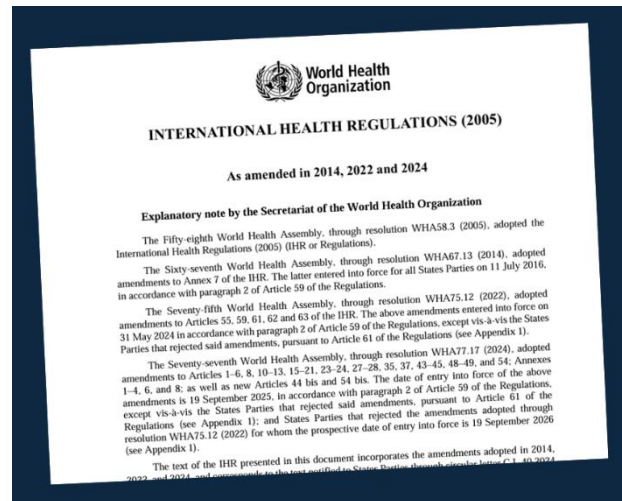
⁶ Government of Canada. *Canada and the International Health Regulations (IHR) Overview*.



Introduction

On September 19, 2025, amendments to the International Health Regulations (IHR)⁸ negotiated under the auspices of the World Health Organization (WHO)⁹ were deemed by the WHO to have entered into force worldwide. According to the WHO, these amendments mark “a milestone in global health governance” and reflect a renewed global commitment to cooperation in managing public health emergencies.

The Government of Canada was a party to these negotiations, which concluded in 2024.¹⁰



International Health Regulations, including June 2024 amendments.⁷

Canada, consistent with its longstanding enthusiasm for United Nations-based initiatives, did not withdraw. Indeed, in a diplomatic note to the WHO, the Government of Canada reiterated “its full support for the role of the WHO as the directing and coordinating authority on global health...”¹¹

The federal government considers itself bound by these revised rules, although actual ratification will be delayed about a year “to complete the remaining steps of its [Canada’s] internal treaty adoption process.”¹² They’ve agreed to the IHR despite the *Constitution Act, 1867* (formerly the *British North America Act*) giving Canada’s provinces exclusive jurisdiction over health care, with the federal government responsible only for marine hospitals.

⁷ World Health Organization. *International Health Regulations*. https://www.who.int/health-topics/international-health-regulations#tab=tab_1

⁸ World Health Organization, <https://www.who.int/publications/i/item/9789241580496>

⁹ World Health Organization, <https://www.who.int/>

¹⁰ Under the agreement’s “negative option” clause, countries that had not expressly rejected the amendments by the implementation date were deemed to have accepted them. https://apps.who.int/gb/bd/pdf_files/IHR_2014-2022-2024-en.pdf

¹¹ World Health Organization. *International Health Regulations (2005), Amended 2025*. Geneva: WHO, 2025. https://apps.who.int/gb/bd/pdf_files/IHR_2014-2022-2024-en.pdf (Page 83)

¹² These steps involve negotiations on a pathogen access and benefit sharing annex, to be an integral part of the WHO Pandemic Agreement. (Public Health Agency of Canada. *The international pandemic agreement: Canada’s role*. Ottawa: PHAC, 2025. <https://www.canada.ca/en/public-health/services/emergency-preparedness-response/canada-role-international-pandemic-instrument.html>)

Canadians familiar with their country's policy of multilateralism (international cooperation) recognize that the Government of Canada has been a consistent supporter of UN agencies and especially of the WHO, since the latter was established in 1946. Some agencies have certainly produced results of lasting value.¹³

Nevertheless, the WHO's record during Covid (2019–2022) was troubling. Notably, it repeatedly deferred to the political and reputational priorities of the People's Republic of China (PRC). As a result, its policy guidance came at a great cost to Canadians: economic harms, social distress, and higher death rates among Canadians, including children and adults under the age of 45 who were largely unaffected by Covid itself.

Given the grave and long-lasting harms that Canadians have suffered due to reliance upon WHO guidance, the Government of Canada's willingness to surrender even more discretion to a Geneva-based official in whether and when to declare a "Public Health Emergency of International Concern,"¹⁴ thereby committing Canada to follow WHO "recommendations" is remarkable, in the worst sense of the word.

This report examines how surrendering sovereignty by accepting the revised IHR undermines government accountability and democracy by giving preference to unelected international bodies as opposed to Canadian voters. It further raises several specific possible conflicts with the *Canadian Charter of Rights and Freedoms*, buried within the IHR.

Revised International Health Regulations – A surrender of Canadian sovereignty

National sovereignty is the ultimate attribute of a functioning country, the power to decide its own priorities. National sovereignty is especially important for democracies, where the will of the people is supposed to be expressed through their elected representatives. When these elected representatives take their orders from international bodies rather than from their own people, sovereignty is abridged.

Countries can protect their national sovereignty while also seeking the mutual advantages of international cooperation. Since the creation of the United Nations in 1945, successive Canadian governments have supported multiple UN initiatives as a way of demonstrating

¹³ The WHO itself has done praiseworthy work, notably, in coordinating the eradication of smallpox and reducing the prevalence of polio.

¹⁴ Ibid.



good citizenship on the world stage. This enthusiasm extends to specialized agencies such as the WHO, established in 1946.

However, Canada's recent accession to the WHO's revised International Health Regulations (IHR) negates the constitutional principles of democracy and democratic accountability. Canada has announced its intention to bind itself to the Director General of the WHO's decision on whether a "Pandemic Emergency" exists, which is a higher alert level than a "Public Health Emergency of International Concern."

Prior to September 19, the Government of Canada retained the discretion to accept or reject the official recommendation. However, in accepting the provisions of the revised IHR, it has now bound itself to respond to the dozens of prescriptive clauses in the IHR.



*Parliament Hill Peace Tower
with Canadian flag¹⁵*

It beggars belief that, after years of harmful guidance from the WHO during Covid, the Government of Canada would now respond by signing away more policy control, thereby undermining Canadian sovereignty and democracy. It is to lose a dollar on a dog race and then bet another dollar on the instant replay.

International regulations affect Canadian laws

There is a further concern: the impact of international treaties – like the IHR – upon Canadian jurisprudence. Over the decades, the Government of Canada has negotiated and subsequently ratified literally dozens of international obligations with the United Nations Organization.¹⁶ Some of them accomplish useful ends, while others, if not effective, are comparatively harmless.

However, all treaties, upon ratification, affect law. Treaties that require the government to do what it wishes to do anyway, are usually passed into law quickly by the countries that signed the treaty, sometimes with massive, expensive consequences and little national

¹⁵ Photo Credits: Boonsom, Adobe Stock images

¹⁶ For example, Canada has signed on to: [1970 International Convention on the Elimination of All Forms of Racial Discrimination](#); 1981 Convention on the Elimination of All Forms of Discrimination against Women; 1991 The United Nations Convention on the Rights of the Child; [1992 The Convention on Biological Diversity](#); [1992 The United Nations Framework Convention on Climate Change](#); [2010 Convention on the Rights of Persons with Disabilities](#); [2015 The Paris Agreement](#) (on global warming); [2021 The United Nations Declaration on the Rights of Indigenous People](#). The list is illustrative, not exhaustive.

debate.¹⁷ (During Canada’s Covid years, WHO recommendations and guidelines were often referenced by Canadian politicians and health authorities to publicly justify federal policies that infringed on Charter rights and freedoms — such as the requirement that travellers must be injected with a substance described, but not proven, to be “safe and effective.” The requirement for isolation hotels for returning travellers also had its genesis in WHO guidance.)¹⁸

Meanwhile, those commitments made to the UN that are not specifically translated into law nevertheless become, upon ratification, a guide to the Canadian judiciary, which reasonably interprets them as a signal of the preferences of elected officials.

The principles of Canada’s acceptance of WHO leadership in a health emergency will therefore colour Canadian judicial consideration of legal challenges to future government actions that may contravene *Charter* rights and freedoms.



*Supreme Court of Canada*¹⁹

The revised IHR, therefore, fit into a familiar pattern: Canada signals solidarity with the UN system, but with insufficient parliamentary debate on sovereignty or consideration of constitutional consequences.²⁰

The IHR include numerous “mandatory” provisions. While treaty language is intentionally prescriptive (telling countries what to do under given circumstances), the new regulations place increased emphasis on compliance with WHO directives. For Canada, compliance

¹⁷ The [Convention on Biological Diversity](#) for example, calls for Canada to embrace so-called [30-30 goal](#), the conversion of 30% of its lands and oceans by 2030 to effectively national park status and off limits to development. Seldom reported upon, this is actually a massive undertaking with profound consequences. Likewise, Canada’s commitment to UN climate change priorities and in particular the United Nations Declaration on the Rights of Indigenous Peoples is literally changing the way we live.

¹⁸ [IHR Article 31 \(c\)](#) *inter alia*. “...additional established health measures that prevent or control the spread of disease, including isolation, quarantine or placing the traveller under public health observation.”

¹⁹ Photo Credits: Jeff Whyte, Adobe Stock images

²⁰ Lewis, Dr. Leslyn, Facebook, July 21, 2025. <https://www.facebook.com/LeslynLewisCPC/posts/this-past-weekend-the-deadline-passed-for-canada-to-reject-the-world-health-orga/1307397787631126/>



with WHO guidance when responding to Covid was costly in health²¹, money, and human life itself.²²

World Health Organization – a stumbling giant

How exactly did the WHO fail?

Briefly, the advice offered by the WHO during Covid (2019-2022) was sometimes contradictory, and always politically biased.

- 1) The WHO repeatedly deferred to the political priorities of the People's Republic of China (PRC). For example, although Covid was first reported in China in December 2019, no WHO action was reported until January 2020²³ while the Government of China attempted to save face by using draconian measures²⁴ to contain its own outbreak.
- 2) The WHO initially repeated China's²⁵ incorrect denial of human-to-human transmission.²⁶ The WHO's failure to challenge²⁷ the PRC's self-serving messaging effectively delayed the declaration of a Public Health Emergency of International Concern, thereby slowing international mobilization.
- 3) During Covid, the WHO delayed urgent warnings. For example, once it had conceded that *contra* Chinese propaganda, Covid was indeed passed from human to human, it still took nearly two years to acknowledge that airborne transmission was also possible.²⁸

²¹ Justice Centre for Constitutional Freedoms. *Five Years On: Tracing the Cost of Lockdowns in Canada*. Calgary: Justice Centre, 2022. <https://www.jccf.ca/new-report-five-years-on-tracing-the-costs-of-lockdowns-2/>

²² Justice Centre for Constitutional Freedoms. *Post-Covid Canada: The Rise in Unexpected Deaths*. Calgary: Justice Centre, 2023. <https://www.jccf.ca/reports/>

²³ World Health Organization. *Timeline: WHO's COVID-19 Response*. Geneva: WHO, 2025. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline#event-10>

²⁴ Allen, Ben. *How 76 Days captured the horror and humanity of Wuhan's coronavirus lockdown*. GQ Magazine, January 22, 2021. <https://www.gq-magazine.co.uk/culture/article/76-days-interview> *inter alia*.

²⁵ Borger, Julian. "Caught in a Superpower Struggle: The Inside Story of the WHO's Response to Coronavirus." *The Guardian*, April 18, 2020. <https://www.theguardian.com/world/2020/apr/18/caught-in-a-superpower-struggle-the-inside-story-of-the-whos-response-to-coronavirus>

²⁶ Centre for Disease Control. *About COVID-19*. United States Government. June 13, 2024. <https://www.cdc.gov/covid/about/index.html>

²⁷ Boseley, Sarah. *China's handling of coronavirus is a diplomatic challenge for WHO*. *The Guardian*. February 18, 2020. <https://www.theguardian.com/world/2020/feb/18/china-coronavirus-who-diplomatic-challenge>

²⁸ Lewis, Dyani. "Why the WHO took two years to say COVID is airborne." *Nature*, April 6, 2022. <https://www.nature.com/articles/d41586-022-00925-7>

- 4) Finally, the WHO promoted invasive, never-before-tried or tested restrictions — masking, nationwide lockdowns, vaccine mandates, and travel bans – without adequate transparency or scientific rigour. These measures mirrored Chinese-inspired WHO guidance rather than Canada’s initial cautious assessments, as explained below.

Why did the WHO behave as it did? Its policy recommendations were *not* based upon a pure interpretation of the science, such as was then available, but on satisfying a government with which it enjoyed a special relationship.

Informed speculation, such as by Thomas des Garets Geddes, a research fellow at the Berlin-based Mercator Institute for China Studies (MERICS),³⁰ suggests that although China was not a major donor to the WHO at the time, the possibility that it might become one drove WHO policy at the time. “Despite its low share in the WHO’s overall funding, experts say China’s rising financial contributions increase its heft, particularly at a time when the US is seen to be giving up on international organizations and threatening to cut global health funding.”³¹



*Flags of the Chinese Communist Party*²⁹

Indeed, the WHO’s later investigation into the virus’s origins resembled Chinese propaganda, with investigators heavily restricted. (Even Dr. Anthony Fauci, then chief medical adviser to the U.S. president, admitted he had “considerable concerns” about the credibility of the WHO’s origins report.)³²

²⁹ Photo Credit: Elena_Alex, Adobe Stock images

³⁰ Mazumdaru, Srinivas. “What influence does China have over the World Health Organization?” *Deutsche Welle*, 2020.

³¹ Ibid.

³² Guest, Michael. “Congressman Guest Joins Letter Calling for Investigation Into COVID-19’s Origins.” <https://guest.house.gov/media/press-releases/congressman-guest-joins-letter-calling-investigation-covid-19s-origins>



WHO's Covid guidelines, and the extraordinary cost to Canadians

Sadly, for Canadians, the Government of Canada and provincial health authorities received these recommendations uncritically as they were issued. Taking such “orders” from unelected international health bodies had the effect of placing a staggering financial burden upon Canadians, with further incalculable costs paid in health, happiness, and lives.

For greater detail on the damage Canadians suffered as a consequence of governments following WHO advice, the reader is referred to two Justice Centre reports, “*Five Years On: Tracing the Cost of Lockdowns*”³³ and “*Post-Covid Canada: The rise in unexpected deaths.*”³⁴

What these two reports show is that far from safeguarding public health, lockdowns, vaccine mandates and other emergency measures imposed by Ottawa and the provinces inflicted lasting damage on Canadians’ lives, livelihoods, and freedoms. For example, the death rate for Canadian children rose by 15 percent after lockdowns and vaccine mandates were imposed, and the death rate of Canadians under age 45 who died went up by 22 percent. After more than 80 percent of Canadians had been injected two or more times, the number of Covid deaths climbed to an all-time high of 19,906 in 2022, a 22 percent increase compared to 2020 when nobody had yet taken the Covid vaccine.

As for Covid deaths themselves, the WHO’s excessively broad criteria of Covid deaths (adopted by Canada and around the world), including when Covid was just “*assumed to have caused, or contributed to death,*” resulted in governments and media declaring grossly inflated numbers of Covid deaths. In Canada, at least 10,000 deaths of people over 65 in 2020–21 were likely misclassified as Covid deaths.



Read these reports at <https://www.jccf.ca/reports/>

³³ Justice Centre for Constitutional Freedoms. “*Five Years On...*”

³⁴ Justice Centre for Constitutional Freedoms. “*Post-Covid Canada...*”

Beyond these disconcerting death figures, the Justice Centre reports document profound health and social consequences of the lockdown response.

“Mental health declined across all demographics. As many as 70 percent of children and teens reported serious anxiety, depression, or other disorders. Physical activity plummeted, screen time soared, and addiction and suicide rates surged.”

Further, during lockdowns’ isolation, opioid-related deaths more than doubled pre-lockdown levels.

The tens of thousands of delayed and cancelled medical surgeries and diagnostics continue to fuel backlogs, long wait times, and countless deaths.

Lockdowns also devastated huge parts of the economy, greatly increased cost of living, and fueled crime: homicide, cybercrime, and online child exploitation all nearly doubled.

In short, Canadian governments’ commitment to WHO policies had the exact opposite of the intended effect. Far from protecting life, government policies fuelled thousands of preventable deaths, eroded freedoms, and left a trail of social and economic harm. It is to the agency responsible for these travesties that we now return, as though our promises to follow their directions more closely will produce a better result.

WHO guidelines trumped existing better knowledge

Sadly, we knew better. Despite her close professional connections with the WHO, Canada’s Chief Public Health Officer, Dr. Theresa Tam, initially recommended a more nuanced response.

Covid was first reported in China in December 2019. However, when Canada’s first case was announced the following month, Tam’s initial advice betrayed no undue urgency. Indeed, in February, she briefed the Parliamentary Health Committee that “elderly, infirm people were peculiarly



Dr. Theresa Tam provides an update on Covid in Ottawa, Feb 03, 2020³⁵

³⁵ Photo credits: Blair Gable /Reuters. Source: Lilley, Brian. *LILLEY: Dr. Theresa Tam owes MPs answers to tough questions*, Toronto Sun. April 29, 2020. <https://torontosun.com/opinion/columnists/lilley-dr-theresa-tam-owes-mps-answers-to-tough-questions>

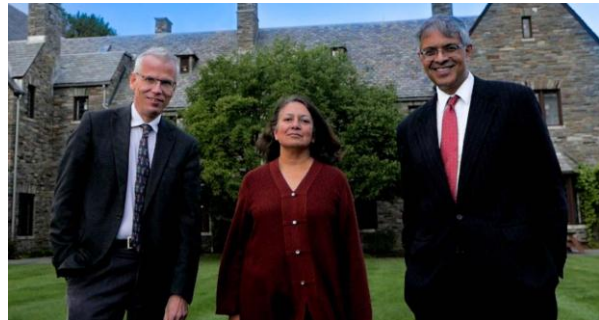


vulnerable to Covid,³⁶ but young people had much less to fear.”³⁷ In March, she would recommend “reasonable public measures”³⁸ to the same Parliamentary Health Committee:

“I think we have to be reasonable in our public measures and just balance out the risks and benefits. In terms of the impacts, they are not simply health impacts, but psychological and other health impacts, as well as non-health impacts, those being societal and economic as well.”

These impacts, of course, were precisely the ones where Canadians would later pay the highest price, as described above. Notably, given later events, Dr. Tam initially saw little value in masks, a position she publicly upheld until May 2020.⁴⁰

In recommending focused protection, Dr. Tam at this point was actually in accord with those medical professionals, such as Dr. Jay Bhattacharya, who all along had offered an alternative public policy. His view, and that of other doctors and researchers who signed the [Great Barrington Declaration](#),⁴¹ was that the



*Authors of the Great Barrington Declaration: Dr. Martin Kulldorff (left), Dr. Sunetra Gupta (centre), and Dr. Jay Bhattacharya (right)*³⁹

³⁶ World Health Organization. *COVID 19: Vulnerable and High Risk Groups*. Geneva: WHO, 2025. <https://www.who.int/westernpacific/emergencies/covid-19/information/high-risk-groups#:~:text=COVID%2D19%20is%20often,their%20immune%20system.%E2%80%8B>

³⁷ “Who is most at risk? We are learning more about how COVID-19 affects people every day. Older people, and people with chronic medical conditions, such as diabetes and heart disease, appear to be more at risk of developing severe symptoms. As this is a new virus, we are still learning about how it affects children and other vulnerable groups. We know it is possible for people of any age to be infected with the virus, but so far there are relatively few cases of COVID-19 reported among children.” Page 5 (Source: Inter-Agency Standing Committee. “Interim Guidance for COVID-19 PREVENTION AND CONTROL IN SCHOOLS March 2020 UNICEF, WHO, IFRC.” https://www.unicef.org/media/66216/file/Key%20Messages%20and%20Actions%20for%20COVID-19%20Prevention%20and%20Control%20in%20Schools_March%202020.pdf)

³⁸ Tam, Theresa. *Testimony to the Parliamentary Health Committee, February–March 2020*. Ottawa. <https://www.ourcommons.ca/documentviewer/en/43-1/HESA/meeting-1/evidence>; World Health Organization. *Timeline: WHO’s COVID-19 Response*. Geneva: WHO, 2025. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>.

³⁸ Ibid.

³⁹ Bhattacharya, Jay, Martin Kulldorff, Sunetra Gupta. *The Great Barrington Declaration*. Great Barrington, MA: American Institute for Economic Research, 2020. <https://gbdeclaration.org/>

⁴⁰ Hahal, Inderveer. “Why Theresa Tam changed her stance on masks.” *Maclean’s*, May 22, 2020. <https://macleans.ca/opinion/why-theresa-tam-changed-her-stance-on-masks/>

⁴¹ Ibid.

vulnerable should be protected and that those less likely to suffer badly from Covid should continue to live their lives. This view would soon be denounced as “anti-science.”

Yet even as Dr. Tam was uttering this cautious advice, Canadian provincial governments were declaring medical emergencies and imposing lockdowns, while the Government of Canada was closing down the Canadian economy, policies that were all apparently guided by very different advice coming from the WHO, which in turn was, for political reasons, deferring to the Communist Party of China.⁴²

Should the occasion arise, can Canadians be sure that the WHO will not again act with unseen political motives?

Revised IHR – from guidelines to legal obligations

Since September 19, 2025, the Government of Canada’s former willingness to cooperate with the WHO has evolved into a legal obligation to respect the “recommendations” it offers.

It is true, as the WHO often protests, that it “will have no ability to impose any health measure,” including lockdowns or other restrictions, on the populations of any country.⁴³ However, under the revised IHR, the Director-General of WHO has the authority to declare a *Public Health Emergency of International Concern* (PHEIC), or a *Pandemic Emergency*, binding directives, and once declared, states – including Canada – undertake to follow WHO’s “temporary recommendations” for a minimum of three months.

Previously, WHO recommendations were advisory – not binding. States retained discretion. The amendments reduce this discretion: Canada has agreed in advance that the WHO, not Canadian ministers, will define when a global emergency exists.

And here is the nub of the matter. Canada’s past performance suggests that, should the WHO recommend draconian measures, Canada would follow. In 2020, more control and enforcement were responsibilities that Canadian governments and public health officials showed themselves only too eager to uncritically embrace.

⁴² Ruiz MD, Raul. “Ranking Member Ruiz’s Opening Statement at Select Subcommittee Hearing on World Health Organization and Global Health Security.” December 13, 2023. <https://oversightdemocrats.house.gov/news/press-releases/ranking-member-ruiz-s-opening-statement-at-select-subcommittee-hearing-on-world>

⁴³ World Health Organization. “International Health Regulations: amendments.” October 1, 2024. <https://www.who.int/news-room/questions-and-answers/item/international-health-regulations-amendments>



IHR undermine government accountability

It is in this manner, using commitments to the WHO's health regulations – poorly understood as they are by most Members of Parliament, never mind the general public upon whom they would fall – that the Government of Canada is most likely to avoid accountability: international guidelines have been used in the past to justify government behaviour, no matter how conflicted it may appear.⁴⁴

Canadians have no guarantee that in the future, their own governments will not once more hide behind international “commitments” to justify their own actions: “We were just following international health guidelines. It's not our fault that your rights and freedoms were infringed.”

One would have thought once was enough.

Revised IHRs infringe on *Charter* freedoms?

Surrendering Canada's sovereignty to international health bodies is itself contrary to the constitutional principle of democratic accountability, also found in the *Canadian Charter of Rights and Freedoms*.

But, how well do the revised regulations fit with specific rights and freedoms outlined in the *Charter*?

There is significant potential for conflict, depending upon how Canadian governments at all levels interpret their newly established obligations to the WHO.

The *Charter* permits Canada's federal and provincial governments to violate certain *Charter* rights and freedoms when the violation is “prescribed by law,” which presumably means a Canadian law. The difficulty for the IHR is that rights-limiting measures would be prescribed by a foreign entity rather than by Canada's Parliament or by a provincial Legislature. Even if the IHR cleared this “prescribed by law” hurdle, the *Charter* has a further requirement that the freedom-violating law must be “demonstrably justified” in a “free and democratic” society.

⁴⁴ In Alberta, rules intended to control the spread of the same virus that in BC resulted in churches being ordered closed but restaurants permitted to remain open, were used to justify closing restaurants and keeping churches open.

Allison Pejovic is a Calgary-based constitutional lawyer funded by the Justice Centre. In 2021, she represented clients who opposed unscientific church closures before a Manitoba court in the [*Gateway Bible Baptist Church v. Manitoba \(2022\)*](#) case, pleading to protect the constitutional right to worship, to gather outdoors and in

homes.⁴⁵ She outlines five areas where, absent proper parliamentary enactment, directives originating from Geneva would likely fail a constitutional challenge.



*Constitutional lawyer,
Allison Pejovic*

i) Loss of national autonomy

Under the International Health Regulations, the WHO may unilaterally declare an even higher level of alert – a “pandemic emergency”⁴⁶ – obliging member states to higher levels of compliance. Mrs. Pejovic cautions this would erode sovereignty: “If Canada acts merely on WHO command, without a Canadian legislative basis, any rights restriction risks being unconstitutional.”

ii) Freedom of mobility

The regulations already provide for travel restrictions, vaccination mandates, and health certification requirements. These conflict with Section 6 of the *Charter*, which guarantees citizens the right to enter, remain in, and leave Canada.

iii) Privacy and bodily autonomy

Digital health certificates and expanded data-sharing raise further constitutional concerns. Section 7 of the *Charter* protects bodily autonomy, while section 8 guards against unreasonable search and seizure. “Requiring Canadians to disclose personal health data to travel, work, or study could constitute a serious *Charter* violation,” says Mrs. Pejovic.

iv) Freedom of expression and assembly

In a serious expansion of information control, the WHO’s revised IHR also propose measures intended to counter so-called “misinformation and disinformation.”⁴⁷ “At the intermediate public health response levels..., each State Party shall develop, strengthen and maintain the core capacities...risk communication, including addressing misinformation and disinformation”⁴⁸ Mrs. Pejovic observes that sections 2(b) and 2(c) of the *Charter* protect freedom of⁴⁹ expression and peaceful

⁴⁵ *Gateway Bible Baptist Church et al. v. Manitoba et al.* Court of Queen’s Bench, Manitoba. 2021 <https://www.canlii.org/en/mb/mbqb/doc/2021/2021mbqb219/2021mbqb219.pdf>

⁴⁶ World Health Organization. *International Health Regulations (2005), Amended 2025*. Geneva: WHO, 2025. https://apps.who.int/gb/bd/pdf_files/IHR_2014-2022-2024-en.pdf (Page 4.)

⁴⁷ Ibid. See Pages 44-45.

⁴⁸ Ibid.

⁴⁹ Government of Canada. “Section 2(c) - Freedom of peaceful assembly.” Canadian Charter of Rights and Freedoms. <https://www.justice.gc.ca/eng/csj-sjc/rfc-dlc/ccrf-ccdl/>



assembly. Censoring dissenting medical opinion would be a textbook violation of the *Charter*, and would be a challenging case to make. Any attempt to curtail peaceful public protest on the pretext of protesters spreading “misinformation” and “disinformation” regarding a new public health threat would violate the freedom of peaceful assembly protected by section 2(c) of the *Charter*.

v) Democratic accountability

Perhaps most troubling, Mrs. Pejovic stresses, is the absence of parliamentary oversight due to the WHO’s amended language, which requires more rapid responses to a public health emergency.

For example, “Health measures taken pursuant to these Regulations shall be initiated and completed without delay and applied in a transparent and non-discriminatory manner.”⁵⁰

While some might make the case for urgency for its own sake, this language leaves no room for debate or for seriously considering whether a sound medical or scientific basis exists to justify the proposed measures.

“Binding obligations imposed through international regulation bypass debate in the House of Commons and Senate. This undermines the legality and accountability that our constitutional system requires,” says Mrs. Pejovic.

Mrs. Pejovic concludes that Canada risks entrenching obligations that may not withstand domestic constitutional scrutiny. “Our courts have repeatedly emphasized that constitutional rights cannot be lightly overridden. Any measure limiting them must be Canadian in origin, precise in law, and justified with evidence. As drafted, the IHR appear to satisfy none of these conditions.”

Conclusion

Given Canada’s highly disappointing experience with WHO leadership in the past, the Government of Canada’s intended acceptance of the WHO’s revised health regulations is an alarming (and inexplicable) ceding of sovereignty and undermining of democracy. Canadians risk suffering devastating consequences should a foreign bureaucrat (the Director General of the WHO) declare a “Public Health Emergency of International Concern,” or (now) the even more serious “Pandemic Emergency.”

It is worth noting that Germany, Austria, Italy, and the Czech Republic, along with the United States, have declined to accept the revised IHR, all citing sovereignty concerns.

⁵⁰ World Health Organization. “*International Health Regulations (2005), Amended 2025*.” See Page 28.

US Secretary of Health and Human Services, Robert F. Kennedy Jr., explained the American decision in stark terms:

“The proposed amendments to the International Health Regulations open the door to the kind of narrative management, propaganda, and censorship that we saw during the COVID pandemic. The United States can cooperate with other nations without jeopardizing our civil liberties, without undermining our Constitution, and without ceding away America’s treasured sovereignty.”⁵¹

Canada could have made the same argument, but did not. Instead, Canada joined the majority of countries in subordinating key elements of its domestic emergency response to an international body headquartered in Geneva. Unfortunately, although the WHO has done praiseworthy work since it was established in 1946, its demonstrated incompetence during the Covid crisis and its subservience to the People’s Republic of China together made it an unreliable partner for Canada. Canada’s decision to accept an expanded role for the WHO in Canadian public health is inexplicable.

The Justice Centre recommends that a future government should follow the example of Germany, Austria, Italy, the Czech Republic and the United States: continue international cooperation while also refusing subordination to the WHO.

What can you do?

The WHO’s revised International Health Regulations hand over critical decision-making to an unelected international body, undermining Canadian sovereignty and the *Canadian Charter of Rights and Freedoms*. But you can push back.

1. Spread the word – stay informed

Share this report with your family, friends, and elected officials. Further, subscribe to our emails to stay aware of critical policy changes, legal actions, and opportunities to get involved.

2. Contact your Member of Parliament

⁵¹ Kennedy Jr., Robert F. *HHS & State Department: The United States Rejects Amendments to International Health Regulations*. Washington, D.C. US Department of Health and Human Services, 2025.
<https://www.hhs.gov/press-room/state-department-hhs-rejects-amendments-to-international-health-regulations.html>



Ask your MP where she or he stands on the revised IHR. Demand that they support initiatives to withdraw from Canada's acceptance of the revised IHR to reclaim Canadian sovereignty of public health policies and reject blind compliance with WHO directives.

3. Partner with us

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Canada's health policies must reflect the needs, desires, and freedoms of Canadians – not the mandates of distant bureaucrats in Geneva or global elites in Davos. A free and democratic Canada requires vigilance and action on the part of Canadians. The time to act is now.

Bibliography

- Allen, Ben. *How 76 Days captured the horror and humanity of Wuhan's coronavirus lockdown*. GQ Magazine, January 22, 2021. <https://www.gq-magazine.co.uk/culture/article/76-days-interview> *inter alia*.
- Bhattacharya, Jay, Martin Kulldorff, Sunetra Gupta. *The Great Barrington Declaration*. Great Barrington, MA: American Institute for Economic Research, 2020. <https://gbdeclaration.org/>
- Borger, Julian. "Caught in a Superpower Struggle: The Inside Story of the WHO's Response to Coronavirus." *The Guardian*, April 18, 2020. <https://www.theguardian.com/world/2020/apr/18/caught-in-a-superpower-struggle-the-inside-story-of-the-whos-response-to-coronavirus>.
- Boseley, Sarah. *China's handling of coronavirus is a diplomatic challenge for WHO*. The Guardian. February 18, 2020. <https://www.theguardian.com/world/2020/feb/18/china-coronavirus-who-diplomatic-challenge>
- Centre for Disease Control. *About COVID-19*. United States Government. June 13, 2024. <https://www.cdc.gov/covid/about/index.html>
- Gateway Bible Baptist Church et al. v. Manitoba et al. Court of Queen's Bench, Manitoba. 2021 <https://www.canlii.org/en/mb/mbqb/doc/2021/2021mbqb219/2021mbqb219.pdf>
- Government of Canada. "Section 2(c) - Freedom of peaceful assembly." Canadian Charter of Rights and Freedoms. <https://www.justice.gc.ca/eng/csj-sjc/rfc-dlc/ccrf-ccd/>
- Government of Canada. *Canada and the International Health Regulations (IHR) Overview*. Ottawa: Public Health Agency of Canada, 2025. <https://www.canada.ca/en/public-health/services/emergency-preparedness-response/international-health-regulations.html>
- Guest, Michael. "Congressman Guest Joins Letter Calling for Investigation Into COVID-19's Origins." <https://guest.house.gov/media/press-releases/congressman-guest-joins-letter-calling-investigation-covid-19s-origins>
- Hahal, Inderveer. "Why Theresa Tam changed her stance on masks." *Maclean's*, May 22, 2020. <https://macleans.ca/opinion/why-theresa-tam-changed-her-stance-on-masks/>
- Harding, Lee. "Fraser Valley churches challenge Dr. Bonnie Henry in court for alleged discrimination." *The Western Standard*. June 13, 2024. <https://www.westernstandard.news/news/fraser-valley-churches-challenge-dr-bonnie-henryin-court-for-alleged-discrimination/55322>



- Inter-Agency Standing Committee. “*Interim Guidance for COVID-19 PREVENTION AND CONTROL IN SCHOOLS* March 2020 UNICEF, WHO, IFRC.”
https://www.unicef.org/media/66216/file/Key%20Messages%20and%20Actions%20for%20COVID-19%20Prevention%20and%20Control%20in%20Schools_March%202020.pdf
- Justice Canada. *Bijuralism and taxation: International aspects (continued)*. Ottawa. Justice Canada, 2025. <https://www.justice.gc.ca/eng/rp-pr/csj-sjc/harmonization/ouell/int2.html>
- Justice Centre for Constitutional Freedoms. “*Five Years On: Tracing the Cost of Lockdowns*.” <https://www.jccf.ca/new-report-five-years-on-tracing-the-costs-of-lockdowns-2/>
- Justice Centre for Constitutional Freedoms. “*Post-Covid Canada: The rise in unexpected deaths*.” https://www.jccf.ca/wp-content/uploads/2025/09/Post-Covid-Canada-The-Rise-in-Unexpected-Deaths_Final-Draft_V1.2_New-Cover_Sept16.pdf
- Justice Centre for Constitutional Freedoms. *Five Years On: Tracing the Cost of Lockdowns in Canada*. Calgary: Justice Centre, 2022. <https://www.jccf.ca/new-report-five-years-on-tracing-the-costs-of-lockdowns-2/>
- Justice Centre for Constitutional Freedoms. *Post-Covid Canada: The Rise in Unexpected Deaths*. Calgary: Justice Centre, 2023. <https://www.jccf.ca/reports/>
- Kennedy Jr., Robert F. *HHS & State Department: The United States Rejects Amendments to International Health Regulations*. Washington, D.C. US Department of Health and Human Services, 2025. <https://www.hhs.gov/press-room/state-department-hhs-rejects-amendments-to-international-health-regulations.html#:~:text=%E2%80%9CThe%20proposed%20amendments%20to%20the,pandemic%2C%E2%80%9D%20Secretary%20Kennedy%20said.>
- Lewis, Dyani. “Why the WHO took two years to say COVID is airborne.” *Nature*, April 6, 2022. <https://www.nature.com/articles/d41586-022-00925-7>
- Lewis, Dr. Leslyn, Facebook, July 21, 2025.
<https://www.facebook.com/LeslynLewisCPC/posts/this-past-weekend-the-deadline-passed-for-canada-to-reject-the-world-health-orga/1307397787631126/>
- Lilley, Brian. *LILLEY: Dr. Theresa Tam owes MPs answers to tough questions*, Toronto Sun. April 29, 2020. <https://torontosun.com/opinion/columnists/lilley-dr-theresa-tam-owes-mps-answers-to-tough-questions>

- Mazumdaru, Srinivas. “What influence does China have over the World Health Organization?” *Deutsche Welle*, 2020. <https://www.dw.com/en/what-influence-does-china-have-over-the-who/a-53161220>
- Naylor, Dave. “Calgary restaurant owners still fuming over decision to keep them closed.” *The Western Standard*. May 15, 2020. https://www.westernstandard.news/news/calgary-restaurant-owners-still-fuming-over-decision-to-keep-them-closed/article_8befe885-d63b-5116-83b8-0aa327063638.html
- Pejovic, Allison. “Commentary on Revised IHR and Charter Implications.” Calgary: *The Western Standard*, 2025. <https://www.youtube.com/watch?v=FpJZKGV8WK8>
- Public Health Agency of Canada. *The international pandemic agreement: Canada's role*. Ottawa: PHAC, 2025. <https://www.canada.ca/en/public-health/services/emergency-preparedness-response/canada-role-international-pandemic-instrument.html>
- Ruiz MD, Raul. “Ranking Member Ruiz’s Opening Statement at Select Subcommittee Hearing on World Health Organization and Global Health Security.” December 13, 2023. <https://oversightdemocrats.house.gov/news/press-releases/ranking-member-ruiz-s-opening-statement-at-select-subcommittee-hearing-on-world>
- Tam, Theresa. *Testimony to the Parliamentary Health Committee, February–March 2020*. Ottawa. <https://www.ourcommons.ca/documentviewer/en/43-1/HESA/meeting-1/evidence>
- World Health Organization. “International Health Regulations: amendments.” October 1, 2024. <https://www.who.int/news-room/questions-and-answers/item/international-health-regulations-amendments>
- World Health Organization. *COVID 19: Vulnerable and High Risk Groups*. Geneva: WHO, 2025. <https://www.who.int/westernpacific/emergencies/covid-19/information/high-risk-groups#:~:text=COVID%2D19%20is%20often,their%20immune%20system.%E2%80%8B>
- World Health Organization. *International Health Regulations*. https://www.who.int/health-topics/international-health-regulations#tab=tab_1
- World Health Organization. *International Health Regulations (2005), Amended 2025*. Geneva: WHO, 2025. https://apps.who.int/gb/bd/pdf_files/IHR_2014-2022-2024-en.pdf
- World Health Organization. *International Health Regulations (2005), Amended 2025, Questions and Answers*. Geneva: WHO, 2025. <https://www.who.int/news-room/questions-and-answers/item/international-health-regulations-amendments>



World Health Organization. *Timeline: WHO's COVID-19 Response*. Geneva: WHO, 2025.
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline#event-10>

