



Department
of Health &
Social Care

*From Andrew Gwynne MP
Parliamentary Under-Secretary of State
for Public Health and Prevention*

*39 Victoria Street
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The Rt Hon. the Lord Goldsmith KC

Chair of the House of Lords International Agreements Committee

By email to: hintlagreements@parliament.uk

31 October 2024

Dear Rt Hon. the Lord Goldsmith KC,

Thank you for your letter of 11 September 2024 about the outcome of negotiations to amend the International Health Regulations (IHR). I am responding as Parliamentary Under-Secretary of State for Public Health and Prevention. Please accept my sincere apologies for the delay in replying.

As the Covid-19 pandemic showed, infectious diseases do not respect borders, and international cooperation and collaboration is crucial to ensure every country is informed in a timely way of potential health threats to support effective domestic, regional, and global response. This is why the UK has been actively involved in efforts to strengthen prevention, preparedness, and response to tackle health threats, including through international cooperation, such as negotiations to amend the IHR and on a new international instrument to strengthen pandemic prevention, preparedness, and response ('Pandemic Accord'). Given the significance of such negotiations and their potential to make our country stronger and safer, I believe it is of prime importance to keep our Parliament and all relevant Committees updated on developments in this regard.

I published a written statement updating Parliament on the IHR amendments and Pandemic Accord negotiations on 9 September 2024 which can be found here:

<https://hansard.parliament.uk/commons/2024-09-09/debates/24090952000008/WorldHealthOrganisationPandemicAccordNegotiations>. In addition to the information provided in the statement, I would like to provide further details on the outcome of the IHR negotiation process.

As you are aware, IHR amendments were agreed by countries at the 77th World Health Assembly this year. On 19 September 2024, the WHO Director General formally notified all States Parties of the official amendments agreed. From this date of notification, the UK has 10-months to continue the domestic review of IHR amendments and then notify the WHO Director General whether we wish to reject or reserve on any or all the amendments by 19 July 2025. Adopted amendments (that we have not rejected) will then come into force for the UK on 19 September 2025, 12 months following the Director General's formal notification of the amendments.

The latest available full text of the agreed IHR amendments can be found online here:

https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_ACONF14-en.pdf. In summary, the amendments serve as technical updates that aim to reflect lessons learned from recent global health emergencies including Covid-19. Amendments seek to improve countries' implementation of the IHR, enable better sharing of crucial public health information, facilitate rapid international action on health-related threats, and ultimately enable the UK and other State Parties to develop strong and timely domestic planning and responses.

Amendments include creation of a State Parties-led Implementation Committee to facilitate and oversee effective implementation of the IHR. The Committee's main aims would be to promote and support learning, exchange of best practices and technical expertise (through an established Subcommittee), and cooperation among States Parties. It would not affect the ability of a country to decide on its domestic approach to IHR implementation or health emergency response. The Committee aims to focus on giving technical support to countries as needed to encourage implementation with the ultimate aim of reinforcing international cooperation for global preparedness to health threats.

If amendments are adopted, each State Party would also be required to designate or establish, in accordance with its national law and context, a "National IHR Authority" to coordinate the overall implementation of the IHR at the national level. While some State Parties, such as the UK, already have systems and structures in place to implement the IHR, National IHR Authorities aim to ensure that implementation improves and is more uniform across *all* State Parties. This was a key learning from Covid-19 recommended by technical experts.

Amendments also establish a new tier of alert, a Pandemic Emergency, to better raise the alarm than was executed before and during Covid-19 regarding a developing infectious disease that is at high potential of becoming a pandemic. This is a higher level of alert to the existing Public Health Emergency of International Concern (PHEIC), which the WHO Director General can declare such as was done recently for the mpox outbreak. The process for declaring a Pandemic Emergency and issuing non-binding recommendations will follow the existing IHR practice for declaring a PHEIC, which is grounded in consultation with technical experts and risk assessments based on available evidence. The Pandemic Emergency alert aims to better raise levels of global alert, as appropriate, reinforce international coordination, and inform domestic responses in a timely manner. Declaration of a Pandemic Emergency (or a PHEIC) would not impact the UK's right to determine our domestic public health response.

Other amendments include incorporating digital and non-digital options for health documents, a clearer articulation of preparation as a core capacity of States Parties in health emergency prevention and preparedness activities, and a requirement for States Parties to notify WHO of clusters of cases of severe acute respiratory disease of unknown or novel cause.

In addition to the above, equity was a focus of the negotiations. Amendments now include equity as a principle and it is reflected in amendments to facilitate more equitable access to relevant health products in developing countries. The amendments also establish a new Coordinating Financial Mechanism to support developing countries identify and access financing from existing sources to help them develop, strengthen, and maintain IHR core capacities, as well as other pandemic prevention, preparedness, and response related capacities. These updates aim to strengthen national health systems and their preparedness to public health threats, including timely information sharing in preparation or response to health emergencies.

Since negotiations concluded, my officials have been leading work across Government to confirm what new requirements the amendments could introduce for the UK. Officials are working with their counterparts in the Devolved Administrations and our Overseas Territories to ensure all UK jurisdictions are considered. This analysis will inform the decision about which amendments are in the UK's national interest and whether we wish to reject or reserve on any or all of them before the July 2025 deadline. No decision has yet been made, but I will update the International Agreements Committee and any other pertinent Committees at relevant and important junctures in the review process. Should adoption of the amended IHR require new or amended domestic legislation to reflect new international obligations, this would be made through the relevant parliamentary process.

There will be also an update on the progress of the Pandemic Accord negotiations – different from but related to the IHR amendments – to the Health and Social Care Committee, which will be shared with the International Agreements Committee. I will also continue to consider how I can best keep Parliament updated on the next stages of the IHR amendments review.

I hope this reply is helpful.

Yours sincerely,

A handwritten signature in black ink that reads "Andrew Gwynne". The signature is written in a cursive style with a long horizontal flourish extending to the right.

ANDREW GWYNNE MP