

Proactive Release

3 April 2024

The following Cabinet papers and related Cabinet minutes have been proactively released by the Minister of Foreign Affairs

Title	Reference
<i>Cabinet Minute of Decision – Negotiating Mandate for the Amendments to the International Health Regulations 2005 and the Pandemic Treaty</i>	CAB-24-MIN-0032.01
<i>Cabinet Minute of Decision – Report of the Cabinet Social Outcomes Committee: Period Ended 16 February 2024</i>	CAB-24-MIN-0032
<i>Cabinet Social Outcomes Committee – Minute of Decision – Negotiating Mandate for the Amendments to the International Health Regulations 2005 and the Pandemic Treaty</i>	SOU-24-MIN-0001
<i>Negotiating Mandate for the Amendments to the International Health Regulations 2005 and the Pandemic Treaty</i>	

Some parts of this information release would not be appropriate to release and, if requested, would be withheld under the Official Information Act 1982 (the OIA). Where this is the case, the relevant sections of the OIA that would apply have been identified. Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

Key to OIA redaction codes:

- 6(a): to avoid prejudicing the security or defence of New Zealand or the international relations of the New Zealand Government; and
- 9(2)(j): to avoid prejudice to negotiations.



Cabinet

Minute of Decision

This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.

Negotiating Mandate for Amendments to the International Health Regulations 2005 and the Pandemic Treaty

Portfolios Foreign Affairs / Health

On 19 February 2024, following reference from the Cabinet Social Outcomes Committee, Cabinet:

- 1 **noted** that following the COVID-19 pandemic there are two parallel negotiations taking place at the World Health Organization (WHO):
 - 1.1 amending the International Health Regulations 2005 (IHR);
 - 1.2 developing a new Pandemic Treaty;
- 2 **noted** that both processes are led by member States of the WHO and aim to be concluded by the World Health Assembly in May 2024;
- 3 **agreed** that New Zealand's positions in these two negotiations should be consistent with the following objectives:
 - 3.1 Preserve domestic flexibility:
 - 3.1.1 New Zealand should support an approach which preserves the right of States under international law to legislate, make policy and to implement measures in pursuance of their health objectives;
 - 3.1.2 New Zealand should seek international rules with flexible reservation provisions;
 - 3.2 Prevention:
 - 3.2.1 New Zealand should seek international rules with clear and practical prevention measures to address situations where significant risks of pandemic threats may arise, particularly in countries where humans live in close contact with wild animals;

- 3.3 Supporting developing countries' ability to prevent and respond to pandemics:
- 3.3.1 New Zealand should support international rules that enable effective capacity building and assistance to developing countries to meet their obligations;
 - 3.3.2 New Zealand should support proposals that assist developing countries to prevent and respond to pandemics where those proposals have a wide level of support (including from New Zealand's close partners), are practicable, effective, will provide real benefits to Pacific countries, and do not adversely affect New Zealand's broader interests, as set out in the paper under SOU-24-SUB-0001;
 - 3.3.3 s9(2)(j)
- 3.4 Transparency and human rights:
- 3.4.1 New Zealand should support clear and credible transparency and accountability obligations on States and the WHO;
 - 3.4.2 New Zealand should support international rules that uphold respect for fundamental human rights;
- 3.5 Consistency with the mandate of the WHO and other areas of international law:
- 3.5.1 New Zealand should support international rules that are consistent with other areas of international law, including trade and intellectual property law;
 - 3.5.2 New Zealand should support approaches which are consistent with the existing mandate of the WHO and do not undermine the mandate of other international organisations;
- 4 **noted** that any decision to become bound by either the amended IHR or a new Pandemic Treaty would be subject to the full treaty making process, including Cabinet approval, a National Interest Analysis and Parliamentary Treaty Examination;
- 5 **noted** that if negotiations on the IHR and/or Pandemic Treaty conclude successfully there may be some financial implications associated with giving effect to any new obligations, and that such costs and the agencies which will bear them, once known, will be considered by Cabinet if and when Cabinet is asked to agree in principle that New Zealand should become bound by either instrument;
- 6 **agreed** that any financial implications associated with giving effect to any new obligations will be fully costed to support Cabinet in considering whether to agree in principle that New Zealand should become bound by either instrument and that such costs will be met from within existing baselines;
- 7 **noted** that a National Interest Analysis to consider whether New Zealand should withdraw its rejection to the Article 59 amendments would be able to be considered together with the National Interest Analysis for the additional and more substantive amendments to the IHR;

8 s9(2)(j)

Diana Hawker
Acting Secretary of the Cabinet

Secretary's Note: This minute replaces SOU-24-MIN-0001. Cabinet agreed to amend paragraph 8.

Proactively Released by the Minister of Foreign Affairs



Cabinet

Minute of Decision

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Report of the Cabinet Social Outcomes Committee: Period Ended 16 February 2024

On 19 February 2024, Cabinet made the following decisions on the work of the Cabinet Social Outcomes Committee for the period ended 16 February 2024:

SOU-24-MIN-0001	Negotiating Mandate for Amendments to the International Health Regulations 2005 and the Pandemic Treaty Portfolios: Foreign Affairs / Health	Separate minute: CAB-24-MIN-0032.01
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Diana Hawker
Acting Secretary of the Cabinet

Proactively Released by the Minister of Foreign Affairs



Cabinet Social Outcomes Committee

Minute of Decision

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Negotiating Mandate for Amendments to the International Health Regulations 2005 and the Pandemic Treaty

Portfolio Foreign Affairs / Health

On 14 February 2024, the Cabinet Social Outcomes Committee:

- 1 **noted** that following the COVID-19 pandemic there are two parallel negotiations taking place at the World Health Organization:
 - 1.1 amending the International Health Regulations 2005 (IHR);
 - 1.2 developing a new Pandemic Treaty;
- 2 **noted** that both processes are led by member States of the World Health Organization and aim to be concluded by the World Health Assembly in May 2024;
- 3 **agreed** that New Zealand's positions in these two negotiations should be consistent with the following objectives:
 - 3.1 Preserve domestic flexibility:
 - 3.1.1 New Zealand should support an approach which preserves the right of States under international law to legislate, make policy and to implement measures in pursuance of their health objectives;
 - 3.1.2 New Zealand should seek international rules with flexible reservation provisions;
 - 3.2 Prevention:
 - 3.2.1 New Zealand should seek international rules with clear and practical prevention measures to address situations where significant risks of pandemic threats may arise, particularly in countries where humans live in close contact with wild animals;
 - 3.3 Supporting developing countries' ability to prevent and respond to pandemics:
 - 3.3.1 New Zealand should support international rules that enable effective capacity building and assistance to developing countries to meet their obligations;

3.3.2 New Zealand should support proposals that assist developing countries to prevent and respond to pandemics where those proposals have a wide level of support (including from New Zealand's close partners), are practicable, effective, will provide real benefits to Pacific countries, and do not adversely affect New Zealand's broader interests, as set out in the paper under SOU-24-SUB-0001;

3.3.3 s9(2)(j)

3.4 Transparency and human rights:

3.4.1 New Zealand should support clear and credible transparency and accountability obligations on States and the WHO;

3.4.2 New Zealand should support international rules that uphold respect for fundamental human rights;

3.5 Consistency with the mandate of the WHO and other areas of international law:

3.5.1 New Zealand should support international rules that are consistent with other areas of international law, including trade and intellectual property law;

3.5.2 New Zealand should support approaches which are consistent with the existing mandate of the WHO and do not undermine the mandate of other international organisations;

4 **noted** that any decision to become bound by either the amended IHR or a new Pandemic Treaty would be subject to the full treaty making process, including Cabinet approval, a National Interest Analysis and Parliamentary Treaty Examination;

5 **noted** that if negotiations on the IHR and/or Pandemic Treaty conclude successfully there may be some financial implications associated with giving effect to any new obligations, and that such costs and the agencies which will bear them, once known, will be considered by Cabinet if and when Cabinet is asked to agree in principle that New Zealand should become bound by either instrument;

6 **agreed** that any financial implications associated with giving effect to any new obligations will be fully costed to support Cabinet in considering whether to agree in principle that New Zealand should become bound by either instrument and that such costs will be met from within existing baselines;

7 **noted** that a National Interest Analysis to consider whether New Zealand should withdraw its rejection to the Article 59 amendments would be able to be considered together with the National Interest Analysis for the additional and more substantive amendments to the IHR;

8 s9(2)(j)

Rebecca Davies
Committee Secretary

Present:

Rt Hon Winston Peters
Hon Nicola Willis (Chair)
Hon Dr Shane Reti
Hon Erica Stanford
Hon Tama Potaka
Hon Matt Doocey
Hon Melissa Lee
Hon Nicole McKee
Hon Casey Costello
Hon Chris Penk
Hon Karen Chhour

Officials present from:

Officials Committee for SOU
Ministry of Health

Proactively Released by the Minister of Foreign Affairs

In Confidence

Offices of the Ministers of Foreign Affairs and Health

Cabinet Social Outcomes Committee

Negotiating Mandate for the Amendments to the International Health Regulations 2005 and the Pandemic Treaty

Proposal

- 1 This paper updates guidance to officials on how to approach two negotiations taking place at the World Health Organization:
 - Amendments to the International Health Regulations 2005 (IHR) and
 - A new 'Pandemic Treaty'

Relation to government priorities

- 2 This paper relates to the following commitments in the *Coalition Agreement between the New Zealand National Party and New Zealand First*:
 - Ensure a 'National Interest Test' is undertaken before New Zealand accepts any agreements from the UN and its agencies that limit national decision-making and reconfirm that New Zealand's domestic law holds primacy over any international agreements.
 - As part of the above, by 1 December 2023 reserve against proposed amendments to WHO health regulations to allow the incoming government to consider these against a 'National Interest Test'.

Executive Summary

- 3 World Health Organization (WHO) member States (196 countries) are currently engaged in negotiations to improve the WHO legal frameworks which apply to acute public health risks (e.g. disease outbreaks and pandemics). There are two concurrent negotiations:
 - Amendments to the International Health Regulations 2005 (IHR) which are the principal legal framework for preventing and controlling the spread of disease and other public health hazards between countries; and
 - A new 'Pandemic Treaty' which aims to strengthen cooperation between countries to prevent and improve the management of future pandemics.
- 4 This paper provides an updated Cabinet mandate to take account of the current stage in the negotiations and the priorities of the Coalition Government. We propose the following negotiating objectives:

- preserve the right of States under international law to legislate and to implement legislation in pursuance of their health policies, including the ability to take reservations to particular articles;
 - develop clear and practical prevention measures to address situations where significant risks of pandemic threats may arise, particularly in countries where humans live in close contact with wild animals;
 - impose clear and credible transparency and accountability obligations on States and the WHO, including upholding respect for fundamental human rights; and
 - ensure any new rules are consistent with the existing mandate of WHO, and do not cut across other areas of international law, including trade and intellectual property law.
- 5 We also propose that four Ministers be granted the power to revise the negotiating mandate if necessary to advance the negotiations.
- 6 If negotiations conclude successfully, decisions on whether New Zealand decides to be bound by the outcomes will be made by Cabinet and subject to Parliamentary scrutiny, including a National Interest Analysis. At that time, we would also propose to conduct a National Interest Analysis on the previous IHR amendment rejected by New Zealand on 30 November 2023 as part of the 100-day plan.

Background

International Health Regulations 2005

- 7 The IHR are the principal legal framework for preventing and controlling the spread of disease and other public health hazards between countries. The COVID-19 pandemic made it apparent that the IHR needed improvements, particularly its provisions relating to health emergencies. Aspects of the IHR did not work as intended to support global cooperation and prevent the spread of the virus. Proposed amendments to the IHR provide an opportunity to improve them by striking a better balance between public health and the maintenance of international traffic and trade, and strengthening cooperation between States.

A new 'Pandemic Treaty'

- 8 Following the COVID-19 emergency phase, a large number of States came together to support a new Pandemic Treaty to prevent and better respond to any future pandemic. A key opportunity in the negotiations would be stronger prevention measures for all countries, including those with circumstances posing the greatest risk of new pathogens emerging that could give rise to outbreaks, epidemics and pandemics.

What are the negotiations about?

- 9 The IHR and the Pandemic Treaty negotiations have come about following COVID-19 and the inadequacies in the global response, particularly in the early stages of the pandemic. The negotiations are complex and overlapping – there were originally over

300 proposed amendments to the IHR. The Pandemic Treaty's scope is broader and includes trade, genetic information, financing and capacity building. Cabinet previously agreed to New Zealand's negotiating mandate for both sets of negotiations in July 2023 [CAB-23-MIN-0304]. It is intended that both the IHR amendments and the Pandemic Treaty will be agreed at the 77th World Health Assembly in May 2024 but may not be concluded by then, as there are a number of substantive issues still to be worked through. Countries have a range of interests in these negotiations, for example:

- Many countries, particularly likeminded developed countries, are pushing for stronger obligations to prevent future outbreaks, including clearer responsibilities for the management of situations and facilities that pose a high risk of generating new pathogens (e.g. live animal markets and research labs). They are also seeking clear obligations to act transparently and share information on new and emerging risks, responding to one of the major challenges during the COVID-19 pandemic;
- Developing countries argue that in order to meet any new obligations, they will need increased assistance including new and additional financial support, facilitated access to vaccines and therapeutics (including through developed countries being required to purchase and set aside a percentage of those products for developing countries), and the transfer of technology to manufacture those products. Some countries are seeking to re-write some foundational international trade rules, particularly in relation to Intellectual Property (IP). There has been strong push back on this by developed countries, given the importance of IP for incentivising innovation and facilitating collaboration and the transfer of technology.

- 10 Both legal instruments will explicitly preserve countries' ability to determine their national responses to public health risks and will not include provisions on lock downs or vaccine mandates. No country, including key players in the negotiations such as s6(a) would accept giving up sovereignty to the WHO and this is not contemplated in either negotiation. s6(a)

In the IHR negotiations, a number of proposals that caused public concern have not been progressed. For example, proposals that sought to remove the existing reference to human rights, to make temporary recommendations issued by WHO binding, and to apply pressure to countries to urgently accept unsolicited offers of assistance have not received sufficient support in the negotiations and will not be adopted.

Engagement with close partners

- 11 Our close partners such as Australia, Canada, UK, EU, Japan and the US are actively engaged in these negotiations. Partners expect New Zealand to continue to play a constructive role to achieve workable and practical outcomes from the negotiations. In particular, our partners see the continued efforts of Sir Ashley Bloomfield as Co-Chair of the IHR negotiations to be critical to achieving sensible outcomes. s6(a)

s6(a)

Analysis

- 12 While separate, negotiations on the IHR and Pandemic Treaty involve the same States and are closely linked. Many of the same issues are being discussed in both negotiations and it is clear that many countries see them as a package deal.
- 13 We seek Cabinet's agreement to:
- an objectives-based negotiating mandate that will apply across both sets of negotiations; and
 - grant the Ministers of Health, Foreign Affairs, and Finance and the Minister for Trade power to act to make any necessary detailed revisions (excluding binding financial commitments) to the mandate if necessary to advance the negotiations.

Objectives-based mandate for the negotiations

- 14 We propose that New Zealand engage in both negotiations in order to strengthen the ability of States and international institutions to prevent and mitigate future acute public health events (e.g. potential pandemics) and to protect New Zealand interests. To achieve this we propose pursuing the following objectives.

- 15 *Preserve domestic flexibility*

New Zealand should support an approach that preserves the right of States under international law to legislate, make policy and implement measures in pursuance of their health objectives.

New Zealand should seek international rules with flexible reservation provisions.

- 16 None of the proposed reforms to the IHR or Pandemic Treaty contemplate giving up sovereignty to the WHO, which would be unacceptable to nearly all member States. Officials will seek outcomes that preserve domestic flexibility and support approaches which preserve the right of States to determine their own national-level responses to public health risks.

- 17 Some of the Pandemic Treaty proposals would not permit States to reserve on articles in the Treaty. In line with preserving domestic flexibility, New Zealand should support a flexible reservation provision which permits reservations. Such a provision would make it possible for New Zealand to ratify the Pandemic Treaty and, if necessary, reserve on certain articles. The IHR 2005 has an existing reservation provision which permits reservations. There are no proposals to amend this provision.

Prioritise prevention

New Zealand should seek international rules with clear and practical prevention

measures to address situations where significant risks of pandemic threats may arise, particularly in countries where humans live in close contact with wild animals.

- 18 A key opportunity for New Zealand in the negotiations is stronger prevention measures for countries at greatest risk of diseases emerging in their territory which could evolve into a pandemic. Risk factors include humans living and/or working in close contact with wild animals such as live animal markets. These risk factors recognise that human, animal and plant health are closely linked. New Zealand is a low risk country for pandemic threats arising but we do stand to gain by there being stronger prevention measures for States with circumstances posing significant risks of pandemic threats arising in their territory.

Supporting developing countries' ability to prevent and respond to pandemics

New Zealand should support international rules that enable effective capacity building and assistance to developing countries to meet their obligations.

New Zealand should support proposals that assist developing countries to prevent and respond to pandemics where those proposals have a wide level of support (including from New Zealand's close partners), are practicable, effective, will provide real benefits to Pacific countries, and do not adversely affect New Zealand's broader interests set out in this paper.

s9(2)(j)

- 19 COVID-19 exposed inadequacies in developing countries' health systems. A variety of obstacles prevented them from accessing medical countermeasures such as diagnostics, treatments and vaccines. Addressing these inequities is the highest priority for developing countries in the negotiations, including Pacific Island countries.
- 20 Developing countries are seeking capacity building and technology transfer to strengthen their health systems and enable them to prevent and respond to future pandemics. They are also seeking guaranteed access to medical countermeasures during pandemics in exchange for providing information on pandemic threats.

- 21 s9(2)(j)

s9(2)(j)

Transparency and human rights

New Zealand should support clear and credible transparency and accountability obligations on States and the WHO.

New Zealand should support international rules that uphold respect for fundamental human rights.

22 A lack of transparency in the early stages of the COVID-19 pandemic may have prevented timely responses that could have slowed the spread of the virus. New Zealand should support international rules that strengthen obligations on States and the WHO to share information on public health risks with pandemic potential so as to enable countries to make decisions based on the best available science.

23 It is essential in both negotiations that fundamental human rights are upheld. These negotiations provide an opportunity to recognise the full spectrum of rights enshrined in international human rights treaties.

24 *Consistency with the mandate of the WHO and other areas of international law*

New Zealand should support international rules that are consistent with other areas of international law including trade and intellectual property law.

New Zealand should support approaches that are consistent with the existing mandate of the WHO and do not undermine the mandates of other international organisations.

25 As a small country with a large export economy, New Zealand benefits greatly from established international trade rules. There are however contentious aspects of international trade law, particularly IP and whether it should apply during health emergencies. Developing countries have made proposals in both negotiations for countries to waive IP rights during pandemics on pandemic related products (e.g. vaccines and diagnostics) in order to address the inequities that occurred during COVID-19.

26 Developed countries acknowledge the inequities experienced during COVID-19, and are open to alternative measures in order to achieve greater equity such as capacity building and technology transfer, but some have strongly resisted new rules around the waiving of IP. This is because it plays a critical role in incentivising innovation, and facilitating collaboration and the transfer of technology. There are already flexibilities in World Trade Organisation (WTO) rules that allow IP to be used without the IP owner's approval during health emergencies.

- 27 However, it is beyond the mandate of the WHO to address substantively matters of IP law. The WTO has already agreed a limited waiver for COVID-19 vaccines and is the appropriate forum for considering any further changes to its IP rules. It will be important for the success of these two health negotiations that any language on trade stays focused on the WHO's mandate and responsibilities and is consistent with international trade law (including law on IP).

100-day plan: Article 59 National Interest Analysis

- 28 On 30 November 2023 as part of the 100 day plan, New Zealand rejected the 2022 amendments to the IHR to prevent the amendments from automatically coming into force before a National Interest Test could take place [CAB-23-MIN-0468]. The 100 day plan commitment was to reserve against the proposed amendments and in order to achieve this we had to formally 'reject' the amendments. These amendments were to Article 59 (and consequentially other Articles) of the IHR 2005 and reduced the timeframe for future amendments entering into force from 24 months to 12 months for all WHO Members. In order for New Zealand to consider whether to withdraw its rejection to the Article 59 amendments, Cabinet approval would be required and any decision would be subject to Parliamentary Treaty Examination (including the National Interest Analysis).
- 29 s6(a), s9(2)(j)

Financial Implications

- 30 There are no direct financial implications arising from this paper. If negotiations on the IHR and Pandemic Treaty conclude successfully, it is likely there will be some financial implications for New Zealand. However, it is difficult to estimate what these will be given that the negotiations are still ongoing.
- 31 Once the negotiations conclude if New Zealand decides to become bound by either instrument, (which would require Cabinet approval and Parliamentary Treaty Examination) little change to the assessed contribution (incurred in Vote Health) is anticipated. Some potential costs may arise related to: capacity building and technology transfer for developing countries; operational and implementation costs for Vote Health eg, for improved surveillance and core public health capacities, and; possibly for other sectors. However, it is too early in the negotiations to determine the nature of any such costs, the amount and whether these will be binding obligations. Detailed financial costs, once known, will be provided to Cabinet if a decision is sought on whether New Zealand should become bound by either agreement.

Legislative implications

- 32 At this stage of the negotiations it is difficult to predict the final shape of the amended IHR and the Pandemic Treaty as well as the likely form and content of any implementing legislation that might be required. If implementing legislation is required for the IHR amendments, this would need to be completed within two years

of WHO notifying Member States of their adoption, at which point the amended IHR come into effect, unless New Zealand opts out. For the Pandemic Treaty, there is no legal timeframe. Noting any decision to sign or ratify a Pandemic Treaty would be subject to the full treaty-making process including Cabinet approval, a National Interest Analysis and Parliamentary Treaty Examination.

Regulatory impact analysis

- 33 A National Interest Analysis (incorporating a Regulatory Impact Analysis) will be presented to Cabinet when negotiations for either instrument have concluded and approval is sought to become party to the Pandemic Treaty and/or amended IHR.
- 34 In the interim, if and when decisions from Ministers are sought that require consideration of legislative or regulatory options for implementation, assessments of regulatory impact will be provided. Depending on the progress of negotiations, this may occur as more specific guidance from Ministers is sought.

Population implications

- 35 Successful conclusion of these negotiations will likely help protect New Zealanders, our Pacific neighbours and others from the effects of future acute health events. Any ratification or adoption process for either product will require adequate consideration of the impact on Māori and Te Tiriti o Waitangi.

Human Rights

- 36 There are no expected inconsistencies with the Human Rights Act 1993 or the New Zealand Bill of Rights Act 1990.

Consultation

- 37 The following agencies were consulted on this paper: Health New Zealand, Te Aka Whai Ora, Pharmac, Ministry for Primary Industries, The Treasury, Ministry of Business Innovation and Employment, Taumata Arowai, Ministry of Disabled Peoples, New Zealand Customs Service, Maritime New Zealand, Ministry of Transport, Fire and Emergency New Zealand, Department of the Prime Minister and Cabinet, Ministry for Women, National Emergency Management Agency, Civil Aviation Authority of New Zealand and Aviation Security Service and Te Puni Kōkiri.
- 38 The Ministry of Health and Ministry of Foreign Affairs and Trade have sought submissions from New Zealanders on how New Zealand should engage in negotiations on a new Pandemic Treaty and the IHR amendments. The consultation was publicised on social media. The bulk of responses received expressed concern that the negotiations could result in New Zealand ceding control over its health policy to the WHO or other external forces. Suggestions from public submissions have been taken into account in developing this Cabinet paper.

Communications

- 39 As the two negotiations progress, updates are being provided on the Ministry of Health and Ministry of Foreign Affairs and Trade websites (including by proactively

releasing relevant ministerial briefings). The WHO is also providing publicly available updates.

Proactive Release

- 40 We propose to proactively release this Cabinet paper, excepting those parts that would undermine New Zealand's negotiating position or prejudice our international relations.

Recommendations

The Minister of Foreign Affairs and the Minister of Health recommend that the Committee:

- 1 **Note** that following the COVID-19 pandemic there are two parallel negotiations taking place at the World Health Organization:
 - 1.1 amending the International Health Regulations 2005 (IHR) and
 - 1.2 developing a new Pandemic Treaty.
- 2 **Note** that both processes are led by member States of the World Health Organization and aim to be concluded by the World Health Assembly in May 2024.
- 3 **Agree** that New Zealand's positions in these two negotiations should be consistent with the following objectives:
 - 3.1 *Preserve domestic flexibility*
 - 3.1.1 New Zealand should support an approach which preserves the right of States under international law to legislate, make policy and to implement measures in pursuance of their health objectives.
 - 3.1.2 New Zealand should seek international rules with flexible reservation provisions.
 - 3.2 *Prevention*
 - 3.2.1 New Zealand should seek international rules with clear and practical prevention measures to address situations where significant risks of pandemic threats may arise, particularly in countries where humans live in close contact with wild animals.
 - 3.3 *Supporting developing countries' ability to prevent and respond to pandemics*
 - 3.3.1 New Zealand should support international rules that enable effective capacity building and assistance to developing countries to meet their obligations.
 - 3.3.2 New Zealand should support proposals that assist developing countries to prevent and respond to pandemics where those proposals have a wide level of support (including from New Zealand's close partners), are practicable, effective, will

provide real benefits to Pacific countries, and do not adversely affect New Zealand's broader interests set out in this paper.

3.3.3 s9(2)(j)

3.4 *Transparency and human rights*

3.4.1 New Zealand should support clear and credible transparency and accountability obligations on States and the WHO.

3.4.2 New Zealand should support international rules that uphold respect for fundamental human rights.

3.5 *Consistency with the mandate of the WHO and other areas of international law*

3.5.1 New Zealand should support international rules that are consistent with other areas of international law including trade and intellectual property law.

3.5.2 New Zealand should support approaches which are consistent with the existing mandate of the WHO and do not undermine the mandate of other international organisations.

4 **Note** that any decision to become bound by either the amended IHR or a new Pandemic Treaty would be subject to the full treaty making process including Cabinet approval, a National Interest Analysis and Parliamentary Treaty Examination;

5 **Note** that if negotiations on the IHR and / or Pandemic Treaty conclude successfully there may be some financial costs associated with giving effect to any new obligations, and that such costs and the agencies which will bear them, once known, will be considered by Cabinet if and when Cabinet is asked to agree in principle that New Zealand should become bound by either instrument;

6 **Note** that a National Interest Analysis to consider whether New Zealand should withdraw its rejection to the Article 59 amendments would be able to be considered together with the National Interest Analysis for the additional and more substantive amendments to the IHR;

7 s9(2)(j)

Authorised for lodgement

Rt Hon Winston Peters

Minister of Foreign Affairs

Hon Dr Shane Reti

Minister of Health