

My Interventions in the International Health Regulations 2005 e-petition (3)

Andrew Stephenson:

I do not believe it is right to name those civil servants. I am the overall lead on this in the Department of Health and Social Care. I am working closely and have already met with the Minister of State, Foreign, Commonwealth and Development Office, my right hon. Friend the Member for Sutton Coldfield (Mr Mitchell). Many other Government Departments will also have a very clear interest in this, including the life sciences Minister, my hon. Friend the Member for Arundel and South Downs (Andrew Griffith). Any treaty agreed will of course be subject to cross-Government write-rounds in the usual fashion, to agree a UK-wide position. It is fair to say that there will not just be one pair of eyes from the ministerial ranks looking at this. There will be multiple pairs of eyes looking at this from across Government to ensure that when we get to a deal, it is a deal that can be agreed across Government and that we believe is in the UK national interest.

John Redwood:

The possibility that the language may shift from saying “may” to “shall” is fundamental. I welcome all that the Minister has said about the current collaboration. I am glad it is working so well, but that is based on advice and urging, rather than requirement. It seems to me that this is just like the British people voting for the Common Market with the assurance that we had a veto on any law we did not like, but then somebody came along and took the vetoes away without seeking the British people’s permission, and the relationship went wrong from thereon. This could do exactly the same to the WHO, if we take away the veto.

Andrew Stephenson:

I hear where my right hon. Friend comes from and I share his concern. As I hope he will recognise, the WHO is led by its 193 member states, which are currently negotiating this. All international health regulations to date have been agreed by consensus, and we would hope that any changes to the regulations are also agreed by consensus. As I say, there are many amendments and parts of the draft that we would not agree to in their current form. I believe these negotiations will hopefully get us into a position—because I believe it is in all our interests and in the national interest—to agree revisions to the IHR. That has to be done through negotiation and consensus. I think that having an approaching deadline focuses minds, and I think it is the right thing to do.

I will give another concrete example of why I believe this is important. During the pandemic, the genomic data shared by our friends in India and elsewhere helped us to tailor vaccines as new variants emerged around the globe. We all saw over the pandemic that, as the shadow Minister, the hon.

Member for Birmingham, Edgbaston said, no one is safe until everyone is safe and that global problems require global solutions.

The best way to protect the UK from the next pandemic is by ensuring all WHO members can contain and respond effectively to public health events through compliance with strengthened IHR. Targeted amendments to the IHR will further strengthen our global health security, by helping Governments plan together, detect pathogens swiftly, and share data where helpful and necessary. The pandemic highlighted weaknesses in the implementation of the IHR for global health emergency response. For example, covid demonstrated that the IHR could be strengthened through a more effective early-warning system with a rapid risk assessment trigger for appropriate responses to public health threats.