Katie Ashby-Koppens (00:01):

So David and Ramesh have given us a bit of a rundown about the World Health Organisation and International Health Policy internationally, but I thought it might be useful to give the presentation that I gave in Parliament House the other day, which is just to explain and expand on how the World Health Organisation operates and is impacting Australia through the various different agreements and the like. So financial contributions is obviously really key. I'll give the last three years of financial contributions that Australia has made to the World Health Organisation that is different from our compliance costs. So there are compliance costs which are separate too and a lot of ways are actually very difficult to account. We've now got the recently amended 2024 international health regulations that came out of COVID changes to the regulations that have been around for many, many decades and how it's showing the World Health Organisation changing more from an advisory organisation to looking to have more control over decision making and touching on the sovereignty point that David and Ramesh have been talking about with the International Health Reform Panel.

(01:23):

Then we'll go into just Australia's World Health Organisation collaboration centres, which are organisations within Australia that are connected to the World Health Organisation and ensuring that certain parts of the World Health Organization's projects and plans are being rolled out. And then last of all, a new pandemic agreement, which came about as a consequence of the COVID and the World Health Organization's view on how parties responded to COVID.

(02:00):

So just in the last three years alone, Australia's contributions to the World Health Organisation are sitting at about 235 million. That was a hundred million voluntary contributions that the Labour government gave to the World Health Organisation in September of 2023 for being pandemic prepared and ready. 40 million is the assessed contributions that we've paid over the last three years and that's the amount or the money that David was describing before about the countries are assessed on various different pieces of information by the World Health Organisation who tells them how much they need to pay. And that's the assessed contributions that are contributed by all member states Australia has been assessed at about between 12 and 14 million a year for the last three years. And then in the last budget we had 15 million that was paid to the World Health Organisation in aid funding.

(03:06):

Now the international health regulations went through various different iterations of amendment from 2022 onwards, but most importantly, and one that isn't that clearly assessed I think is the new National Implementation Authority, which is called the National IHR Authority, which we anticipate is Australia's new Centre for Disease Control, which has been established in 2026 at a pretty penny of $251 million. That's a new CDC based on the American model and is I think got a very big interest in bird flow at the moment and we'll start seeing, I think, a lot more information coming out from that department with respect to issues and pandemics. There were a number of other things that were buried inside the international health regulations, particularly in ECHA one. So digital health record sharing, that's yours and my personal medical information being shared and provided surveillance, real-time disease monitoring, that's the surage monitoring and all of the other testing that we've got going on, significant, huge amount of costs going into that regularly and that's justifying the Centre for Disease Controls existence and the employee of their many staff.

(04:37):

We've then got enhanced public health surveillance. Again, surveillance is really key to the international health regulations and it's a case of hunting for stuff, if I could put it so crass. Risk communication and misinformation response, which Wendy, you know so much about being such purveyor of it during the COVID time and that has been a really incredible cost and consequence to so many doctors. I help and support so many doctors that have been or are dealing with APRA regulation issues and I think it's worth noting that in New Zealand we've just had the top layer of the medical council gutted because they've been considered ... Well, the government has considered that they have become far too ideological rather than regulatory focused and they're talking about gender ideology, treaty of Waitangi and things like that. And everyone's just saying, no, let's get back to just regulating doctors and stopping those that could potentially cause harm to their patients.

(05:45):

The other thing that wasn't clearly analysed by the Australian government at the time of the International Health Regulation Review was the open-ended funding commitment, which is being buried in there at about clause 44. So this is the ability for the World Health Organisation to say how much money each country can give.

(06:10):

So there are World Health Organisation collaboration centres in Australia. These are designated by the World Health Organisation to support World Health Organisation programmes and priorities Australia has the most per capita of any other country in the world sitting at about 53 at the last time we saw a document and those types of collaboration centre arrangements involve six monthly reporting and agreements with the World Health Organisation. Alex Antic called for the Therapeutic Goods Administration's documents because they are one of the government agencies that is a World Health Organisation Collaborating Centre. They refuse to provide those documents. Now the TGA is a World Health Organisation Collaboration Centre in respect to vaccines and biological medicines. ARPRA, on the other hand, is also a collaboration centre in respect to health workforce regulation. And again, I've FOIed the documents from ARPRA for their arrangements with the World Health Organisation and I too have not received those on the basis of commercial and confidence.

Speaker 2 (07:31):

Katie, sorry, can I just ask one question?

Katie Ashby-Koppens (07:34):

Of course.

Speaker 2 (07:34):

For the arrangements with the university's research centres, TGA, et cetera, would they all be recipients of possibly grants for supporting and providing that information?

Katie Ashby-Koppens (07:49):

I think that might be a better question directed at David or Amesh.

Speaker 2 (07:58):

Access to information. But the fact that they have that affiliation allows them to apply for grants and mention that in support of the application.

Speaker 3 (08:08):

Yes. And my understanding from what I've read is that a number of the funding organisations to the WHO also fund collaboration centres. So it's not directly from the WHO, but it's from the funders of the WHO that go ... In a way this is about ecosystem.

Katie Ashby-Koppens (08:39):

So yes, that's the collaboration centres and there was or previously quite a bit more information on them on the World Health Organisation site which has since been removed and unable to even recall it through the Wayback Machine or historic website collections, which is quite interesting I found. Now the last one is this, the new World Health Organisation Pandemic Agreement and one of the very first iterations of it described the reasons for it being in recognition of the catastrophic failure of the international community and showing solidarity and equity in response to the coronavirus disease. What does that actually mean? The countries didn't do what the who told them to. Exactly right. And so this is what thought about this-

Speaker 2 (09:33):

Things like vaccine nationalism where the high income countries.

Katie Ashby-Koppens (09:47):

So the new pandemic agreement has gone through numerous iterations. It has currently been adopted, but it's subject to completing the last Anexus, which is currently being negotiated in Geneva at the moment and that's the pathogen access and benefit sharing scheme. Now, pathogen access benefit and sharing should be pretty concerning to everybody involved. And the reason why they're still negotiating this Anexure is because the African countries are holding out. The African countries have a lot of good pathogens and they don't want to share them without a bit more fair exchange of costs and money and finances and access to vaccines and the like. So that's a holdout that David could probably speak to if you're interested in that. The new pandemic agreement again makes the World Health Organisation the directing and coordinating authority, not advisor of the next pandemic, which we're told to be sure is just around the corner.

(10:54):

Permanent one health surveillance, again, surveillance, the more you look, the more you find the more you can declare global supply and manufacturing coordination, this is a big industrial complex for pandemic related products. Lo and behold, a big amount of funders from the World Health.

Speaker 2 (11:11):

They're proposing that they coordinate that supply.

Katie Ashby-Koppens (11:14):

Yes, absolutely. Yep.

Speaker 2 (11:17):

It's actually more than that because give a certain amount of their 10 or 30%. X percentage free X percentage on the cost thing. The negotiating principle is just of the industrialised countries that house with farmers and pharmaceutical companies is what's yours is also ours and what we make out of that is open to future negotiation.

Katie Ashby-Koppens (12:02):

One

Speaker 2 (12:02):

Is guaranteed how many giving it over the other. Sorry.

Katie Ashby-Koppens (12:20):

No, no, that's fine. It's good discussion to have because people should be alarmed. Well, when we met with Jess Collins on Wednesday, who is one of the JSCOT committee members, she was completely unaware of this pandemic agreement and really where it was up to in the process of being analysed by Australia as to whether or not it will be adopted. But in the first instance, I'm pretty sure we agreed to it in May of last year, Australia's government. We've got a conference of parties and David touched on that before and so did Ramesh. We've seen conference of parties and the impact of them in the environmental area and we've got another one that's popped up in the new pandemic agreement. And then finally, cost contributions and compliance. A lot of this is unknown, but $31 billion a year alone has been assessed as being needed to be able to respond to the next pandemic.

(13:29):

And so cost is not infantismal, unknown simply. And so it's just a huge amount of money we can anticipate that will be actually diverted away from where it's actually needed because you can't just make it or print it. We learned that during COVID and we're suffering the consequences now with massive inflation. So that is that pandemic agreement and just really where things are up to in Australia at the moment.