



Health Coalition Aotearoa

Key Questions are for those who are time-pressed or wish to focus their responses. Please submit your feedback to consultation@healthcoalition.org.nz. Your insights and perspectives are essential as Health Coalition Aotearoa cultivates the Integrity Protection in Public Policy-making project. Thank you for your participation in this important process.

Key questions

- Does the above identification of the potential harms from lobbying constitute an adequate problem definition, or could other issues be highlighted?
- Is the Irish definition of lobbyist the correct one, or is there a better definition? If further thresholds were to be added – organisational staffing levels, for instance, or number of annual lobbying contacts – which is most likely to be workable?
- Relatedly, it is a good idea to bring a wide range of lobbying, including that carried out by NGOs, into the ambit of this work, or should the focus be on third-party lobbyists?
- Should self-employed people be brought into the definition of a lobbyist? If so, how would the negative consequences of that be addressed?
- Does the definition of lobbying activity – premeditated contact with key officials – seem workable, or should it be expanded to include informal and non-premeditated contact?
- Are the subjects of lobbying – the designated public officials – the right ones, or should the focus be on a wider or narrower range of decision-makers?
- Is three years the right length of time for a stand-down period, bearing in mind it prevents only direct contact on issues where the relevant person had official dealings?
- Do the standard measures – a lobbying register, a code of conduct and a stand-down period – seem adequate, or should others be employed?