



## Department of Health & Social Care

*From the Rt Hon Steve Barclay MP  
Secretary of State for Health and Social Care*

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Steve Brine MP  
Chair, HSCC

31 July 2023

Dear Steve,

Thank you for your letter on behalf of the Health and Social Care Committee with regards to ongoing negotiations at the World Health Organization (WHO) on the Pandemic Accord and proposed targeted amendments to the International Health Regulations (IHR).

The UK Government continues to support the development of a new legally binding international Pandemic Accord to strengthen pandemic prevention, preparedness and response. We believe such an agreement has the potential to strengthen global health security and deliver on UK priorities including improving the quality of global health threat surveillance; ensuring pathogen samples and data can be shared rapidly and openly to enable rapid development of and access to vaccines, treatments and diagnostics; strengthening collaboration on scientific research and development; and improving collaboration and coordination across the human, animal and environment health sectors.

In parallel, targeted amendments to the IHR are being negotiated by WHO Member States to strengthen preparedness for and response to future health emergencies, including those that do not reach the level of a pandemic. Our priorities include increasing compliance and implementation of the IHR, improving transparency, and speeding up timeliness of reporting.

I welcome your support for the Pandemic Accord. As you have recognised in your letter, the Government is committed to ensuring that both the Accord and targeted amendments to the IHR are in the UK's national interest.

Please find responses to your questions below.

Can you clarify the ratification process for any treaty or amendments to International Health Regulations, and does the Government intend to seek Parliament's consent for ratification?

### *Pandemic Accord ratification process*

The process to ratify the Accord domestically will depend on which article of the WHO constitution it is adopted under. In July 2022, WHO Member States agreed by consensus that the Accord should be legally binding and identified that it should be adopted as a

convention or agreement under Article 19 of the WHO constitution, which is the UK Government's preferred option. However, Member States also agreed to consider the suitability of Article 21 (regulations) of the WHO constitution as the work progresses. The final decision on the article of adoption will be made by WHO Member States at the World Health Assembly (WHA).

If the Pandemic Accord is adopted under Article 19 of the WHO Constitution, it would not be binding on the UK as a matter of international law until the UK had ratified it in accordance with its constitutional process. If the Accord or any part of it is adopted under Article 21 of the WHO Constitution, these regulations would not require ratification. However, the Government would be able to opt out of such regulations if we did not judge them to be in the UK's interest. Any new or amended domestic legislation necessary to reflect new international obligations under the regulations would be made through the applicable Parliamentary process.

### *IHR adoption process*

The UK, along with 195 other countries, agreed to the IHR (2005) which came into force in 2007 as the current global technical framework for health emergency response. Negotiations are ongoing between Member States on targeted amendments to the existing IHR; nothing has yet been agreed.

Amendments must be adopted by Member States at the WHA for them to come into force as a matter of international law for all Member States. If amendments are adopted by the WHA, individual Member States can still reject specific amendments or submit reservations to them (within 10 months of adoption), effectively opting out of that provision of the amended IHR. Any new or amended domestic legislation necessary to reflect new international obligations under the regulations would be made through the applicable Parliamentary process.

### What role does your Department have in determining the UK's positions on matters that form part of the negotiations?

Work on the Pandemic Accord, including the development of UK positions, is jointly led by the Department of Health and Social Care (DHSC) and the Foreign, Commonwealth and Development Office (FCDO). DHSC and FCDO officials work with the range of interested other government departments and agencies to inform UK positions ahead of negotiations.

Negotiations on the targeted amendments to the IHR are led by DHSC. This includes leading the development of UK positions on the amendments, in collaboration with other government departments and agencies, including the UK Health Security Agency.

### Will you commit to providing the Health and Social Care Committee with regular updates on progress of negotiations, particularly in areas that may impact DHSC policy areas?

I am committed to keeping the Committee updated on the progress of negotiations on the Pandemic Accord and IHR amendments. I would be happy to provide the Committee with written updates on a quarterly basis, taking into account the need to protect the UK's

negotiating position while negotiations are ongoing. The WHO website regularly provides public updates on the progress of both negotiations.

Article 19 (Paragraph 1c) states that each Party to the treaty should allocate “not lower than 5% of its current health expenditure to pandemic prevention, preparedness, response and health systems recovery”. What proportion of health expenditure are we currently spending on measures that could be described in this way? Does the Government anticipate this 5% coming from the money allocated to DHSC’s budget, or elsewhere?

This obligation is from an earlier draft of the Accord (‘Zero Draft’) and is not included in the latest draft of the text (‘Bureau’s Text’). At this stage, we do not expect it to form part of the final agreement.

What constitutes preparedness for future pandemics is not limited to a discrete set of specific activities within the healthcare sector, and there is no internationally agreed position of what expenditures might count towards such a target, making it very hard to provide a single figure.

What assessment has been made of the impact of the proposed treaty on England’s health and care system?

No content of the Accord has yet been agreed, and the draft text is still under negotiation.

Throughout the negotiation process we have and will continue to be clear that the UK Government will not sign up to an Accord that would compromise the UK’s ability to make domestic decisions on national measures concerning public health. The UK would remain in control of any future domestic decisions about public health matters, such as, domestic immunisation programme rollouts and other similar measures. I made this clear to the WHO Director General Tedros Ghebreyesus in our meeting during his visit to the UK on 6 June. Protecting states’ sovereign right to determine and manage their approaches to public health is a guiding principle of the draft, and one that has strong support from the UK and other Member States. Officials will continue to work closely across Government and the Devolved Governments to ensure that the Accord is grounded in national interests.

I would like to take this opportunity to thank you for the continued work of the Health and Social Care Committee to scrutinise a future Pandemic Accord and amendments to the IHR.

Yours ever,



**RT HON STEVE BARCLAY MP**