

Briefing

Next steps: New Zealand engagement on international pandemic preparedness and response

Date due to MO: 23 June 2021

Action required by: N/A

Security level: ~~RESTRICTED~~

Health Report number: 20211373

To: Hon Andrew Little, Minister of Health
Hon Nanaia Mahuta, Minister of Foreign Affairs

Copy to: Rt Hon Jacinda Ardern, Prime Minister
Hon Chris Hipkins, Minister for COVID-19 Response
Hon Damien O'Connor, Minister of Agriculture, for Biosecurity and Trade
Hon Aupito William Sio, Associate Minister of Health
Hon Dr Ayesha Verrall, Associate Minister of Health

Contact for telephone discussion

Name	Position	Telephone
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Minister's office to complete:

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|---|------------------------------------|--|
| <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 Withdrawn | |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:

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Purpose of report

1. Your approval is sought for a framework to prioritise Aotearoa New Zealand's international engagement with and support for global efforts to strengthen the international system for pandemic preparedness and response. This framework is centred around the recommendations of the Independent Panel for Pandemic Preparedness and Response (IPPR). IPPR recommendations for domestic implementation are not addressed in this briefing as they are being considered through other processes, including the development of the National Health Security Plan. This joint brief was prepared by the Ministries of Health (MoH), Foreign Affairs & Trade (MFAT), and Primary Industries (MPI).

Summary

2. The COVID-19 pandemic has highlighted clear gaps within the international system for pandemic preparedness and response. At the May 2020 World Health Assembly (WHA), the WHO Director-General was tasked with initiating a process of impartial, independent and comprehensive evaluation of the WHO-coordinated health response to COVID-19. This has led to the establishment of the Independent Panel for Pandemic Preparedness and Response (IPPR), co-chaired by Rt Hon Helen Clark.
3. The IPPR's recommendations are divided into two groups – immediate actions focused on ending the COVID-19 crisis, and future focused recommendations aimed at preventing another pandemic.
4. Immediate actions include the IPPR call for national governments to apply non-pharmaceutical public health measures systematically and rigorously, and for high income countries to support increased access to COVID-19 vaccines, treatments and tests.
5. Looking to the future, the Panel calls for elevated leadership for global health and better coordination at all levels (including the adoption of a pandemic framework convention); a

strengthened WHO; investment in preparedness now, and not when the next crisis hits; an improved system for surveillance and alert; a pre-negotiated platform able to produce vaccines, diagnostics, therapeutics and supplies; and access to financial resources (investment in preparedness, as well as making available funding in the event of another pandemic).

6. Officials have analysed the IPPR's future focused recommendations to help determine where New Zealand should prioritise engagement in global efforts to strengthen the international system for pandemic preparedness and response, assessing: greatest likely benefit to New Zealand and the Pacific; greatest likely impact on improved pandemic preparedness and response; opportunities for New Zealand to contribute expertise and experience; and where there may be significant risks and resource implications.
7. We propose New Zealand prioritise three areas for active engagement:
 1. Improved global surveillance, validation and early response – with a focus on risk management, multi-source detection and intelligence systems and timely and precautionary response measures (investing early, building on our experience and scientific expertise);
 2. A strengthened and more independent WHO – ensuring that WHO is adequately resourced, and best-placed to deliver (including within our own region).
 3. A new pandemic treaty, convention or legally binding instrument – helping ensure that any new instrument is fit-for-purpose, serves to mobilise political will, ensures commitment to health system strengthening and all-of-government coordination, and the rapid development/equitable distribution of vaccines, diagnostics, therapeutics and supplies. A Special Session of the World Health Assembly will be held in Q4 this year to discuss this issue.
8. We propose New Zealand provide in-principle support for four additional recommendations, below. We will closely track how these recommendations develop as further detail comes to light, to determine whether New Zealand is in a position to offer full support (including backing these initiatives in appropriate fora). These recommendations are to:
 - Invest in preparedness now to create fully functional capacities at the national, regional and global level;
 - Establish a pre-negotiated platform for tools and supplies (see comment below);
 - New international financing for global public goods;
 - Effective national coordination.

9. s 9(2)(g)(i)

We recommend you:

a) **Note** that positioning on the major proposals is now required to guide New Zealand participation in WHO negotiations and other diplomatic and leader-level processes internationally; **Yes/No**

b) **Agree** that New Zealand should prioritise active engagement: **Yes/No**

(1) an improved global surveillance and outbreak response system;

- (2) a strengthened and more independent WHO;
- (3) a new pandemic treaty or equivalent legally binding instrument.

c) **Agree** that New Zealand should provide in-principle support for: **Yes/No**

- (1) Investing in preparedness now to create fully functional capacities at the national, regional and global level;
- (2) Establishing a pre-negotiated platform for tools and supplies;
- (3) New international financing for global public goods;
- (4) Effective national coordination.

d) s 9(2)(g)(i) [REDACTED] **Yes/No**

e) **Note** that further advice will be provided in advance of the Q4 World Health Assembly Special Session; **Yes/No**

f) **Note** that officials will provide advice on New Zealand's financial contribution in Q3. **Yes/No**

Dr Ashley Bloomfield
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Ministry of Health
Date:

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Ministry of Foreign Affairs and Trade
Date: 18/6/21

Hon Andrew Little
Minister of Health
Date:

Hon Nanaia Mahuta
Minister of Foreign Affairs
Date:

Next steps: New Zealand engagement on international pandemic preparedness and response

Context

10. The COVID-19 pandemic has highlighted clear gaps within the international system for pandemic preparedness and response. At the May 2020 World Health Assembly (WHA) the WHO Director-General was tasked with initiating a process of impartial, independent and comprehensive evaluation of the WHO-coordinated health response to COVID-19. This has involved several initiatives, most notably the establishment of the Independent Panel for Pandemic Preparedness and Response (IPPR).
11. In addition to the IPPR work-stream, the WHO's process of evaluation included tasking existing WHO mechanisms to undertake technical reviews: The Review Committee on the Functioning of the International Health Regulations (IHR¹), and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC).
12. The findings and recommendations from these reviews are technical and operational in nature and essentially reinforce and complement the IPPR recommendations. Accordingly, the focus of this briefing and the proposed framework is the IPPR.

The IPPR found significant failings at the global level and has recommended substantial reform

13. Key findings included:
 - a. There had been a lack of a 'preparedness ethos' globally – that warnings were given, but many countries chose not to act. Too many governments took a wait and see approach, and many devalued public health advice and the science emerging around COVID-19.
 - b. The global health architecture operated imperfectly - there were issues in relation to the functioning of the IHR; which in the IPPR's view meant that valuable time was lost and the IHR's mandate did not support an urgent/timely response.
 - c. The WHO was not sufficiently empowered to investigate and assess the emerging pathogen at speed and was underfunded to do its job. Overall, coordinated global leadership was absent, and on the financing side, preparedness was under-funded and response funding was too slow.
14. The IPPR has divided recommendations into two groups – immediate actions focused on ending the current COVID-19 pandemic, and recommendations focused on preventing a future pandemic. Annex 1 provides a list of all IPPR recommendations.
 - a. Immediate actions include a call for national governments to apply non-pharmaceutical public health measures systematically and rigorously, and for high income countries to

¹ The IHR are an instrument of international law that is legally-binding on 196 countries, including the 194 WHO Member States. They create rights and obligations for WHO and countries, including the requirement to report public health events.

support increased access to COVID-19 vaccines, treatments and tests for low- and middle-income countries.

- b. Future focused recommendations. The IPPR identified 'bold and vital' reforms, including:
 - i. elevated leadership for global health and better coordination at all levels (including the adoption of a pandemic framework convention)
 - ii. a strengthened WHO
 - iii. investment in preparedness now and not when the next crisis hits
 - iv. an improved system for surveillance and alert
 - v. a pre-negotiated platform able to produce vaccines, diagnostics, therapeutics and supplies
 - vi. access to financial resources (investment in preparedness, as well as making available funding should another pandemic eventuate).

New Zealand will be an active player in the global reform process

15. Overall, officials support the IPPR's findings and recommendations. Taken together, the report represents an appropriately bold and ambitious reform agenda; one that could significantly improve the global community's ability to better prepare for and respond to public health emergencies, thus preventing another COVID-19-like crisis. The approach is broadly consistent with New Zealand's domestic thinking on health emergencies.
16. There are, however, many recommendations and it is not possible for New Zealand to engage substantively and effectively across all at the international level. Accordingly, officials have undertaken an analysis of the future focused IPPR recommendations in order to prioritise New Zealand engagement. This approach ensures that where we engage, we can do so with credibility and over a long period of time.
17. To assist prioritisation, officials have separated recommendations into three engagement categories: active engagement; in principle support; and active watching brief. To determine level of engagement officials considered which recommendations are:
 - likely to bring the greatest benefit to New Zealand and the Pacific;
 - likely to have the greatest positive impact on global pandemic preparedness and response;
 - areas where New Zealand has comparative advantage and opportunity to add value; and
 - include significant risks and potential resource implications for New Zealand.

Active engagement

18. We recommend three priorities for New Zealand active engagement on:
 - Improved global surveillance, validation and early response
 - A strengthened and more independent WHO;
 - A new pandemic treaty, convention or equivalent legally binding instrument.

Improved global surveillance, validation and early response

19. We strongly support this recommendation. Further consideration should be given to empowering WHO to better share information about outbreaks of pandemic potential and undertake in-country investigations at short notice to investigate these pathogens/outbreaks. In New Zealand's experience, a rapid-functioning surveillance, risk assessment and alert system is essential (particularly using a One Health approach which includes consideration of animal health and environmental surveillance).
20. Active engagement here would enable us to input New Zealand and Pacific perspectives on what an improved global surveillance system would best look like to ensure the interests of our region are met. New Zealand supports drawing on epidemiological, virological and clinical expertise; and multi-source surveillance to inform rapid, equity focused and evidence-led early response measures.

A strengthened and more independent WHO

21. New Zealand strongly supports this recommendation. For some years now, New Zealand has been an active participant in the WHO reform agenda, seeking to strengthen governance of the organisation, and put it on a more sustainable footing financially. s 9(2)(g)(i)
22. It is imperative Member States address these issues, better positioning the WHO to carry out normative, technical health functions (that is, fulfil its core mandate). Appropriately resourcing the WHO, and equipping WHO country offices to respond to technical requests from national governments will be important. This is a priority for the Pacific region, where WHO technical advice is vitally important for the functioning of national health systems.
23. Ultimately, New Zealand is seeking a better-funded, better-governed organisation, which is best-positioned to do its job. Part of this is ensuring its independence, and ability to focus on its normative technical-health function, separate from political process or concerns. The IPPR has recommended a number of other functional improvements, including limiting the WHO Director-General's term to help preserve the independence of this function (reducing terms to a single seven-year period) and the establishment of a Standing Committee for Emergencies as part of the WHO Executive Board (to support a focus on preparedness and response. New Zealand remains open to these proposals, s 9(2)(g)(i)

A new pandemic convention or legally binding instrument

24. Support is growing for a new pandemic treaty, convention or legally binding instrument to strengthen the global health architecture. 60 Member States delivered a joint statement at the WHA in May 2021 calling for a pandemic treaty, and a dedicated Special Session of the WHA will be held in late November 2021 to consider the proposal.
25. Officials see a number of potential benefits in this recommendation. A new legally binding instrument, which is modelled in such a way as to complement the existing IHR, could help strengthen the global preparedness and response architecture by:
 - a. Cementing political will for whole-of-government, multi-sectoral approaches;
 - b. Ensuring that the WHO is best positioned to help countries strengthen national pandemic preparedness planning and response mechanisms;

- c. Providing a crucial pathway to engage the wider UN system for the purposes of comprehensive preparedness and response activities;
 - d. Addressing a wide range of pressing issues such as an appropriate level of universal healthcare coverage, and access to vaccines; and
 - e. Providing a convening forum to bring together major players and influencers / financiers of pandemic response.
26. In the lead up to the WHA Special Session in November, various proposals are emerging around the shape of any new instrument. We consider that New Zealand should remain flexible about form issues and focus on substance and what the instrument can deliver. Nevertheless at this stage, and mindful of the urgency highlighted by the IPPR co-chairs, s 9(2)(j)
27. New Zealand has an interest in actively engaging in this proposal to ensure our interests and those of the Pacific are considered. There are also considerable resource implications associated with engaging in the development and then implementation of such an instrument, not just for New Zealand but also for our Pacific partners as well. Over the next few months officials will undertake careful analysis of the major, emerging options for a new, legally binding instrument. We will prepare New Zealand positions on the form and function of such an instrument, which best delivers for New Zealand, our region, and global preparedness, and provide further advice.
28. Active engagement includes:
- Advocating for our (and as appropriate, Pacific) interests in these areas through participation in relevant WHO working groups, sessions and negotiations;
 - supporting Pacific engagement in these processes (including reaching out to Pacific partners to better understand their practical needs and preferences of the WHO, and potentially hosting (or co-hosting with another Pacific country) a Pacific Health-focused ministerial or other officials' meeting);
 - seeking opportunities for New Zealand to engage internationally and contribute experience, knowledge and scientific expertise as relevant (including New Zealand's equity focused public health approach, understanding of the Pacific context, and One Health expertise);
 - consideration of increased New Zealand contribution to a strengthened WHO and pandemic response (whether by assessed or voluntary contributions to the WHO, or wider mechanisms associated with COVAX, ACT-A and more).

In-principle support

29. We propose New Zealand provide in-principle support for the following four recommendations, mindful of the need for further information and due diligence (including work to cost these). Officials will need to closely track how these proposals develop, before we can confirm whether we are in a position to offer full support and/or engage actively in order to back these initiatives in appropriate international fora:

- Invest in preparedness now
- This will support the creation of fully functional capacities at the national, regional and global level – with a focus on promoting One Health preparedness planning – that is equity focused, science-based, sustainably funded and which prioritises strengthening national pandemic preparedness and response capabilities domestically and through support to Pacific partners within our region.
- Establish a pre-negotiated platform for tools and supplies
- This is intended to transform the ACT-Accelerator2 into a global end-to-end platform – and also creating a dedicated International Pandemic Financing Facility s 9(2)(g)(i) further detail still required, as outlined in Annex 1).
- New international financing for global public goods
- Including a new International Pandemic Financing Facility to raise additional reliable funding for pandemic preparedness and for rapid surge financing for response.
- Effective national coordination
- Including National Pandemic Coordinators with a direct line to Head of State or Government.

s 9(2)(g)(i),

Out of scope

30. s 9(2)(g)(i), Out of scope

New Zealand will engage in these priorities across multiple avenues

31. Two WHO working groups will respond to some of the recommendations. New Zealand will not be/nor seek a formal role on these working groups but will engage actively with other Member States and through wider consultative processes associated with these group:
- WHO working group on sustainable finance. This working group was established previously but will continue as it has the mandate to consider the essential functions of the WHO that should be sustainably financed and options to achieve this). Australia is already on this working group on behalf of the Western Pacific region and we have an existing close relationship which provides us an opportunity to be closely involved in this working group.
 - WHO working group on strengthening WHO and Member States preparedness and response to health emergencies. This is a new working group that will consider the WHO/health focused recommendations of the IPPR and IHR Review Committee. It will also take forward preparations for the WHA Special Session November 2021 to consider a new pandemic treaty, convention or other legally binding instrument. We

² ACT-A, launched in April 2020, is global collaboration between WHO, governments, donors, science community and civil society to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines.

considered seeking a role on this working group however discounted it given the positive experience we have had working through Australia on the sustainable finance working group, and also due to the significant resourcing this would take. Positively, Singapore is now seeking a role as a representative from the Western Pacific region.

32. In addition to the above working groups, New Zealand will actively engage across the following channels:
33. Diplomatic engagement: officials will work bilaterally and multilaterally (primarily in Geneva, New York ^{s 6(a)} [REDACTED] and via health-to-health channels ^{s 6(a)} [REDACTED] while also identifying opportunities for New Zealand to contribute helpful knowledge or scientific expertise, in support of our interests.
- The IPPR co-chairs have called for a United Nations General Assembly Special Session (UNGASS) to be held in September/November (not yet confirmed) to mobilise political will and commitment for improved pandemic response. Should this proceed, it will be a major area of focus for New Zealand to advance our interests.
 - Pacific Health engagement: as noted above, New Zealand could also consider hosting a Pacific focused Ministerial or officials level meeting, in advance of the WHA Special Session, to coordinate and galvanise Pacific Island Countries input into the above work-streams. This Ministerial could be co-hosted with the IPPR and a Pacific country, such as Tonga which is on the WHO Executive Board so is well-across the IPPR process.
 - Our existing participation in the COVAX governance processes may also offer opportunities to engage.

New Zealand will need to consider increasing our international contribution

34. ^{s 9(2)(f)(iv)} [REDACTED]
35. ^{s 9(2)(f)(iv)} [REDACTED]
36. Stepping up New Zealand's international engagement on pandemic preparedness and response focused on our three active engagement priorities over the next six months will also require prioritisation of human resources across MOH, MFAT and MPI. Officials will provide further advice in Q4 2021 once the shape of longer-term work is known following the WHA Special Session in November 2021. A lead role for New Zealand in a UNGA high level event or similar, should this proceed, would have particular implications for MFAT.

^{s 9(2)(f)(iv)} [REDACTED]

Annex 1: IPPR Recommendations

1. Elevate political leadership for global health to the highest levels to ensure leadership, financing and accountability			
<i>Actions</i>	<i>Main actor</i>	<i>When</i>	<i>NZ position & where recommendation will be progressed</i>
<p>Establish a Global Health Threats Council. The membership should be endorsed by a UN General Assembly resolution (see below recommendations for a Special Session of the UNGA). The Council should be led at Head of State and Government level and the membership should include state and relevant non-State actors, ensuring equitable regional, gender and generational representation, with the following functions;</p> <ul style="list-style-type: none"> • maintain political commitment to pandemic preparedness between emergencies and to response during emergencies; • ensure maximum complementarity, co-operation and collective action across the international system at all levels; • monitor progress towards the goals and targets set by the WHO, as well as against potentially new scientific evidence and international legal frameworks, and report on a regular basis to the United Nations General Assembly and the World Health Assembly; • guide the allocation of resources by the proposed new finance modality according to an ability to pay formula; • hold actors accountable including through peer recognition and/or scrutiny and the publishing of analytical progress status reports. 	UNGA	Q4 2021 (UNGA Special Session)	<p>s 9(2)(g)(i)</p> <p>[REDACTED]</p> <p>s 6(a)</p> <p>[REDACTED]</p> <p><u>Forums to progress recommendation</u></p> <ul style="list-style-type: none"> - Diplomatic channels in New York.
<p>Adopt a Pandemic Framework Convention within the next 6 months, using the powers under Article 19 of the WHO Constitution, and complementary to the IHR, to be facilitated by WHO and with the clear involvement of the highest levels of government, scientific experts and civil society.</p>	WHO/national governments	Within 6 months	<p><u>NZ position</u></p> <p>There are a number of potential benefits associated this proposal. see paras 31 - 34. s 9(2)(g)(i)</p> <p>[REDACTED]</p>

			<p>s 9(2)(g)(i)</p> <p><i>Forums to progress recommendation</i></p> <ul style="list-style-type: none"> - Working Group on Strengthening WHO and Member States preparedness and response to health emergencies. - Special Assembly in November 2021. - Diplomatic channels. - Health channels.
<p>Adopt a political declaration by Heads of State and Government at a global summit under the auspices of the UN General Assembly as a Special Session convened for the purpose and committing to transforming pandemic preparedness and response in line with the recommendations made in this report.</p>	<p>United Nations General Assembly</p>	<p>Q4 2021 (UNGA Special Session)</p>	<p><i>NZ position</i></p> <p>New Zealand broadly supports this recommendation, however it is not yet clear whether this is likely to go ahead.</p> <p><i>Forums to progress recommendation</i></p> <ul style="list-style-type: none"> - Diplomatic channels in New York.
<p>2. Focus and strengthen the authority and financing of WHO</p>			
<p>Actions</p>	<p>Main actor</p>	<p>When</p>	<p>NZ position & where recommendation will be progressed</p>
<p>Establish WHO's financial independence, based on fully unearmarked resources, increase Member States fees to 2/3 of the budget for the WHO base programme and have an organized replenishment process for the remainder of the budget.</p>	<p>WHA decision</p>	<p>May 2022</p>	<p>s 9(2)(g)(i)</p>

			<p><u>Forums to progress recommendation</u></p> <ul style="list-style-type: none"> - Member State Working Group on Sustainable Finance. - Diplomatic channels. - Health channels.
Strengthen the authority and independence of the Director-General, including by having a single term of office of seven years with no option for re-election. The same rule should be adopted for Regional Directors.	WHA decision	May 2022	<p><u>NZ position</u></p> <p>Officials support this recommendation.</p> <p><u>Forums to progress recommendation</u></p> <ul style="list-style-type: none"> - Working Group on Strengthening WHO and member states preparedness and response to health emergencies. - Diplomatic channels. - Health channels.
Strengthen the governance capacity of the Executive Board, including by establishing a Standing Committee for Emergencies.	WHA decision	May 2022	<p>s 9(2)(g)(i)</p> <p>[REDACTED]</p> <p><u>Forums to progress recommendation</u></p> <ul style="list-style-type: none"> - Working Group on Strengthening WHO and member states preparedness and response to health emergencies.
Focus WHO's mandate on normative, policy, and technical guidance, including supporting countries to build capacity for pandemic preparedness and response and for resilient and equitable health systems.	WHA decision	May 2022	<p><u>NZ position</u></p> <p>Officials support this recommendation.</p> <p><u>Forums to progress recommendation</u></p> <ul style="list-style-type: none"> - Working Group on Strengthening WHO and Member States preparedness and response to health emergencies. - Regional processes including RCM and APSED meetings

PROACTIVELY RELEASED

Empower WHO to take a leading, convening, and coordinating role in operational aspects of an emergency response to a pandemic, without, in most circumstances, taking on responsibility for procurement and supplies, while ensuring other key functions of WHO do not suffer including providing technical advice and support in operational settings.	WHA decision	May 2022	<u>NZ position</u> Officials support this recommendation. <u>Forums to progress recommendation</u> - Working Group on Strengthening WHO and Member States preparedness and response to health emergencies.
Resource and equip WHO Country Offices sufficiently to respond to technical requests from national governments to support pandemic preparedness and response, including support to build resilient health systems, UHC and healthier populations.	WHO Secretariat	Immediately	<u>NZ position</u> Officials support this recommendation but note potential resourcing and funding implications. <u>Forums to progress recommendation</u> - Working Group on Strengthening WHO and member states preparedness and response to health emergencies.
Prioritize the quality and performance of staff at each WHO level, and de-politicize recruitment (especially at senior levels) by adhering to criteria of merit and relevant competencies.	WHO Secretariat	Short-term	<u>NZ position</u> Officials support this recommendation. <u>Forums to progress recommendation</u> - Working Group on Strengthening WHO and Member States preparedness and response to health emergencies.
3. Invest in preparedness now to create fully functional capacities at the national, regional and global level			
Actions	Main actor	When	NZ position & where recommendation will be progressed
WHO to set new and measurable targets and benchmarks for pandemic preparedness and response capacities.	WHO/national governments	Q3-4 2021	<u>NZ position</u> Officials support this recommendation. <u>Forums to progress recommendation</u>

			The Ministry of Health has already begun development of a National Health Security Plan and intends to review the existing Influenza Pandemic Plan and the National Health Emergency Plan. Furthermore, changes from the Health and Disability System Review will also help to address this recommendation.
All national governments to update their national preparedness plans against the targets and benchmarks set by WHO within six months, ensuring that whole-of government and whole-of-society coordination is in place and that there are appropriate and relevant skills, logistics, and funding available to cope with future health crises.	National governments	Within 6 months	<u>NZ position</u> Officials support this recommendation (see also above). <u>Forums to progress recommendation</u> The Ministry of Health has already begun development of a National Health Security Plan and intends to review the existing Influenza Pandemic Plan and the National Health Emergency Plan. Furthermore, changes from the Health and Disability System Review will also help to address this recommendation.
WHO to formalize universal periodic peer reviews of national pandemic preparedness and response capacities against the targets set by WHO as a means of accountability and learning between countries.	WHO/national governments	Q4 2021	<u>NZ position</u> Officials support this recommendation.
As part of the Article IV consultation with member countries, the IMF should routinely include a pandemic preparedness assessment, including an evaluation of the economic policy response plans. The IMF should consider the public health policy evaluations undertaken by other organizations. Five-yearly Pandemic Preparedness Assessment Programs should also be instituted in each member country, in the same spirit as the Financial Sector Assessment Programs, jointly conducted by the IMF and the World Bank.	International Monetary Fund (IMF)	Q3-4 2021	<u>NZ position</u> Officials support this recommendation.
4. Establish a new agile system for surveillance, validation and alerts			

Actions	Main actor	When	NZ position & where recommendation will be progressed
WHO to establish a new global system for surveillance based on full transparency by all parties, using state of-the-art digital tools to connect information centres around the world and include animal and environmental health surveillance, with appropriate protections of people's rights.	WHO Secretariat	Q4 2021	<u>NZ position</u> Officials support this recommendation, noting that the WHO Secretariat would need to work in conjunction with the World Organisation for Animal Health which has the mandate for coordinating animal health surveillance.
WHO to be given the explicit authority by the World Health Assembly to publish information about outbreaks with pandemic potential on an immediate basis without requiring the prior approval of national governments.	WHA decision	May 2021	<u>NZ position</u> Officials support this recommendation, noting that WHO arguably already has this authority under Article 11 of the IHR 2005. <u>Forums to progress recommendation</u> Working Group on Strengthening WHO and Member States preparedness and response to health emergencies.
WHO to be empowered by the World Health Assembly to investigate pathogens with pandemic potential in all countries with short-notice access to relevant sites, provision of samples, and standing multi-entry visas for international epidemic experts to outbreak locations.	WHA decision	May 2021	<u>NZ position</u> Officials support this recommendation in principle, but further information is required, and, subject to details, such a decision may need to be agreed by Cabinet. Similarly, we note that the WHO is not the relevant international body to investigate the animal health aspects, and this work would need to be coordinated with World Organisation for Animal Health. s 9(2)(g)(i) [REDACTED] <u>Forums to progress recommendation</u> - Working Group on Strengthening WHO and Member States preparedness and response to health emergencies.

			<ul style="list-style-type: none"> - Encourage the WHO to coordinate with the World Organisation for Animal Health.
<p>Future declarations of a Public Health Emergency of International Concern (PHEIC) by the WHO Director General should be based on the precautionary principle, where warranted, as in the case of respiratory infections. PHEIC declarations should be based on clear, objective and published criteria. The Emergency Committee advising the WHO Director-General must be fully transparent in its membership and working methods. On the same day a PHEIC is declared, WHO must provide countries with clear guidance on what action should to be taken and by whom to contain the health threat.</p>	WHA decision	May 2022	<p><u>NZ position</u></p> <p>Officials broadly support this recommendation. The process and high-level criteria for determining a PHEIC are already clearly provided for in Article 12 of the IHR 2005. With all six PHEICs, WHO has simultaneously provided clear advice (Temporary Recommendations under Article 15) to Member States with respect to preparedness and response actions, and regularly reviewed and updated that advice. The real issue is not the details of process and criteria, but rather that Member States need to pay close attention when the decision to convene an Emergency Committee is signalled. Also, crucially, how Member States respond when a PHEIC is determined and guidance issued.</p> <p><u>Forums to progress recommendation</u></p> <ul style="list-style-type: none"> - Working Group on Strengthening WHO and Member States preparedness and response to health emergencies.
5. Establish a pre-negotiated platform for tools and supplies			
Actions	Main actor	When	NZ position & where recommendation will be progressed
<p>Transform the current ACT-A into a truly global end-to end platform for vaccines, diagnostics, therapeutics, and essential supplies, shifting from a model where innovation is left to the market to a model aimed at delivering global public goods. Governance to include representatives of countries across income levels and regions, civil society, and the private sector. R&D and all other relevant processes to be driven by a goal and strategy to achieve equitable and effective access.</p>	National governments/ Member States	Medium-term	<p>s 9(2)(g)(i)</p> <p>[REDACTED]</p> <p>[REDACTED]</p>

			s 9(2)(g)(i)
Ensure technology transfer and commitment to voluntary licensing are included in all agreements where public funding invested in research and development.	National governments	Medium-term	<i>NZ position</i> Officials are supportive of the sentiment behind this recommendation but further due diligence is needed.
Establish strong financing and regional capacities for manufacturing, regulation, and procurement of tools for equitable and effective access to vaccines, therapeutics, diagnostics, and essential supplies, and for clinical trials: <ul style="list-style-type: none"> • based on plans jointly developed by WHO, regional institutions, and the private sector, • with commitments and processes for technology transfer, including to and among larger manufacturing hubs in each region, • supported financially by International Financial Institutions and Regional Development Banks and other public and private financing organizations. 	National governments / WHO/ IFIs / regional institutions / private sector	Medium-term	<i>NZ position</i> While New Zealand could potentially look to support this recommendation, officials note more detail would first be required (for example, as to whether this involves any proposed technology transfer from the private sector).
6. Raise new international financing for the global public goods of pandemic preparedness and response			
Actions	Main actor	When	NZ position & where recommendation will be progressed
Create an International Pandemic Financing Facility to raise additional reliable financing for pandemic preparedness and for rapid surge financing for response in the event of a pandemic.	G20 and Member States	Before the end of the year	s 9(2)(g)(i)
The facility should have the capacity to mobilize long-term (10-15 year) contributions of approximately US\$5-10 billion per annum to finance ongoing preparedness functions. It will have the ability to disburse up to US\$50-100 billion at short notice by front loading future commitments in the event of a pandemic declaration. The resources should fill gaps in funding for global public goods at			

national, regional and global level in order to ensure comprehensive pandemic preparedness and response.			<p><u>Forums to progress recommendation</u></p> <ul style="list-style-type: none"> - Member State Working Group on Sustainable Finance. - Diplomatic channels. - Health channels.
There should be an ability-to-pay formula adopted whereby larger and wealthier economies will pay the most, preferably from non-ODA budget lines and additional to established ODA budget levels.			
The Global Health Threats Council will have the task of allocating and monitoring funding from this instrument to existing institutions, which can support development of pandemic preparedness and response capacities.			
Funding for preparedness could be pre-allocated according to function and institution. Surge financing for response in the event of a new pandemic declaration should be guided by prearranged response plans for the most likely scenarios, though f			
The Secretariat for the facility should be a very lean structure, with a focus on working with and through existing global and regional organizations.			
<p>7. Put in place effective national coordination for pandemic preparedness and response based on lessons learned and best practice</p>			
<p>Actions</p>	<p>Main actor</p>	<p>When</p>	<p>NZ position & where recommendation will be progressed</p>
<p>Ensure that national and subnational public health institutions have multidisciplinary capacities and multisectoral reach and the engagement of the private sector and civil society. Evidence-based decision-making should draw on inputs from across society.</p>	<p>National governments</p>	<p>Medium-term</p>	<p><u>NZ position</u> Officials support this recommendation.</p> <p><u>Forums to progress recommendation</u> The Ministry of Health has already begun development of a National Health Security Plan and intends to review the existing Influenza Pandemic Plan and the National Health Emergency Plan. Furthermore changes from the Health and Disability System Review will also help to address this recommendation.</p>

Head of States and Government to appoint national pandemic coordinators accountable to the highest levels of government with the mandate to drive whole of-government coordination for both preparedness and response.	National governments	Short-term	<u>NZ position</u> Officials support this recommendation, noting in the New Zealand context it ought to be accommodated within the generic National Security System arrangements involving senior officials and, where necessary, Ministers.
Conduct multi-sectoral active simulation exercises on a yearly basis as a means of ensuring continuous risk assessment and follow-up action to mitigate risks, cross-country learning, and accountability, and establish independent, impartial, and regular evaluation mechanisms.	National governments	Medium-term	<u>NZ position</u> Officials support this recommendation, noting exercise and live events support continuous improvement for preparedness and that New Zealand has a rolling exercise schedule addressing a variety of risks (along with a system of 'after action reviews' and debriefs for 'live events').
Strengthen the engagement of local communities as key actors in pandemic preparedness and response and as active promoters of pandemic literacy, through the ability of people to identify, understand, analyse, interpret, and communicate about pandemics.	National governments	Medium-term	<u>NZ position</u> Officials support this recommendation, noting that National Emergency Management Agency and the health system have established, generic mechanisms for community engagement. In this context, local communities and Iwi and hapu should be proactively engaged so that the appropriate level of information is available for communities to make informed decisions.
Increase the threshold of national health and social investments to build resilient health and social protection systems, grounded in high-quality primary and community health services, universal health coverage, and a strong and well supported health workforce, including community health workers.	National governments	Medium-term	<u>NZ position</u> Officials support this recommendation, noting it is a critical preparedness mechanism, is arguably extant, and the health system transformation will provide further improvements including in relation to universal health coverage.
Invest in and co-ordinate risk communication policies and strategies that ensure timeliness, transparency, and accountability, and work with marginalized communities, including those who are digitally excluded, to build trust and resilience, in the co-creation of plans that promote health and wellbeing at all times, and build enduring trust.	National governments	Short-term	<u>NZ position</u> Officials support this recommendation, noting that while there is always room for improvement, NZ's risk communication capabilities and community engagement are generally of a high standard and that embedded trusted relationships in place are a critical success factor-