

# Briefing

## Working Group on Amendments to the International Health Regulations (2005)

**Date due to MO:** 10 February 2023      **Action required by:** 17 February 2023

**Security level:** IN CONFIDENCE      **Health Report number:** H2023019827

**To:** Hon Dr Ayesha Verrall, Minister of Health

**Copy to:** Hon Nanaia Mahuta, Minister of Foreign Affairs  
 Hon Peeni Henare, Associate Minister of Health (Māori Health)  
 Hon Barbara Edmonds, Associate Minister of Health (Pacific Peoples)  
 Hon Damien O'Connor, Minister of Trade & Export Growth and Agriculture

**Consulted:** Health New Zealand:  Māori Health Authority:

### Contact for telephone discussion

Name	Position	Telephone
Salli Davidson	Group Manager Global Health, Public Health Agency	s 9(2)(a)
Lucy Cassels	Manager Global Health, Public Health Agency	s 9(2)(a)

### Minister's office to complete:

- Approved       Decline       Noted  
 Needs change       Seen       Overtaken by events  
 See Minister's Notes       Withdrawn

Comment:

# Working Group on Amendments to the International Health Regulations (2005)

---

**Security level:** IN CONFIDENCE      **Date:** 10 February 2023

---

**To:** Hon Dr Ayesha Verrall, Minister of Health

---

## Purpose of report

1. This briefing updates you on negotiations taking place within the World Health Organization (WHO) Working Group on Amendments to the International Health Regulations (2005) (WGIHR). It seeks your agreement with New Zealand's proposed high-level thematic priorities for the negotiations and updates you on New Zealand's leadership role in the WGIHR. This briefing discloses all relevant information and implications.

## Summary

2. New Zealand and other WHO Member States are preparing for 13 months of negotiations to amend and strengthen the International Health Regulations 2005 (IHR). The IHR are the core international legal framework for preventing and controlling the international spread of disease and other public health hazards. However, the COVID-19 pandemic accentuated shortcomings and incomplete implementation of the IHR by Member States, leading to calls for their amendment and improved implementation.
3. Strengthening the global health architecture for pandemic prevention, preparedness and response (PPPR) is a core global health priority for New Zealand, as mandated by the Ministers of Health and Foreign Affairs in June 2021. Amending the IHR is an important component of this work; New Zealand believes that strengthening and modernising the IHR will enhance the early detection, assessment, response and reporting of potentially significant health events at the global, regional and national levels in future.
4. Sir Ashley Bloomfield has assumed the role of Co-Chair of the WGIHR, representing New Zealand and the Western Pacific Region in the Bureau and serving alongside Saudi Arabia to lead the negotiations.
5. The WGIHR will run in parallel to negotiations towards a new 'pandemic treaty' or other legal instrument on PPPR, taking place in an Intergovernmental Negotiating Body (INB) at the WHO.
6. In line with our broader engagement on PPPR processes, New Zealand proposes to take an active role in the WGIHR negotiations. Officials will update Ministers between Q3 and Q4 2023, as we prepare for formal consideration of WGIHR outcomes at the 77th World Health Assembly in May 2024.

## Recommendations

We recommend you:

- a) **Note** that the 75<sup>th</sup> World Health Assembly (WHA75) agreed to establish the Working Group on Amendments to the International Health Regulations (2005) (WGIHR) to strengthen the regulations and improve their implementation. **Noted**
- b) **Note** that New Zealand officials will actively engage in the WGIHR negotiations (in line with existing ministerial mandates for pandemic prevention, preparedness and response (PPPR)), s 9(2)(j) **Noted**
- c) **Note** that Sir Ashley Bloomfield has assumed the role of Co-Chair of the WGIHR, representing New Zealand and the WHO Western Pacific Region. **Noted**
- d) **Agree** with New Zealand's five proposed high-level thematic priorities for the WGIHR negotiations: **Yes/No**
- i) Surveillance, notification and information sharing
  - ii) Response measures *In particular to address where possible*
  - iii) Equity, benefit sharing, financial and technical assistance *the bias towards*
  - iv) Digitization, data protection, mis and disinformation, privacy *inaction identified*
  - v) Governance. *in Independent Panel's report.*
- e) **Refer** a copy of this briefing to Hon Nanaia Mahuta, Minister of Foreign Affairs, for her information. **Yes/No**



Dr Diana Sarfati  
**Director-General of Health**  
**Te Tumu Whakarae mō te Hauora**  
Date: 9 February 2023



Hon Dr Ayesha Verrall  
**Minister of Health**

Date: 14/2/23

*I will follow this work closely.*

# Working Group on Amendments to the International Health Regulations (2005)

## Background

7. At the 75<sup>th</sup> World Health Assembly (WHA75) in May 2022, WHO Member States (including New Zealand) agreed to establish the WGIHR. This decision was based on Member States' acknowledgement that the IHR must be strengthened and modernised to improve the early detection, assessment, reporting and response to future pandemic threats.<sup>1</sup> The WGIHR has been tasked with developing a package of targeted amendments to the IHR for approval at the 77<sup>th</sup> World Health Assembly (WHA77) in May 2024.
8. The WGIHR's negotiations are a core global health priority for New Zealand, in line with the June 2021 ministerial guidance on New Zealand's engagement in broader global health architecture reform. At officials' level, New Zealand's participation in the WGIHR is led by the Public Health Agency (PHA) and the Ministry of Foreign Affairs & Trade (MFAT).
9. The WGIHR is one of a number of initiatives underway to strengthen the global health architecture for PPPR. As part of New Zealand's commitment to global health architecture reform, the Ministry of Health and MFAT (in consultation with relevant agencies, including the Ministry for Primary Industries) are engaged in five major pillars of work:
  - i. Amendments to the IHR to ensure they are fit for purpose;
  - ii. Negotiation of a new global 'pandemic treaty' or legally binding instrument (which addresses PPPR needs at a whole-of-government, whole-of-society level);
  - iii. Creation of new pandemic financing mechanisms, primarily through the new Pandemic Fund based at the World Bank;
  - iv. Strengthening the WHO as the core normative global health lead within the United Nations system (through sustainable financing and budgetary reform); and
  - v. Strengthening and securing political commitment to PPPR through a High-Level Meeting at the United Nations.
10. Given the significant cross-over between these processes and their anticipated outcomes, New Zealand is working actively to ensure that each initiative fulfils a distinct need and does not duplicate the functions of another part of the system. This will ultimately deliver a more effective, efficient, coherent, and complementary international system for PPPR.

## WGIHR

### A New Zealand leadership role

11. WHO Working Groups are led by Bureaus comprising representatives from each of the six WHO regions (four Vice-Chairs and two Co-Chairs). Due to our active engagement in

---

<sup>1</sup> The Independent Panel on Pandemic Preparedness and Response (IPPR – Co-chaired by Rt Hon Helen Clark) May 2021 report to the 74th World Health Assembly included several recommendations to strengthen the WHO and Member States' implementation of the IHR – including empowering the WHO to investigate pathogens with pandemic potential in all countries.

broader global health architecture reform processes, s 6(b)(ii)  
s 6(b)(ii) New Zealand was invited to represent the WHO Western Pacific Region on the Bureau and Co-Chair the negotiations.

12. Former Director-General of Health, Sir Ashley Bloomfield, was nominated by New Zealand as Co-Chair of the WGIHR on behalf of the Western Pacific Region. His nomination was endorsed by Member States in late November 2022. In his capacity as Co-Chair, s 6(b)(1)  
s 6(b)(ii)
13. Sir Ashley will provide regular updates to an inter-agency governance group overseeing his work (comprising representatives of the PHA's Global Health Group and MFAT's Multilateral and Legal Group). Sir Ashley's insights will be particularly useful for ensuring coherence between the concurrent WGIHR and INB processes and informing New Zealand's negotiating positions.

### IHR Review Committee

14. In order to inform the WGIHR's work, WHA75 agreed that WHO Director-General Dr Tedros Ghebreyesus would issue a call for Member State-proposed amendments to the IHR by 30 September 2022.<sup>2</sup> Amendments were requested to be limited in scope and address specific challenges (including equity, technological developments, and gaps that are critical to the effective implementation of the IHR). An IHR Review Committee (comprising experts in public health, international law and global health)<sup>3</sup> was convened to analyse and make technical recommendations on the proposals.
15. 14 Member States (including New Zealand) submitted a total of 307 proposed amendments, six new articles and two new annexes for consideration by the WGIHR. The Review Committee has identified 11 overarching thematic groupings which the amendments fall into. New Zealand's submission to the Review Committee included 12 targeted proposals (attached at **Appendix 1**) that would further enhance the early detection, assessment and reporting of potentially significant events, building on the lessons learned of the COVID-19 pandemic. In the interest of strengthening public understanding of the amendment process, New Zealand's submission has been made publicly available on the WHO and the Ministry's websites.

### New Zealand's approach to the WGIHR negotiations

16. The WGIHR's first meeting in November 2022 (WGIHR 1) focused on agreeing modalities for the negotiation. The Working Group has not yet addressed any negotiating text. The next session (WGIHR 2, taking place from 20-24 February 2022) and subsequent sessions will consider Member States' proposed amendments.

---

<sup>2</sup> The call for amendments was issued with the strict understanding that this would not lead to reopening the entire IHR for renegotiation.

<sup>3</sup> A New Zealand IHR National Focal Point and technical expert from the PHA was one of three Western Pacific Region representatives on the Committee.

17. Officials seek your agreement with the proposed high-level thematic priorities outlined below, which are intended to guide New Zealand's engagement in the Working Group in the medium term.

### Five proposed thematic priorities

18. New Zealand will seek to secure amendments to the IHR that enhance early detection, assessment, reporting and response to potentially significant infection and transmission events. It is essential that the IHR continue to be risk based and proportionate. In the WGIHR, New Zealand will place particular emphasis on measures to support strengthened implementation of the IHR's provisions by Member States, as well as the WHO's role in the response to a public health emergency of international concern (PHEIC); supporting improved implementation is critical to making tangible change and improvement in future emergencies.

19. The PHA has completed preliminary analysis of the Review Committee's report. We have identified five overarching themes to frame New Zealand's priorities for strengthening the IHR.

**i. Surveillance, notification and information sharing – s 9(2)(j)**

s 9(2)(j)

**ii. Response measures – s 9(2)(j)**

s 9(2)(j)

**iii. Equity, benefit sharing, financial and technical assistance – *New Zealand will seek to ensure coherence and avoid duplication between the future pandemic instrument, the new Pandemic Fund and the IHR regarding equitable access to medical countermeasures and financial assistance. At a high level, New Zealand will promote the inclusion of the principles of equity, inclusivity and coherence in the amended IHR.***

**iv. Digitization, data protection, mis and disinformation, privacy – s 9(2)(j)**

s 9(2)(j)

**v. Governance – s 9(2)(j)**

s 9(2)(j)

20. These positions will be expanded as negotiations progress and officials have more insight into Member States' priorities, key areas of convergence and the structure of negotiations. Officials judge that this is the most effective way of structuring New Zealand's input into the negotiations at this early stage, as many of the 307 proposals will merge and adjustments will be made depending on the factors outlined above.

21. s 6(b)(ii)

## Diplomacy in support of a strong outcome

22. [Redacted] s 9(2)(j)
23. With a significant number of proposed amendments and the limited time available to the Working Group (only 20 working days of negotiations and 13 months until WHA77), [Redacted] s 9(2)(j)
24. [Redacted] s 9(2)(j)

### *Mobilising the Western Pacific Region*

25. As the Western Pacific Region's Bureau member, Sir Ashley will be primarily responsible for keeping the region informed and engaged in the WGIHR. At the sub-regional level, New Zealand officials will complement this by leveraging our strong health-health linkages with Pacific Island Countries (PICs) to ensure that amendments to the IHR take into account the priorities and constraints of smaller Pacific health systems.
26. This can be achieved through diplomatic engagement in Geneva; at officials-level between Ministries of Health; and at the senior officials and Ministerial level in bilateral meetings and regional health forums (for example, the Pacific Heads of Health and Health Ministers Meeting processes).

## Consultation

27. As negotiations progress, the PHA will ensure Te Whatu Ora National Public Health Service, the Ministry for Primary Industries (MPI) and MFAT – as well as relevant government agencies (including the Ministry of Transport, Department of Conservation and the Department of Prime Minister and Cabinet) - are consulted on an ongoing basis and given the opportunity to contribute to New Zealand's position.
28. We will also ensure wide Māori engagement, including the PHA Hauora Māori Tūmatanui team, the Ministry's Māori Health Directorate, as well as Te Aka Whai Ora, Te Puni Kōkiri and Te Arawhiti, in line with our broader consultation around the INB.
29. After WHA77 in May 2024, the package of amendments will most likely be subject to Cabinet approval and parliamentary National Interest Analysis (NIA) processes (as the IHR

are legally binding on Member States). In line with the consultation processes followed with the negotiation of the original IHR (2005), a treaty examination and parliamentary scrutiny process will be undertaken once the amendment package is finalised.

30. The PHA will ensure that the general public is provided with accurate and easily understandable information on the WGIHR's negotiations via the Ministry's website. This may include an opportunity to comment on priority areas to strengthen and amend the IHR, in line with the public submission process for the INB.

### **Related IHR amendments**

31. As a precursor to the formal WGIHR process, WHA75 agreed one technical amendment to Article 59 of the IHR. The amendment will reduce the entry into force period of future amendments to the IHR (including those being negotiated in the WGIHR) from 24 to 12 months. New Zealand supported this initiative at the Assembly, citing the importance of making tangible and timely progress in PPPR strengthening. Cabinet's Social Wellbeing Committee will be presented with a paper outlining the process for adopting this amendment by March 2023.

### **Next steps**

32. Subject to your agreement with this proposed approach, officials will advance New Zealand's objectives at WGIHR 2 and subsequent negotiating rounds. We will update Ministers between Q3/Q4 2023 when we prepare for formal consideration of the WGIHR's outcomes at the 154<sup>th</sup> WHO Executive Board meeting in January 2024 – the precursor to WHA77 that May.
33. Cabinet's Social Wellbeing Committee will also be briefed on the process for adopting limited technical amendments to the IHR by March 2023.

**ENDS.**



## Appendix 1: New Zealand submission to the IHR Review Committee (September 2022)

### 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)	These amendments to Articles 6.1 and 6.2 promote sensible interagency coordination and seek to strengthen

<p>promoting relevant interagency coordination in the context of such a notification.</p>	<p>communication between WHO Member States and the Secretariat in the event of a PHEIC.</p>
<p><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.</p>	<p>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.</p>
<p><b>Article 10.1</b> – inclusion of a timeframe for the WHO request for verification from a State Party.</p>	<p>These three amendments to Article 10 will clarify timeframes for WHO to request verification and make offers of collaboration.</p>
<p><b>Article 10.2(c)</b> – Inclusion of reference to Article 6 paras 1-2.</p>	
<p><b>Article 10.3</b> – WHO offer of collaboration to be made within 24 hours of notification.</p>	
<p><b>Article 11.1</b> – Inclusion of information ‘available in public domain’ and the use of ‘shall’.</p>	<p>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.</p>
<p><b>NEW Article 11.2 (e)</b> – WHO issuance of information to other Member States for risk assessment purposes.</p>	
<p><b>Article 11.3</b> – Replacing ‘consult’ with ‘inform’.</p>	
<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>These new additions to Article 49 will enable further transparency around the IHR Emergency Committee’s</p>
<p><b>NEW Article 49.3 bis</b> – Expression and reporting of divergent views of IHR Emergency Committee Members.</p>	

**NEW Article 49.3 ter** – Composition of Emergency Committee to be shared with Member States.

processes and reporting for the WHO Secretariat and Member States alike.

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.

Proactively released