

# **Briefing**

## PREZODE: consideration of membership

Date due to MO:	15 June 2023	Action required by:	N/A	
Security level:	IN CONFIDENCE	Health Report number:	H2023025973	
То:	Hon Dr Ayesha Verrall, Minister of Health			
Consulted:	Health New Zealand: ☐ Māori Health Authority: ☐			
Contact for tel	lephone discussion			
Name	Position		Telephone	
Salli Davidson	Group Manage Health Agency	Group Manager Global Health, Public s 9(2)(a) Health Agency		
Lucy Cassels	Manager Globa Agency	Manager Global Health, Public Health Agency		
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Minister's offi	ce to complete:			
☐ Approved	☐ Declin	e 🗆 Note	d	
☐ Needs change	□ Seen	□ Over	taken by events	
☐ See Minister's N	Notes   Withd	rawn		
Comment:				

## PREZODE: consideration of membership

Security level:	IN CONFIDENCE	Date:	15 June 2023		
To:	Hon Dr Ayesha Verrall, Minister of Health				

### **Purpose of report**

1. This report responds to your request for advice regarding the French initiative Preventing Zoonotic Disease Emergence (PREZODE) following your meeting with the Minister for Biosecurity, Hon Damien O'Connor, in May 2023. It provides you with background on the initiative, as well as advice regarding New Zealand's signing of the PREZODE Declaration of Intent at the government level.

#### Recommendations

We recommend you:

- a) **Note** PREZODE's emergence as a collaboration between predominantly scientific **Noted** and academic research institutions and agencies, internationally.
- b) **Note** that governments, including New Zealand, are currently prioritising One Health activities by the 'Quadripartite' cluster of United Nations agencies: World Health Organisation (WHO), Food and Agriculture Organization of the United Nations (FAO), United Nations Environment Programme (UNEP) and World Organization for Animal Health (WOAH).
- c) Note the potential s 6(a) Noted of joining PREZODE.
- e) **Note** that prior to considering membership, it is important to assess PREZODE's contribution to the reformed global health architecture for pandemic prevention, preparedness and response (PPPR).

Dr Andrew Old

**Deputy Director-General of Health** 

**Public Health Agency** 

Date: 14 June 2023

Hon Dr Ayesha Verrall

Minister of Health

Date:

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## **PREZODE:** consideration of membership

### **Background**

- The PREZODE initiative facilitates international collaboration between governments, research organisations, health agencies and other organisations to prevent the emergence of zoonotic (animal-borne) disease, using a One Health Approach. The initiative was established to improve international coordination and response to zoonotic epidemics, following the COVID-19 pandemic.
- PREZODE was formally launched in January 2021 in France s 6(a)

  PREZODE's membership predominantly comprises scientific and academic research institutions and agencies, including New Zealand's Institute of Environmental Science and Research (ESR) in its capacity as a crown research institute. While there are 206 members in total, there is only a limited number of countries involved as signatories in the initiative. S 6(a)
- 3. s 6(a), s 6(b)(i)

  We understand that you consulted with the Minister for Biosecurity,
  Hon Damien O'Connor in early May 2023, to discuss the merits of New Zealand becoming a signatory of the declaration of intent.
- 4. Provided below is a summary of the Government's collective work related to One Health (incorporating domestic and international processes), a summary assessment of PREZODE, and commentary in terms of risks benefits, and options for future membership.

#### **One Health workstreams**

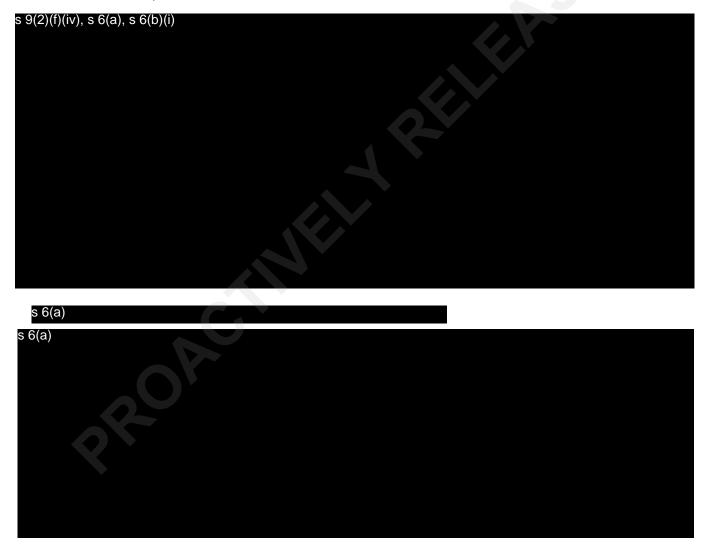
- Quadripartite One Health process. Currently, the locus of New Zealand and wider governments' attention remains One Health work by the 'Quadripartite agencies' the World Health Organisation (WHO), the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP) and the World Organization for Animal Health (WOAH). Together, these organizations are working to strengthen international implementation of the One Health Approach, including by developing a One Health Joint Plan of Action related to the activities of WHO, WOAH, FAO and UNEP. The New Zealand Government, s 6(a) , remain committed and actively engaged in Quadripartite One Health processes.
- 6. One Health's place in the improved architecture for pandemic prevention, preparedness and response (PPPR). The global health 'architecture' is currently being reformed via WHO negotiations to develop a new 'pandemic treaty' and amend the International Health Regulations (2005) (IHR) respectively, core global health priorities

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<sup>&</sup>lt;sup>1</sup> Country signatories are: Belgium, Bolivia, Cambodia, Costa Rica, Cuba, Democratic Republic of Congo, Dominica, Gabon, France, Guinea Conakry, Congo, Haiti, Laos, Madagascar, Mexico, Morocco, Senegal, Thailand, Vietnam, United Kingdom (UK), Uruguay and Zimbabwe. Anguilla (regional territory of the UK) and St Eustatius (regional territory of the Netherlands) are also members.

for New Zealand. Both processes seek to strengthen the international implementation of the One Health Approach to respond to epidemics of zoonotic origin, including via improved Quadripartite coordination. Agencies are working to ensure alignment between the Quadripartite One Health joint plan of action and development of the One Health article in the pandemic treaty zero draft. This is critically important, ensuring governments receive clear direction on what constitutes effective One Health implementation.

7. **Domestic review of One Health mechanisms**. A cross-agency review of current formal and informal agreements, legislation, surveillance activities, information exchange and roles and responsibilities between agencies is also underway to ensure effective collaboration in key areas of One Health. This includes but is not limited to, activities in the area of antimicrobial resistance, food safety and security, zoonotic diseases and vectors. This incorporates priority actions from a recent IHR Joint External Evaluation (JEE), quadripartite initiatives, pandemic treaty zero draft requirements and other international One Health frameworks to provide a cohesive set of requirements and priorities for One Health implementation in New Zealand.



## **Opportunities and risks**

13. An updated s 6(a) assessment related to joining PREZODE has been undertaken by Manatū Hauora (the Ministry) and MPI.

- 14. In both the Ministry and MPI's view, our existing shared programme of work in relation to One Health remains highest priority for both agencies. To this end:
  - The Ministry, MPI and MFAT meet regularly to dialogue on **One Health developments**, to ensure alignment in our agencies' work programmes, and to ensure that New Zealand's domestic settings are reflective of international trends and developments within the Quadripartite agencies. MPI remains the lead actor in the NZ Inc space, with primary responsibility for core subject matter expertise on One Health.
  - Agencies also coordinate on One Health as it relates to pandemic preparedness negotiations currently underway at the WHO – including the WGIHR (led by the Ministry) and the Intergovernmental Negotiating Body (INB) (led by MFAT in partnership with the Ministry) towards a new pandemic treaty or instrument. This is a critical step in ensuring New Zealand takes coherent approaches in these international negotiations.
  - MFAT for its part remains attuned to international diplomatic developments in the One Health space, including engagement in the Geneva-based Group of Friends of One Health (led by the Australian Government), and discussions occurring in New York related to the UN General Assembly High Level Meeting on Pandemic Preparedness and Response (HLM-PPPR) in September 2023.



 Membership of PREZODE, in likeminded jurisdictions, appears to be predominantly science-based. In Australia, there are CRI-equivalent bodies which are signatories (i.e. CSIRO in Australia), as is the case in New Zealand where ESR is already a member.

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There are good reasons for this engagement, by science institutions, but this does not necessarily merit the Government itself committing to become a signatory.

#### s 9(2)(f)(iv)



## Process of signing the declaration in future

18. If a decision is taken to join PREZODE in the future, it would be important to seek MFAT's support in consulting with the French Government to determine the correct level of signatory for governments (e.g. at officials or Ministerial level). At this stage, the PREZODE Secretariat has advised that it is preferable to have a Minister sign, but a Senior Government Official can sign if a Minister is not available.

<sup>&</sup>lt;sup>2</sup> The stated aim of PREZODE is to "understand the risks of emergence of zoonotic infectious diseases, to develop and implement innovative methods to improve prevention, early detection, and resilience in order to ensure rapid response to the risks of emerging infectious diseases of animal origin". This same objective is shared by the existing, universally-accepted Quadripartite initiative involving WOAH, WHO, FAO and UNEP.

- 19. Close consultation would also be required with MPI to confirm its support for New Zealand becoming a PREZODE member, given PREZODE's primary focus on zoonotic disease and MPIs lead in this area.
- 20. On current advice, New Zealand's signing of the declaration would not require Cabinet approval.

### **Next steps**

- 21. The Ministry and MPI will continue to coordinate our approach to One Health within existing agreed work programmes, and maintain a watching brief on PREZODE as it develops.
- 22. Officials from both the Ministry and MPI are available to discuss our approaches to One Health and PREZODE if requested.

ENDS.

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## **Minister's Notes**

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