



Department
of Health &
Social Care

*From the Rt Hon Andrew Stephenson CBE MP
Minister of State for Health and Secondary Care*

*39 Victoria Street
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Your Ref: RP19989

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Rebecca Pow MP

By email to: rebecca.pow.mp@parliament.uk

24 January 2024

Dear Rebecca,

Thank you for your correspondence of 19 December on behalf of your constituent [REDACTED] about amendment to the International Health Regulations 2005 (IHR). I apologise for the delay in replying.

I am grateful to you for raising [REDACTED] concerns.

The IHR are an existing international legal instrument to which the UK is party. They form a key part of the global health security system to prevent, protect against, control, and provide a public health response to the international spread of disease.

As Minister of State for Health and Secondary Care, I attended a Westminster Hall debate on 18 December, following the e-petition regarding amendments to the IHR reaching over 100,000 signatories. I made it very clear that the UK will not agree, in any circumstances, to provisions that would cede sovereignty to the World Health Organization (WHO).

The Government wants to ensure that WHO member states' obligations under the IHR remain fit for purpose and take into consideration relevant lessons learned from the COVID-19 pandemic. The best way to protect the UK from the next pandemic is by ensuring all IHR member states can contain and respond to disease outbreaks through improved implementation of and compliance with a strengthened IHR. Therefore, the Government supports the process of negotiating targeted amendments to the IHR as a means of strengthening preparedness for and response to future global health emergencies.

Throughout these negotiations, the Government has been and will continue to be clear that the UK will not agree any amendments to the IHR that would cede sovereignty to the WHO in making domestic decisions on national measures concerning public health, for example, domestic immunisation programme rollouts and lockdowns.

As the world's global health agency, the WHO is the clear institutional home for member states to agree targeted amendments to the IHR. It is primarily through the WHO that member states share information on disease outbreaks around the world, share best practice on how to counter health threats and emergencies, and make commitments to each other to undertake activities to promote health and to avoid activities which could be

detrimental to health. The UK has long partnered with the WHO and its member states to tackle the world's most pressing health challenges.

Negotiations for agreeing targeted amendments to the IHR are led by and conducted solely between member states at the WHO. The UK is an active party to the process of negotiating amendments and will continue to work with our international partners to achieve a good outcome for the UK. The proposed amendments to the IHR are ongoing and remain subject to discussion and negotiation through the IHR working group (WGIHR). The proposed amendments and relevant papers, including reports from the WGIHR, are available on the WHO website at www.who.int.

The process of negotiating targeted amendments to the IHR began in November 2022 and a package of agreed targeted amendments are expected to be submitted to the 77th World Health Assembly (WHA) in May. The WHA is the WHO's decision-making body, comprised of all 194 WHO member states.

Amendments must be adopted by IHR member states at the WHA for them to then come into force as matter of international law. Individual Member States then have a fixed period of ten months from adoption to reject or submit reservations to specific amendments to the WHO Director General, before the amendments come into force 12 months after adoption.

The IHR were adopted under Article 21(a), the regulation of making power, of the World Health Constitution, which is separate to the Article 19 treaty/agreement making power under the WHO Constitution. Articles 19 and 21 of the WHO Constitution have distinct processes for how instruments made under them become binding on member states.

The IHR originally came into force and bound the UK after 'due notice' had been given of their adoption at the WHA in accordance with Article 22 of the WHO Constitution. All WHO member states were automatically bound in this way unless they reserved on or rejected parts of the IHR. Being an Article 21 WHO Constitution instrument, the IHR are described as 'opt-out'.

A treaty is an international agreement concluded in writing between member states that creates rights and obligations in international law. Treaties bind states, not individuals within the state. There does not need to be an Act of Parliament for an international treaty to bind the UK.

Whilst an Act of Parliament is not required for an international treaty to bind the UK, domestic legislation, which may include an Act, may be necessary for the UK to meet international obligations under the treaty. The UK already had in place many of the appropriate national structures to meet their core capacity requirements under the IHR. However, domestic legislation was required to enable the UK to meet some of its obligations/requirements under the IHR. The implementing legislation for the IHR is comprised of two keys pieces. These are the Public Health (Control of Disease) Act 1984 and The Health Protection Agency (Amendment) Regulations.

The Health and Social Care Act 2008 made changes to the Public Health (Control of Disease) Act 1984, which were intended to implement certain aspects of the IHR. In

particular, the Health and Social Care Act 2008 inserted Part 2A, as referenced above, into the Public Health (Control of Disease) Act 1984 with the IHRs directly in mind.

Any new or amended domestic legislation necessary to reflect new international obligations under the IHR would be made through the applicable Parliamentary process. In all circumstances, the sovereignty of the UK Parliament would remain unchanged.

I hope this reply is helpful.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Andrew Stephenson', is centered on the page. The signature is fluid and cursive.

**THE RT HON ANDREW STEPHENSON CBE MP
MINISTER OF STATE**