SESSION SIXTEEN OF THE ALL PARTY PARLIAMENTARY GROUP
Pandemic Response and Recovery
Monday 19 June 2023, 5.30-6.30pm, Room O

MINUTES

In Attendance: Esther McVey MP (Chair), Graham Stringer MP (Co-Chair), Danny Kruger MP, Sir Iain Duncan Smith MP, Lord Strathcarron, Baroness Foster of Oxton, Baroness Morrissey, Lord Moylan, Lord Robathan, Lord Ashcombe, Lord Reay.

Apologies: Philip Davies MP, Chris Green MP, Sir Graham Brady MP, Miriam Cates MP, Henry Smith MP, Greg Smith MP, Rt Hon Sammy Wilson MP, Dawn Butler MP, Ian Paisley MP, Paul Girvan MP, Baroness Fox of Buckley, Baroness Noakes, Lord Lilley, Earl of Leicester.

1. The Chair welcomed the APPG members to the meeting to discuss the proposed WHO Pandemic Treaty (Treaty) and International Health Regulations (IHR).

2. The Chair introduced the speakers, Dr David Bell, clinical and public health physician who previously coordinated the malaria diagnostics strategy at the WHO and currently consults in biotech and public health and Professor Garrett Brown, Chair in Global Health Policy at the University of Leeds and Director of WHO's Collaborative Centre on Health Systems and Health Security. He acted as a global health policy expert for the UK Cabinet Office COVID-19 Roundtable Group.

David Bell gave an overview of the WHO's history, why it was set up and how changes to funding sources have changed its core public health role, asking whether, in that context, it is now the right organisation to oversee the implementation of these pandemic preparedness instruments. Going into more detail about funding, Dr Bell explained that about 80% is now specified, meaning money is given by a donor, such as the Gates Foundation or GAVI, two of the largest private funders, for a specific purpose. The WHO no longer assesses where money goes based on disease burden or public health priorities but implements funding.

Dr Bell gave two examples of how funding changes have influenced WHO's public health policy, from one of a horizontal community-based approach to advocating policies globally it previously recommended against and considered ineffective or would cause disproportionate harm to low income countries. One being the covid pandemic, during which the WHO pushed lockdowns, worsening the burden of other diseases and humanitarian crises in those countries despite knowing the age distribution put those populations at very low risk. And the COVAX programme, to vaccinate 70% of low and middle income countries against Covid, at twice the annual WHO budget, for no public health benefit, criticising the slogan "no one is safe, until everyone is safe", which paradoxically suggests the vaccine is not protective.

Dr Bell talked about how, using the two instruments, the Pandemic Preparedness and Response agenda is being pushed on the WHO, despite evidence that pandemics are not becoming more frequent or more deadly, compared with a disease like TB which kills 1.6 million every year: the IHR amendments which will have force under International law; and

the Treaty which provides the financing and governance, would expand the definition of pandemics & health emergencies to the 'potential' for harm, including climate change, and with a large surveillance effort will find potential harms. He explained that recommendations would become mandatory with countries undertaking to follow restrictions, such as lockdown or mandatory vaccines; the Director-General could act without reference to the emergency committee and censor any debate. He concluded saying that cooperation at an international level is needed but countries, not a centralised body, should run their own public health.

Professor Garrett Brown talked about the financing of future pandemics and the estimate of the World Bank, WHO and G20 that the pandemic preparedness costs will be $31.5b per year, putting it in perspective with the $3-4b Global Fund which deals with three of the biggest communicable diseases. He added low and middle-income countries are being asked to invest $26.4b a year, global donors $10.5-15b a year. He talked about the UK Research and Innovation (UKRI) project which investigated the feasibility and potential effectiveness of proposed Pandemic Preparedness and Response (PPR) funding, with particular focus on implications for the new Pandemic Fund outlining four areas: where current Overseas Development Aid (ODA) is being spent on PPR and how that's pulling resources from other parts of the global health sector; current PPR architecture to look at where there were common challenges and whether the World Bank was meeting them; innovative finance mechanisms to see if there's potential to meet the gap through more innovative mechanisms; and analysing the feasibility of meeting targets at the national and local level.

He outlined concerns for each area, such as ODA resources, finances and personnel, and national budgets being shifted or drained from malaria, TB, aids and polio to PPR, rather than new resources going in, citing that basic health care fell from $3.4b in 2019 to $2.3b in 2023, and nutrition by 10.1% which will exacerbate universal health care goals, adding that non-communicable diseases and sexual and reproductive health suffered too. Prof Brown's team identified eight major issues with the PPR architecture of the pandemic fund, with no specific mechanisms for dealing with 6 of them, including accountability, corruption and misalignment of aid. His team found little evidence to suggest that the various financing models for PPR could meet the estimated costs for reasons such as responsiveness or concerns about non-trivial private profit making at the expense of common goals for health.

Lastly, he commented on the feasibility of mobilising $26.4b a year at the national level for low and middle income countries and how unlikely it is that they will be able to direct this portion of their domestic health spending to PPR. He concluded by saying that it was unclear how the WHO arrived at $31.5b from the raw data his team provided and questioned if the costs were correct, saying the implications and the huge opportunity cost of the sum requires a serious rethink.

3. The Chair opened the meeting up to Members, who voiced their concerns about what is being said in parliament, where the US government stands as well as the historic relationship the WHO has with China. Discussion also focussed on the WHO's poor management of the covid pandemic, the strong lobby groups and the use of censorship to push the agenda with no country challenging such issues. Concerns were also raised that the government may introduce the instruments on the basis that they have been agreed as an International treaty, which would not require them to be put to the house for a vote. The

overall consensus was that a better understanding and far greater debate and transparency was needed in parliament, and by the public, of what PPR might entail, before the UK agrees to the Treaty and IHR amendments.

4. The Chair thanked all who attended and confirmed the date of the next meeting, 5.30pm, Monday 17 July 2023 and brought the meeting to a close.