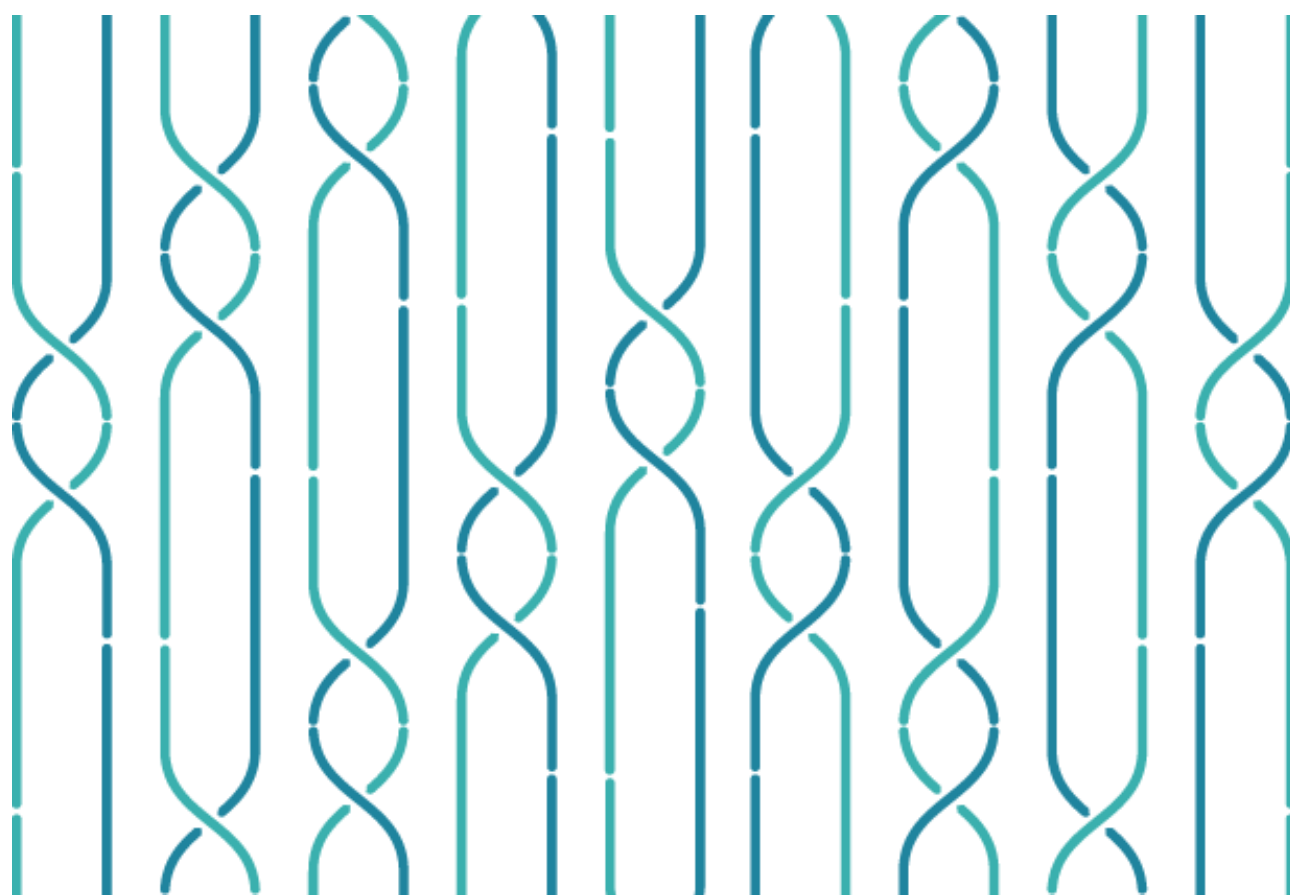


PROPOSED AMENDMENTS TO THE INTERNATIONAL HEALTH REGULATIONS (2005)

Summary of feedback from public consultation

April 2024



Acknowledgements

This report summarises the themes from feedback received during the public consultation that took place between 17 January and 18 February 2024 on the amendments to the International Health Regulations (2005) (IHR).

The Ministry of Health - Manatū Hauora is grateful for everyone who took the time to share their views, on how New Zealand should engage in the negotiation process to improve the IHR. We read and considered every submission and email to help us better understand New Zealanders' views on the proposed amendments.

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Contents

Executive summary	iv
Introduction	1
Background	1
Methodology	3
Results	3
Disclaimer	3
Responses	5
Individual submissions	5
Submissions from organisations	7



Executive summary

Public consultation on amendments to the International Health Regulations (2005) (IHR) took place between 17 January and 18 February 2024. Over that period, the Ministry of Health - Manatū Hauora (the Ministry) received 3,629 submissions: 3,587 via the online platform CitizenSpace, and 42 via email.

A large number of submissions appeared to duplicate content and wording. In addition, some submissions provided general comments rather than responding to the amendments specifically.

The vast majority of submissions strongly opposed the proposed amendments to the IHR. A common concern raised in the submissions was that the amendments would require New Zealand to cede parts of its sovereignty and give the World Health Organization (WHO) or other international entities too much power. However, it is important to note that, if the World Health Assembly adopts the IHR amendments, any decision to become bound will be subject to the full treaty making process. This process includes Cabinet approval, a national interest analysis and parliamentary treaty examination and will determine whether these changes are in New Zealand's interest.

A small number of submissions from New Zealand organisations acknowledged that the IHR need to be strengthened to protect New Zealand against future pandemics.



Introduction

This document presents a summary of all written feedback received over the period 17 January to 18 February 2024, when the Ministry consulted with the public on proposed amendments to the International Health Regulations (2005) (IHR).

The purpose of the public consultation was to seek New Zealanders' views on how New Zealand should engage in ongoing negotiations on substantive amendments to the IHR. We used the feedback we received through this consultation to help inform New Zealand's position in the ongoing negotiations around the proposed amendments to the IHR.

The consultation focused on around 300 proposed amendments to the IHR submitted by World Health Organization (WHO) member states (including New Zealand) in November 2022.

Background

The International Health Regulations (2005)

Effectively, the IHR form an international treaty, set under the authority of the WHO constitution. The IHR provide a global framework for countries and the WHO to cooperate quickly and transparently to manage public health events and emergencies that cross, or have the potential to cross, borders.

Implementing the IHR in relation to public health surveillance, risk assessment, public health response and reporting was a key part of New Zealand's management of the COVID-19 pandemic. While the IHR serve countries well, COVID-19 has shown that they can be improved to ensure they remain relevant in the future. For example, they can be strengthened to enhance countries' early detection, assessment, responses to and reporting of potentially significant public health events.

Substantive amendments to the IHR

At the WHO's 75th World Health Assembly in May 2022, all 194 member states agreed to the establishment of the Working Group on the International Health Regulations (WGIHR) to negotiate amendments to the IHR. As a first step, the WHO Director-General asked member states to share ideas on how the IHR could be strengthened. New Zealand was amongst the many countries that submitted proposed substantive amendments to the IHR. WGIHR negotiations began in early 2023.

The WGIHR negotiations concerning the substantive amendments were ongoing throughout 2023 and are expected to continue until May 2024.



Negotiating mandate

On 19 February 2024, Cabinet approved a renewed negotiating mandate for both the WGIHR and pandemic treaty negotiations. Many of the concerns raised in submissions are addressed in New Zealand's negotiating mandate.

Among the objectives, the mandate makes it clear that New Zealand's negotiating position will:

- preserve domestic flexibility
- maintain the primacy of New Zealand's domestic law over any international agreements
- preserve the right of states (including New Zealand) under international law to legislate, make policy, and implement measures in pursuit of their own health objectives.

Adopting amendments to the IHR may create new international legal obligations for New Zealand. However, this does not automatically change New Zealand law – only the New Zealand parliament can do this.

Any decision for New Zealand to become bound to amendments to the IHR or a new pandemic treaty would be subject to New Zealand's full Parliamentary Treaty Examination process¹, including the completion of a National Interest Analysis.

¹ www.dpmc.govt.nz/our-business-units/cabinet-office/supporting-work-cabinet/cabinet-manual/7-executive-legislation-and-house/parliamentary-treaty-examination



Methodology

The Ministry created a survey on the online portal CitizenSpace to allow New Zealanders to submit their views on the IHR amendments. We included our generic global health email address as a point of contact.

We asked three questions in the survey.

1. Is your submission on behalf of you as an individual or on behalf of an organisation?
2. Are there aspects of the proposed amendments that you think New Zealand should support or oppose?
3. Is there any other information you would like to provide that would help us develop our position on negotiations to amend the International Health Regulations (2005)?

Ministry of Health officials analysed the free-text responses of questions 2 and 3 by reading all the submissions and drawing key themes from each submission. Some submissions included multiple themes, hence, the cumulative proportions across all themes exceed 100%.

Public submissions containing pejoratives, coarse language or antisemitic sentiments were outliers, and we have not included them verbatim in this summary.

We publicised the consultation process on social media, through news articles and on the Ministry's website, and we sent an email update to agencies interested and involved in the current negotiations to amend the IHR.

Results

We received 3,629 submissions. The majority (3,587 submissions) were made via the online platform CitizenSpace, with the remainder (42 submissions) via email. 3,552 submissions came from individuals, and 29 submissions came from organisations. The remainder of the submissions did not share this information.

Disclaimer

This document is a summary of the views provided as part of the public consultation on the proposed amendments to the International Health Regulations (2005). They do not reflect the views of the Ministry of Health or the Public Health Agency.

In recent years, particularly since COVID-19 pandemic, international cooperation to improve and protect global health has increasingly been a focus for disinformation and misinformation. During the negotiations, WGIHR members are therefore seeking to



provide proposals for amendments that are well reasoned, evidence informed and based on good practice.

In the case of the New Zealand public consultation, the Ministry noticed that some submissions on the proposed IHR amendments repeated misinformation and disinformation that is in wide circulation internationally. Many submissions used the same set of phrases, indicating a common origin, and some submitters lodged multiple submissions.



Responses

Individual submissions

The majority of submissions opposed a legally binding framework like the IHR, and therefore strongly opposed specific amendments to the IHR. Submissions stated a view that the WHO is an unelected body and should not impose health rulings for New Zealand.

Common themes from the submissions

New Zealand should not cede power to an unelected body, and elected New Zealand authorities should retain their power

Around three-quarters of all submissions (77%) emphasised the importance of New Zealand maintaining its authority. Submissions also stated that it is important that the WHO does not act beyond its mandate, and no single person or organisation should have power to determine a public health emergency of international concern.

Individual rights and freedoms should not be diminished or taken away

Around three-quarters of all submissions (77%) expressed concerns about the perceived loss of personal choice, privacy, and individual rights. Submissions strongly disagreed with the possibility of compulsory vaccinations, vaccine passports, health certificates and/or lockdowns, which would restrict their freedom of movement. Another concern was a view that personal health information and genetic data could be shared with the WHO for monitoring purposes.

IHR provisions should be non-binding

Around half of the submissions (51%) wanted the WHO to focus on giving advice and providing non-binding guidelines. The submissions stated that New Zealand should not be obligated to follow advice and should only cooperate voluntarily in matters benefitting New Zealand.

Opposition to strengthening equity, inclusivity and coherence

Just under half (45%) of submissions disagreed with the proposal to replace the principle of 'full respect for the dignity, human rights and fundamental freedoms of person' with the principle of 'equity, inclusivity and coherence'. Submissions preferred that we keep the current principles which were perceived to emphasise upholding individual's rights and freedoms.

Lack of trust and scepticism regarding science and evidence used by the WHO to provide advice and guidelines

Around one-third of submissions (35%) expressed concerns regarding the quality and evidence base of WHO advice. The submissions stated views that WHO decisions are flawed and noted that New Zealand should rely on its own experts and sources of knowledge.

WHO's integrity

Around one-quarter (27%) of submissions made claims that the WHO is influenced by outside entities, such as pharmaceutical manufacturers and non-governmental organisations. The submissions expressed a view that these external actors have a significant impact on the WHO's decision-making process and could therefore undermine the WHO's independence and integrity.

Consultation process

Almost one-quarter (24%) of submissions were concerned that the consultation was not based on the final text version of the proposed amendments. The submissions stated that a consultation without the complete text was ineffective, and that stakeholders could not provide meaningful input without seeing the finalised information.²

New Zealand should withdraw from the WHO

While outside of scope for the public consultation on the IHR amendments, fifteen percent of submissions suggested cutting all connections with the WHO. Some suggested withdrawing from international public health frameworks and the entire multilateral United Nations system.

Financial matters

Fourteen percent of submissions felt that contributing money to the WHO was a waste and suggested taxpayers' money would be better spent on domestic issues. Submissions stated a view that a large portion of the WHO's funding comes from non-member states, who could influence the WHO's independence. Other submissions noted that New Zealand should determine how aid funding for developing countries is spent.

Mishandling the COVID-19 pandemic

Almost one-tenth (9%) of submissions stated a view that the WHO had mismanaged the COVID-19 pandemic and were critical of measures implemented during the pandemic. Submissions stated the importance of the WHO taking account of lessons learned from the COVID-19 response.

² During the consultation period the final text was not available because the IHR negotiations were still ongoing. The consultation was based on the proposed amendments that were available to the public at the time.



Negotiation mandate

Six percent of submissions noted that New Zealand's negotiating mandate for both the IHR and the pandemic treaty closely resemble the principles of those two instruments. These submissions expressed a view that both international agreements could be put into action without taking into account the needs and concerns of New Zealanders.

Make IHR fit for purpose for future pandemics

Less than one percent of submissions supported the proposed IHR amendments to improve preparedness for future pandemics. Submissions expressed the importance of improving the speed and effectiveness of information sharing. These submissions also called for enhanced international cooperation to strengthen the overall response to future pandemics.

Strengthen equitable outcomes

Less than one percent of submissions supported a focus on fair and equitable outcomes. Some of these submissions stated a view that inclusivity and cooperation would help achieve equity. In addition, several submissions stated that the needs of New Zealand's Pacific neighbours should be taken into account in any amendments.

Submissions from organisations

Supported the proposed amendments

Two organisations believed the IHR process is timely and necessary in preventing and protecting against future pandemics. They expressed support for focusing more on elimination at source, prioritising prevention and equity, and fostering collaboration to effectively address health challenges.

Opposed the proposed amendments

The rest of the organisations stated concerns that echoed those of the majority of individual submissions. Their main concerns related to New Zealand's sovereignty, and perceptions about the WHO providing obligatory advice, and violating individual and human rights.