

# 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.

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## [My Interventions in the International Health Regulations 2005 e-petition \(2\)](#)

Preet Kaur Gill:

We all know that Rwanda is just a gimmick by this Government, and I think that I have already set out my position very clearly. I will continue to make my remarks so that the Government are absolutely clear as to where we stand on this issue.

I am pleased that the zero draft highlighted that states must retain sovereignty, and that the implementation of the regulations

“shall be with the full respect for the dignity, human rights and fundamental freedoms of persons”.

I ask the Minister to take this opportunity to update us on the progress being made in negotiations over the amendments and the draft text. Can he reassure our constituents that the Government would not sign up to anything that would compromise the UK’s ability to take domestic decisions on national public health measures?

John Redwood (Wok) (Con):

I do not understand the hon. Lady’s argument. This amendment to the regulations would mean that the WHO could decide that there was a health crisis in our country, whether we thought there was or not. It could then tell us how we had to handle it in far more detail than its advisory work during the covid crisis—it would be mandatory. What does she not understand about that and why does she not disagree with it? [Interruption.]

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## My Speech in the International Health Regulations 2005 e-petition

John Redwood (Wokingham) (Con):

I hope that the Minister will listen very carefully to the debate and the petitioners, because it would be a grave error were the Government to sign a treaty that gives away important powers over the future conduct of health policy. It is wrong to give to the WHO the sole power to decide when there is an emergency, and it is wrong to give away our powers of self-decision were such an emergency to be visited upon us.

We are, of course, members of the WHO, and I think we all agree that we should continue to be members of the WHO. We should share our information; we should draw on its research, and it will draw on research and knowledge in this country, where there is much medical and pharmaceutical company expertise, and together, as collaborators, we may get to better answers in the future. However, it would be quite wrong to vest the power of decision in people so far away from our own country who are not in full knowledge of the local circumstances.

Before any such power is vested in the WHO, there should be a proper inquiry and debate about how it performed over the course of the most recent covid pandemic. Why, for example, did the WHO seemingly concentrate on vaccines, rather than other methods of handling the problem? Why was there the delay or difficulty in testing existing drugs, which had already passed proper safety procedures and might have had beneficial or easing effects for those who got the condition? Why was more work not done on use of ultraviolet light behind the scenes in airflow systems, to clean up air when circulating? Why was more consideration not given to isolation hospitals and health centres, given that, unfortunately, quite a lot of the disease was spread through health premises. With the use of isolation, other healthcare could have continued during the course of covid treatment without so much cross-contamination within general hospitals. Why were there not recommendations and advice on isolation?

Why was there not more careful consideration of whether it would be better to concentrate on ensuring that those who were most vulnerable were protected from the presence of the disease as much as possible, rather than trying to lock down whole populations and then having to make exemptions so that we could keep the lights on and some food could be delivered to people's homes? There was something rather arbitrary about who was allowed to go to work and who was not.

Why was more work not done by the WHO on cleaning up the data? We were given comparisons between countries, but when we looked beneath the data, we discovered that those countries were using very different definitions of what

a covid death was. In individual countries, under the impact of the wave of the disease, there were often great difficulties in carrying out proper diagnosis of whether someone did have covid, or whether other medical problems that the person was suffering from were more likely to have caused the death. Some countries took a very tough line, saying that anybody with covid died of covid, even though they might have had lots of other conditions, so those countries had big figures, while other countries took a rather narrow view and said, "Well, this person was in their mid-80s and they were suffering from another a number of other conditions that might have led to the difficulties."

Andrew Bridgen:

Does the right hon. Gentleman share my concerns that the WHO refuses to conduct any review of the recommendations it issued during the covid-19 pandemic, so sure is it that its advice and recommendations were absolutely perfect? If we sign up to these instruments, we will only get more of the same.

John Redwood:

That is one of my worries. We need more transparency, debate, discussion and challenge of those in the well-paid positions at the WHO, so that science can advance.

As I understand scientific method, it is not choosing a limited number of scientists and believing everything they say; it is having a population of talented and able scientists who challenge each other, because then we get more truth out of the challenge and exchange of ideas. We do not want an international body saying, "There's only one way to look at this problem or to think about it." We need that process of challenge, and we need it to be an accelerated process. When we have an urgent and immediate need of better medicines, vaccines, procedures and approaches to lockdown or non-lockdown, that is surely the time for healthy debate, constant review and sufficient humility by all of us who venture opinions, because time and events could disprove them very quickly. If that happens, we should learn from the process and be honest about it, rather than saying that we were right all along and there was only one possible approach.

That is all I wish to say, that I think we need much more accountability, exposure and proper debate. Yes, the WHO can make an important contribution and can be a forum for scientists, pharmaceutical companies and others who will be part of the solution should we get some future wave of infection, but please, Government, do not trust it with everything. Do not ensure that future Ministers are unable to act responsibly and well in response to public opinion and to medical opinion within our own country. Do not sell us short, because that would also sell the world short. This country has a lot to offer in these fields, and it will be best if we allow open debate, proper review and serious challenge.

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## The Bank of England faces new critics

I am no longer a lonely voice complaining about the failure of the Bank of England to keep inflation down, nor in arguing about excessive tightening by selling bonds at big losses when they have no need to do so.

The Lords Economic Affairs Committee recently produced a good report into the problems at the Bank of England. They concluded that

1. Excess inflation in recent years was not just the result of external shocks from the Ukraine war. It reflected monetary policy errors and inadequate forecasting models.
2. The Bank did not have diverse thought around the table and ignored excess money growth as a possible cause of inflation
3. They want documents published about the state guarantees against Bank losses, and see this has brought into question the Bank's independence
4. The Bank's remit including matters like climate change is too wide and should be more focused on inflation
5. The Bank needs to be subject to tougher scrutiny which should be undertaken by Parliament to ensure it is properly challenged over its models, its recruitment, its analysis and its results.

Last weekend the Telegraph ran a very critical article about the Bank, expressing the fear that current policy will bring on a needless recession. David Smith in the Times, a usual supporter and reporter of the Treasury/Bank view was also more critical and concerned that policy in the UK was detaching from the worlds of the ECB and Fed, and was too tight.

It is time the Bank listened to these valid points. They should announce they are ending their bond sales into the markets, letting the bond portfolio reduce as the bonds reach maturity and repayment. They should observe the ECB is not selling any bonds into the market, and see that the Fed is now signalling lower interest rates to come in 2024. All 3 Central banks made the same mistakes with too much money and inflation in 2020-21. The Bank of England seems to be the one that makes the reverse error more severely by encouraging a recession.

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## Letter from National Highways

Please find below the letter that I recently received from National Highways:

15 December 2023

Dear John Redwood

## **National emergency area retrofit – M4 junctions J10-12**

I am writing today to update you on the delivery of additional emergency areas on existing smart motorways, and to explain what this means for the stretch of the M4 in Berkshire.

In April, the Prime Minister announced the cancellation of new smart motorway schemes and confirmed the government and National Highways would continue to invest £900 million in further safety improvements on existing smart motorways. This includes continued delivery of our commitments made in response to the recommendations of Parliament's Transport Select Committee report [\*The roll out and safety of smart motorways\*](#).

While our motorways are among the safest in the world, we recognise that some people have concerns about being able to find a safe place to stop in an emergency

on all lane running (ALR) motorways where the hard shoulder has been converted to a running lane, such as the stretch of the M4 between Heston and Reading. We have listened to those concerns and have been developing a £390 million programme to roll out more emergency areas on ALR motorways, in operation and construction.

Emergency areas provide a place to stop in an emergency if drivers cannot exit the motorway or stop at a motorway service area. They are marked by blue signs featuring an orange SOS telephone symbol. Each is coloured orange and is around the same length as a football pitch. They are positioned at regular intervals and have phones linked directly to our control rooms.

In comparison to January 2022, our emergency area retrofit programme will see around 50% more emergency areas across the entire all lane running network, giving drivers added reassurance. It's a programme we'll be working on in phases, with the M4 having new areas added in the coming months. We published this information to our website today <https://nationalhighways.co.uk/emergency-areas>.

We will write to you again before we start work on the M4, to clarify how we will manage the works, particularly in light of other work nearby, and how we will be briefing those living near to the works.

Beyond the M4, our current retrofit programme will see more emergency areas added on the M25, M5, M3, M20, M27 and the M1. Retrofitting more emergency areas across the remainder of ALR motorways, is being considered as part of formulating the third road investment strategy. This will be based on evidence of the benefits of introducing them at initial locations across the network, and whether the additional emergency areas help drivers to feel safer.

This investment in new emergency areas, along with extra technology like stopped vehicle detection, better and more signposting of emergency areas, our public awareness campaigns promoting more information about smart

motorways, the updated Highway Code and more breakdown and safety advice such as <https://nationalhighways.co.uk/road-safety/breakdowns> all aims to help road users feel safe and be even safer on our roads.

Through all the work we are doing we are determined to further reduce the number of casualties on our high-speed road network, to improve public confidence in driving on our motorways, and to continue to build and operate one of the safest and best performing road networks in the world.

The safety and confidence of people travelling on England's motorways and major A-roads is National Highways' highest priority. We are determined that everyone using England's motorways continues to benefit from one of the safest and best performing road networks in the world.

I hope this is a helpful update. If you have any questions at all please do not hesitate to contact me, my colleague Felicity Clayton who is leading on the retrofit project

([felicity.clayton@nationalhighways.co.uk](mailto:felicity.clayton@nationalhighways.co.uk)) or the project team on [EAretrofit@nationalhighways.co.uk](mailto:EAretrofit@nationalhighways.co.uk)

Yours sincerely

Christine Allen

Operations Regional Director for the South East,

National Highways