

2. Are there aspects of the proposed amendments which you think New Zealand should support or oppose? Where possible, please reference the relevant IHR article that you are commenting on (see 'Related Information' at the top of this page)

I request that the proposed amended IHR is not supported by New Zealand, that they are all Rejected, at this point.

I request that New Zealanders be afforded the opportunity to review the full text before Approving. Given, that this is not the final and complete text, nor is it a very well constructed document, I nevertheless offer these thoughts on some Amendments in this latest version:

Definitions Section: Return the word “non-binding”

Article 2: Reinstate the words “public health risk” and reject the term “all risks with a potential to impact public health”.

Article 12: Delete the word “potential” from this statement: “that a potential or actual public health emergency”

NEW Article 13A WHO Led International Public Health Response: Reject this amendment in it’s entirety.

- We shall not “undertake” to follow WHO’s “recommendations in any international public health response” rather than assessing the situation in New Zealand.
- We do not accept that WHO “shall” be sole allocator of health products in league with its FENSA (non-State actor) preferred multi-national stakeholders.

Article 23 Health measures on arrival and departure : Delete new paragraph 6.

- Signalling that travelling humans should have papers that “preferably be produced in digital form” within an “interoperability of information technology” framework, impinges on our data-sovereignty, privacy, and has potential for function creep which is as yet unexamined.

Article 35: Delete new paragraph

- Unexamined potential for function creep and control by one technology platform. Deutsche Telekom reports on its website that the WHO selected T-Systems as an industrial partner.
- <https://www.telekom.com/en/media/media-information/archive/covid-19-who-commissions-t-systems-648634>
- The company states: "*The World Health Organization (WHO) will make it easier for its member states to introduce digital vaccination certificates in the future. The WHO is setting up a gateway for this purpose. It enables QR codes on electronic vaccination certificates to be checked across national borders....Vaccination certificates that are tamper-proof and digitally verifiable build trust. WHO is therefore supporting member states in building national and regional trust networks and verification technology. The WHO's gateway service also serves as a bridge between regional systems. It can also be used as part of future vaccination campaigns and home-based records.*"

Article 36 Certificates of vaccination or other prophylaxis : Amend this regulation to DELETE it in its entirety.

- Denying travellers on the basis of their health status is discriminatory.
- Any mandatory requirement for vaccine passports for travellers will inevitably function creep to become embedded in passport or digital identity cards.
- In 2019, ID2020 was launched in conjunction with Global Alliance for Vaccines and Immunization (“GAVI”). ID2020, a nongovernmental organisation. They recently launched their Good Health Pass for a digital health pass system for global travel and the global economy. It is highly likely that any mandatory digital ID system will have functions like this added over time.
- As you may be aware, the previous Government introduced the Digital Identity Programme⁸, and the Digital Identity Services Trust Framework Bill was passed in March 2023. In November 2023, the European Parliament and Member States reached an agreement to introduce Digital Identity. MP David Clark is recorded as saying that the Vaccine Pass and Digital Wallet will most likely be gathered into this ID regime in time.

3. Is there any other information you would like to provide that would help to develop our position on negotiations to amend the International Health Regulations (2005)?

1. We have not completed our own Inquiry, we are not in a position to make an informed decision.

We have barely begun our own inquiry. “The Royal Commission of Inquiry into COVID-19 Lessons Learned I Te Tira Ārai Urutā” is still looking at what can be learned from the pandemic to ensure that New Zealand is as prepared as possible for future pandemics. The COVID-19 pandemic affected all of us – both here and living overseas – and we were forced to undertake extraordinary and some devastating actions throughout its duration. The Inquiry has only just now, February 2024, asked New Zealanders for our experience and input.

The actions of the prime director of the Covid-19 response in New Zealand, former Director General of Health, Ashleigh Bloomfield, must be fully investigated. Curiously, he has moved onto the WHO where he is trying to rush through these IHR Amendments with his “Working Group on Amendments to the International Health Regulations” (WGIHR), before we have yet had time to investigate his decisions.

We cannot approve any of Bloomfield’s WGIHR amendments to ANY international pandemic related Regulation or Treaty until we have learnt the lessons from our OWN review, particularly given this conflict of interest with Bloomfield’s role.

2. Lack of Transparency and Due Process

Despite this 'consultation,' due process has not been followed. There has been little public messaging to raise awareness about the proposed amendments to the IHR, even though there is significant public interest as a recent parliamentary petition, signed by over 26,000 New Zealanders in less than three weeks proves.

WHO has not been transparent. They intend to circumvent Article 55 of the current IHR, which allows state parties four months to consider any amendments prior to the WHA in May 2024. The WHO and the WGIHR failed to disclose the latest draft of the amendments and only a summary report is broadcast at the delegate meetings.

We want to see the final and full text before Rejecting or Approving these amendments.

Once the amendments are known, then New Zealanders will be able to examine what the implications are - financial, social, sovereign or other. Once we have the full information, a Parliamentary debate is required to determine whether New Zealand Rejects or Approve these Amendments.

3. Sovereignty and Independent Decision Making

The amendments to the IHR are designed to extend and strengthen the powers of WHO. Our elected representatives have a duty to ensure that the instruments do not impact the sovereignty of our nation and sovereignty over our bodies.

Given that the WHO have engaged in a public-private partnership funding model with vested interests of various multi-national and corporate industries - all these potential conflicts of interest must be taken into account. Especially noting that the largest financial contributors to WHO are involved in the pharmaceutical or vaccine industries who obviously have a clear mandate to increase sales, as regards their higher commitment to shareholders.

If the instruments are adopted, WHO will have law-making, executive, expert, and censorship roles, which are well-known paths to the usurpation of power. This is a serious concern given that WHO's private donors can direct funding according to their priorities and investment opportunities.

Recently, Croatian MEP Mislav Kolakušić stated: "It would be healthier and safer for humanity to sign an agreement with the Colombian drug cartel than to sign an agreement with the World Health Organisation."

4. Timeframe

What is the rush? This may take more time than what the WHO envisions. New Zealanders must be given the opportunity to understand the full ramifications of the proposed amendments to the IHR given that the proposed amendments to the IHR will galvanise WHO as the singular controlling authority and architect of global health.

Please REJECT the Amendments until they can be reviewed by elected representatives and the public.