



# Preparing for, and responding to, future pandemics and other international health emergencies

## *Summary of public consultation submissions*

### Overview

The Australian Government is participating in two important processes through the World Health Organization (WHO) to strengthen the international legal framework to prevent, prepare for, and respond to, pandemics and other international health emergencies. This includes negotiation of:

- a new international instrument on pandemic prevention, preparedness and response (PPPR), and
- targeted changes to the International Health Regulations (2005) (IHRs).

Australia's engagement in these processes is being informed by lessons learned from our national response to the COVID-19 pandemic and our support to the global and regional response as well as consultation across the Government, with State and Territory governments, and experts and key stakeholders.

Between 7 August and 24 September 2023, the Department of Health and Aged Care (DOHAC), in collaboration with the Department of Foreign Affairs and Trade (DFAT), invited the Australian community and key stakeholders to provide their views on what they wanted to see in the new pandemic instrument and amended IHR to inform Australia's engagement in negotiations, via submissions to the DOHAC's Consultation Hub. The following guiding questions were posed to help guide responses:

1. *How can international cooperation be improved to more effectively prevent, prepare for, and respond to future pandemics and other international health emergencies?*
2. *What issues do you think need to be prioritised to guide the world's future preparation for, and responses to, future pandemics and other international health emergencies?*
3. *Is there any other information you would like to provide that might help to guide Australia's engagement on a new international pandemic instrument and changes to the IHR?*

### Key Themes Raised and Australian Government Response

A total of 4,521 submissions were received from individuals and a range of stakeholder groups, including academic and research institutes; non-government and community organisations; peak bodies and unions; and private sector institutions. Key themes raised in the submissions and the Government's response are as follows:

#### **Equity**

Equity was viewed as a guiding principle for the global reform processes to ensure effective PPPR in a large number of submissions. Submissions highlighted the need to promote equity in both high- and low-income countries. Submissions noted that equity must be a central tenet of effective approaches to PPPR in the future, including consideration of First Nations peoples, people living with disabilities, culturally and linguistically diverse communities, the elderly and marginalised groups. Submissions also highlighted the need to ensure equitable access to medical countermeasures, such as vaccines and masks. Respondents stated that consideration should be given to the socio-economic determinants of health and the protection of human rights to mitigate against the inequitable health outcomes seen during COVID-19.

**Government Response:** Advancing equity in PPPR is a priority for the Australian Government. We are committed to promoting fairness, advancing equality, and upholding human rights as part of these

negotiations including in enhancing access to medical countermeasures i.e., vaccines, therapeutics and diagnostics needed to respond to public health emergencies.

### ***Research & Development (R&D) and Intellectual Property Rights***

Submissions raised the need for continued and increased investment in R&D, including development of vaccines and medicines. Building research capacity and increasing collaboration were highlighted as important for effective PPPR. There was a mix of submissions for and against waivers of intellectual property (IP) rights. Responses in favour of time-bound IP waivers argued that the pharmaceutical industry held too much power over the distribution of products and terms of contracts, and that IP rules created monopolies that could delay or limit access to health emergency products. Other responses stated that weakening intellectual property protection would also weaken critical R&D incentives, and ultimately reduce innovation and access; instead, technology transfer and licensing should be on a voluntary basis.

**Government Response:** The Government recognises the importance of R&D cooperation as part of a holistic approach to equitable and timely access to medical countermeasures. We encourage enhanced international R&D cooperation and coordination during pandemics and inter-pandemic times. We support the transfer of technology on voluntary and mutually agreed terms. The Government is committed to ensuring consistency with existing relevant international intellectual property agreements to which Australia is a Party.

### ***Pandemic Prevention and Surveillance, and embedding a One Health approach***

Submissions raised the need for greater investment in prevention, monitoring, and response to zoonotic diseases to reduce the likelihood of future pandemics. They suggested this should be complemented by continued public education about how disease spreads and the risk of pandemics. Countries should be incentivised and obligated to share best practice surveillance knowledge and promote early notification and cooperation in responding to pathogens with pandemic potential.

A number of submissions also highlighted the need to embed a One Health approach into PPPR efforts. Responses highlighted the need for multisectoral collaboration and cooperation across the human-animal-environment interface to help countries better prepare for pandemics and public health emergencies.

**Government Response:** The Government is committed to strengthening national and global investment in health emergency prevention and preparedness, including public health surveillance, and enhancing public health literacy and communications. A One Health approach to PPPR is a priority for the Government, recognising the relationship between human, animal, and environmental health in pandemic prevention. We support provisions that strengthen One Health capabilities and multisectoral collaboration.

### ***Role and Governance of WHO, Sovereignty Concerns***

Submissions demonstrated that there are differing views amongst Australians on the role of WHO in global PPPR. A number of responses supported strengthening WHO both in its powers and resources to enhance its ability to assess and respond rapidly to outbreaks. Other responses perceived a lack of transparency and accountability of WHO during the COVID-19 pandemic and recommended an independent expert oversight body. Many responses raised concerns that the pandemic instrument and changes to the IHR would result in countries ceding authority to WHO, and could affect Australia's ability to make decisions on national pandemic response measures, including on lockdowns and vaccine mandates.

**Government Response:** WHO plays an important role coordinating international action by managing responses to health emergencies and pandemics (such as COVID-19), developing technical standards and guidance, and providing advice and country level support to improve local health systems. Australia supports strengthening WHO's ability to respond to disease outbreaks, including through rapid access to outbreak sites, deployment of WHO-led expert teams (on request), and timely provision of information to the international community.

WHO is a Member State-led organisation made up of 194 countries, including Australia. Australia participates in WHO decision-making processes as a member of both the WHO Executive Board and the World Health Assembly (WHA). WHO reports to, and is accountable to, all its Member States through the WHA. All WHA documentation is publicly available on the [WHO's website](#).

Under international law, WHO Member States, including Australia, retain their sovereignty regarding their national public health policies. The pandemic instrument or changes to the IHR will not provide powers to

WHO to mandate health measures or control the movement of persons. The pandemic treaty and IHR will not operate to prevail over Australian law. Australia will retain the right to make and implement public health decisions in the best interests of Australians.

### ***Communication and public awareness***

Submissions received noted effective communication strategies were fundamental to building ongoing public trust and awareness during a pandemic or public health emergency. Responses recommended health communication and knowledge about pandemic risks be improved, including how pathogens spread. Community engagement was viewed as a way to build trust and mitigate the spread of misinformation and disinformation.

**Government Response:** The Government supports efforts to enhance public health literacy, support science and evidence-informed policy development, public communication to inform communities about emerging public health risks, and guidance on public health measures.

### ***Access and benefits sharing, and data and information sharing***

A number of submissions argued for transparent, open, and timely sharing of pathogens, data and information by health authorities worldwide as key to effective PPPR. Submissions proposed access to pathogen information should be linked to improved sharing of benefits, for example, medical countermeasures, through an access and benefits sharing (ABS) framework. Submissions noted that any pathogen ABS framework should be coherent with, learn from, and build upon, existing ABS frameworks.

**Government Response:** The Government supports an ABS framework that facilitates timely sharing of pathogen information and samples to enable rapid responses to emerging epidemics and pandemics. It is important any ABS framework does not hinder or delay pathogen information and sample sharing, is legally coherent with existing ABS systems, and delivers more equitable access to pandemic-related products, such as vaccines and medicines.

### ***Health system strengthening, capacity development and workforce***

Submissions suggested countries strengthen domestic pandemic prevention, preparedness, and response capacities, such as routine surveillance, laboratory systems, and health workforce. Submissions argued that the health workforce forms the backbone of health systems, and the health workforce needs decent work conditions. It was recommended that health workforces be engaged in PPPR planning and decision making to ensure health systems have effective surge capacities.

**Government Response:** The Government recognises the importance of the health workforce and recognises a strong and sustainable workforce as a central part of resilient health systems, and supports assisting countries, particularly developing countries, to strengthen their health systems, build resilience, increase health workforce capacities, and move towards sustainable PPPR capabilities. Workforce wellbeing, including safety, is critical to ensuring the continuity of pandemic response and provision of care is sustainable.

### **For more information**

To learn more about global health reform and for further information about Australia's goals and priorities in both negotiation processes, please visit the DOHAC's website at [www.health.gov.au/our-work/strengthening-global-health-and-international-pandemic-response](http://www.health.gov.au/our-work/strengthening-global-health-and-international-pandemic-response).