



Foundation Partners



Major Supporting Partner



# Submission to the Joint Standing Committee on Treaties Inquiry into Amendments to the International Health Regulations (2005)

**Submission Date** 23 January 2025

# Recommendation

We recommend that Australia become a State Party to the amended International Health Regulations (2005), without entering any reservations, on the basis that:

- These amendments strengthen international cooperation on essential elements of the prevention, preparedness and response to international health emergencies including pandemics.
- Stronger international cooperation is in Australia's national interest and will better protect Australians from current and future threats.
- These amendments provide an important framework for stronger regional cooperation in the Indo-Pacific.

## Background

30 January 2025 will mark five years since the global outbreak of COVID-19 [was determined a 'public health emergency of international concern'](#) (PHEIC) by the World Health Organization (WHO) with the subsequent declaration of [pandemic](#) on 11 March 2025.

Five years of COVID-19 have highlighted important lessons about our systems for international public health cooperation. The importance of sustained cooperation in managing emerging public health threats starts well before these PHEIC and pandemic declarations are made. When the pandemic hit, we were simply [not ready or prepared](#). Not in Australia and not anywhere. The system for international cooperation was not fit-for-purpose, and this hampered efforts to prevent, detect and respond.

The International Health Regulations (2005) (IHR) are the key legal instrument providing the rules on how countries prevent, detect, prepare, and respond to international public health threats. They were last substantially [revised in 2005 after the SARS epidemic](#), but [proved insufficient during the COVID-19 pandemic](#), failing to ensure countries were adequately prepared, capable of early detection and rapid response or effectively able to coordinate global responses. The Independent Panel for Pandemic Preparedness and Response noted in its [full report](#) to the World Health Assembly in 2021 that early detection and response could have prevented this pandemic: 'The earliest possible recognition of a novel pathogen is critical to containing it. The emergence of COVID-19 was characterized by a mix of some early and rapid action, but also by delay, hesitation, and denial, with the net result that an outbreak became an epidemic and an epidemic spread to pandemic proportions.'

The international community has responded by agreeing to negotiate, through the World Health Assembly, both the amendments to the IHR currently being considered by the Committee ('the 2024 IHR amendments'), and a new pandemic agreement now in its final stages of negotiation. The Australian Government has actively and constructively engaged in both sets of negotiations.

This submission from the [Australian Institute for Infectious Disease \(AIID\)](#) foundation partners - University of Melbourne, the Burnet Institute and the Doherty Institute - aims to lay out our support for these amendments and the principles of international cooperation they strengthen, noting lessons from the COVID-19 pandemic and building on our [submission to the Australian Government in September 2023](#). We note the ongoing health and economic impacts from the COVID-19 pandemic, the current

complacency and the increased risks of future pandemics brought by climate change, biodiversity loss, weakened health systems, biosecurity risks and increasing inequity in a complex geopolitical landscape.

The AIID partners comprehensively support the recommendations and reports from the Independent Panel, including their June 2024 call to action, [No Time to Gamble: Leaders Must Unite to Prevent Pandemics](#): ‘with collective vision, political will to overcome deficits in trust, leadership, accountability, and investment, COVID-19 can be the last pandemic of such devastation.’

## Lesson 1: Public health emergencies can be catastrophic, with far-reaching and long-term consequences

The five years of COVID-19 have demonstrated to the entire world how [catastrophic pandemics can be](#) - for health, for economies and for the functioning of societies. Excess deaths since COVID-19 emerged are estimated to exceed [28 million](#), resulting in a reduction in global average life expectancy for the [first time in 30 years](#). The [World Health Organization \(WHO\) estimates 6%](#) of SARS-CoV-2 infections cause post-acute symptoms, putting the global burden of long-COVID in the millions and growing with each wave of infections, [compounding economic impacts](#) of the pandemic.

The pandemic propelled the world into [the fastest economic decline since World War II](#) and the largest simultaneous contraction of national economies since the Great Depression with lasting impacts felt across all parts of society. The International Monetary Fund (IMF) has estimated a global loss of [USD3.3 trillion of economic output since 2020](#) (as of April 2024). Strain on health systems continues to challenge health workforces, service provision, health budgets, and trust in the institutions of health, both in Australia and globally. For children and young people, learning losses alone are [estimated to cost the world economy USD1.6 trillion](#) annually by 2040. Existing socioeconomic inequalities have been amplified such as more women experiencing job losses than men ([4.2% vs. 3%](#)).

In Australia, COVID-19 continues to drive a higher average death rate each year than would otherwise have been the case without this virus, estimated still [at 2% in the first 8 months of 2024](#), and described by the [Australian Actuaries Institute](#) as the ‘new normal level of mortality’.

Looking forward, we are in long-term phase of COVID-19 impacts. [Current variants are associated with lower disease severity and fewer hospitalizations in populations that have widespread immunity](#). Yet, COVID-19 still circulates widely, drives waves of significant numbers of infections with their short- and long-term consequences, challenging [productivity](#) and [health systems in Australia and globally](#).

## Lesson 2: Pandemics exacerbate inequity and risks are shared, complex and dynamic

Like all infectious diseases, COVID-19 exposed and exacerbated existing [health](#) and [economic](#) inequities and vulnerabilities (such as disease [co-morbidities](#)), both within and between countries. This is referred to as the [synergistic nature of pandemics](#) (and emergencies more generally) and has contributed to the [fracturing and fragmentation of global society](#) and economy that has deepened five years later.

COVID-19 graphically demonstrated the cross-border nature of infectious disease threats. The order of magnitude of the risk that an outbreak spreads is largely determined by the [interconnections and interdependencies of populations](#), and influenced by the fundamentals of how [societies are organised](#). [Travel, trade, tourism, migration, urbanisation and increasing population densities](#) have all influenced the human geography of infectious disease transmission.

New pandemic threats are overlaid on health systems, particularly in low- and middle-income countries, that are under strain in tackling existing issues – including but not limited to TB, HIV/AIDS, malaria and vector borne diseases and delivering essential services such as immunisation, maternal, child and newborn health and addressing non-communicable diseases (e.g. diabetes, heart disease, cancer).

Another key lesson from COVID-19 was the complexity, scale and impact, at the local and global level of [mis-information and dis-information](#). [Infodemics](#), a term defined by the WHO as the rapid spread and over-abundance of information including false and misleading information, are now a permanent feature of public health emergencies and pandemics transcending national borders. Artificial intelligence, social media and our increased digital interconnectedness are growing challenges as they may enable the proliferation of mis- and dis-information. New and different proactive, not reactive interventions and actions are required, grounded in a [public health prevention](#) approach to manage information ecosystems.

## Lesson 3: Global disease outbreaks are occurring more frequently increasing the risk of pandemics

The Independent Panel has urged leaders to not gamble on the lack of recognition and preparation for the fact that the next pandemic could originate in any country, at any time and may already be developing. This risk is increasing. [Modelling predicts](#) there is a 1-in-2 chance that the world will experience a pandemic of similar magnitude to COVID-19 in the next 25 years. Increased human and animal interactions have created conditions for more zoonoses, or spillover events, where an animal disease evolves to infect humans, creating new infectious diseases and pandemics. There is a [long history](#) of zoonoses and in modern times, these have included the global influenza pandemic of 1918, HIV/AIDS, SARS and COVID-19.

In 2024 we saw a different and more severe strain of [Mpox](#) travel from the epicentre of the epidemic in Democratic Republic of the Congo across Africa and now reaching Europe, the USA and Canada, triggering a WHO PHEIC declaration. The highly pathogenic bird flu ([H5N1 Avian Influenza](#)) is also spreading through migratory birds and animal populations, and poses a significant threat to agriculture, trade, wildlife, and potentially human health globally, including in Australia. Human infection is currently rare, with no known cases of person-to-person transmission. However, [multiple factors](#) underpin pandemic risk concern - rapid intercontinental spread, fast evolution of the virus, and frequent spillover into mammals. Surveillance gaps and reporting reluctance also limit our understanding. These factors give concern that H5N1 is an evolutionary step (or few steps) away from becoming an additional international human health emergency.

[Climate change](#) is one of the most significant factors, which greatly increases the risks of infectious diseases and pandemics. Climate change is [bringing pathogens closer to people and changing spread of disease vectors into new areas](#), such as through rising temperatures and humidity, changing migration

patterns of wildlife and birds, and loss of animal habitat and diversity. [Climatic hazards](#) like warming, heatwaves, droughts, bushfires, extreme precipitation, floods, and sea level rise, all have direct, indirect, confounding, and systemic effects. This is particularly relevant to Australia and climate change remains the single greatest threat to the livelihoods, security and wellbeing of the [peoples of the Pacific](#). Other [environmental and economic developments](#) have also increased globalised public health risks, such as changing patterns of agricultural practice, increased antibiotic use, deforestation and changes to environmental infrastructure such as water management. A standout lesson from COVID-19 was the knowledge gained, and [paradigm shift](#) around the airborne transmission of pathogens, and [how to effectively respond](#) through [improving indoor air quality](#).

## Lesson 4: International cooperation is critical to global prevention, preparedness, and response

International cooperation is fundamental to the early detection of threats, leading to collective preventive action, preparedness and rapid response. Every public health emergency and pandemic starts with a first case and a first outbreak somewhere. How rapidly and effectively that outbreak is identified and contained determines the extent and scale of the public health emergency - whether it is localised, regional or global; whether it is resolved quickly, takes years to contain or requires ongoing control or elimination efforts. International cooperation in particular underpins: (1) globalised surveillance and information systems for early detection, and (2) the mobilisation of response resources to where outbreaks and emergencies are occurring.

Effective response requires the rapid development, production, supply and distribution of health products such as vaccines, therapeutics, diagnostics, and personal protective equipment. International cooperation is key to (3) global capability and infrastructure for research and development (R&D), manufacturing, and rapid scale up of production, and (4) for ensuring that products reach the populations that need them when they need them. Similar insights are emerging through the demand for development and distribution of vaccines in response to Mpox and Avian influenza.

COVID-19 evolved global knowledge sharing, demonstrating the [power of rapid, open scientific collaboration](#), from real-time data sharing to collaborative research across borders. Leveraging global scientific and technological capabilities can benefit everyone, particularly when countries share insights about public health measures and adapt successful approaches to local contexts. The experience highlighted that [consistent international approaches](#) to risk reduction and protection, and clear and consistent information sharing and communication, all strengthen the collective response to health emergencies.

## Benefits to Australia of being a State Party to the amended IHR

In our view, the 2024 IHR amendments will substantially improve and strengthen the international system for infectious disease prevention, preparedness and response in multiple ways. Australia will benefit from the amendments coming into force and would benefit from being actively involved in their governance and implementation on an ongoing basis.

Specific amendments are described below.

## Enhanced sharing of information

Enhanced sharing of information by:

- Establishing a higher expectation for States Parties to advise WHO of events<sup>1</sup> that may not (yet) rise to the level that requires notification under *Article 6: amendment to Article 8*.
- Strengthening of WHO's authority to share information about events with other States Parties where a State Party has not accepted an offer to collaborate with WHO, and 'when justified by the magnitude of the public health risk': *amendment to Article 10.4*.

**Benefit:** The rapid sharing of information is essential to control outbreaks (or potential outbreaks) at source, prevent disease spread, prepare for potential spread, and respond effectively where spread occurs.

## Determination of a 'pandemic emergency'

Introduction of an additional, higher alert level by:

- Authorising the WHO Director-General to determine a 'pandemic emergency' and specifying the substantive criteria and processes and procedures for such a determination: *amendments to Articles 12, 48 and 49*.

**Benefit:** Determination of a 'pandemic emergency' would sound a higher level of alarm than the previously highest level ('public health emergency of international concern'), highlighting the seriousness of the situation to the international community and increasing the likelihood of timely and appropriate domestic and global responses.

## Expanding the 'core capacities' countries are required to maintain

Broadening and deepening the capacities required of countries by:

- Expanding the list of core capacities for preparedness, prevention, surveillance, and response required to be developed, strengthened and maintained by States Parties: *amendments to Articles 5 and 13 and Annex 1*.

Core capacities are the structures, systems, resources, knowledge and personnel that countries need to have in place to be able to prevent and respond to health emergencies - for example, to detect and investigate unexpected events; conduct laboratory analyses; report data locally and internationally; implement measures to prevent / control the spread of disease; and effectively coordinate their domestic and international activities.

---

<sup>1</sup> 'Event' is defined in Article 1 as 'a manifestation of disease or an occurrence that creates a potential for disease'.

The expanded list of required core capacities substantially improves upon the previous list, including by:

- explicit mention of preparedness, to ensure that countries are able to act in a timely manner when the need arises
- engagement with communities, and other relevant stakeholders
- risk communication, including addressing misinformation and disinformation
- guidance for infection prevention and control
- guidance for clinical case management
- access to health services and health products
- emphasis on the need for capacity / coordination across local, intermediate and national levels.

**Benefit:** These additional core capacities are vital to the effective functioning of the international system.

Australia's public health security is improved when all countries, including in our region, have stronger public health systems and emergency response capabilities. These additional capacities, together with more consistent achievement of the capacities included in the existing list, would help countries detect and contain potential threats before they spread internationally.

## Enhancing access to 'relevant health products'<sup>2</sup>

Amendments to *Article 13* provide authority to WHO to 'facilitate, and work to remove barriers to, timely and equitable access' to relevant health products during public health emergencies of international concern including pandemic emergencies, including:

- by mandating the WHO Director-General to:
  - conduct and publish assessments of public health needs and of availability, accessibility, and affordability of relevant health products;
  - coordinate with allocation and distribution mechanisms and networks to facilitate timely and equitable access to relevant health products based on public health needs;
  - support (upon State Party request) the scaling up, and geographical diversification, of production of relevant health products; and
  - support (upon State Party request) the promotion of research and development and the strengthening of local production of 'quality, safe and effective relevant health products.
- providing for temporary recommendations issued by the WHO Director-General where there is a public health emergency of international concern, and standing recommendations made by the

---

<sup>2</sup> 'Relevant health products' is defined in amended Article 1 to mean 'those health products needed to respond to public health emergencies of international concern, including pandemic emergencies, which may include medicines, vaccines, diagnostics, medical devices, vector control products, personal protective equipment, decontamination products, assistive products, antidotes, cell- and gene-based therapies, and other health technologies.'

WHO for 'specific public health risks'<sup>3</sup>, to include recommendations for 'relevant health products' and information on allocation and distribution mechanisms and networks: *amendments to Articles 15, 16, 17 and 18*.

**Benefit:** COVID-19 demonstrated the need for greater global coordination in health product development and availability (such as vaccines, medicines/therapeutics, personal protective equipment, testing kits/diagnostics, and oxygen supplies). Australia, along with all other countries, would benefit from enhanced product research and development, increased information dissemination about product availability and need, and the scaling up and diversification of production capacity. We are aware that the proposed pandemic agreement will address health products in more detail, but in our view, the 2024 IHR amendments will be a key step towards enhanced global health product availability.

## New Coordinating Financial Mechanism and States Parties Implementation Committee

Supporting more effective implementation of the IHR through the establishment of:

- a new Coordinating Financial Mechanism
- a new States Parties Committee for the Implementation of the IHR.

**Benefit:** The effectiveness of all aspects of the amended IHR, and in particular the strengthening of core capacities, will be enhanced by greater coordination in financing (both its mobilisation and utilisation): new Article 44bis. Establishing a dedicated committee of States Parties focused on effective implementation of the amended IHR will enable greater focus, mutual learning and cooperation than can feasibly be achieved through the annual meetings of the World Health Assembly: new Article 54bis.

## Australian involvement and leadership in implementation

### Benefits to Australia of being engaged in the further development and implementation of the amended IHR

It is essential that Australia is a State Party to the amended IHR for it to be able to actively participate in their further development and implementation. This will ensure that the Australian Government is able to advance Australia's interests and those of our partners, particularly in our region.

---

<sup>3</sup> 'Public health risk' is defined in Article 1 to mean 'a likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger'.



## Support for Australia's investments in our region

The amended IHR provide additional opportunities for countries with advanced public health and healthcare systems to share expertise and support regional implementation. This ultimately promotes stability by reducing vulnerability to health emergencies.

COVID-19 highlighted the devastating consequences of countries lacking core capacities. Across our region there are varied levels of resourcing, technical capability, and capacity to meet these obligations. Targeting international development assistance and partnership is an important way Australia can play a regional leadership role. Strengthening the Indo-Pacific region's resilience also strengthens Australia's national resilience. [Australia's international development policy](#) identifies strengthening health systems in the Indo-Pacific as an important priority.

## Conclusion

The AIID foundation partners recommend to the Joint Standing Committee on Treaties that Australia become a State Party to the amended IHR, without entering any reservations. AIID commends the role the Australian Government has played in negotiating these amendments and is committed to working closely with government to prevent, prepare for and respond to pandemics and health emergencies. The COVID-19 pandemic demonstrated the need for an improved and more comprehensive set of international rules, practices and governance mechanisms to underpin the international cooperation and shared action required to effectively prevent, prepare for, and respond to, infectious diseases, including pandemics. These amendments are a vital step in this direction.