



12 April 2021

Minister of Foreign Affairs

For action by

14 April 2021

The World Health Organization-Convended COVID-19 Origins Study

BRIEFING Decision Submission

PURPOSE To provide an analysis of the Joint World Health Organization (WHO) – China team study report and to seek your guidance on further New Zealand public commentary on the issue.

Tukunga tūtohua – Recommended referrals

Prime Minister	For concurrence by	16 April 2021
Minister for Trade and Export Growth	For concurrence by	16 April 2021
Minister for COVID-19 Response	For concurrence by	16 April 2021
Minister of Health	For concurrence by	16 April 2021
Minister of Agriculture	For concurrence by	16 April 2021
Associate Minister of Health	For information by	16 April 2021

Taipitopito whakapā – Contact details

NAME	ROLE	DIVISION	WORK PHONE
Mark Ramsden	Divisional Manager	United Nations, Human Rights and Commonwealth Division	s9(2)(a)
Peter Ranger	Policy Officer	United Nations, Human Rights and Commonwealth Division	

Mā te Tari Minita e whakakī – Minister's Office to complete

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Noted | <input type="checkbox"/> Seen |
| <input type="checkbox"/> Needs amendment | <input type="checkbox"/> Declined | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Overtaken by events | <input type="checkbox"/> See Minister's notes | |

Comments

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Pito matua – Key points

- The Joint Report of the World Health Organization (WHO)-convened Global Study of Origins of SARS-COV2: China Part, Joint WHO-China Study, 14 January – 10 February 2021 (“the report”) was publically released on 30 March.
- The report’s high-level findings were inconclusive: s9(2)(g)(i), the mission was unable to reach definitive conclusions about the timing or place of origin of COVID-19 nor its transmission pathway to humans. Transmission from an unspecified animal reservoir via an unknown intermediate animal host was judged to be the most likely of the hypotheses evaluated. The report gives s6(a), s9(2)(g)(i)
- The report nevertheless makes a useful start on work to understand the potential origins of the current pandemic, and helpfully scopes out the need for intensified future work (under the auspices of the WHO and within the One Health framework, including the international veterinary/animal health community).
- s6(a) including the US, the UK, Australia, Canada, Japan, and Republic of Korea (through a US-led joint statement), and the European Union have made public comments on the report, s6(a)
Both statements express regret or concern about delays to the mission, and availability of data s6(a), s9(2)(g)(i)
- In advance of our experts’ analysis of the report, New Zealand made initial, general remarks, through our Permanent Mission to the WHO in Geneva, supporting WHO work in this area and calling on the WHO Director-General to set out a timeline for further work on COVID-19 origins. s9(2)(g)(i)
- Additional New Zealand commentary would need to s6(a)
- s6(a), s9(2)(g)(i)
- This advice was prepared in consultation with the Ministry of Health and the Ministry for Primary Industries.

Deborah Geels
for Secretary of Foreign Affairs and Trade

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Tūtohu – Recommendations

It is recommended that you:

- | | | |
|---|---|-----------------|
| 1 | Note that while the Joint Report of the World Health Organization (WHO)-convened Global Study of Origins of SARS-COV-2 was unable to reach definitive conclusions about the timing or place of origin of COVID-19 nor its original transmission pathway to humans, it was a useful step in determining the pandemic's origins. | Yes / No |
| 2 | s6(a) | Yes / No |
| 3 | Agree that New Zealand, through an MFAT spokesperson, issue a further statement on the mission's work and report, focusing on next steps
s6(a) | Yes / No |
| 4 | Note that further New Zealand public comment s6(a) | Yes / No |
| 5 | Refer a copy of this submission to the Prime Minister, the Minister of Trade and Export Growth, the Minister for COVID-19 Response, the Minister of Health, the Minister for Agriculture and the Associate Minister of Health (public health). | Yes / No |

Hon Nanaia Mahuta
Minister of Foreign Affairs

Date: / /

The World Health Organization-Convened COVID-19 Origins Study Pūrongo – Report

The report into the origins of SARS-CoV-2 is part of a wider set of reviews

1. In May 2020, the World Health Assembly (WHA) agreed several actions in response to COVID-19. This wide-ranging resolution (WHA73.1)¹ included requests to the Director-General of the World Health Organization (WHO) to:
 - work closely with the World Organisation for Animal Health, the Food and Agriculture Organization and countries, as part of the One Health approach, to identify the zoonotic² source of the virus and the route of introduction to the human population, including the possible role of intermediate hosts. This is to enable targeted interventions, and development of a research agenda and guidance to prevent and reduce further risk of zoonotic diseases.
 - initiate a stepwise process of impartial, independent and comprehensive evaluation, including using existing mechanisms. This now includes three review processes:
 - 1..1. Independent Panel on Pandemic Preparedness and Response (IPPR) which is co-chaired by the Rt Hon Helen Clark and H.E. Ellen Sirleaf (former President of Liberia).³
 - 1..2. International Health Regulations (IHR) Review Committee (existing mechanism).
 - 1..3. Independent Oversight and Advisory Committee review into the WHO Health Emergencies Programme (existing mechanism).
2. The *Joint Report, WHO-convened Global Study of Origins of SARS-COV-2: China Part, Joint WHO-China Study, 14 January – 10 February 2021* (the report) responds to the request in the first bullet point as above. This report, and the outcomes of the other three review processes will be considered by the WHA 24 May – 1 June 2021.
3. An initial joint report into COVID-19 was released in February 2020 and followed a mission to China by 25 experts (from both China and those appointed by the WHO) between 16 – 24 February 2020. New Zealand's Director-General of Health has noted this first joint report provided critical and timely information to inform New Zealand's response to COVID-19.

The final report is a culmination of eight months of planning and work

4. Work on the report commenced in July 2020 with agreement on the Terms of Reference (ToR) between the WHO and China. The ToR envisaged a two-phase study; phase one focused on short-term studies⁴ to better understand how the disease was introduced and

¹ New Zealand was one of 66 Member States and regional groups (the African Group and the European Union) that co-sponsored the resolution.

² Animal diseases that can also infect humans.

³ The IPPR has sought views from Member States, reviewed documentation, conducted a number of key informant interviews as well as holding a range of focus group discussions. New Zealand has had strong participation across all opportunities, including participation by Hon Verrall in a round-table discussion and an interview of the Director-General of Health and the Ministry of Health Chief Science Advisor.

⁴ Descriptive and analytical epidemiological studies, as well as animal, environmental and products studies.

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began to circulate in Wuhan, China, with phase two focusing on long-term studies arising from the findings of phase one.

5. An expression of interest for experts was released in August 2020, and experts were appointed following confirmation by the Government of China by mid-October 2020. The final team of 34 experts (17 international experts appointed by the WHO and 17 from China) conducted a joint study in Wuhan, China over a 28-day period (14 January to 10 February 2021). ^{s6(a), s9(2)(a)}
6. There were difficulties in pinning down a date for the mission. The mission's commencement was subject to delays due to issues securing visas for the international experts. New Zealand representation in Geneva echoed WHO Director-General Tedros's call for the rapid resolution of this issue during a WHO meeting on 7 January. In his public comments on the report, the Director-General ^{s6(a)} to concerns that the mission encountered difficulties in accessing data from the Chinese system⁵.
7. The first 14 days were comprised of virtual meetings while those international experts who were able to travel were in quarantine, followed by 14 days of site visits, meetings and interviews where the international team remained under health monitoring due to Chinese public health regulations.
8. The report was shared with WHO Member States under embargo on 28 March and then publicly released on 30 March.

A number of countries have made statements on the report's process and findings

9. Shortly after the report's release thirteen countries⁶ joined the US in a statement expressing their shared concerns regarding the WHO-convened study in China (Annex B). The EU and India have also delivered statements (Annexes C and D) with both of these statements ^{s6(a)}
The EU statement regretted "the late start of the study ... and the limited availability of early samples and related data", but considered the report a "useful first step".
10. ^{s6(a)}
approach to undertake a technical review of the report prior to considering next steps.
11. ^{s6(a)}

⁵ "The team reports that the first detected case had symptom onset on the 8th of December 2019. But to understand the earliest cases, scientists would benefit from full access to data including biological samples from at least September 2019. In my discussions with the team, they expressed the difficulties they encountered in accessing raw data. I expect future collaborative studies to include more timely and comprehensive data sharing." - Director-General Tedros's closing remarks at the Member State Briefing on the report of the international team studying the origins of COVID-19 (30 March).

⁶ Australia, Canada, Czech Republic, Denmark, Estonia, Israel, Japan, Latvia, Lithuania, Norway, Republic of Korea, Slovenia, and United Kingdom

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s6(a)

The report's high-level findings are inconclusive; its recommendations call for further work

13. s9(2)(g)(i) the WHO mission team was not able to reach any definitive conclusions about the timing or place of origin of the COVID virus, nor its original transmission pathway to humans. The report provides some concluding statements with respect to the hypothesised origins and possible initiating mechanisms of spill-over from wildlife reservoirs into the human population. It provides estimates of when human infections likely first started to appear (September – December 2019), but notes that exactly where the initial spill over occurred is not known.

14. s9(2)(g)(i)

More specifically, the report assessed that “direct zoonotic spill-over” was a “possible-to-likely” pathway; “introduction through an intermediate [animal] host” was a “likely to very likely” pathway; “introduction through cold/food chain products” was a “possible” pathway; and “introduction through a laboratory incident” was “an extremely unlikely” pathway.

15. s6(a)

s9(2)(g)(i)

s6(a), s9(2)(g)(i)

16. The Mission's report includes recommendations such as further analysis of confirmed cases from Wuhan in December 2019, the need for further research around earlier cases and possible hosts around the world, as well as further surveys to identify coronaviruses related to SARS-COV2 in bats and pangolins in China and South East Asia, as well as other wild animals known to be infected by SARS-COV2.

New Zealand officials consider s6(a)

17. The report has been reviewed by officials with expertise in a wide range of human and animal health, as well as food safety from across both the Ministry of Health and Ministry for Primary Industries.

18. s6(a)

overall, officials note the report makes a useful start against phase one (initial studies) as originally envisaged in the ToR. It provides s6(a), s9(2)(g) commentary and analysis on the potential origins of the current pandemic and identifies lessons learned to help improve efforts to prevent and respond to future pandemics. Officials are also encouraged by and support in general the report's recommendations for further studies.

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19. The report helpfully highlights the need for heightened future work (in coordination with the rest of the international veterinary / animal health community) in the One Health area and especially with respect to the need to have ongoing monitoring of new and emerging zoonotic diseases. While One Health is not a new concept (and is highlighted after every emergence of an infectious disease of global importance, H1N1, SARS, MERS, Ebola), it is nevertheless good to see this highlighted a key area for decision makers also.

s6(a), s9(2)(g)(i)

24. The report presents a number of hypotheses about how an unknown wildlife source could potentially have initially spilled over into a human population. It suggests this could be more likely if the susceptible / infected wildlife species were being farmed.

s6(a), s9(2)(g)(i)

25. In addition, the report

s6(a), s9(2)(g)(i)

26. s6(a), s9(2)(g)(i)

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s6(a), s9(2)(g)(i)

27. s9(2)(g)(i)

s6(a), s9(2)(g)(i)

28. s6(a), s9(2)(g)(i)

29. s6(a)

s6(a), s9(2)(g)(i)

Further work is needed to identify the origins of COVID-19 and ensure the world is better-prepared to respond to future pandemics

30. Further studies are needed to address some of the gaps identified in the report. As noted earlier, the report represents phase one of the ToR with phase two to focus on longer-term studies. The report's analysis provides a helpful starting point to progress these studies however the WHO will need to develop a framework and/or work programme to identify priorities, mechanisms and timeframes. (In general, the WHO does not conduct research itself but works through official collaborating centres and/or funds research through other entities).
31. In addition to the above, this report and the further studies need to culminate in the development of interventions to prevent or further reduce the risk of new or known zoonotic diseases from becoming the next potential pandemic. This includes through the production of guidance documents as requested through the WHA resolution in 2020 (refer paragraph 1). This is a vital step to ensure that Member States can take informed action and is also a critically important part of the WHO's normative role as the specialised UN agency for human health.
32. Officials expect to see detail on the next steps concerning further studies and the development of interventions and guidance on next steps during the WHA this year.

Further public commentary on New Zealand's views on the report s9(2)(g)(i)

33. New Zealand Permanent Representative to the WHO made initial comments on the report at a WHO briefing on Geneva on 8 April, supporting WHO work in this area and calling on the WHO Director-General to set out a timeline for further work on COVID origins (statement attached at Annex A).

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34. s6(a) based on this analysis of the report's process and findings. Officials have jointly identified a range of objectives that will inform New Zealand's international position on the report and next steps:

- *Advancing global health security*

34..1. At present there is no legally binding mechanism that can compel Member States to provide information to the WHO or other Member States regarding public health concerns, nor to accept an in-country investigative mission. The IHR could be considered to request this information however no punitive action can be taken for non-performance.

34..2. This issue has been identified by the interim findings from the IPPR and the IHR Review Committee and will be further discussed during the WHA this year. Potential courses of action for discussion include a possible pandemic treaty s9(2)(g)(i)

and /or adding a mechanism similar to the Universal Period Review on human rights treaties to the IHR (whereby Member States can comment internationally at the performance of other Member States), s9(2)(g)(i)

34..3. Accordingly, any s6(a), s9(2)(g)(i)

- s6(a)

s6(a), s9(2)(g)(i)

s6(a)

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s6(a), s9(2)(d)

Further New Zealand public commentary

35. The next WHA 24 May – 1 June 2021 will provide several additional opportunities for New Zealand to deliver interventions on this report and the response to COVID-19 more generally. The Ministry of Health leads preparation in partnership with the Ministries of Foreign Affairs and Trade and Primary Industries.
36. s9(2)(g)(i)

The Assembly will include opportunities for Ministerial representation and potentially Head of State representation as well. s9(2)(g)(i)

s9(2)(g)(i)

s6(a), s9(2)(d)

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s9(2)(g)(i)

A draft statement is attached at Annex E.

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Annex A: New Zealand comments delivered by UN Permanent Representative at WHO member state briefing (8 April)

New Zealand fully supported WHO taking leadership in establishing the origin of SARS-CoV-2 and its transmission to the human population. We see it as a shared responsibility of the global community to cooperate and share information, data and samples with full transparency, so we can learn from this pandemic and better prepare for the next one.

We recognise that the WHO led COVID-19 origins study has drawn together useful material, but as Director-General Tedros has stated, it will need to be supplemented by further studies to identify the source of the virus.

We call on the Director-General to propose a timeline for the next phase of work necessary to discover the origin of SARS-CoV-2.

And in the same way we look to the past, we must look to the future.

In responding to any future outbreak of a new pathogen, it will be essential for all Member States to commit to allowing rapid access by independent expert analysts to relevant locations, and to environmental data and blood samples. We would also encourage greater collaboration generally on pandemic preparedness, and stand ready to support this work.

Annex B: US joint statement on the WHO-Convened COVID-19 Origins Study (30 March)

The Governments of Australia, Canada, Czechia, Denmark, Estonia, Israel, Japan, Latvia, Lithuania, Norway, the Republic of Korea, Slovenia, the United Kingdom, and the United States of America remain steadfast in our commitment to working with the World Health Organization (WHO), international experts who have a vital mission, and the global community to understand the origins of this pandemic in order to improve our collective global health security and response. Together, we support a transparent and independent analysis and evaluation, free from interference and undue influence, of the origins of the COVID-19 pandemic. In this regard, we join in expressing shared concerns regarding the recent WHO-convened study in China, while at the same time reinforcing the importance of working together toward the development and use of a swift, effective, transparent, science-based, and independent process for international evaluations of such outbreaks of unknown origin in the future.

The mission of the WHO is critical to advancing global health and health security, and we fully support its experts and staff and recognize their tireless work to bring an end to the COVID-19 pandemic, including understanding how the pandemic started and spread. With such an important mandate, it is equally essential that we voice our shared concerns that the international expert study on the source of the SARS-CoV-2 virus was significantly delayed and lacked access to complete, original data and samples. Scientific missions like these should be able to do their work under conditions that produce independent and objective recommendations and findings. We share these concerns not only for the benefit of learning all we can about the origins of this pandemic, but also to lay a pathway to a timely, transparent, evidence-based process for the next phase of this study as well as for the next health crises.

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We note the findings and recommendations, including the need for further studies of animals to find the means of introduction into humans, and urge momentum for expert-driven phase 2 studies. Going forward, there must now be a renewed commitment by WHO and all Member States to access, transparency, and timeliness. In a serious outbreak of an unknown pathogen with pandemic potential, a rapid, independent, expert-led, and unimpeded evaluation of the origins is critical to better prepare our people, our public health institutions, our industries, and our governments to respond successfully to such an outbreak and prevent future pandemics. It is critical for independent experts to have full access to all pertinent human, animal, and environmental data, research, and personnel involved in the early stages of the outbreak relevant to determining how this pandemic emerged. With all data in hand, the international community may independently assess COVID-19 origins, learn valuable lessons from this pandemic, and prevent future devastating consequences from outbreaks of disease.

We underscore the need for a robust, comprehensive, and expert-led mechanism for expeditiously investigating outbreaks of unknown origin that is conducted with full and open collaboration among all stakeholders and in accordance with the principles of transparency, respect for privacy, and scientific and research integrity. We will work collaboratively and with the WHO to strengthen capacity, improve global health security, and inspire public confidence and trust in the world's ability to detect, prepare for, and respond to future outbreaks.

Annex C: European Union statement on the WHO-led COVID-19 Origins Study (30 March)

Since the outbreak of COVID-19, the EU and its Member States, while implementing relevant public health measures at the national level, have been a driving force for the mobilization of the international community to support WHO's leadership role in the health response to the pandemic, which remains the global priority.

In Resolution WHA73.1 on the COVID-19 response, Member States agreed on the need for further work to study the origins of the virus and its route of introduction to the human population, including through scientific and collaborative field missions and through WHO's close cooperation with the World Organization for Animal Health (OIE), the Food and Agriculture Organization of the United Nations (FAO) and countries, in line with a One Health Approach, which will enable targeted interventions and a research agenda to reduce the risk of similar events occurring.

Only through a thorough review of the origins of the virus and its transmission into the human population, will we be able to better understand and control this pandemic, and to better prevent and prepare for future health emergencies. Hence, we express our support for a science-based, transparent and independent WHO-convened Global Study of the Origins of SARS-CoV-2, where timely access to data and field missions play a critical role.

While regretting the late start of the study, the delayed deployment of the experts and the limited availability of early samples and related data, we consider the work carried out to date and the report released today as a helpful first step. We are looking forward to further engagement with the Secretariat and the experts on the content of the report as well as on the implementation of its recommendations.

As outlined in the report, further work will have to be pursued to understand the origin of SARS-CoV-2 and its introduction into the human population. This will require further and timely access to all relevant locations and to all relevant human, animal and environmental data available,

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including data from the first identified COVID-19 cases and cases picked up by surveillance systems, as well as further serologic testing of blood samples.

We request the WHO to continue the studies and present a clear timeline for the follow-up work, and we wish to be regularly briefed on plans for, and progress of, its next phases. We also request that the DG allocate the resources necessary to complete this work. We encourage full collaboration and continued support of all relevant authorities regarding the next steps of the study. We are hopeful that such an approach will help us in our common efforts and that any gaps in data needed to further the investigation can be addressed.

Global health is a common responsibility for all WHO Member States. Every lack or delay in sharing public health information can have worldwide adverse impact and we call on all Member States to continue sharing public health information with WHO as soon as it is available, in order to better inform and drive responses. The identification of the source of the SARS-CoV-2 virus will require full and transparent cooperation by all WHO Member States and a collaborative effort by scientists from various disciplines. Open scientific debate is crucial to reach a high standard of conclusions. For these reasons, the EU and its Member States encourage the WHO to facilitate and support further engagement of the international scientific community in this regard.

EU will continue to support the strengthening of international preparedness and the response to pandemics, including through universal and equitable access to diagnostics, treatments and vaccines. A better understanding of the virus, including its origins, is also essential in that respect. Ultimately, pandemic preparedness is not only about response capacities; it is above all about how countries act when a threat arises.

We remain fully committed to working together with all countries and the international community on ways to enhance the organization of field missions in the context of COVID-19 and for future global health emergencies, in order to ensure the rapid start of origins' studies, timely deployment of field missions, independence of the work of the experts and transparency of communication with Member States.

Annex D: India's official spokesperson's response to media queries on the WHO-Convened global study on the origin of COVID-19 (1 April)

In response to media queries on the recently released WHO-convened global study on the origin of Covid-19, Official Spokesperson said:

"We have seen the recently released WHO-convened global study on the origin of Covid-19.

2. The report represents an important first step in establishing the origins of the Covid-19 pandemic. It has listed four pathways concerning the emergence of the disease but has stressed the need for next-phase studies across the region. The report also stresses the need for further data and studies to reach robust conclusions.

3. It is pertinent to note that the Director General of the WHO has separately raised the issue of delays and difficulties in accessing raw data for the team conducting the study. We fully support the Director General's expectation that future collaborative studies will include more timely and comprehensive data sharing. In this connection, we also welcome his readiness to deploy additional missions.

4. We join other stakeholders in voicing their expectations that follow up to the WHO Report or

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further studies, including on an understanding of the earliest human cases and clusters by the WHO on this critical issue, will receive the fullest cooperation of all concerned.

5. We share the need for a comprehensive and expert-led mechanism that would expeditiously investigate the origin of Covid-19 in cooperation with all stakeholders. We will continue to work with the WHO to strengthen capacity and improve global health security so that the present report and further studies will provide valuable inputs on developing protocols and building a knowledge base and expertise that facilitates genomic surveillance to track virus mutations and pro-actively respond to the next global pandemic."

s6(a), s9(2)(g)(i)

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s6(a), s9(2)(g)(i)

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