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s 9(2)(a)

By email: s 9(2)(a)  
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Tēnā koe s 9(2)(a)

### Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to Manatū Hauora (the Ministry of Health) on 31 October 2022). You requested:

*Please provide the information that New Zealand provided to WHO in respect to the negotiations to amend the International Health Regulations of 2005.*

One document titled *New Zealand Submission to the World Health Organization Working Group on Amendments to the International Health Regulations (2005)* has been identified within scope of this part of your request. This document is attached to this letter as Appendix 1 and has been released to you in full.

*Please provide any supportive information, data, and or research that supports NZ's proposed amendments.*

New Zealand is actively engaged in a number of World Health Organisation-led (WHO) processes to reform and strengthen the global health architecture for pandemic prevention, preparedness and response (PPPR), seeking to ensure the world does not face a crisis of the same magnitude as COVID-19 again.

New Zealand's proposals on amendments to the International Health Regulations (IHR) focus on notification, risk assessment and communication mechanisms between Member States and the WHO. New Zealand believes these amendments will ensure Member States and the WHO are supported to effectively implement and fulfil their obligations under the IHR. Amendments in these areas would strengthen the effectiveness of the legal framework as well as the Organization's ability to respond to risks. These could include improvements to risk assessment and alert processes, clarification of timelines for WHO to request verification from Member States and improving processes for the release of critical information about potentially significant events to Member States. The New Zealand submission includes additional commentary on the value of these proposed amendments.

New Zealand's submission reflects the technical expertise of IHR National Focal Points (NFPs) within New Zealand's Public Health Agency (PHA). NFPs are responsible for implementing the provisions of the IHR on a regular basis.

I trust this information fulfils your request. Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: [info@ombudsman.parliament.nz](mailto:info@ombudsman.parliament.nz) or by calling 0800 802 602

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: [www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests](http://www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests).

Nāku noa, nā



Dr Andrew Old  
**Deputy Director-General**  
**Public Health Agency | Te Pou Hauora Tūmatanui**

## **New Zealand Submission to the World Health Organization Working Group on Amendments to the International Health Regulations (2005)**

In response to the decision WHA75(9) on Strengthening WHO preparedness for and response to health emergencies, New Zealand welcomes the opportunity to submit our views on proposed amendments to the International Health Regulations (2005) (IHR) for the consideration of WHO Director-General Dr Tedros Ghebreyesus.

New Zealand views the establishment of a dedicated Member State-led process to consider amendments to the IHR (Working Group on Amendments to the International Health Regulations – WGIHR) as a critical development in our collective efforts to strengthen the global health architecture for pandemic prevention, preparedness and response (PPPR). We note, in particular, the importance of the WGIHR's work progressing in parallel with the negotiations of the Intergovernmental Negotiating Body (INB) towards a treaty or instrument on PPPR, to ensure Member States deliver a coherent and complementary global health system for future generations.

### ***Strengthening the International Health Regulations (2005)***

The IHR is a cornerstone of the international system for PPPR, providing a framework for shared surveillance, risk assessment, priority setting and coordinated responses to health emergencies. When considering amendments to the IHR, New Zealand will prioritise those that further enhance the early detection, assessment and reporting of potentially significant events, building on the lessons learned of the COVID-19 pandemic.

### ***Draft amendments to the IHR proposed by the United States – January 2022***

New Zealand recalls C.L.2.2022 (20 January 2022) in which Director-General Tedros Ghebreyesus transmitted proposed amendments to the IHR received from the United States of America (US). WHA75 saw Member States reach agreement on the US-proposed amendment to Article 59; New Zealand believes that a number of the other amendments proposed by the United States are now suitable for the IHR Expert Review Committee and Member States' consideration.

These include amendments relating to **notification, risk assessment and communication mechanisms** between Member States and the Secretariat. As a package, amendments in these areas represent credible improvements to support all Member States and the WHO in its implementation of the IHRs. In New Zealand's view, these amendments would strengthen the effectiveness of the legal framework as well as the Organization's ability to respond to risks.

We attach C.L.2.2022, in which the following amendments are detailed fully, and provide a high-level outline for the Secretariat's reference below.

Article(s)	New Zealand Commentary
<b>NEW Article 5.5</b> – Explicit requirement for risk assessment and alerting for events of unknown origins	New Zealand considers that the inclusion of a new Article 5.5 will serve to improve risk assessment and alert processes.
<b>Article 6.1</b> – (i) State party responsibility to assess events happening in its territory within 48 hours of an IHR National Focal Point notification, and (ii) promoting relevant interagency coordination in the context of such a notification.	These amendments to Articles 6.1 and 6.2 promote sensible interagency coordination and seek to strengthen communication between WHO Member States and the Secretariat in the event of a PHEIC.
<b>Article 6.2</b> – (i) State party responsibility to communicate with WHO by most efficient means possible, and (ii) adding “genetic sequence data” to the list of information provided as part of a notification of an event that may constitute a PHEIC.	New Zealand agrees that genetic sequence data is sufficiently important to be specified in its own right as crucial information sharing within the notification phase (though we suggest it should be listed after “laboratory results”, rather than being the first item itemised after “including...”). We also maintain that specific timeframes for verification requests of State Parties and WHO offers of collaboration will effectively streamline the WHO’s process for assessing the extent of the event in question.
<b>Article 10.1</b> – inclusion of a timeframe for the WHO request for verification from a State Party.	These three amendments to Article 10 will clarify timeframes for WHO to request verification and make offers of collaboration.
<b>Article 10.2(c)</b> – Inclusion of reference to Article 6 paras 1-2.	
<b>Article 10.3</b> – WHO offer of collaboration to be made within 24 hours of notification.	
<b>Article 11.1</b> – Inclusion of information ‘available in public domain’ and the use of ‘shall’.	New Zealand considers that these amendments to Article 11 will strengthen the WHO’s role in the issuance of information critical to Member States’ decision making at the national and regional levels in the event of a PHEIC.
<b>NEW Article 11.2 (e)</b> – WHO issuance of information to other Member States for risk assessment purposes.	
<b>Article 11.3</b> – Replacing ‘consult’ with ‘inform’.	

<p><b>Article 12.6</b> – For events that fall short of a PHEIC, WHO Director-General can issue ‘global alerts’.</p>	<p>New Zealand agrees that the ability of the Director-General to issue early alerts to Member States for events which fall short of a PHEIC may be a useful addition. We would propose minor adjustments to this amendment, including in line with recommendations from the 2020 IHR Review Committee:</p> <ul style="list-style-type: none"> <li>• Line 3 - we would delete "a potential international public health response" and replace it with "preparedness activity".</li> <li>• Line 4 - we would delete "a intermediate public health alert" and replace it with "a World Alert and Response Notice" (as recommended by the IHR RC).</li> <li>• Line 5 - we would delete "consult" and replace with "seek advice from".</li> </ul>
<p><b>NEW Article 49.3 bis</b> – Expression and reporting of divergent views of IHR Emergency Committee Members.</p>	<p>These new additions to Article 49 will enable further transparency around the IHR Emergency Committee’s processes and reporting for the WHO Secretariat and Member States alike.</p>
<p><b>NEW Article 49.3 ter</b> – Composition of Emergency Committee to be shared with Member States.</p>	

As always, New Zealand stands ready to assist the WGIHR Bureau, IHR Expert Review Committee and the WHO Secretariat to progress negotiations of amendments.

We look forward to collaborating with our fellow Member States within the WGIHR in due course, and to engaging on the pending report of the IHR Expert Review Committee at the 152<sup>nd</sup> Executive Board meeting in January 2023.