

[In Confidence]

Office of the Minister of Health

Chair, Cabinet

Report on Overseas Travel: Hon Andrew Little

I recommend that Cabinet note this report on my travel to Geneva, Switzerland and Dudley, United Kingdom (UK), from 20 May to 27 May to attend the World Health Assembly and engage in meetings with the UK National Health Service (NHS) on locality planning in healthcare delivery.

Report

**75<sup>th</sup> World Health Assembly**

- 1 The World Health Assembly (WHA) is the annual meeting of the World Health Organization's (WHO) 194 Member States. It took place from 22 to 28 May and was attended by Ministers of Health and their delegations. I led the New Zealand delegation from 22 to 25 May and was supported by the Director-General Dr Ashley Bloomfield. The New Zealand Permanent Mission to the United Nations also supported the programme.
- 2 This was the first opportunity for in-person attendance by New Zealand's Minister of Health in four years, and my visit provided multiple opportunities to engage with health leaders on pandemic preparedness and response, as well as other pressing topics including noncommunicable diseases, indigenous health and traditional medicine, mental health, and more. As head of delegation, I joined over 140 other Ministers of Health in delivering annual country statements to the Assembly. New Zealand's statement reiterated the need to strengthen global health cooperation and architecture to improve pandemic prevention, preparedness and response (PPPR) and reaffirmed support for a new international legal instrument. New Zealand also joined other governments in expressing alarm at the health crisis evolving in Ukraine as a result of Russia's aggression and called for an immediate end to Russian hostilities. The full 2022 country statement to WHA75 can be read as appendix 1.
- 3 *Meetings with WHO leadership & Health Ministers.* Attending the WHA provided valuable opportunities to meet face-to-face with WHO Director-General, Dr Tedros Ghebreyesus and ministerial counterparts from a wide range of countries (see below). My discussion with Dr Tedros proved warm and constructive. He valued New Zealand's support for the sustainable financing of the WHO and commented on New Zealand's tradition of, respect for, and practice of diversity. While at the Assembly I also met with Health Ministers from the UK, Fiji, Canada, Singapore, Qatar, Sweden, Norway, Ukraine, Mexico, Luxembourg, and Sierra Leone. Discussion topics included global health reform priorities, health system reform processes, progress made on health issues of

mutual concern including indigenous health outcomes, tobacco control, women's health (including abortion), disabilities, obesity, health workforce planning and sport and public health.

- 4 *Pacific regional meetings & events.* I attended a dinner for Pacific Heads of Delegation hosted by the Regional Director of the Western Pacific Region (WPR) Dr Takeshi Kasai. The New Zealand delegation also attended a regional meeting hosted by Tuvalu, focused on maintaining progress on issues discussed at the 2022 Pacific Health Ministers Meeting (PHMM). In addition, I held bilateral discussions with Ministers from Fiji and Federated States of Micronesia.
- 5 *WHO strategic roundtable on sustainable financing, ministerial meeting on antimicrobial resistance (AMR).* I participated in this event at the WHO Director-General's invitation, reiterating New Zealand's commitment to the WHO as the multilateral system's lead voice on global health issues, and expressing support for Dr Tedros' work to improve financial and budgetary governance. A separate ministerial meeting on AMR, hosted by the UK and Sweden, highlighted the challenges for health systems worldwide, providing insights for New Zealand.
- 6 *Election of the WHO Director-General.* While in Geneva I participated in the election of the Director-General for a second five-year term. Dr Tedros was the sole candidate, supported by a majority of Member States.

#### **Other achievements at the 75<sup>th</sup> World Health Assembly covered by NZ delegation**

- 7 *Interventions.* As part of the wider business of the Assembly, the New Zealand delegation delivered interventions on a range of topics outlining New Zealand's perspectives on noncommunicable diseases (NCDs); public health emergencies (pandemic prevention, preparedness and response); cervical cancer; mental wellbeing; tobacco control; rōngoa Māori and traditional medicine; innovative approaches to illicit drug use; immunisation; infection prevention and control; food safety; and the health impacts of climate change.
- 8 *Improvements to WHO financing supported by New Zealand.* A landmark decision on sustainable financing for the WHO was the result of an eighteen month-long process to provide the Organisation with more stable and predictable funding. New Zealand has played an active role in this process, receiving recognition from the WHO Director-General for this work. The decision will help ensure that WHO funding is more flexible and predictable and represents the biggest change to the WHO's funding structure in 20 years.
- 9 *Progress in reforming global health architecture for pandemic prevention, preparedness and response (PPPR).* The Assembly also made significant headway on reform of the global health architecture for PPPR, adopting the report of the relevant WHO Working Group (WGPR), and agreeing to begin amending the International Health Regulations 2005 (IHR). A new Working Group on International Health Regulations (WGIHR) will undertake a two-year process to agree on amendments to the IHR, reporting to WHA77 in 2024. New Zealand has played an active and constructive role in the reform process and

will continue to engage closely in the WGIHR's work moving forward. In the same vein, New Zealand co-sponsored a US-led resolution designed to reduce the coming into force period for amendments to the IHR.

- 10 *Noncommunicable diseases (NCDs)*. The Assembly approved a historic number of NCD recommendations in advance of a United Nations General Assembly high-level meeting on the prevention and control of NCDs in New York in 2025. This is a core health priority for New Zealand and our partners in the Pacific. In our interventions, New Zealand expressed concern at the COVID-19 pandemic's ongoing impact on NCD prevention and management – particularly considering the significant health risks NCDs pose as a co-morbidity to COVID-19 and the inequities the pandemic has exposed. New Zealand noted that preventing and managing NCDs is critical to improving overall health and wellbeing, and we remain committed to pushing for momentum on NCD priorities including mental health, tobacco control, and cervical cancer.
- 11 *Spotlight on health issues in the Pacific region*. Fiji led a resolution on the outcomes of the 2021 SIDS Summit for Health calling for multisectoral engagement on small island developing states (SIDS) issues. New Zealand spoke in support, recognising the health-related challenges SIDs face in terms of climate change and sharing details of our work with Pacific partners to strengthen resilient health systems in the region (including via the Polynesian Health Corridors programme).

#### **Other technical and health highlights.**

- 12 These included:
  - the approval of a 'Global Strategy on Infection Prevention and Control' (IPC); the creation of new global diabetes targets; and approval of a new intersectoral global action plan on epilepsy and other neurological disorders (including stroke, migraine, dementia and meningitis);
  - an updated WHO Global Strategy for Food Safety 2022-2030; and recommendations for the prevention and management of obesity over the life course (including a set of targets to halt the rise of obesity in children under 5, and adolescents and adults); and
  - the development of new WHO Global Health Sector Strategies for HIV, viral hepatitis and sexually transmitted infections (STIs) for the period 2022-2030. These strategies were eventually adopted, following some controversy and a number of votes. In line with our standard position on these issues, New Zealand joined 55 other likeminded countries in a joint statement emphasising the importance of relying on evidence-based policy.
  - Member States also discussed medical devices nomenclature and maternal, infant and young child nutrition.

## **Meetings with UK National Health Service (NHS) in Dudley, United Kingdom**

- 13 After attending the Assembly, I returned to New Zealand via Dudley in the United Kingdom. The purpose of this brief visit was to gain insights that will support New Zealand's health sector reforms, particularly the shift from New Zealand's current district health board model to a 'locality' model for the commissioning, planning and organisation of primary care and community services. On Wednesday 25 May I met with Dudley-based locality-planning experts from the Dudley Integrated Health and Care National Health Service Trust (DIHC).
- 14 DIHC is an integrated care provider (ICP), which was set up in 2017/18. DIHC is the first organisation in the UK to hold a national Integrated Care Provider (ICP) contract, which commenced on 1 April 2022. The contract incentivises the ICP to improve health, wellbeing and care outcomes, working in partnership with other organisations.
- 15 DIHC has a long history of developing community-based, multi-agency integrated care. It exemplifies a population health approach which puts communities and their experiences of health and healthcare at the centre of planning decisions and engages those communities in action to improve health.
- 16 The meeting with the DIHC team focused on New Zealand's future health system and our new locality approach to improving population health and community wellbeing, with communities and whānau at the centre.
- 17 As part of my visit I toured one of the DIHC integrated primary care practices which houses, general practice, day surgery, a dental clinic, physio therapy, and mental health clinicians. This joined up approach is how I envisage health care being delivered in New Zealand under the new health system.
- 18 I also visited Russell's Hall Hospital to see the same day emergency care centre. This centre diverts patients from the emergency department (ED) and allows for patients to receive emergency care while allowing the ED to remain for critical care patients who are received via the ambulance services.
- 19 The introduction of the same day emergency care centre has seen a decrease in admission via ED for non-emergency care and has allowed for out of hours clinical care to be delivered to those who need it.

### **Proactive release**

- 20 I propose to proactively release this Cabinet paper and any relevant related materials following the introduction of the Bill, with any appropriate redactions in accordance with Cabinet Office Circular CO (18) 4.

### **Recommendation**

- 21 I recommend that Cabinet

21.1 **note** the summary of my travel to Geneva, Switzerland to attend WHA75.

21.2 **note** the summary of my travel to Dudley, United Kingdom to discuss the DIHC approach to integrated health care.

Authorised for lodgement

Hon Andrew Little

**Minister of Health**

PROACTIVELY RELEASED

## Appendix 1.

Director-General, esteemed fellow Ministers, and colleagues, tēnā koutou katoa. Greetings to all.

Aotearoa New Zealand is alarmed at the catastrophic and complex health crisis evolving in Ukraine. We reiterate our call for an immediate end to Russian hostilities against Ukraine.

Chair, this 75th Session of the World Health Assembly comes at a critical time.

The COVID-19 pandemic continues to create a heavy burden on people and health systems.

And while the international system mobilised quickly in early 2020, our collective response has been inadequate to date.

Now is the time for us to act more decisively. Together. And with speed and ambition, so that the world can move through the acute phase of this pandemic and does not face a health emergency of this magnitude again.

Collectively we can make real progress on improving pandemic prevention, preparedness and response.

More effective global rules and a resilient health architecture are critical.

We need better systems, tools, and frameworks to respond rapidly to outbreaks with epidemic and pandemic potential.

And equity *must* be at the heart of our approach, equity within and between countries.

Chair, the existing global health system has many sound elements, such as the International Health Regulations.

But our rules lack the coherence and status that they deserve.

And there are gaps to be addressed.

Aotearoa New Zealand is committed to a new legal instrument to support pandemic prevention, preparedness and response, through the work of the Intergovernmental Negotiating Body.

And we must also commit to strengthening the World Health Organisation.

As members, we are best served by a World Health Organisation that is empowered to do its job.

We need to strengthen governance and put the organisation in a more sustainable funding position. That is up to us as Member States.

Predictable and flexible financing for the WHO is a priority for Aotearoa New Zealand and we are pleased with the progress being made on this front.

However, we are at the start of an ambitious journey - one that will require focus, courage, and compromise.

*He ora te whakapiri, he mate te whakatākiri* – this traditional saying from Aotearoa New Zealand reminds us that there is strength in unity, and disaster in discord. We must commit to the path of unity.

The pandemic continues to underscore the value of collective action, and the importance of upholding inclusivity in matters of health. There should be no room for politicisation, as global threats require a truly global response.

Chair, good health, economic prosperity, and social wellbeing are interdependent.

Together, we can build a healthier and more resilient future for our countries and for the world. New Zealand is fully committed to this future.

Tēnā koutou katoa.

PROACTIVELY RELEASED