Briefing

Health system pandemic preparedness

Date due to MO:	8 April 2024	**Action required by:**	16 April 2024
Security level:	IN CONFIDENCE	**Health Report number:**	H2024036792
To:	Hon Dr Shane Reti, Minister of Health		
Consulted:	Health New Zealand: ☒ Māori Health Authority: ☐		

Contact for telephone discussion

Name	Position	Telephone
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Minister's office to complete:

☐ Approved	☐ Decline	☐ Noted
☐ Needs change	☐ Seen	☐ Overtaken by events
☐ See Minister's Notes	☐ Withdrawn	

Comment:

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Health system pandemic preparedness

Security level:	IN CONFIDENCE	**Date:**	8 April 2024
To:	Hon Dr Shane Reti, Minister of Health		

Purpose of report

1 You have requested advice on pandemic preparedness, including current and planned activities, s 9(2)(f)(iv) and the ongoing work on national quarantine capability.

2 This briefing is divided into 4 parts.

a. Part 1 provides an overview of current pandemic preparedness and response capabilities

b. Part 2 provides an overview of work to improve pandemic preparedness

c. Part 3 describes our approach to developing further advice Out of scope, s 9(2)(f)

d. Part 4 outlines proposals for future pandemic preparedness activities, mapped to key Ministerial and Cabinet decision points

3 This report discloses all relevant information and implications.

Summary

4 There are many elements to New Zealand's ongoing pandemic preparedness activity. Some of these are generic emergency management functions, some relate to pandemics in general, and some are COVID-19 specific. This work draws on the recent experience with COVID-19, as well as communicable disease control and emergency response capabilities more broadly. It also includes active coordination within the reformed health system and wider all-of-government systems.

5 The COVID-19 response confirmed that successful pandemic management requires a coherent and coordinated approach across both the health and all-of-government systems, with well-defined accountability and decision-making processes. It also requires clear and trusted public communications, a focus on equity, and community engagement.

6 This briefing outlines an overarching pandemic preparedness work programme that brings together both ongoing and new pandemic-related activities, as well as a clear timeline of when further advice will be provided, and possible touchpoints with Cabinet.

7 We propose an approach that incorporates pandemic preparedness activities already underway, and outlines potential new activities.

8 This approach would result in some key decisions for you to consider before the release of the report by the Royal Commission of Inquiry into COVID-19 Lessons Learned (RCOI) in September 2024 (or later). This proactive approach ensures that work continues, so that the Government response to the RCOI can consider the recommendations against an integrated pandemic preparedness work programme already underway.

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9 s 9(2)(f)(iv) [redacted]

10 Our pandemic work programme also includes several ongoing areas of work.

a. *International public health settings*: ongoing implementation of core public health capacity and other requirements under the International Health Regulations (IHR) 2005 and negotiations in the World Health Organization (WHO) for amendments to the IHR and the proposed pandemic treaty

b. *Integration with the RCOI report*: ensuring that the work programme provides the Government with a basis to consider the recommendations of the RCOI while remaining flexible enough to adopt any recommendations accepted by the Government.

c. *Financial implications*: timing key decisions to inform Budget processes in a timely and coordinated manner.

11 We have grouped the above activities into 7 discreet workstreams and summarised how the workstreams will interact with associated timelines and Ministerial and Cabinet touchpoints. This can be found at **Appendix 1**.

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Recommendations

We recommend you:

a)	**Note** that you commissioned initial advice on pandemic preparedness, including current and planned activities, s 9(2)(f)(iv) and the ongoing work on national quarantine capability.	**Noted**
b)	**Note** that this briefing outlines a wider, integrated pandemic preparedness work programme to ensure alignment across all related health and government sector activity.	**Noted**
c)	**Note** the ongoing work underway across the Ministry of Health and Health New Zealand (National Public Health Service) that contributes directly and indirectly to pandemic preparedness, including work to update the existing influenza pandemic plan, preparedness for avian influenza H5N1, options for the future national quarantine capability, and ongoing implementation of core capacities and other commitments under the International Health Regulations 2005.	**Noted**
d)	**Note** that, in addition to ongoing work, three new additional work programmes will contribute to overall pandemic preparedness: • a proposed pandemic instrument analysis outlining a new approach to planning and response for future pandemics • options analysis into the repeal or extension of the COVID-19 Public Health Response Act (2020), and review of all pandemic-related legislation • options analysis into institutional arrangements, s 9(2)(f)(iv)	**Noted**
e)	**Note** the previous Government directed officials to: • develop a national strategy for the future National Quarantine Capability (NQC) • maintain a 'readiness plan' to be able to reactive at short notice large-scale managed isolation and quarantine if required, • develop proposals for a range of other potential quarantine capabilities (eg, for use in domestic outbreaks such as measles), • report back to Cabinet on progress with NQC work.	**Noted**
f)	**Note** we will provide with more detailed briefing on the NQC by the end of April 2024, to seek your agreement to a pathway for consideration of a long-term strategy for quarantine and isolation, and funded delivery options.	**Noted**

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g) **Agree** the proposed approach, that integrates all pandemic preparedness workstreams into one timeline, with concurrent Ministerial and Cabinet touchpoints ahead of the RCOI so that RCOI recommendations can be considered against work already underway. **Yes/No**

Dr Diana Sarfati
Director-General of Health
Te Tumu Whakarae mō te Hauora

Date: 08 April 2024

Hon Dr Shane Reti
Minister of Health

Date:

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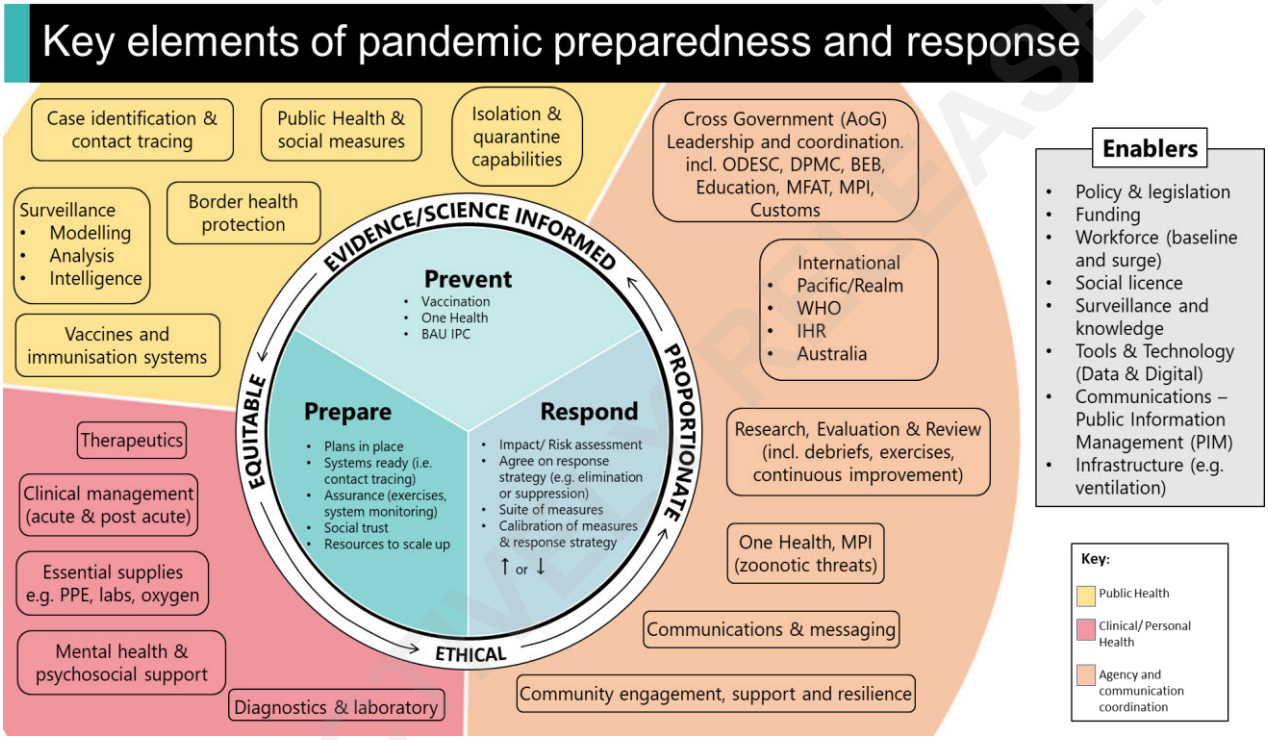
Health system pandemic preparedness

Part 1 -Background and current context

1 Pandemic preparedness and response capabilities do not exist in isolation. Rather, they are extensions (in scope, scale, intensity, specificity and duration) of baseline capabilities for the prevention and management of communicable disease, health service delivery and resilience, generic emergency management functions, as well as health system and all-of-government coordination. In exceptional circumstances, *ad hoc* capabilities can also be developed if required.

2 The graphic below outlines the key elements of pandemic preparedness and response.



3 Health system emergency preparedness, including but not limited to pandemics, is led by the Ministry of Health, with operational activities broadly the responsibility of Health NZ. The strategic framework is provided by the *National Health Emergency Plan*, which articulates direction to the health and disability sector and co-ordinates involvement with wider government. This role sits inside a broader National Resilience System, led by the Department of the Prime Minister and Cabinet (DPMC), which encompasses strategic governance of National Risks (including communicable diseases), and strategic crisis and emergency management response systems.

4 Because of the magnitude of the COVID-19 pandemic and the need to sustain a complex response, COVID-19-specific all-of-government (AoG) coordination mechanisms were quickly developed and further refined. These AoG arrangements have now been discontinued and, pending the outcome of the Royal Commission of Inquiry into COVID-19 Lessons Learned (Royal Commission), the pre-existing generic arrangements have been re-instated (though response specific arrangements could be activated at any time, if required).

5 The 2022 health reforms created two notable entities critical to pandemic preparedness:

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a. ***the Public Health Agency*** (PHA) – established as a branded business unit within the Ministry of Health. The PHA is responsible for providing systems leadership and advising the Director-General of Health on all matters relating to public health. In practice this includes public health strategy, policy, surveillance and intelligence, monitoring, and emergency management. The PHA's remit includes the spectrum of prevention, preparedness, policy and legislative responses to both communicable and non-communicable diseases. The PHA is also the health system contact point with ODESC and global health partners (eg, the WHO), and performs certain key national functions under the International Health Regulations 2005

b. ***the National Public Health Service*** (NPHS) – was established as a directorate within Health New Zealand | Te Whatu Ora (Health NZ). The NPHS includes all the previous 12 DHB public health units (including frontline statutory officers such as medical officers of health and health protection officers) and some enhanced national capabilities including, operational intelligence and surveillance, and border health protection. It also provides COVID-19-legacy functions such as national public health emergency response (including outbreak investigation and control), contact tracing, and operational activity associated with the national quarantine capability (as inherited from Ministry of Business, Innovation and Employment in mid-2023).

6 In addition to the creation of two new entities, the reforms refined the role of the **Director of Public Health** to include public health clinical leadership across both entities and to formalise the relationship between the Director of Public Health and Medical Officers of Health.

Part 2: Current pandemic preparedness activities

Review of the New Zealand Influenza Pandemic Plan

7 The most recent version of the pandemic plan was published in 2017. While written with influenza primarily in mind, much of the content was deliberately applicable to other respiratory pathogens and was used in the early months of the COVID-19 response.

8 In mid-2023 the PHA initiated a two-stage review of the pandemic plan. The first stage of the review was limited in scope, primarily focused on the health system and is almost complete. This interim review explicitly addresses respiratory pathogens more generally, updates language to reflect the reformed health system, and captures some of the early lessons identified from the COVID-19 response.

9 The second stage of the review will be wrapped into the pandemic instrument analysis work described in part 3 of this briefing, including consideration of the latest technical advice and guidance, both domestically and internationally.

National Quarantine Capability

10 Following the decommissioning of Managed Isolation and Quarantine (MIQ), the previous Government agreed to transfer responsibility for the associated residual functions back to the health system, with effect from mid-2023. At that time the Government also directed officials to develop a national strategy for a future national quarantine capability (NQC), maintain a 'readiness plan' to be able to reactivate large-scale managed isolation and quarantine at short notice (if this should ever be required) and to develop proposals for an 'evolving portfolio' of other potential capabilities. These other, distributed capabilities

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would potentially address self, community and managed isolation and quarantine, and be available to support domestic outbreaks (eg, case management for tuberculosis, case and contact management for measles) or *pratique* incidents for craft arriving at the border.

11 Officials were also directed to report back to Cabinet on progress with this work. We will provide you with a further briefing on the NQC work programme and seek your agreement to a pathway for consideration of a long-term strategy for quarantine and isolation and funded delivery options. This will include whether, and if so when, you wish to proceed with the report-back to Cabinet.

International negotiations and partnerships

12 All WHO member states and a small number of other countries (196 in total) are currently engaged in negotiations to improve the international legal frameworks which apply to acute public health risks. There are two concurrent negotiations.

a. Proposed substantive amendments to the IHR 2005, including proposals to strengthen surveillance and response capabilities, support all of government implementation arrangements, and promote improved collaboration and cooperation.

b. A new Pandemic treaty, convention or other agreement on pandemic prevention, preparedness and response. These negotiations have a broader scope than the IHR amendments and include considerations of trade, genetic information, intellectual property (eg, for pharmaceuticals), financing, technology transfer (eg, for vaccine manufacturing) and capacity building. The negotiations include proposals for stronger prevention measures for all countries, including those with circumstances (such as live animal markets and other situations where people live or work in close proximity to animals) which pose risks of new pathogens emerging that could give rise to human outbreaks, epidemics and pandemics.

13 Following decisions at the World Health Assembly (scheduled for May this year) either or both of these processes may lead to further Cabinet paper(s), national interest analysis/es and parliamentary treaty examination (co-led by the PHA and MFAT).

Other activities

14 A number of other pandemic preparedness and related activities are ongoing, these include:

a. *preparedness for highly pathogenic avian influenza (HPAI) H5N1* – the animal health component of this project is led by the Ministry of Primary Industries (MPI) and human health preparedness is led by PHA. This includes developing a PHA response protocol and key messages should HPAI be detected in animals or in humans in New Zealand, including the Ross Dependency in Antarctica. This is ongoing, includes collaboration with the NPHS, and is updated as required by the changing global situation

b. *ongoing implementation of obligations under the IHR 2005* **–** the IHR 2005 is the principal legal framework for preventing and controlling the spread of disease and other public health hazards between countries. Under the IHR 2005, all state parties are required to develop, strengthen and maintain 'core public health capacities' for surveillance, risk assessment, response and reporting. These capabilities need to operate locally, at the border and nationally. Oversight of IHR functions and the National IHR Focal Point function is led by PHA. Operational activity for delivery of the core capacities, including border health protection, is led by NPHS

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c. *update of the National Health Emergency Plan (NHEP)*– a review of the NHEP is proposed, but details as to scope and timing are still being assessed

d. *development of a Public Health Strategic Plan for Surveillance* – this will cover both communicable diseases and non-communicable diseases and is scheduled for completion in mid 2024

e. *the vector-borne disease exercise scheduled for 2025/2026 as part of the all-of-government ODESC National Exercise Programme*. While not solely focused on a pandemic, this will be designed to test key elements of a strategic response that would apply in a pandemic event

f. *ongoing updates to the Communicable Disease Control Manual* – the Manual provides case definitions, advice on case and contact management and national guidelines to support public health professionals with the prevention and control of notifiable diseases. The NPHS is leading the revision of the Manual to provide up-to-date, best practice guidance which enables nationally consistent, equitable and Te Tiriti consistent ways of working. Updates to the Manual are being developed in partnership with subject matter experts including clinicians, operational staff, infectious disease physicians, the Ministry of Health and ESR. As the Manual gives effect to Ministry of Health policy (eg, case isolation requirements and the Eligibility Direction) the Director of Public Health is consulted and included in the sign-out process

g. *review of COVID-19 listing in Schedule 1 of the Health Act 1956* – COVID-19 is currently listed in Part 1 (notifiable diseases) and Part 3 (quarantinable diseases) of the Infectious Diseases schedule of the Health Act 1956. This review assesses options for retention or removal of COVID-19 from the schedule. The retention of COVID-19 as a quarantinable disease under Part 3 of the Act in particular creates both logistic and legal complexity that may no longer be warranted

h. *ongoing maintenance of the measles public health outbreak response plan* – this includes some components which are generalisable to other infectious diseases. This activity is led by NPHS. A measles epidemic preparedness briefing was provided to you recently (H2024036756 refers)

i. *National Reserve Supply* – New Zealand has maintained a strategic National Reserve Supply (NRS) of critical items such as personal protective equipment and other consumables since 2006. The NRS ensures health services have continued access to critical items during large or prolonged emergencies that generate unusual demands on normal health service stocks or supply chains. The NRS includes a supply of influenza antivirals and pre-pandemic H5 influenza vaccine for use in a pandemic influenza response. The composition of the NRS is currently being reviewed to include lessons learned from COVID-19 (scheduled for completion by 30 June 2024)

j. *Strategic Approach to Health at the Border (SAHB)* – this is a multi-year work programme to improve health protection at international ports and airports. The SAHB is not focused on pandemics, but contributes to preparedness and response capabilities.

k. *Polynesian Health Corridors* - funded by the Ministry of Foreign Affairs and Trade this work programme, includes three main components, one of which is pandemic preparedness and response. This includes but is not limited to Realm countries.

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l. *Public Health Laboratory Science Systems Improvement Programme* – this work has three elements:

- establishing a Lead Public Health Laboratory or Laboratories (LPHLs)
- establishing enduring cross-agency governance for commissioning and monitoring of the public health laboratory science system
- ensuring the public health laboratory sciences network is fit for purpose, resilient and prepared in order to be responsive to public health needs including surveillance, pandemic preparedness and response.

s 9(2)(f)(iv)

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Current arrangements

18 The *status quo* comprises the relatively new entities of the PHA and the NPHS, along with the all-of-government coordination functions managed by DPMC. These entities are supported with microbiology, public health, epidemiology, surveillance and reference laboratory, evaluation and analytics capabilities from a range of providers, including the Institute of Environmental Science and Research (ESR).

19 Policy, strategic leadership, and legislative oversight are the responsibility of the PHA and the wider Ministry of Health. Surveillance and intelligence functions are distributed across a number of agencies including PHA, NPHS and ESR. Operational planning and response, including the delivery of public health services is the responsibility of the NPHS in the first instance, and if required, the wider health system. Laboratory functions are provided by a number of laboratories, including ESR. Data and digital support for all functions are provided by the National Digital Services Group within Health NZ.

20 Ongoing operational and policy collaboration with other agencies is also an essential component of preparedness and response. This includes MPI (eg, for the surveillance and management of zoonoses and biosecurity), transport agencies, New Zealand Customs (for border activities), Ministry of Education in relation to managing the risks to, and potential impacts of response measures on, students, Ministry of Social Development in relation to income and social support, and the National Emergency Management Agency for coordination with Civil Defence Emergency Management resources.

21 Overarching AoG leadership and coordination is provided through the DPMC-led National Resilience System. This includes the National Risk Framework, which generates advice and drives decision-making on issues and gaps across the 'four Rs' (reduction, readiness, response, recovery), as well as opportunities to strengthen resilience ahead of crises occurring. The Hazard Risk Board, made up of relevant public sector Chief Executives, has a strategic governance role in this System across National Hazard Risks (including communicable diseases) and provides advice to Government on these issues. The Director-General of Health is a member of the Hazard Risk Board.

22 DPMC also leads the strategic crisis response arrangements of ODESC, which is another key piece of the National Resilience System. Prior to COVID-19, this was supplemented by the Intersectoral Pandemic Group and the intersectoral workstreams set out in *the New Zealand Pandemic Influenza Plan* (2017).

23 If a response-specific mechanism is warranted, for example because of the complexity, scale or duration of an event, Cabinet would be briefed and make the necessary decisions.

Out of scope, s 9(2)(f)(iv)

We welcome further discussion and direction regarding the intended scope of this work to guide next steps.

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Part 4 – new pandemic preparedness proposals

New workstreams

25 There are several significant workstreams yet to begin that will provide a foundation for all-of-government pandemic preparedness.

Future pandemic instruments

26 Pre-COVID-19, our major planning instruments for pandemic preparedness were the National Health Emergency Plan and the 2017 Influenza Pandemic Plan. These plans were used in the first months of the COVID-19 response but, as noted earlier, by mid-2020 were superseded by COVID-19 specific instruments.

27 The management of the COVID-19 response was underpinned by a series of overarching strategies that provided the direction for all policy, legislative, and operational activity. These strategies evolved to reflect new contexts as both the epidemiological context and public health settings changed.

28 The Influenza Pandemic Plan, the Elimination Strategy (2020) and Minimisation and Protection approach (2021) guided the early stages our COVID-19 response. The current *Aotearoa New Zealand Strategic Framework for Managing COVID-19* (2023) was developed once we had high levels of immunity, better access to antivirals, and improved surveillance and diagnostics, allowing us to transition our management of COVID-19 from an emergency response into a 'new business-as-usual' context.

29 We are now applying the lessons identified throughout COVID-19 to our general pandemic preparedness efforts. To ensure this is done in an integrated and coordinated way, a new pandemic strategic approach is proposed. This approach will identify the key instruments necessary to ensure future preparedness, that, taken together, will:

a. outline the strategic direction and high-level principles that the Government intends to take to build pandemic resilience and ensure that we are better prepared for the next pandemic

b. provide a single source of direction for all-of-government pandemic action, and clarity and transparency on government pandemic priorities

c. articulate the framing for preparedness and response measures including criteria for setting and reviewing/escalating response measures

d. guide operational planning for Health NZ, and other relevant entities

e. contribute to the outcomes sought in the Government Policy Statement on Health.

30 Any new instruments would only be finalised after the Royal Commission has completed its inquiry and its findings have been carefully considered.

31 If you are supportive of this approach, further analysis would be provided to you in a separate briefing.

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Legislative review

32 As the lead agency for health emergencies under the National Civil Defence Emergency Management Plan (NCEM) Order, the Ministry of Health is responsible for pandemic related legislation. New Zealand's response to the COVID-19 pandemic highlighted shortcomings in our legislative framework for managing epidemics and pandemics. In particular, the powers in the Health Act 1956 and the Epidemic Preparedness Act 2006 were found to be not fit-for-purpose to support the Government response.

33 Key issues with the **Epidemic Preparedness Act** include:

a. the triggering test for issuing a pandemic notice is too narrowly focused on the significant disruption of government and business activity – it does not allow for public health considerations, nor the nuancing needed to step out of restrictions in a proportionate way

b. the power to modify existing legislative requirements and restrictions to enable compliance during an epidemic has a high threshold (an outbreak is likely to disrupt essential government and business activity), a narrow scope, and only empowers alternative means of compliance (rather than new criteria).

34 Key issues with the **Health Act 1956** include:

a. various court judgments over the course of the COVID-19 response have read a narrower meaning into its emergency powers. This creates an increased risk of legal challenge if the Health Act is used to respond to issues on a national scale or for anything other than a short period of time in the future

b. it lacks the safeguards typically in place for emergency powers and provides for unelected officials to exercise extraordinary powers. The Health Act does not reflect modern democratic processes or require appropriate oversight of legal powers which may have material impact on people's rights.

35 The key issue with the **COVID-19 Public Health Response Act 2020** is that it will self-repeal on 26 November 2024. Unless Parliament extends the Act, there will be no legal mechanism to require mask use or the self-isolation of COVID-19 cases (accounting for the potential of legal challenge raised in regard to the Health Act above). Mask use and self-isolation were the last mandatory measures to be removed from the COVID-19 response and would likely be the first mandatory measures that the Government may consider reintroducing should there be a significant deterioration in the COVID-19 situation, for example the introduction of a new, more virulent variant.

36 There is an opportunity to use knowledge gained from the COVID-19 response to improve New Zealand's pandemic legislation, in the context of a new pandemic approach as signalled above.

37 We will provide you with advice on the future COVID-19 Public Health Response Act 2020, as well as deeper analysis and recommendations on a programme for legislative amendments to ensure New Zealand's legislative framework reflects the strategic outcomes desired through our new approach, and is equipped to support a pandemic response.

38 Options analysis on delivery of a legislative review and repeal of the COVID-19 Public Health Response Act will be provided to you in a separate briefing.

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Institutional arrangements

39 We intend to provide you with a briefing in April 2024 that sets out thinking on future all-of-government coordination on pandemic strategy and policy, s 9(2)(f)(iv) as discussed above.

Other ongoing processes impacting pandemic preparedness timing

40 There is other ongoing work, not led by the Ministry of Health, that will have both thematic and timing impacts on the delivery of the Ministry's integrated pandemic preparedness work programme. These are set out below.

Royal Commission of Inquiry into COVID-19 Lessons Learned

41 Servicing requests from the Royal Commission remains ongoing work for the Ministry. The Ministry will also have a role in supporting the Government's response to the Royal Commission's findings, and in maintaining oversight of the implementation of agreed recommendations relating to the health and disability system. Pandemic preparedness work, and the ongoing COVID-19 response, continues while this workstream progresses.

Financial implications

42 Should any items in the preparedness work programmes reveal financial implications that cannot be accommodated within existing baselines, we will bring these matters to your attention at the earliest opportunity. We will ensure that key policy decisions that have non-budgeted financial implications are aligned with future Budget timeframes, in the event that there is an opportunity to submit a bid. The proposed touchpoints for you and Cabinet in the work programme align to Budget cycle timeframes.

A work programme approach

43 The Ministry is structuring delivery of this work into a clear, integrated work programme.

44 **Appendix 1** outlines the work programme, and groups the work into seven distinct areas, including key touchpoints for you and Cabinet over the course of 2024 and into 2025.

a. Strategic Approach

b. Legislation

c. Institutional arrangements

d. Domestic public health activities *(these activities are already underway)*

e. International public health activities *(these are already underway)*

f. RCOI

g. Budget.

45 The work the Ministry is doing on preparedness will be captured as part of a broader assessment of the communicable diseases national risk, which involves AoG consideration of activities, issues, gaps and opportunities across reduction and recovery as well as readiness and response, for hazard risks in the National Risk Framework. The Hazard Risk Board (responsible for governance of hazard national risks) will provide a mechanism for cross-agency oversight

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and advice to Government that takes into account AoG views across all 'four Rs' and with a focus on building resilience.

Population implications

46 The need to proactively address the needs of population groups that experience inequitable health outcomes is a key lesson identified from the response to COVID-19. This includes Māori, Pacific peoples, disabled people, users of mental health services, older people and other groups.

47 The impacts of COVID-19 remain uneven, particularly in relation to hospitalisations and deaths, with Māori and Pacific peoples, older New Zealanders, and people with comorbidities amongst those disproportionately affected.

Next steps

48 Subject to your direction, officials will provide you with further briefings on the matters outlined in this briefing.

ENDS.

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APPENDIX 1

Proposed pandemic preparedness work programme 2024 – combined workstreams and selected Minister/Cabinet touch points

s 9(2)(f)(iv)

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