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s 9(2)(a)

By email: s 9(2)(a)
Ref: H2023021072

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 28 February 2023 for information regarding New Zealand representation and engagement in processes to amend the International Health Regulations (2005) (IHR). Each part of your request is responded to below.

"I understand former DG Ashley Bloomfield was recently at an international meeting on the International Health Regulations.

Please could you provide all relevant information to show who he is representing, who funded this trip, the budget including travel etc plus pay and his mandate and the names and same information for any other attendees or consultants who are funded by or for NZ.

*Please also provide:
information on these issues for any previous or proposed meetings to develop International Health Regulations."*

Sir Ashley Bloomfield has been appointed to Co-Chair a Working Group at the World Health Organization (WHO) to strengthen and modernise the International Health Regulations (2005) (IHR), known as the Working Group on Amendments to the International Health Regulations (WGIHR). In this co-chair role, Sir Ashley is simultaneously serving as a chair, as an independent expert and as the representative for the WHO Western Pacific Region which is comprised of 37 countries, territories, or areas in the Asia Pacific (including New Zealand).

The global response to the COVID-19 pandemic highlighted shortcomings in the implementation of countries' obligations under the IHR (2005). It also showed us that there are parts of the IHR which need to be improved and modernised. In response, the 75th World Health Assembly agreed to establish the WGIHR in May 2022. The WGIHR's purpose is to develop a package of targeted amendments to the IHR to make them fit for purpose and support their effective implementation. The final package of amendments will be presented to WHO Member States for their approval at the 77th World Health Assembly in May 2024.

In his capacity as Co-Chair of the WGIHR, Sir Ashley is providing leadership to the Working Group and managing its meeting processes. Working closely with his fellow Co-Chair, Sir Ashley is expected to progress the agreed work programme to ensure the Working

Group can deliver on its mandate. Sir Ashley is also working to ensure the Working Group is well aligned with other parallel processes to support global pandemic architecture, including negotiations towards an international pandemic instrument taking place within the Intergovernmental Negotiating Body (INB) of WHO Member States. It is important to note that as Co-Chair, Sir Ashley does not represent New Zealand as a negotiating Member State or State Party of the IHR.

Sir Ashley participated in the first session of the Working Group (November 2022) virtually and travelled to Geneva to fulfil his duties in-person for the second session of the Working Group in February 2023. Sir Ashley will continue to be based in New Zealand, participating in WGIHR processes virtually where possible, and attending meetings in-person in Geneva as required until the Working Group concludes its work in May 2024.

As the WHO does not reimburse Co-Chairs for their participation in Working Groups, the costs associated with Sir Ashley's role will be jointly covered by Manatū Hauora and the Ministry of Foreign Affairs and Trade from baseline resources. The exact details of Sir Ashley's contract are withheld under the following sections of the Act:

- Section 9(2)(a), to protect the privacy of natural persons, and
- Section 9(2)(b)(ii), where its release would likely unreasonably prejudice the commercial position of the person who supplied the information.

Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in releasing information and consider that it does not outweigh the need to withhold at this time.

I note your interest in wider New Zealand attendance at the two previous WGIHR sessions. New Zealand representatives who have attended WGIHR meetings to date are as follows:

First Meeting of the WGIHR (14-15 November 2022), Geneva

In-person attendees:

- Policy Advisor, New Zealand Permanent Mission, Geneva [Name withheld under section 9(2)(g)(ii) of the Act]

Video-conference attendees:

- Sir Ashley Bloomfield, consultant
- Lucy Cassels, Manager Global Health, Ministry of Health
- Nora Maarleveld, Senior Advisor Global Health, Ministry of Health

Second Meeting of the WGIHR (20-24 February 2023), Geneva

In-person attendees:

- Sir Ashley Bloomfield, consultant
- Policy Advisor, New Zealand Permanent Mission, Geneva [Name withheld under section 9(2)(g)(ii) of the Act]
- Nathan Glassey, Deputy Permanent Representative, New Zealand Permanent Mission, Geneva

Video-conference attendees:

- Lucy Cassels, Manager Global Health, Ministry of Health
- Nora Maarleveld, Senior Advisor Global Health, Ministry of Health

The staff of the New Zealand Permanent Mission in Geneva are employees of the Ministry of Foreign Affairs and Trade. Attending international meetings such as WGIHR negotiating sessions is considered a normal part of their daily duties and not subject to additional compensation. In addition, staff from the Ministry of Health's Global Health Group are responsible for leading the Ministry's engagement in global health architecture reform processes, including the WGIHR, as part of their core business. While it is too early to know precisely which New Zealand representatives will attend future WGIHR meetings, future meetings will likely involve many of the same people.

Please note that ensuring an effective global health architecture (including a strengthened IHR) is one of New Zealand's foremost global health priorities. Assuming a leadership role in the WGIHR is consistent with New Zealand's broader efforts to ensure the world is better prepared to prevent, prepare for, and respond to the next global health emergency. This goal requires coordinated, multi-country responses to health threats. By engaging in these processes, we are ensuring that New Zealand's values are at the forefront of these developments. You can access further information on New Zealand's mandate for active engagement in global health architecture reform at: www.health.govt.nz/about-ministry/information-releases/general-information-releases/information-associated-nzs-negotiations-towards-new-pandemic-treaty-or-instrument.

“Copies of any advice to cabinet and/ or Min Health about the purpose of NZs involvement in these meetings, who has promoted this and the desired outcome”

The Ministry of Health's briefing to the Minister of Health, Hon Dr Ayesha Verrall, on New Zealand's involvement in the WGIHR is entitled: *Working Group on Amendments to the International Health Regulations (2005)*. This briefing outlines New Zealand's rationale and objectives for engaging in the Working Group. The briefing is refused under section 18(d) of the Act, as the information will soon be made publicly available on the Ministry's website.

“Please also provide any advice assessing why NZ is still promoting and international health response and encouraging people to receive vaccines bearing in mind that the PfizerVax did not prevent infection, transmission, hospitalisation, death or reinfection and that it may cause death or serious injury. <https://apps.who.int/qa/wqihre/e/wqihre-2.html>.”

Information collated by Manatū Hauora about transmission of COVID-19 is available on our website on the COVID-19 Science news webpage here: www.health.govt.nz/covid-19-novel-coronavirus/covid-19-resources-and-tools/covid-19-science-news#variants.

In general (not COVID-19-specific), Manatū Hauora notes that there are 2 mechanisms through which vaccines can potentially reduce transmission:

1. Preventing infection of the vaccinated person (if a person is uninfected, they cannot transmit the virus). This is measured in vaccine efficacy/effectiveness against infection.
2. Reducing the number of onward infections (if the vaccinated person does become infected). This is measured by assessing the reduction in the number of transmissions to contacts of infected individuals.

These 2 methods combine to provide a larger effect than either of them in isolation. For the Pfizer vaccine, there is a substantial body available about its ability to reduce the number of infections (and the subsequent effect on transmission through reduction of infection). This data has been monitored by Manatū Hauora and is publicly available on our website on the COVID-19 Science news webpage, linked above.

Although the effectiveness of the vaccine against infection reduces over time, an effect does persist for a period after vaccination (for example it is estimated 50% of infections are prevented at around four months after vaccination for individuals aged 18-59 years). Effects on onward transmissions (that is, the ability of a vaccinated person to transmit on to other people) is substantially more challenging to measure (and the results are harder to interpret) as there are far fewer studies. The limited data that is available for Omicron on onward transmission after infection (all vaccines, not limited to Pfizer) is available on the COVID-19 Science news webpage.

It should be noted that data for vaccine effectiveness (against infection and onward transmission) for variants prior to Omicron have been monitored since trial data was first released by Pfizer in 2020. Vaccine effectiveness against infection was generally higher for previous variants than for Omicron.

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 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.

Nāku noa, nā



Michelle Mako
Acting Deputy Director-General
Public Health Agency | Te Pou Hauora Tūmatanui