

# Briefing

## Public feedback on International Health Regulations

<b>Date due to MO:</b>	8 March 2024	<b>Action required by:</b>	18 March 2024
<b>Security level:</b>	IN CONFIDENCE	<b>Health Report number:</b>	H2024036478
<b>To:</b>	Hon Dr Shane Reti, Minister of Health		
<b>Copy to:</b>	Rt Hon Winston Peters, Minister of Foreign Affairs and Trade		
<b>Consulted:</b>	Health New Zealand: <input type="checkbox"/> Māori Health Authority: <input type="checkbox"/>		

### Contact for telephone discussion

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### Minister's office to complete:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved             | <input type="checkbox"/> Decline   | <input type="checkbox"/> Noted               |
| <input type="checkbox"/> Needs change         | <input type="checkbox"/> Seen      | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn |  |

Comment:

# Public feedback on International Health Regulations

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**Security level:** IN CONFIDENCE      **Date:** 5 March 2024

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**To:** Hon Dr Shane Reti, Minister of Health

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## Purpose of report

1. This report provides a summary of the recent public consultation run by the Ministry of Health, on amendments proposed by Member States to the International Health Regulations (2005) (IHR).
2. Feedback from the consultation will help inform New Zealand's position for the ongoing IHR negotiations.
3. This report discloses all relevant information and implications.

## Summary

4. The public consultation on amendments to the IHR was open between 17 January and 18 February 2024. In that time, 3,629 submissions were received: 3,587 submissions via the online platform CitizenSpace, and 42 submissions via email.
5. The vast majority of the submissions strongly oppose the amendments to the IHR, and the World Health Organization (WHO).
6. A key concern from the submissions is that New Zealand would cede parts of its sovereignty and give the WHO (and other international entities) too much power and authority.

## Recommendations

We recommend you:

- a) **Note** the public feedback received on the proposed amendments to the International Health Regulations (2005) submitted by World Health Organization Member States in 2022. **Noted**
- b) **Forward** this briefing to the Rt Hon Winston Peters, Minister of Foreign Affairs and Trade.  Yes  No
- c) **Note** a summary of feedback from the public will be published on the Ministry of Health's website by 15 March 2024. **Noted**
- d) **Note** that this briefing will be prepared for public release through the Ministry of Health website. **Noted**



Dr Andrew Old

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**Public Health Agency | Te Pou Hauora  
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Date: 05 March 2024



Hon. Dr Shane Reti

**Minister of Health**

Date: 10/3/2024

# Public feedback on International Health Regulations

## Background

1. The Ministry of Health (the Ministry) has sought views from New Zealanders on how New Zealand should engage in ongoing negotiations on the substantive International Health Regulations (IHR) amendments.
2. A public consultation on around 300 amendments proposed by Member States to the IHR (including New Zealand) in November 2022, is now complete. This briefing presents a summary of all written feedback received within the period of 17 January to 18 February 2024.

## Methodology

3. The Ministry created a survey on the online portal CitizenSpace for New Zealanders to submit their views on the IHR amendments. The Ministry's generic Global Health email address was provided as a point of contact.
4. We asked 3 questions in the survey:
  - a. Is your submission on behalf of you as an individual or on behalf of an organisation?
  - b. Are there aspects of the proposed amendments which you think New Zealand should support or oppose? Where possible, please reference the relevant IHR article that you are commenting on.
  - c. Is there any other information you would like to provide that would help to develop our position on negotiations to amend the International Health Regulations (2005)?
5. Ministry officials analysed the free-text responses of question b and c by reading all the responses and drawing key themes from them. Some submissions included multiple themes, hence, the cumulative proportions across all themes exceed 100%.
6. Public submissions containing pejorative, coarse language, or antisemitic sentiments were outliers, and not included verbatim in this briefing.
7. The consultation was publicised on social media, news articles, the Ministry's website, and an email update was sent to agencies interested and involved in the current negotiations to amend the IHR.

## Responses

8. A total of 3,629 submissions were received. The majority (3,587 submissions) were made via the online platform CitizenSpace, with the remainder (42 submissions) via email.

## Themes from individual submissions

9. The majority of submissions oppose a legally binding framework like the IHR, and therefore strongly oppose specific amendments to the IHR, and the World Health Organisation (WHO) system in general.
10. Common themes from the submissions (and the percentage of the total) are included in the table below. A selection of verbatim comments for each theme can be found in [Appendix 1](#).

Table 1: Common themes including proportion of submissions related to each theme.

Theme	% <sup>1</sup>	Overview
New Zealand should not cede power to an unelected body and elected NZ authorities should retain their power	77%	<ul style="list-style-type: none"> <li>• New Zealand must retain its authority.</li> <li>• It's against the New Zealand constitution to give away power to an unelected body.</li> <li>• No one person or organisation should have power to determine a public health emergency of international concern.</li> <li>• WHO acts beyond its remit.</li> </ul>
Individual rights and freedoms should not be diminished or taken away	77%	<ul style="list-style-type: none"> <li>• Informed consent cannot be denied.</li> <li>• Opposition towards mandatory vaccinations, vaccine passports, and health certificates</li> <li>• Limitations of freedom of movement.</li> <li>• Concerns about sharing personal medical information, whole genome sequencing data.</li> <li>• Concerns about allowing the WHO to conduct surveillance.</li> </ul>
IHR provisions should be non-binding	51%	<ul style="list-style-type: none"> <li>• WHO should only provide advice and non-binding guidelines.</li> <li>• New Zealand should voluntarily cooperate with recommendations.</li> </ul>
Opposition to strengthening equity, inclusivity, and coherence	45%	<ul style="list-style-type: none"> <li>• Disagree with the principles of 'equity, inclusivity and coherence' but rather keep current principles of 'full respect for the dignity, human rights and fundamental freedoms of person'.</li> </ul>
Lack of trust and scepticism regarding science and evidence used by the WHO to provide advice and guidelines	35%	<ul style="list-style-type: none"> <li>• Science and evidence, such as COVID-19 vaccines trials and the effectiveness of vaccines, used for WHO decisions is flawed.</li> <li>• New Zealand should use domestic sources of knowledge.</li> <li>• The inquiry into New Zealand's COVID-19 response needs to be completed before entering international negotiations.</li> </ul>

<sup>1</sup> Some submissions included multiple themes, hence, the cumulative proportions across all themes exceed 100%.

WHO's integrity	27%	<ul style="list-style-type: none"> <li>WHO is corrupt, and influenced by outside actors such as pharmaceutical manufactures ('big pharma'), the Bill &amp; Melinda Gates Foundation, or GAVI (the Vaccine Alliance).</li> </ul>
Consultation process	24%	<ul style="list-style-type: none"> <li>WHO has not provided the final version of text proposals, and this breaches its own rules.</li> <li>Consultation without final text is useless and a waste of resources.</li> </ul>
New Zealand should withdraw from WHO	15%	<ul style="list-style-type: none"> <li>Withdraw and sever all ties from WHO.</li> <li>Withdraw from the entire multilateral United Nations system.</li> </ul>
Financial matters	14%	<ul style="list-style-type: none"> <li>Contributions to WHO regarded as a waste of money.</li> <li>Taxpayers' money could be better used on domestic issues.</li> <li>Majority of WHO's funding is contributed by non-WHO member states to pursue their own interest and undermine WHO's independency.</li> <li>WHO should not decide on how New Zealand spends aid funding</li> </ul>
Mishandling of the COVID-19 pandemic	9%	<ul style="list-style-type: none"> <li>Effectiveness of measures taken during the COVID-19 pandemic questioned.</li> <li>WHO has failed to respond accurately and proportionally.</li> </ul>
Negotiation mandate	6%	<ul style="list-style-type: none"> <li>Objectives of New Zealand's negotiation mandate mirror the concepts of the IHR and the pandemic treaty.</li> <li>This suggests that both instruments will be implemented without consideration for the people of New Zealand.</li> </ul>
Make IHR fit for purpose for next pandemic	<1%	<ul style="list-style-type: none"> <li>Be better prepared for the next pandemic.</li> <li>Share information faster and more effectively.</li> <li>Strengthen international cooperation.</li> </ul>
Strengthen equitable outcomes	<1%	<ul style="list-style-type: none"> <li>Ensure more equitable outcomes.</li> <li>Include Pacific neighbours in considerations.</li> </ul>

### Submissions from organisations

11. A total of 29 organisations provided submissions, 7 of these did not provide the name of their organisation.
12. s 9(2)(a) [REDACTED] regard the IHR process as timely and necessary to prevent and protect against future pandemics. They are supportive of improving the focus on elimination at source, and prevention, equity, and collaboration.
13. s 9(2)(a) [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

s 9(2)(a)

expressed their opposition towards the proposed amendments. Their main concerns relate to New Zealand's sovereignty, WHO providing binding advice and infringements on individual and human rights.

### Social media reactions

14. During the public consultation period, the Ministry monitored social media reactions relating to the IHR.
15. There were 150 posts between 17 January and 18 February; 132 social media posts (X – formerly Twitter, and Instagram), and 18 news articles and blogs.
16. Posts about the consultation reached approximately 555,800 online users worldwide, including approximately 381,500 users within New Zealand.
17. The sentiment has tended to be either negative or neutral. The negative content has come from social media and blogs. The neutral content has been from international news outlets who reposted the details from the Ministry's website.
18. Common themes were:
  - a. encouraging people to have their say
  - b. questioning whether all points of view would be taken into account at the end of the submission process
  - c. criticism of the consultation
  - d. disease X (an unknown pathogen that could emerge)
  - e. the National Interest Test (on the recently rejected IHR amendment).

### How will feedback from the public be addressed?

19. The Cabinet paper 'Negotiating Mandate for the Amendments to the International Health Regulations 2005 and the Pandemic Treaty' submitted in February 2024, addresses most concerns raised by the New Zealand public (CAB-24-MIN-0032.01 refers).
20. The Cabinet approved IHR (and pandemic treaty) negotiating objectives include:
  - a. preserving domestic flexibility
  - b. maintaining the primacy of New Zealand's domestic law over any international agreements
  - c. preserving the right of Member States (including New Zealand) under international law to legislate, make policy, and implement measures in pursuance of their health objectives.
21. Cabinet also agreed to include the IHR Article 59 amendment (rejected by New Zealand in November 2023) in the National Interest Analysis for any further amendments to the IHRs (after the World Health Assembly (WHA) in May 2024).

## Future public consultation

22. It is possible that the Working Group on Amendments to the International Health Regulations (WGIHR) may direct WHO to release the latest version of the proposed IHR amendments. Member States are conscious of the need for transparency (including to counter misinformation and disinformation).
23. s 9(2)(f)(iv) [REDACTED], portions of the WGIHR negotiations continue to be live streamed and the WHO continue to upload videos of the opening and closing sessions as well as the report of the meeting to its website after each negotiation.
24. Ministry officials are aware that some commentators have expressed concern that WHO has breached Article 55 of the IHR which states that the text of any proposed amendment shall be communicated to all State Parties by the WHO Director-General at least 4 months before the WHA at which it is proposed for consideration.
25. WHO met the Article 55 requirement to communicate the text in November 2022 when the proposed IHR amendments were published, following the IHR Working Group's (WGIHR) first meeting on 14-15 November 2022. This is the same set of proposals that the Ministry sought public feedback on.

## Equity

26. Population needs and equity considerations are an important aspect of the amendments to the IHR process. Equity is a key component in the proposals being considered for the amendments to the IHR.
27. The public consultation was open to and allows for participation from all New Zealanders.

## Next steps

28. A summary of feedback from the public will be published on the Ministry's website by 15 March 2024.
29. The Ministry of Health and Ministry of Foreign Affairs and Trade officials will continue to engage in the remaining WGIHR and pandemic treaty negotiations during March and April 2024. s 9(2)(f)(iv) [REDACTED]

ENDS.



## Minister's Notes

PROACTIVELY RELEASED

## Appendix 1 – Sample of submissions

Theme	Quotes from submissions
<p><b>New Zealand should not cede power to an unelected body and elected NZ authorities should retain their power</b></p>	<ul style="list-style-type: none"> <li>• 'No one person or organisation, including the Director General of the WHO or Emergency Committee, should have the sole power to determine whether a public health emergency is of international concern.'</li> <li>• 'Art. 12 removes State Party's right to agree to the classification of the public health emergency by the WHO Director-General.'</li> <li>• 'It is for New Zealand to retain its decision-making power ... It is not for some unelected organisation to dictate what New Zealand must implement.... See Article 42 related to Articles 15 and 16 (re Temporary and Standing Recommendations Respectively).'</li> <li>• 'It goes against our inherent constitution that the WHO has any say in New Zealand. ... The 300+ amendments do raise concerns with respect to Member States ceding sovereignty to the WHO.'</li> <li>• 'The World Health Organisation is not run by elected representatives so they should not have a say in how I deal with my health.'</li> </ul>
<p><b>Individual rights and freedoms should not be diminished or taken away</b></p>	<ul style="list-style-type: none"> <li>• 'There is no place in any United Nations associated organisation to remove individual human rights and freedom of a person. Article 3.'</li> <li>• 'Choices with respect to health are individual right that I do not consent to being given away. Article 3.'</li> <li>• 'Lockdowns, forced medical examinations, mandatory vaccinations and medicines deny me of my fundamental rights of choice and to not respect my dignity, my human rights or my fundamental freedoms of persons.'</li> <li>• 'Restriction on travel and implementation of vaccine passes is not ethical and will lead to discrimination. Articles 18, 23, 31, 35, 36.'</li> </ul>
<p><b>IHR provisions should be non-binding</b></p>	<ul style="list-style-type: none"> <li>• '... change the nature of the WHO's role from being an advisor in public health emergencies to being a dictator that will issue directions and require countries to do as it says Article 1 deletes the words, non-binding from the definition of "standing recommendation". While Article 12 removes the right of a country to have a say in the determination.'</li> <li>• 'The WHO should have no power over health products (...), including defining what a person or country is required to take, receive or use, or what they can't take, receive or use. Article 1'</li> </ul>
<p><b>Opposition to strengthening equity, inclusivity, and coherence</b></p>	<ul style="list-style-type: none"> <li>• 'Amendments in Article 3.1 to prioritise 'equity, inclusivity and coherence' with the deletion of 'respect for dignity, human right...' concerns me. Equity means 'the quality of being fair and impartial'; Inclusivity means 'the practice or policy of providing equal access to opportunities and resources for people who might otherwise be excluded or marginalised'; Coherence means 'the quality of forming a unified whole'. What is suggested by the inclusion of these words is that decision makers will</li> </ul>

	<p>treat humanity as one mass organism. My rights to choose will not be respected and I will only be respected as long as I comply.'</p> <ul style="list-style-type: none"> <li>'... My rights to choose will not be respected and I will only be respected as long as I comply.'</li> </ul>
<p><b>Lack of trust and scepticism regarding science and evidence used by the WHO to provide advice and guidelines</b></p>	<ul style="list-style-type: none"> <li>'No time has been taken or inquiry completed to assess New Zealand's response to the international public health emergency. Therefore, there has been no time to review or make findings of what we got right and what we could improve upon. An outcome from an inquiry is required before we run headlong into a set of regulations that will only strengthen the WHO's power to make decisions with respect to health emergencies of international concern.'</li> <li>'The WHO can't be trusted to follow its own rules.'</li> </ul>
<p><b>WHO's integrity</b></p>	<ul style="list-style-type: none"> <li>'Please do not negotiate with this WHO body at all. It is supported financially for the most part by the Bill Gates Foundation whose personal interests are financial. 20 to 1 are the profit returns on investment in vaccines. Tedros is not a medical doctor but a corrupt leader of a Marxist group. If you care about real New Zealanders and their health you will not sign us up to the treaty.'</li> </ul>
<p><b>Consultation process</b></p>	<ul style="list-style-type: none"> <li>'These are not the final versions of the 300+ amendments which were due to be delivered to New Zealand on 27 January 2024 in accordance with Decision WHA75(9) and Article 55 of the 2005 IHRs.'</li> <li>'The WGIHR intention to ignore Article 55, removes my right to review the document with enough time to make a considered response before presentation of the amendments to the World Health Assembly in May 2024.'</li> </ul>
<p><b>New Zealand should withdraw from WHO</b></p>	<ul style="list-style-type: none"> <li>'New Zealand must leave the WHO permanently.'</li> <li>'WHO is not a elected body and New Zealand must exit from this organisation!'</li> </ul>
<p><b>Financial matters</b></p>	<ul style="list-style-type: none"> <li>'Tax payers money should not be going toward this when we have pressing issues domestically that are not being addressed.'</li> <li>'... Significant funding (at least 80%) comes from voluntary contributions from public/private partnerships. This funding undermines the independency of WHO and creates an inherent bias and pressure from the private outside interests that fund it. It is, therefore not surprising that as private funding has increased, so has the number of declared pandemics.'</li> <li>'The WHO should not have the power to determine whether New Zealand should give money to a developing nation.'</li> </ul>
<p><b>Mishandling of the COVID-19 pandemic</b></p>	<ul style="list-style-type: none"> <li>'If New Zealand is going to sign over the power for WHO (to control the health narrative and potentially prevent scientific debate,) we need to understand where WHO got it wrong during the COVID-19 response. For example, the risks and benefits of national lockdowns, masks and the vaccine, the definition and counting of COVID-19 death.'</li> </ul>

	<ul style="list-style-type: none"> <li>• 'The WHO can not be trusted as we have seen with the COVID pandemic and have no authority over us.'</li> <li>• 'The WHO did not offer any viable alternative treatments for the covid 19 virus. They relied solely on the ineffective and dangerous experimental gene therapies, the so-called 'vaccines'.'</li> </ul>
<b>NZ Negotiation mandate</b>	<ul style="list-style-type: none"> <li>• 'The Cabinet paper appears to replicate concepts from both the IHR Amendments and Pandemic Instrument, suggesting that the Cabinet paper has been drafted to ensure that the Pandemic Treaties are adopted and implemented without any real consideration for the people of New Zealand.'</li> </ul>
<b>Make IHR fit for purpose for next pandemic</b>	<ul style="list-style-type: none"> <li>• 'It is important that health responses are unified in understanding the modes of transmission of infectious agents and update that information as new research is produced.'</li> <li>• 'On the understanding I support increased international cooperation to provide coordinated responses to health emergencies, I particular support both the precautionary principle expressed in article 3 and the goal of rapid sharing of information in article 6.'</li> <li>• 'Only improved international cooperation will help prevent or at least slow down the next pandemic.'</li> <li>• 'He wake eke noa! We're all in this together, and even though NZ might have some advantage as a remote island, we cannot isolate ourselves from the world and rely on international cooperation, sharing of evidence and knowledge transfer, we cannot do it on our own!'</li> </ul>
<b>Strengthen equitable outcomes</b>	<ul style="list-style-type: none"> <li>• 'I think New Zealand should especially support the proposed amendment to Article 3 Principles (1) which reference to equity and inclusivity.'</li> <li>• 'In general I support all proposed amendments, as they appear to strengthen an equitable health response.'</li> <li>• 'To ensure that the voices of the Pacific Islands nations are also incorporated in the amendments.'</li> </ul>