

Briefing

Additional Information on Key Work Programmes and Responsibilities

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To:	Hon Dr Ayesha Verrall, Minister of Health		
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Minister's office to complete:

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| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by events |
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Comment:

Additional Information on Key Work Programmes and Responsibilities

Security level: IN CONFIDENCE **Date:** 15 February 2023

To: Hon Dr Ayesha Verrall, Minister of Health

Purpose of report

1. This report provides some *Additional Information on Key Work Programmes and Responsibilities* (Appendix One).

Issue

2. This information follows the Briefing to the Incoming Minister that you received on 1 February 2023.
3. The *Additional Information on Key Work Programmes and Responsibilities* provides you supplementary information relating to your health portfolio, with a focus on Manatū Hauora's current work programmes. It is organised by functions the Ministry is responsible for. The lead Deputy Director-General (DDG) is included for each function.
4. The information included in this document complements the topic-specific meetings, that are being scheduled between your office, Manatū Hauora and Te Whatu Ora.



Dr Diana Sarfati
Director-General of Health
Te Tumu Whakarae mō te Hauora
Date: 15 February 2023

Hon Dr Ayesha Verrall
Minister of Health
Date:

Minister's Notes

PROACTIVELY RELEASED

Appendix 1:

**Additional Information on Key Work
Programmes and Responsibilities**

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Public health

Lead DDG: Dr Andrew Old

Alcohol (harm reduction)

Key messages

Alcohol Levy Review

- The Pae Ora Act (Healthy Futures) Act 2000 imposes levies on the sale of alcohol in order to enable the Ministry of Health to recover costs it incurs in addressing alcohol-related harm and other alcohol-related activities. Levies are determined annually and are calculated using a standard procedure based on statistics supplied annually by the New Zealand Customs Services.
- The Public Health Agency (PHA) is leading a review of the alcohol levy in conjunction with Te Aka Whai Ora and Te Whatu Ora. A cross-entity working group, the Alcohol Levy Working Group (ALWG) has been formed to manage the review. The ALWG has recently completed procurement for an external independent review of the levy, and work will begin in February 2023.
- The review will cover the adequacy of the levy to fund ongoing and established programmes, and any additional alcohol harm-reduction work that may be appropriate.

Evidence brief and Manatū Hauora position statement on alcohol

- Given the reform of the health system and with the allocation of alcohol policy to the PHA, it is timely to develop a Manatū Hauora (the Ministry) wide position statement on alcohol from a public health perspective. The position statement will be informed by an evidence brief on alcohol harm, focused on patterns in consumption over the last 30-40 years, patterns of alcohol related harm, and the key changes in policy over that time, specifically in terms of sale and supply, and interventions. The Ministry expects to have the position statement agreed and finalised in Q2 2023.

Sale and Supply of Alcohol Act 2012

- The Sale and Supply of Alcohol Act 2012 is being amended to improve communities' ability to influence alcohol regulation in their area and thereby reduce alcohol-related harm. This work is being led by the Ministry of Justice (MOJ). The PHA has been working closely with MOJ on policy development and the draft Bill. The Ministry's advice has included a focus on equity, and applying a public health lens.

WHO Global Strategy to Reduce the Harmful Use of Alcohol

- New Zealand was part of the World Health Assembly consensus in May 2022 that adopted the Global Action Plan to strengthen implementation of the WHO's Global Strategy to Reduce the Harmful Use of Alcohol. The strategy and action plan will help guide the development of the PHA's policy approaches toward alcohol harm reduction, including utilising the WHO SAFER framework recommendations.

Issues and risks

- Alcohol and alcohol-related harm is a topic of broad interest, and the alcohol levy review will generate interest from public and media, as well as from the alcohol industry. The levy has not increased in over 10 years and currently equates to around half a cent on a can of beer, and around 13 cents on a litre of spirits. If the review does recommend an increase in the levy, the PHA will manage communications carefully to minimise concerns or areas of contention.

- Alcohol industry representatives will be engaged as stakeholders in the review and so will be aware that recommendations are coming, and that change may be possible.

Upcoming milestones

- The annual alcohol levy setting process will begin in February 2023 with a decision paper due to Ministers of Health and Finance in late March to agree the quantum for the 2023/24 financial year. This year the levy setting process will be informed by the first stage of the alcohol levy review, with initial interim recommendations from the external reviewers due in mid-March 2023.

Antimicrobial resistance

Key messages

- The World Health Organization (WHO) declared that antimicrobial resistance (AMR) is one of the top 10 global public health threats facing humanity and needs urgent cross-sectoral action by all countries to reduce it.
- While we are fortunate in New Zealand that AMR is not yet common or widespread, New Zealand has one of the highest rates of antibiotic use in the developed world and have already experienced importations and outbreaks that have impacted on services and been costly to manage.
- New Zealand has made multiple commitments to work alongside our international partners to manage the imminent global threat of AMR. New Zealand supported a resolution adopting the WHO Global Action Plan on AMR at the World Health Assembly in May 2015, which called for countries to develop aligned National AMR Action Plans by 2017. In 2017, the New Zealand AMR Action Plan was published. The action plan is a joint Manatū Hauora (the Ministry) and Ministry for Primary Industries (MPI) initiative reflecting a One Health (human health/animal health) approach.
- The Office of the Prime Minister's Chief Science Advisor's (PMSCA) major project for 2021 was on infectious disease, with a particular focus on AMR. The resulting report, Kotahitanga: Uniting Aotearoa against infectious disease and AMR was released in March 2022. The report included 102 recommendations across six themes.
- Te Pae Tata | Interim New Zealand Health Plan published in October 2022 records developing a national plan to reduce the threat of AMR as a Budget 21/22 and government priority.

Issues and risks

- s 9(2)(g)(i) [Redacted]
- [Redacted]
- [Redacted]

Upcoming milestones

- s 9(2)(g)(i) [Redacted]

- s 9(2)(g)(i)

Communicable disease intelligence

Key messages

- Following the health reforms of 1 July 2022, intelligence capability and communicable disease functions are now centralised within the Intelligence, Surveillance and Knowledge group (ISK) of the Public Health Agency (PHA). Work is ongoing to scope the enduring intelligence function for communicable and non-communicable diseases, in line with strategic and Ministerial priorities, and in relation to the roles of other entities, especially the National Public Health Service (NPHS).
- The PHA ISK's functions will differ from the NPHS Intelligence team who are focused on operational intelligence whereas the PHA ISK is focused on strategic intelligence.
- Regular surveillance activities: ESR is the primary organisation contracted by the PHA to monitor communicable diseases. ESR regularly reports on key trends across notifiable diseases, respiratory illnesses, enteric diseases, vaccine-preventable diseases, and exotic diseases, such as arboviruses. This information is used to inform public health action such as readiness and preparedness activities, outbreak responses, further research, and set prevention priorities.
- The PHA has capability to provide intelligence in times of emerging infectious diseases, which arise from surveillance activity efforts. For example, in 2022 this included regular reporting and monitoring of Mpox.
- Creation of a surveillance directory: Manatū Hauora is preparing a National Public Health Surveillance Directory, a catalogue of all communicable and non-communicable surveillance activities across the health system and government. This will be used to inform the public health knowledge and surveillance system and will be able to support decision makers. It is envisioned that this work will be publicly available.
- International Health Regulation (IHR) responsibilities for the WHO: Under the IHR 2005, all WHO member states must maintain a National IHR Focal Point (NFP). The NFP is a 'whole of health system', 'whole of government' communication channel, and for health this function is held by the PHA. The NFP is expected to collate and disseminate information across the health system and wider government as required, and to communicate formally on behalf of the member state's government.

Issues and risks

- Climate change will impact communicable diseases in a number of ways. Warming temperatures increase the likelihood of the arrival and establishment of mosquitoes and other insects capable of spreading diseases in New Zealand. Rising temperatures may also increase the risk of waterborne diseases and foodborne diseases.
- Syndemics and inequities: The Pae Ora health framework calls for the achieving of health equity through striving to eliminate health disparities. Determinants of poor health are across all of society, in particular, poor educational attainment, health literacy, low trust in government services, stigma, poverty, and poor housing experienced by vulnerable communities. This requires cross-government and community engagement to achieve progress.
- Congenital syphilis (mother to child transmission) primarily affects Māori and Pacific women, leading to stillbirths and serious harms to newborns. Addressing this matter will require qualitative research to address underlying sociological factors.

Community water fluoridation

Key messages

- Community Water Fluoridation (CWF) is a safe, effective, and affordable public health measure to improve oral health.
- CWF has been endorsed by the WHO and other international health authorities as one of the most effective health measures for the prevention of dental decay. In 2021 the Prime Minister's Chief Science Advisor released an updated evidence-based finding that there are no significant health risks with fluoridation at the level used in New Zealand. CWF is beneficial to New Zealanders of all ages.
- It is estimated that introducing CWF to all public drinking water supplies would result in net savings of more than \$600 million over 20 years. These savings will mostly be seen by the general population.
- The Health (Fluoridation of Drinking Water) Amendment Act was passed into law in November 2021. The new legislation amended the Health Act 1956 to give the Director-General of Health the power to issue a direction to local authorities to fluoridate drinking water supplies.
- Currently around 50 percent of New Zealand's population has access to CWF. Under the new legislation, there is the potential to increase coverage to over 80 percent of the population. Not all communities can have access to CWF, for example, those served by non-reticulated water supplies.
- In July 2022 the Director-General of Health issued directions to 14 local authorities to fluoridate some or all of their drinking water supplies (19 in total). The funding for the capital costs of fluoridating these water supplies is being met by Manatū Hauora.
- In November 2022 the Director-General of Health wrote to 27 local authorities advising that their drinking water supplies are under active consideration for a direction to fluoridate.
- Priority has been given to considering first those drinking water supplies that serve populations with relatively poor oral health outcomes, high Māori and Pacific populations, and high deprivation. Population size served, and geographical spread have also been considered.

Issues and risks

- Manatū Hauora is developing a compliance framework to ensure fluoride levels align with the optimal level both in drinking water supplies that are fluoridated now and those that are directed to do so in the future. This compliance framework is expected to be in place by mid-2023.
- There is a cost burden of introducing CWF, and there are currently significant service delivery pressures across the water services and broader local government sector. Manatū Hauora is funding the capital costs of fluoridation for the first 14 local authorities that have been directed to fluoridate.

Upcoming milestones

- s 9(2)(g)(i)

Nutrition and food environments

Key messages

- Nutrition and food environments have been identified by the Public Health Agency (PHA) as areas requiring strengthened public health leadership and action across the health system. The PHA is leading this work in collaboration with the National Public Health Services and Te Aka Whai Ora.
- Unhealthy food environments enable unhealthy diets which are the second greatest contributor to preventable health loss. Māori, Pacific peoples and communities experiencing socio-economic disadvantage are disproportionately impacted by unhealthy food environments and poor nutrition.
- Increasing the healthiness of food environments will help drive equitable health outcomes by preventing and reducing the impact of chronic diseases, including diabetes, cardiovascular disease, and cancer, and improve mental health. A strengths-based approach to improving food environments, including a focus on Māori food sovereignty, will also support the deep connection Māori have with the whenua. Wai ora – healthy environments is a key aspect of Pae Ora, particularly from a Te Ao Māori population health perspective.
- In November 2022, the Healthy Food Environments Steering Group (the Steering Group) was set up, comprising leaders from Manatū Hauora, Te Whatu Ora, Te Aka Whai Ora and Te Aho o Te Kahu. The role of the steering group is to provide leadership, strategic direction and accountability of a shared healthy food environments work programme for the health sector.
- Initially the steering group will focus on the levers and opportunities available within the health system to support healthy food environments and improve nutrition. The group will also look at how health can play a stronger role in cross-government policy work related to healthy food environments.
- To support this work, the PHA is developing a public health surveillance and monitoring work programme. Scoping work is underway to develop a New Zealand nutrition survey. This will provide up-to-date information on dietary intake and nutritional status of New Zealanders and inform our policy and programme development.

Issues and risks

- s 9(2)(g)(i) [Redacted]
- [Redacted]
- [Redacted]

Upcoming milestones

- s 9(2)(g)(i) [Redacted]

Pacific health equity

Key messages

- Pacific health inequities are multifaceted, and include challenges related to access, timeliness and quality of health care, as well wider social determinants, such as income, education, employment and housing quality.
- Following the health reforms, Manatū Hauora (the Ministry) transferred its operational and commissioning functions to Te Whatu Ora's new Pacific Health Directorate.
- The Ministry's Pacific Health team now sits within the Public Health Agency, which leads all public health and population health policy. To deliver on improving Pacific health outcomes, the Pacific health team:
 - provides leadership of Pacific Health Strategy development,
 - provides subject matter, cultural and clinical expertise across the Ministry's work,
 - regularly engages with the Pacific health sector and communities, maintaining strong connections so that the Ministry's work is informed by sector and community insights,
 - contributes to cross agency opportunities to improve Pacific health and wellbeing, including through the Ministry for Pacific Peoples' All-of-Government Wellbeing Strategy,
 - supports ministerial servicing for all matters related to Pacific health and wellbeing.
- A key deliverable of the Pacific health team is to lead the development of the Pacific Health Strategy, required under the Pae Ora (Healthy Futures) Act 2022. The Pacific Health Strategy will provide the framework to guide health entities in improving Pacific health outcomes in Aotearoa. The Pacific health team are also contributing Pacific health advice and expertise to the other Pae Ora health strategies.
- A monitoring framework for Pacific health outcomes and health sector performance is being determined through a wider Ministry process. Alongside this, the Pacific health team is developing a Pacific Health Chartbook, which will be a comprehensive overview of Pacific health.
- As a Lalanga Fou Agency, the Pacific health team manages the Ministry's relationship and shared work programme with the Ministry for Pacific Peoples (MPP) by contributing specifically to Goal 3 (Resilient and Healthy Pacific Peoples) of MPP's Lalanga Fou report.

Issues and risks

- The Ministry's Pacific health team and Te Whatu Ora's Pacific Health directorate are developing an understanding of their individual roles and responsibilities and how to best work together to improve the health of Pacific communities.
- The timeframe: The Pacific Health Strategy will be published and launched before 14 July 2023.

Upcoming milestones

- Engagement with Pacific communities and the Pacific health sector has begun as part of development of the Pacific Health Strategy. Over 40 fono throughout the country are planned between 1 February 2023 and mid-March. The Ministry expects to be able to update Ministers on the findings and emerging themes from engagement in late February or early March 2023.

Public Health Advisory Committee

Key messages

- The Expert Advisory Committee on public health, also known as the Public Health Advisory Committee (PHAC) is a key component of New Zealand's new public health structure as part of the broader health system reforms. It is required to be established under section 93 of the Pae Ora (Healthy Futures) Act 2022.
- The role of the PHAC is to provide independent, public-facing, evidence-based public health advice to Ministers, the Public Health Agency, Te Whatu Ora and Te Aka Whai Ora.
- Six inaugural members were appointed by Cabinet and announced by Minister Verrall on 2 December 2022. The PHAC's terms of reference allow up to seven members.
- The PHAC is required to agree its annual work programme with the Minister of Health or the responsible Associate Minister of Health. This should focus on tackling existing and future public health priorities and risks, and addressing persistent inequities in health care, acknowledging that this will require innovative and practical thinking.
- The PHAC held its first meeting on 27 January 2023. The focus of the meeting was the work programme for 2023. Minister Verrall attended the meeting and requested the PHAC focus its work over the next 12 months on the topic of food environments.

Issues and risks

- s 9(2)(g)(i)

Upcoming milestones

- The next PHAC meeting is scheduled for 22 February 2023.

Public Health Knowledge and Surveillance System

Key messages

- The Public Health Knowledge and Surveillance System (PHKSS) is an overarching framework, being led in partnership with Te Aka Whai Ora, which will describe the public health knowledge ecosystem, clearly identify the roles and responsibilities of each partner agency, and identify knowledge gaps, overlaps and missed opportunities in the way Manatū Hauora (the Ministry) delivers for New Zealanders.
- Maturing this wider system includes the embedding of co-governance and shared delivery of surveillance, the establishment and implementation of a national surveillance strategy, and working in partnership with critical system 'players' to enable new ways of working in the reformed health system.
- The Public Health Agency (PHA) and Te Aka Whai Ora have commenced work to stand-up a new co-governance, and joint working environment, for the maturation of the PHKSS.
- Improvements to the PHKSS will focus on identification of hazards and determinants and will take a broad focus on non-communicable diseases, communicable diseases and syndemics that are

prioritised based on knowledge and intelligence, addressing the needs of Māori, Pacific peoples, people with disability, immigrants, and other underserved communities.

- The refresh of a national surveillance strategy (paused in 2021) is underway, and once complete, will underpin and guide the effort to mature the PHKSS.
- A current and future state assessment of the public health laboratory system (PHLS) in New Zealand was undertaken by the Ministry in 2021, and a new operating model, with five priority improvement actions, was endorsed by the shared Public Health Leadership Group in November 2022.
- Today, ESR is commissioned by the Public Health Agency to monitor communicable diseases, to inform public health strategies, policies and actions.
- A shift in the focus of any prevalence surveys from solely COVID-19 focused to a more multipurpose surveillance tool, providing improved monitoring of communicable diseases is now necessary. A memo (H2023019508) seeking the Minister's approval on this change in direction will be submitted later this month (February).
- Mapping of the existing intelligence, surveillance and knowledge capacity and capability, to better understand gaps and opportunities, is underway. System end users and other key stakeholders will participate in this mapping exercise to ensure a robust redesign process.

Issues and risks

- The establishment of a more mature PHKSS takes longer or costs more than expected with constrained resources also needing to prioritise the continued redesign and implementation of new organisational structures to support and drive the wider health reforms, along with the ongoing impact of the COVID-19 response and recovery on the planned programme of work.
- The work remains at a formative stage of design and planning, with the scale of change not yet clear or agreed. Fully mobilising an effective joint governance environment will help to mitigate this risk.

Upcoming milestones

- s 9(2)(g)(i)

Sexually Transmitted and Blood-borne Infections Strategy

Key messages

- Sexually transmitted and blood-borne infections (STBBI) share commonalities including modes of transmission, risk factors, stigma and priority groups who may be at greater risk of infection and inequitable health outcomes.
- Many of these infections (including syphilis, gonorrhoea and viral hepatitis) are steady or increasing with stark inequitable outcomes in Aotearoa New Zealand.
- With new opportunities to detect, prevent, treat and manage these infections and aim for elimination targets, a Sexually Transmitted and Blood-borne Infection Strategy has been drafted to provide a coordinated response across the health system.
- The vision for the strategy is an Aotearoa New Zealand where STBBI are prevented and where all people living with STBBI live long and healthy lives free from stigma and discrimination.
- The strategy focuses on system level changes to enhance prevention, improve access to testing and treatment, strengthening public health surveillance systems, and improve the capability of the health system to manage these infections.

- The strategy also provides the strategic context for the National Syphilis Action Plan (published in 2019), Hepatitis C Action Plan (2020) and the HIV Action Plan (to be published in early 2023).

Issues and risks

- Stigma and discrimination are significant barriers to preventing and managing STBBI and can impact both people living with or affected by STBBI and people participating in behaviours which can increase their risk of infection (such as injecting drug use). These experiences of stigma intersect and are compounded by other forms of stigma and discrimination such as racism, homophobia, and transphobia.

- s 9(2)(g)(i) [REDACTED]
[REDACTED]
[REDACTED]
- [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Upcoming milestones

- s 9(2)(g)(i) [REDACTED]
[REDACTED]
[REDACTED]

Smokefree 2025

Key messages

- In 2011 New Zealand adopted the goal of being smokefree by 2025, that is that less than five percent of all New Zealanders smoking daily.
- While smoking rates have dropped consistently over the last decade, inequalities in smoking rates have persisted and especially so for Māori. In 2018, the Māori Affairs and Health Committees recommended the development of an action plan to address these inequities and the Government released the Smokefree Aotearoa 2025 Action Plan at the end of 2021 which set out the following outcomes:
 - eliminate inequities in smoking rates and smoking-related illnesses
 - create a smokefree generation
 - increase the number of people who successfully quit.
- The work programme to implement the action plan is delivered across the Public Health Agency (PHA), Te Whatu Ora and Te Aka Whai Ora.
- The PHA is responsible for developing smokefree policy and supporting the making of new legislation and associated regulations, as well as being responsible for overseeing the implementation of the smokefree regulatory regime. The PHA also has responsibility for supporting the Smokefree 2025 Taskforce, set up to ensure that the Action Plan successfully delivers for Māori, and the Pacific Assurance Group, and for overseeing monitoring and evaluation of the Action Plan.
- Te Whatu Ora is responsible for commissioning health promotion, social media and community action programmes, as well as stop smoking services. The National Public Health Service (NPHS) is responsible for ensuring that key provisions of the Smokefree Environments and Regulated Products Act 1990 are complied with and enforced (eg, selling to minors).

Issues and risks

- The Smokefree work programme is substantial and delivered at pace. Following the passage of the Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Act 2022 (the Act) in December last year, regulations to enable the Act to come into full effect must be made by mid-2023 when the Smoked Tobacco Regulatory Regime is stood up. This will require Cabinet to make key policy decisions in April/May 2023 to meet this deadline. The PHA has prioritised this work and it is on track.
- While vaping is now regulated in New Zealand, making products safer to access to those who wish to switch to a less harmful product than smoked tobacco, youth vaping rates continue to be a concern. The issue of vaping is often in the media and the public continues to show a high interest. The PHA is currently consulting on proposals to further tighten restrictions for vaping as part of the consultation on the Smoked Tobacco Regulations.

Upcoming milestones

- Smoked Tobacco Regulations consultation Jan-March 2023.
- Smoked Tobacco Regulations in place July 2023.
- Smoked Tobacco Retail Scheme commences August 2023.

Vaping

Key messages

- The Smokefree Environments and Regulated Products (Vaping) Amendment Act 2020 passed in August 2020, amending the Smoke-free Environments Act 1990, changing its name to the Smokefree Environments and Regulated Products Act 1990 (the Act) and extending the regulatory scheme to vaping products and smokeless tobacco products, including:
 - prohibiting the sale of vaping and smokeless tobacco products to under-18s
 - setting product safety requirements for vaping products, including prohibitions and limits on ingredients
 - establishing specialist vape retailers as a new class of retailer
 - restricting retailers who are not specialist vape retailers to only sell tobacco, mint and menthol flavours
 - requiring importers and manufacturers (notifiers) of vaping and smokeless tobacco products to notify Manatū Hauora before selling those products in New Zealand
 - prohibiting vaping in most indoor workplaces
 - prohibiting most vaping and smokeless tobacco product advertisements
 - specifying vaping and smokeless tobacco product packaging and labelling requirements.
- The Vaping Regulatory Authority (VRA) administers the Act on behalf of the Ministry, under delegation from the Director-General of Health.
- The VRA is currently working with the National Public Health Service and the Ministry's legal team to extend and improve compliance monitoring across the tobacco and vaping sectors, and ensure a consistent national approach to compliance and enforcement.

Issues and risks

- All vaping and smokeless tobacco products sold in New Zealand were required to comply with the product safety requirements from 11 February 2022. However, investigations and analysis carried out

by the PHA in October 2022 identified a large number of notifiers whose product notifications did not appear to be compliant. The VRA has been liaising with notifiers to ensure their products comply with the Act. Notifiers have been asked to withdraw notifications for any non-compliant products, and the VRA is liaising with the Ministry's legal team in preparation for cancelling notifications if notifiers do not comply. It is likely that cancelling of notifications will be challenged in the Courts.

- Notifiers and specialist vape retailers are required to submit annual sales returns to the Ministry and the first returns for the 2022 calendar year were due by 31 January 2023. There have been a number of issues with returns being submitted in the incorrect format, which means submissions and processing are still underway. System improvements have been implemented and further measures are being explored to simplify and speed up the process.

Upcoming milestones

- Consultation on vaping amendments in the proposed smoked tobacco regulations - January-March 2023.
- Vaping amendments in the proposed smoked tobacco regulations in place - July 2023.

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International

Lead DDG: Dr Andrew Old

World Health Organisation governance

Key messages

- New Zealand is a founding member of the World Health Organization (WHO), the specialised health agency of the United Nations system. Its headquarters and secretariat is based in Geneva, Switzerland.
- WHO is governed by a World Health Assembly (WHA) of 194 Member States, and an Executive Board (EB) of 34 Member States. EB members serve on a broadly rotational basis, with new members elected each year by Member States from each of the WHO's six regions. The EB meet twice a year in January and May, and the WHA meet every May in Geneva to agree on the organisation's priorities and policies, monitoring and to set global health goals and strategies.
- The six regions also meet once per year for their own 'mini-health assembly', called the Regional Committee Meeting (RCM). The RCMs decide upon regional health priorities, policies and processes which are then implemented at the country level and cast back to the WHA. New Zealand is a member of the Western Pacific Region (WPR), which encompasses 27 Member States from North Asia, the Pacific Islands and Australia.
- Strengthening the WHO's role at the centre of the global health architecture has guided New Zealand's engagement across WHO governance processes since mid-2021. For example, New Zealand has been actively engaged in securing sustainable financing for WHO, so that it can deliver on its mandate, as well as advocating for improved prevention and response to sexual exploitation, abuse, and harassment. New Zealand is also contributing to improving WHO's 'emergencies pillar' and ensuring that new pandemic preparedness and response mechanisms are fit for purpose.

Issues and risks

- s 9(2)(g)(i)
[Redacted]
- s 9(2)(g)(i)
[Redacted]

Upcoming milestones

- The 76th World Health Assembly (WHA76) will take place in May 2023. WHA76 sees two key pandemic preparedness and response items tabled. This includes approving the first incremental increase in Member States' Assessed Contributions to assist in sustainably financing the WHO and an important progress report on the development of a pandemic treaty or other instrument.
- s 6(a)
[Redacted]

International Negotiations on Pandemic Instruments

Key messages

- The COVID-19 pandemic highlighted that existing multilateral rules and frameworks for pandemic prevention, preparedness and response (PPPR) needed to be significantly strengthened.
- The New Zealand Government has prioritised our active engagement in intergovernmental negotiations to address this issue. This includes two parallel negotiations on pandemic instruments in the WHO. Firstly, an Intergovernmental Negotiating Body (INB) tasked with drafting and negotiating a 'pandemic treaty' or another international instrument on PPPR. Secondly, the Working Group on Amendments to the International Health Regulations (2005) (WGIHR), tasked with proposing amendments to the International Health Regulations (IHR) to ensure they are fit for purpose.
- Both the INB and WGIHR will present their final products at the 77th World Health Assembly (WHA77) in May 2024. New Zealand's engagement in both processes has been agreed by Ministers.
- In the INB, s 9(2)(g)(i) [REDACTED] We believe the new treaty/instrument should be fit-for-purpose and mobilise political will; address health system strengthening and provide for all-of-government coordination; and include rules and measures aligned with the principles of equity, One Health and more.
- Similarly, New Zealand is investing heavily in the WGIHR because we believe that strengthening and modernising the IHR is crucial to enhancing the early detection, assessment, response and reporting of potentially significant health events. On behalf of New Zealand, former Director-General of Health, Sir Ashley Bloomfield has assumed the role of WGIHR Co-Chair. Sir Ashley is responsible for leading the negotiations and ensuring the WGIHR delivers on its mandate by May 2024.
- Both negotiations are global health and foreign policy priorities for New Zealand.

Issues and risks

- s 9(2)(j) [REDACTED]
- s 9(2)(g)(i) [REDACTED]
- [REDACTED]

Upcoming milestones

- The 76th World Health Assembly (WHA76) will take place in May 2023.
- s 9(2)(g)(i) [REDACTED]

Polynesian Health Corridors Programme

Key messages

- Polynesian Health Corridors (PHC) is a five-year programme delivered by Te Pou Hauora Tūmatanui (the Public Health Agency) of Manatū Hauora. It is funded by the Ministry of Foreign Affairs and Trade (MFAT) through the International Development Cooperation Programme. Engaging with the Pacific region on Pacific health policy and representation sits within the Minister of Foreign Affairs portfolio and was delegated to the former Associate Minister Honourable Aupito William Sio. The delegation has now reverted to the Minister of Foreign Affairs.
- PHC aims to strengthen health systems in Polynesia, contributing to better health outcomes for people and communities, by building strong linkages between Polynesian and New Zealand health systems. The programme began in July 2020 and focuses on Cook Islands, Niue, Tokelau, Samoa, Tonga, and Tuvalu. PHC's strategic governance is provided by a governance group, consisting of the Heads of Health for the six countries, senior management from MFAT and Manatū Hauora, and is chaired by the Deputy Director-General, Public Health Agency. The current programme budget for the period July 2020 to September 2025 is approximately NZ\$16.5M.
- PHC's four workstreams - pandemic preparedness, access to essential medicines, mental health, and cancer control reflect priorities identified by Polynesian Heads of Health. With the commencement of the programme coinciding with the COVID-19 pandemic, PHC pivoted to prioritise providing pandemic preparedness and response support to countries. This assistance was highly valued by partner countries and involved public health advisory support, building, and supplementing Polynesian health workforce capability in addition to donating and supporting vaccine roll out. This enabled Polynesian countries to have among the highest COVID-19 vaccination coverage rates in the world. PHC is now focusing on working with partners to design and implement the access to essential medicines, mental health, and cancer control workstreams.

Issues and risks

- s 9(2)(g)(i) [Redacted]

Upcoming milestones

- The Ministry and MFAT are working together to scope the strategic future of the programme and will be providing advice to Ministers in coming months. Polynesian country engagement will be integral to this process and other relevant stakeholders will also be consulted.

Policy

Lead DDG: Maree Roberts

Pharmac review

Key messages

- Manatū Hauora (the Ministry) maintains a strategic relationship with Pharmac and is responsible for reporting on outcomes. The Ministry is strengthening how it monitors and promotes Pharmac’s individual and collective entity performance, to align the Government response with work to give effect to the Pae Ora Act.
- As part of our relationship management role with Pharmac, the Ministry is responsible for:
 - Monitoring implementation of the independent review.
 - Ensuring that implementation achieves the outcomes envisioned by the review.
 - Working with Pharmac on particular action areas.
- In February 2022, the Pharmac independent review panel provided its final report detailing 33 recommendations on how Pharmac could improve to meet its objectives. The key findings included the need for:
 - Increased focus on equitable outcomes for all New Zealanders, especially Māori, Pacific people and people with a disability.
 - Stronger collaboration within the health system.
 - More open and accessible processes, decisions and information to the public.
 - Inclusion of consumer advice and lived experience including for people with rare disorders.
- In June 2022, the Ministry coordinated the Government response to the recommendations. In November 2022, Pharmac provided its response to the Minister of Health detailing its approach, following consultation with key agencies. The Ministry endorsed many aspects of the response and noted the need for strong alignment, prioritisation and transparency for the public.
- s 9(2)(f)(iv) [Redacted]

s 9(2)(f)(iv)

- [Redacted]
- [Redacted]

Upcoming milestones

- s 9(2)(f)(iv) [Redacted]

Health of disabled People Policy

- The health and disability system reforms included the transition of disability-focused service functions from Manatū Hauora (the Ministry) to Whaikaha (Ministry of Disabled People). While Whaikaha provides government stewardship of the disability service and support system, the health system remains responsible for the health of disabled people.
- The Ministry maintains a strategy and policy function related to the health of disabled people. The Ministry also provides stewardship for the overall health system by ensuring the needs of disabled people and tāngata whaikaha Māori are robustly included in all work across the system.

Key messages

The Ministry has responsibility for progressing six dedicated strategies listed in the Pae Ora Act, including the Health of Disabled People Strategy (HoDPS). This will be the first dedicated, health system-led strategy for disabled people in Aotearoa New Zealand and will be informed by engagement with the disabled community. The strategy will set direction for how health entities work to respond to the health and wellbeing needs and aspirations of the disability community. The previous Minister of Health agreed that a draft of the strategy will be released for further targeted consultation with the disabled community in mid-2023.

The strategy will build on the work led by the Ministry as part of its ongoing contribution to the health outcomes sought in the Disability Strategy 2016-2026, and the Disability Action Plan (DAP) 2019–2023. The action plan, coordinated by Whaikaha, responds to issues identified by disabled people, the Disabled People's Organisation (DPO) Coalition and government agencies. We expect most of the work programmes in the Action Plan to continue beyond 2023. Current DAP work programmes led by the Ministry are:

- Repeal and replace the Mental Health (Compulsory Assessment and Treatment) Act 1992
- Improve access to quality healthcare and health outcomes for disabled people
- Explore a framework that protects the bodily integrity of disabled children and disabled adults against non-therapeutic medical procedures (including sterilisation)

The HoDPS will inform how the health outcomes and access to health services DAP work programme will be progressed over the course of 2023 and beyond.

New Zealand ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2008. The Ministry is supporting Whaikaha to provide a government response to the 2022 UNCRPD country review recommendations to progress implementation of the Convention in Aotearoa.

The Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 (IDCCR) is currently administered by the Ministry (rather than Whaikaha) due largely to the dependence of the Act on wider Ministry monitoring and relationships with other legislation. The IDCCR provides for the compulsory care and rehabilitation of individuals with intellectual disabilities who have been either found unfit to stand trial on, or convicted of, an imprisonable offence. The Ministry has begun working with Whaikaha to develop policy advice on the future positioning of the Act. Any decisions on the transfer of responsibilities under the Act will require joint agreement by the Minister of Health and the Minister for Disability Issues.

The Ministry continues to respond to the Waitangi Tribunal's (Wai2575) Health and Disability inquiry, which is currently in the disability phase.

Issues and risks

s 9(2)(g)(i)

Upcoming milestones

The Ministry will:

- s 9(2)(g)(i)
- |
- |
- |

PROACTIVELY RELEASED

Health of Older People

Key messages

An ageing population with increasing health needs

- New Zealand has an ageing population, which is increasingly diverse. We are living longer, but the age to which we are likely to live in good health and without disability is not increasing at the same rate as life expectancy.
- Older people typically have higher rates of chronic health conditions, with approximately one in six older people living with three or more long-term conditions. Māori and Pacific people show these higher rates at younger ages.

Strategic direction and system stewardship

- The New Zealand Healthy Ageing Strategy (2016) sets the strategic direction for the health and disability system to have a greater focus on supporting healthy ageing, being more age-friendly, and actively supporting older people to live well, whatever their age or health condition.
- The vision, objectives, issues, and opportunities identified in the Healthy Ageing Strategy 2016 remain relevant. In the lead up to a third refresh of the action plan, it is timely to consider the relationship between the needs and objectives for older people health, work programme and the direction of the reforms including in relation to Māori health equity and population health and prevention.

Monitoring, collaboration, and system stewardship:

- Manatū Hauora (the Ministry) maintains an active interest in the implementation of the Healthy Ageing Strategy, the Aged Care Service and Funding Model Review, Better Later Life He Oranga Kaumātua 2019 to 2034 (led out of the Office of Seniors), the New Zealand Carers' Strategy and Action Plan 2019–2023 (led by Ministry of Social Development), and the Dementia Mate Wareware Action Plan.
- New Zealand is a participant in the United Nations Decade of Healthy Ageing 2021 to 2030. The four action areas for members states are: combatting ageism; age-friendly environments; integrated care; and long-term care. The Ministry is supporting the Office for Seniors to lead, collaborate and report on initiatives in these areas.
- Budget 2021 included \$8.11M over four years for the role and establishment office of the Aged Care Commissioner. The Commissioner's first monitoring report is scheduled for mid-2023.

Improved models of care and system sustainability

There are ongoing access, quality and sustainability issues in the aged residential care (ARC) and home and community support services (HCSS) sectors. Change is needed to address workforce shortages and develop models of care and a workforce that's fit for purpose: more flexible, person-centred, equitable and of high quality; that embed commitments to Te Tiriti o Waitangi; and is financially sustainable.

- Te Whatu Ora has initiated a service delivery and funding review of HCSS and ARC, as part of its Te Pae Tata commitments. Scoping of this work programme is currently underway.
- Budget 2022 allocated \$12M over four years to begin testing improvements to supports for people with dementia mate wareware, their whānau and carers. This work is informed by priorities outlined in the sector-developed Dementia Mate Wareware Action Plan, including its focus on Māori, Pacific, people in rural areas and people with younger onset dementia. The Te Aka Whai Ora and Te Whatu Ora coordinated initiative will focus on:
 - four post-diagnostic supports trials
 - dementia navigators to coordinate post-diagnostic supports and work with people with dementia mate wareware, their whānau and carers in trial locations, and

- trial innovative respite options for flexible and person-centred respite for carers.
- Te Whatu Ora and Te Aka Whai Ora are also currently progressing work on funding to reduce pay disparities, identifying the groups that may be considered for funding and the timing of funding for different sectors.

Issues

- The Ministry is aware of capacity issues within ARC that are largely driven by workforce limitations, as well as broader questions of system sustainability. We are supporting Te Whatu Ora in its mahi on the funding model and other work.

Upcoming milestones

- The Ministry reports six-monthly on progress against the Healthy Ageing Strategy action plan. The next six-monthly monitoring report is due at the end of May 2023.
- The Ministry will also provide an assessment of how the current work programme aligns to the direction of the health reforms, the draft strategies mandated in the Pae Ora (Healthy Futures) Act 2022, and the health sector outcomes framework.

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System performance and monitoring

Lead DDG: Robyn Shearer

- The Briefing to the Incoming Minister of Health provides the overview of system performance and monitoring. This section provides supplementary information on specific topics.

Infrastructure

Key messages

- Te Whatu Ora is responsible for managing its capital portfolio to support service delivery. Manatū Hauora (the Ministry) monitors the performance of Te Whatu Ora including providing advice on significant capital investments requiring your approval.
- Health infrastructure requires significant future investment. The Ministers of Health and Finance have identified priority projects to be funded from the Health Capital Envelope (HCE), which is a bulk appropriation arising from the Budget process. Some significant projects, such as New Dunedin Hospital, are funded from separate Budget appropriations once Cabinet has agreed the business case. Capital projects are also funded by Te Whatu Ora.
- Te Whatu Ora can approve investments with a whole-of-life -cost (WOLC) up to \$25M. The Minister of Health's approval is required for investments \$25 - \$100M, and Cabinet approval for investments greater than \$100M. The approval thresholds will increase in 2024 if Te Whatu Ora demonstrates maturity, including through the quality of the National Asset Management Strategy and Investment Plan (due to Cabinet by December 2023). These documents will identify the proposed capital investment pipeline required to deliver planned services.
- Under the district health board system, planning and project delivery occurred primarily at the local level, with some significant projects supported by the Ministry's Health Infrastructure Unit (HIU). The Investment and Infrastructure Group (IIG) of Te Whatu Ora replaces the HIU and will take a greater role in supporting capital planning and delivery. The infrastructure operating model is still under development.

Issues and risks

- System set-up: Improvements are required to ensure the roles and responsibilities across the system are clearly understood by all parties and the Ministry is provided timely access to appropriate information to perform its monitoring role and provide you with quality advice.
- Portfolio performance: Some projects across the reported portfolio are experiencing significant cost increases and/or delays. Te Whatu Ora and the Ministry will provide advice on options to manage the pressures in March 2023.
- Delivering on plans: Te Whatu Ora will need to apply significant resource to ensure the National Asset Management Strategy and Investment Plan are of sufficient quality. The Ministry is refining its monitoring framework and will seek better visibility of these core workstreams, as well as enhanced reporting across the portfolio.
- Cost escalations.

Upcoming milestones

- March 2023 – Cost escalation and contingency advice.
- 31 July 2023 - first annual report on enhancement of the Te Whatu Ora infrastructure function due to Cabinet.

Quality and safety

Key messages

- Manatū Hauora (the Ministry) is:
 - Steward of the health of the population - we assess quality and safety trends at the system level and encourage partnerships and actions to improve outcomes, impacts and experience.
 - Steward of the health system - we focus on how the quality and safety system works as a whole, enabling the entities to deliver on their quality and safety roles, and supporting their accountability.
- We have a close relationship with key entities who focus on quality and safety – particularly the Health Quality and Safety Commission (HQSC). As per the Pae Ora Act, the objectives of HQSC are to lead and coordinate work across the health sector for the purposes of monitoring and improving the quality and safety of services, and helping providers to improve the quality and safety of services. HQSC advise and brief you directly about matters relating to quality and safety of services, after consulting with the Ministry and service providers as appropriate.
- The other key entities with system quality and safety roles are Te Whatu Ora, Te Aka Whai Ora, the Health and Disability Commissioner (HDC) and ACC.
- Overall governance of the quality and safety of the system currently sits with the National Quality Forum (NQF), chaired by HQSC. The NQF provides collective quality oversight for the system and is an escalation point for quality concerns that cannot be managed within localities or regions, or that require across health sector or across government attention and intervention. The current members of the NQF are the Ministry, HQSC, Te Whatu Ora, Te Aka Whai Ora, ACC and HDC. The HQSC are reviewing the membership and terms of reference to ensure there is appropriate broad representation from the sector, including considering membership from Worksafe and Te Aho o Te Kahu.

Issues and risks

- Work remains underway on a national quality operating model (DPMC-2-21/22-1390 refers), led by the HQSC. The model was due to the Minister of Health by the end of 2022, however this deadline was not met due to the impact of establishing of the new entities and the need to ensure that the appropriate people were engaged with on the development of the model. It was agreed that further work would be carried out in early 2023 to develop the model. Simultaneously work is underway to establish the roles and responsibilities of each agency across for quality and safety system.
- The HQSC report 'A window on quality 2022: COVID-19 and impacts on our broader health system (Part 2)' report published in October 2022 highlighted that the quality and safety of care being provided across all health settings has declined during the pandemic. There needs to be a continued effort to improve quality and safety of services and ultimately outcomes for patients.

Upcoming milestones

- Early 2023 - updated briefing on quality operating model, led by HQSC
- July 2023 – NQF updated terms of reference and achievements to date, led by HQSC.

Surgical mesh

Key messages

- Surgical mesh is a medical device that is used when repairing weakened structures, with the aim of providing additional support. Surgical mesh is most commonly used in hernia repair but is also used in urogynaecological procedures (namely treating pelvic organ prolapse and stress urinary incontinence).
- There has been increased awareness for some time of the complications and risks associated with the use of surgical mesh, particularly in urological or urogynaecological procedures. Some countries have banned the use of mesh in urological or urogynaecological procedures, and manufacturers have been subject to significant legal action.
- The cross-government surgical mesh work programme is led by Manatū Hauora (the Ministry) and guided by the 2016 Select Committee Report on the Petition of 2011/102 of Carmel Berry and Charlotte Korte, and recommendations from a restorative justice process facilitated by Victoria University in 2019. The core workstreams include:
 - Establishment of specialist multi-disciplinary services for those who experience mesh complications and/or require removal of their mesh, led by Te Whatu Ora.
 - Ongoing implementation of the Aotearoa-specific credentialing framework to strengthen credentialing processes to ensure surgeons have the appropriate skills and training to undertake procedures involving mesh, currently lead by the Ministry.
 - Development and deployment of an interdisciplinary education programme to build capability of the required knowledge and technical skills to prevent future harm and reduce the severity of existing harm, led by the Ministry and supported by ACC
 - Establishment of a registry for procedures involving surgical mesh, led by the Ministry.
- The overall surgical mesh work programme is governed by the Surgical Mesh Roundtable, a collaborative of the relevant agencies, surgical colleges, and consumers. The Roundtable is organised and chaired by the Ministry, and monitors progress towards the above actions and responds to the ongoing risk of harm.

Issues and risks

- s 9(2)(g)(i) [Redacted]
- [Redacted]

Upcoming milestones

- s 9(2)(g)(i) [Redacted]

- s 9(2)(g)(i)

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Regulatory functions

Lead DDG: Clare Perry

- Regulatory functions are responsible for ensuring public safety through regulation of providers, therapeutic products, and services, often with a requirement for statutory independence or arms-length operations. Good regulation sets clear minimum standards and encourages continuous improvement for the benefit of people who use services, their whānau and our health workforce. It incentivises best practice and innovation and can adapt to new evidence and different ways of thinking. Setting and maintaining the approach to regulation is a key function of the Ministry. More than that, the Ministry's wider regulatory stewardship role manages the broader legislative and regulatory environment in which the system operates.
- The Ministry of Health is responsible for a wide range of regulatory functions, including public health regulation (see section on public health), regulation under the Mental Health (Compulsory Assessment and Treatment Act 1992 via the Director of Mental Health and Addiction Services, and maintenance of the regulatory framework for health workforce.

Regulatory stewardship

- Regulatory stewardship is the governance, monitoring and care of our regulatory systems. A regulatory system encompasses a collection of legislation and other rules (for example, administrative requirements or norms such as tikanga Māori), as well as the set of tools, resources, organisations, people and processes that are needed to turn that legislation and rules into a functioning regulatory system.
- The Ministry is responsible for the stewardship of our regulatory systems as part of its role as kaitiaki, or steward, of the health system. This includes keeping legislation up-to-date, identifying regulatory risks, and communicating regulatory obligations to the public and health sector.
- There are over 30 pieces of legislation steering the national health and disability system, regulating health goods and services as well as the exercise of compulsory powers.

Key Messages

- To meet government regulatory stewardship expectations, the Ministry reports to Treasury on how fit-for-purpose our regulatory systems are. We use Treasury tools and best practice guidance to strengthen our regulatory stewardship role and we are a new participant of the MBIE-hosted cross agency senior leaders' group for regulatory implementation.
- In July 2022, the Ministry established a cross-Ministry Regulatory Stewardship Advisory Group (RSAG) to lead advice on regulatory stewardship in the Ministry. This group will lead the assessment of our regulatory systems to identify risks and improvements.

To meet our regulatory stewardship goals, the improvements and processes we are working towards are:

- Clearly identifying and articulating our regulatory systems
- Identifying which systems may pose a regulatory risk and therefore need review
- Keeping a register of regulatory risks where the regulation or its implementation may lead to regulatory failure. This will include near misses and identified gaps
- Ensuring that data on regulatory outcomes is collected to enable us to check on the outcomes of a regulatory system
- Building capability through information sharing and best practice guidance
- Move to a more long-term view of prioritising legislative change based on risk and impact

This work programme will inform our business planning, allow for continuous improvement in our regulatory functions and feed into the legislative bid process.

Issues and risks

- While most of the Ministry's regulatory systems have been in place for many years, there are some new, or changed, regulatory systems and some of our mature systems have outdated legislative frameworks (such as parts of the Medicines Act, Health Act and Mental Health (Compulsory Assessment and Treatment) Act, Misuse of Drugs Act, etc.).
- To address this we are developing a 5-year rolling plan on legislative changes required. This plan will prioritise change based on impact and risk.

Upcoming milestones

- The medicines and mental health legislation is currently the subject of major reform. This will result in changes to regulatory processes, including use of electronic technologies, such as real-time monitoring of prescribing.
- Amendments to public health legislation are likely to flow from the findings of the COVID-19 review.
- Implementation of our regulatory stewardship plan to improve internal processes.

Abortion services including DECIDE and safe areas

Key messages

- The abortion work programme focuses on accessible, equitable, person-centred, and high-quality abortion care. Over the past year Manatū Hauora (the Ministry) has removed several barriers to accessing primary care abortion services, including:
 - Removing restrictions on abortion medicines, enabling them to be available on prescription from a pharmacy.
 - Training for health practitioners in early medication abortion, early surgical abortion and point of care ultrasound.
- National abortion telehealth service (DECIDE) - On 1 November 2022 the telemedicine component of DECIDE (jointly run by Family Planning NZ and Magma Healthcare) was launched. The uptake of the service has exceeded expectations, with demand far higher than originally anticipated. It is too early to know whether this has resulted in fewer in-person services.
- Safe Areas - In March 2022 Safe Areas were incorporated into the Contraception, Sterilisation and Abortion Act. The aim of Safe Areas is to protect the safety, wellbeing, privacy and dignity of people accessing or providing abortion services. The Ministry administers the Act and makes recommendations to the Minister of Health about individual provider's Safe Areas. The Ministry published the 2022 annual report on abortion care. Key statistics include:
 - There were 13,257 abortion procedures in 2021. Numbers have remained static over 8 years
 - In 2021 abortion was accessed on average a week earlier (at around 8 weeks' gestation) than in 2019 (at around 9 weeks' gestation)
 - The trend of increasing early medical abortion (EMA) and decreasing early surgical abortion (ESA) has continued.

Issues and risks

- s 9(2)(g)(i)

- s 9(2)(g)(i)

Upcoming milestones

- Mid-February 2023 - The Safe Areas briefing for the first round of applications, covering the first round of applications.
- Throughout 2023 - Further briefings on other application rounds.
- 6 March 2023 - Operational functions of the service transfer to Te Whatu Ora.

Assisted dying

Key messages

- The assisted dying service has been available since the End of Life Choice Act 2019 (the Act) came into force on 7 November 2021. The Act gives eligible New Zealanders the right to end their life using medications administered by approved health practitioners. There are extensive safeguards in the assisted dying process to ensure only people who are eligible and competent can have an assisted death.
- The service is available nationally. It has a dedicated and skilled workforce that responds in a timely and patient-centred way. Demand for the service is slowly increasing.
- The Act requires one statutory role and two statutory committees as follows:
 - The Registrar (assisted dying) is a permanent Manatū Hauora (the Ministry) employee appointed by the Director-General of Health
 - The Support and Consultation for End of Life in New Zealand (SCENZ) Group – members are appointed by the Director-General of Health
 - The End of Life Review Committee reviews assisted death reports and is appointed by the Minister of Health.
- Data from the service is released quarterly. The service releases data in as much detail as possible bearing in mind individuals' privacy.
- In the first year of operation the Assisted Dying service had 651 applications from 615 individuals, and there were 289 resulting deaths.
- Statistics for the service to 31 January 2023:
 - 80% of applicants are Pākehā; 5.5% Māori; 0.4% Pacific; 1.6% Asian and 12.8% other ethnicities
 - 52 % female; 48% male with 76.6% aged 65 or older at the time of application
 - 67% of applicants have a primary diagnosis of cancer.
 - More than three quarters of people who applied for the service were receiving palliative care at that time.

Issues and risks

- The workforce is not evenly spread throughout the country. However many practitioners are willing to travel to other locations.
- The IT platform supporting the service lacks some functionality. The platform is being upgraded to supply the most needed functions. The new version is expected to be available in March 2023.

- Media outlets have published material in breach of the Act. The Ministry's website provides information about the legislative limits on reporting service data and offers a media contact for queries. An educational rather than enforcement approach is being taken.

Upcoming milestones

- s 9(2)(g)(i)

HealthCERT Role and high risk findings in hospitals

Key messages

- HealthCERT is responsible for regulating healthcare providers. Providers are required to be certified under legislation and to meet the Ngā Paerewa Health and Disability Services Standards. Overnight hospital and residential care services in Te Whatu Ora are within scope.
- The HealthCERT role in public hospital audits is to:
 - Ensure reporting of high-risk findings to the Minister and senior leaders in Manatū Hauora and Te Whatu Ora.
 - Identify technical expert assessors (TEAs) who assist auditors.
 - Manage corrective actions when there are audit findings of non-compliance.
- The reporting and escalation process for high-risk findings in public hospitals is:
 - All high-risk findings are notified by auditors to HealthCERT within 24 hours of the audit.
 - As a result of the reforms the following process has been put in place:
 - Any high-risk findings are escalated to the Deputy Director-General (DDG), Regulatory Services.
 - The DDG notifies Te Whatu Ora Regional Directors who decide whether to communicate the information further.
- HealthCERT reports any high-risk findings in public hospitals to the Minister via the Weekly Report.

Issues and risks

- Disruption to audits due to COVID or national disasters. HealthCERT considers deferral of audits due to significant COVID-19 outbreaks or natural disasters.
- TEA recruitment is increasingly difficult, due to workloads in the TEA's own hospital. Further conversations are planned with Te Whatu Ora to discuss options for scheduling and management of TEAs.
- Increasing difficulty receiving timely and quality progress reports from public hospitals on their corrective actions. Conversations are planned with Te Whatu Ora, to discuss the best way to manage this issue going forward.

Upcoming milestones

- Ongoing - Adjusting the HealthCERT auditing framework as required to align with the reformed health system.
- Ongoing - Establishing effective relationships with Te Whatu Ora as regulators.

Medicinal Cannabis Scheme

Key messages

- The Medicinal Cannabis Scheme was established on 1 April 2020 following the passing of the Misuse of Drugs (Medicinal Cannabis) Regulations 2019 (the Regulations). The Scheme is a licensing regime. It aims to manage the commercial cultivation and the manufacture and supply of medicinal cannabis products in New Zealand. The Regulations also set out minimum quality standards that medicinal cannabis products must meet before they can be supplied to users.
- The Medicinal Cannabis Scheme is delivering on the Government's commitment to improve access to quality, affordable medicinal cannabis products in New Zealand.
- All products supplied in New Zealand (both imported and locally manufactured) must be verified as meeting the Scheme's minimum quality standard.
- Manatū Hauora is currently reviewing the regulations to clarify their intent. If agreed, the proposed changes to make the scheme more workable are likely to be implemented by late 2023.

Key statistics:

- As of 2 February 2023, 7 cannabidiol (CBD) products have been verified as meeting the minimum quality standards. Five are oral liquids and 2 are sublingual solutions. Five of the 7 verified CBD products available are manufactured in New Zealand.
- As of the same date, 20 medicinal cannabis products (containing THC and CBD) have been verified, including oral liquids, dried flower for inhalation via vapouriser and dried flower for preparation of tea.
- Also as of 2 February 2023, the Medicinal Cannabis Agency has 43 active medicinal cannabis licences. The licensed activities include cultivation, nursery (seed supply), and possession for manufacture and supply.
- Four New Zealand companies have met international medicines manufacturing standards and have been granted a licence to manufacture certain medicinal cannabis products. Licences to manufacture are granted by Medsafe, not by the Medicinal Cannabis Agency.
- Cultivators are now also supplying starting material to overseas markets. Since the start of the scheme, ten applications to export consignments have been verified against the minimum quality standard.

Issues and risks

- Affordability of medicinal cannabis products is an issue for users. However, as more products are manufactured locally and enter the market, it is expected that costs will reduce over time.

Upcoming milestones

- s 9(2)(g)(i)

Modernisation of ethics project

Key messages

- The Health and Disability Ethics Committees (HDECs) are Ministerial committees (established under section 87 of the [Pae Ora \(Healthy Futures\) Act 2022](#)), whose function is to secure the benefits of health and disability research by checking that it meets or exceeds established [ethical standards](#).
- Manatū Hauora has a role in working with the Minister to organise appointments to HDECs, which in turn helps their processes to run smoothly, without delay.
- Manatū Hauora is undertaking the Modernisation of Ethics (MoE) project to strengthen the Health and Disability Ethics Committees (HDECs). The MoE programme is overseen by a Governance Group. The initial stages of the MoE programme were informed by an Advisory Group. This group was made up of people across the health research sector.
- The MoE project is reviewing the operation of the Health and Disability Ethics Committees (HDECs) to meet the pressures on research ethics review and incorporate learnings from COVID-19. The goal is to ensure the New Zealand ethics system remains one of the top systems in the international research sector.
- The MoE project has identified areas where improvements could be made. The first of these changes will be implemented in the next few months. Analysis, stakeholder engagement and development of solutions are continuing.

Issues and risks

- HDEC appointments are not completed before the election period. The Ministry's is ensuring that all committee appointments for 2023 are underway.
- Researchers do not feel the changes being made improve the research ethics system. Broad engagement will be part of the next phase to ensure the programme addresses researchers' concerns.
- The changes do not keep New Zealand competitive in the international research sector. International comparisons and interviews with contacts in other jurisdictions will be part of the analysis.
- The changes implemented do not become BAU. The programme includes members of the HDEC team closely assessing the potential solutions. There will be pilots where appropriate, to test whether changes are robust and can be sustained long term.

Upcoming milestones

- March-April 2023 - Stakeholder engagement.
- Presented to the Committees in March and signed off by May - Updated Terms of Reference and Standard Operating Procedures.
- By early June 2023 - Appointments advertised, selected and confirmed.

Other regulatory topics

The Ministry's Business Plan includes work underway for a number of other regulatory activities. This section draws attention to other important regulatory topics.

1. Administration of Radiation Safety legislation

- In November 2022, Cabinet approved amendments to the Radiation Safety Regulations 2016. If the Minister of Health agrees, there will be a paper to LEG in April. The amendments will set higher licence and consent fees. The amendments are needed to ensure full cost recovery.

Issues and risks

- There is a small risk of concern from the radiation stakeholders to the increased fees. However this risk has been mitigated by extensive consultation with stakeholders prior to Cabinet's decision. Stakeholders are now largely on board with the changes.

Upcoming milestones

- There will be a paper on amendments to the Radiation Safety Regulations 2016 going to LEG in April.

2. Radiation Store

- The Ministry is responsible for the safe and secure storage of spent ionising radiation sources and instruments, until their radioactivity level no longer presents any risk of inadvertent harm (> 50 years). This topic will be covered in a separate briefing.

3. Administration of the HPCA Act

- Manatū Hauora must meet certain obligations under the Health Practitioners Competence Assurance Act 2003 (the Act).
 - Facilitating appointment of members to the boards/councils of the 18 responsible authorities (RAs).
 - Ensuring that RAs perform their functions and meet their obligations, including submission of annual reports to the Minister.
 - Managing any concerns raised about an RA's operation or decisions.
 - Managing applications for further professions to be regulated under the Act.
 - Providing expertise and advice on the Act and the Ministry's role to ensure compliance.
 - Informing reviews of the Act.
- The Act is currently being reviewed as part of broader work to address health workforce issues. The goal of the review is to have a regulatory environment that promotes innovative and flexible use of skills and capabilities, as well as meeting our obligations under Te Tiriti o Waitangi.
- We have been engaging with the sector to refine the issues and develop options. A public consultation document is planned for mid-2023.

Issues and risks

- s 9(2)(g)(i)

- The 4 applications for regulation that are currently in train have been significantly delayed over the years (for a variety of reasons) but are currently being progressed.

Upcoming milestones

- Public consultation is scheduled to occur in mid-2023. The Review of the Act is due to go to Cabinet in late 2023.

4. Pharmacovigilance

- Te Whatu Ora, on behalf of Medsafe and the National Public Health Service, is delivering the Pharmacovigilance Transformation Programme. It provides Medsafe with a modern pharmacovigilance system and ensures monitoring continues to meet international standards. It includes modernising IT infrastructure and business process.
- A new IT platform will replace the ageing Centre for Adverse Reactions Monitoring (CARM) system. CARM will continue to assess adverse reactions reports and provide advice on these. The transformation brings some of the elements of adverse reaction reporting in house. It is expected to deliver significant efficiencies, better access to data, and quicker identification of safety issues.

Upcoming milestones

- The Pharmacovigilance Programme is due to be completed by the end of June 2023.

Issues and risks

- The programme includes an operating model change affecting the responsibilities of CARM and Medsafe. If there is resistance within the sector to the proposed operating model change with CARM then the transformation programme may be delayed or derailed. The key mitigation is the establishment and implementation of an effective sector communications & engagement strategy.

5. Health Advisory and Regulatory Platform

- The Health Advisory and Regulatory Platform is the IT platform to support regulatory teams. It currently supports vaping and assisted dying regulators. The platform is now being implemented for radiation safety. It will also be used for the new tobacco regulator.

Issues and risks

- The main risk for HARP projects is the IT provider's capacity to provide for 4 regulators in parallel within planned timescales and while maintaining consistency and quality.

Upcoming milestones

- Implementation of a new version of the Assisted Dying platform by June 2023.
- Tobacco and Vaping changes to be implemented by July 2023.
- Radiation Safety to be implemented by the end of 2023.

Māori health

Lead DDG: John Whaanga

Māori health equity

Key messages

- The Pae Ora (Healthy Futures) Act took effect on 1 July 2022 to establish major sector structures, environment and conditions for achieving equity and improved outcomes in health.
- In the new health system, the need for Manatū Hauora (the Ministry) to exercise its kaitiakitanga function for Māori health remains. The Māori Health Directorate works across the Ministry to ensure a coherent and deep understanding of Te Tiriti and equity, and its application.
- Māori Health Directorate is responsible for overseeing the implementation of Whakamaui: the Māori Health Action Plan 2020-2025 and two significant actions underway to improve Māori health equity include Ao Mai te Rā: the Anti-Racism Kaupapa and Houhia: Equity by Design.
- The Hauora Māori Advisory Committee (HMAC) established under section 89 of the Pae Ora (Healthy Futures) Act 2022 advises the Minister of Health on matters relating to the performance of Te Aka Whai Ora Board, as well as making recommendations on membership of the Public Health Advisory Committee.
- The responsibility for equity of health outcomes and meeting Te Tiriti obligations lies with the entire Ministry and wider health and disability sector. The Māori Health Directorate leads the development of equity tools and frameworks to support other directorates and the health and disability sector to implement practical responses to improve equity.
- The Ministry has also published a Tiriti Position Statement. The Māori Health Directorate leads the development of Tiriti frameworks to support other directorates and the health and disability sector to engage with Māori and give practical application to Te Tiriti commitments.
- The Māori Health Directorate is also providing leadership and direction across the suite of Pae Ora strategies to enable consistent positioning of Te Tiriti o Waitangi and Māori health equity, and to shape and plan the approach to Māori engagement.

Upcoming milestones

- Engagement with the Māori health sector on the interim Hauora Māori Strategy and hauora Māori priorities for other Pae Ora strategies begins on 9 February with the first of four two-day wānanga led by the Māori Health Directorate in partnership with Te Aka Whai Ora. Dates and locations for the wānanga are:
 - Northern Regional Wānanga – 9 to 10 February 2023
 - Te Manawa Taki Regional Wānanga – 21 to 22 February 2023
 - Central Regional Wānanga – 7 to 8 March 2023
 - Te Waipounamu Regional Wānanga – 10 to 11 March 2023
- Publication in February/March 2023 of the full set of phase one deliverables for Ao Mai te Rā: the Anti-Racism Kaupapa including 3 literature reviews and Whiria te Muka Tangata, an anti-racism systems change model.
- Last year, the Ministry published a position statement and working definitions for racism and anti-racism. Development of a project plan for phase two of this work is underway.

Māori-Crown Relations and Wai2575

Key messages

- Between October 2018 and March 2019, the Waitangi Tribunal began the Health kaupapa inquiry (Wai2575) with Stage One looking into the legislative and policy settings of the primary healthcare system. The consequential Hauora report was released in July 2019 and the Crown has progressed work on most of the Tribunal's recommendations through the Pae Ora (Healthy Futures) Act, the creation of Te Aka Whai Ora - Māori Health Authority, the Manatū Hauora's (the Ministry) Te Tiriti o Waitangi position statement and Te Tiriti framework, and Whakamaua: Māori Health Action Plan 2020-2025.

s 9(2)(h)

- Hearings are well underway for Stage Two of Wai 2575, which covers Māori with lived experience of disability. Week 5 of the hearings will be held in March 2023. s 9(2)(f)(iv)
- The Ministry is also actively involved in other kaupapa inquiries with significant health considerations, such as housing, mana wahine and justice.
- Cross-government work is underway to develop appropriate relationship instruments arising from the settlement of claims. The Ministry has relationships with eight iwi or similar Māori groups. These include (lead agencies in brackets):
 - Kiingitanga and Koiora Accords – Waikato Tainui (Te Puni Kōkiri & Ministry of Social Development)
 - Raukawa Accord - Ngāti Raukawa (Te Puni Kōkiri)
 - Ngāti Porou Taumata and Whakamana Accord (Te Arawhiti)
 - Te Hiku o te Ika Accord – Te Aupōuri, Ngāi Takoto, Te Rarawa, Ngāti Kuri, Ngāti Kahu (Ministry of Social Development)
 - Tūhoe Service Management Plan (Ministry of Social Development)
 - Ngāi Tahu Accord (Te Arawhiti)
 - Parihaka - Te Huanga a Rongo (Te Puni Kōkiri).
- There is also engagement with other key stakeholders, e.g., the National Iwi Chairs Forum. The types and timeframes for most of these relationships are not determined by the Ministry and our role is limited to input into the process.

s 9(2)(f)(iv)

Engagement on the Interim Hauora Māori Strategy

Key messages

- Manatū Hauora and Te Aka Whai Ora are working together to develop an interim Hauora Māori Strategy, one of several health system strategies required under the Pae Ora (Healthy Futures) Act 2022, by July 2023.
- He Korowai Oranga: Māori Health Strategy and Whakamaua: Māori Health Action Plan 2020-2025 continue to provide the guiding framework for hauora Māori in the reformed health system. To deliver on the legislative requirements for a Hauora Māori Strategy, Ministers have agreed to an 'interim' Strategy to be determined this year, with a more fulsome review and refresh to begin from 2024 [H2022012185 refers].
- The Ministry's early analysis the Pae Ora Act and recent government engagement has highlighted the following potential areas for enhancement in the interim Hauora Māori Strategy [H2022017436 refers]:
 - Promoting system change to tackle the underlying causes of health inequity – enabling an anti-racist health system to emerge and flourish.
 - Increasing and supporting Māori leadership and decision-making – integrating the important role of Iwi-Māori Partnership Boards and Te Aka Whai Ora.
 - Enabling a collaborative, active learning monitoring approach – ensuring that information, insights and lessons flow up, down and across the system.
 - Driving collective progress to address the wider determinants of health – strengthening our contributions to and learning from current cross-government priorities, particularly poverty reduction for tamariki Māori; rangatahi leadership and mental wellbeing; and the impacts of climate change.
 - Commissioning for pae ora – ensuring that services and programmes reflect Māori needs and aspirations and provide choice of quality services.
- To test and develop these enhancements to the interim Hauora Māori Strategy, and to determine the hauora Māori priorities to be included in the Women's Health, Rural Health, and Health of Disabled People Strategies, the Ministry, together with Te Aka Whai Ora, is hosting four, two-day wānanga across the motu.
- The wānanga will be supplemented by further engagement with Iwi-Māori Partnership Boards, other whānau engagement led by Te Aka Whai Ora, as well as a series of online forums hosted by Manatū Hauora (webinars, workshops, and a survey).

Upcoming milestones

- Engagement with the Māori health sector on the interim Hauora Māori Strategy and hauora Māori priorities for other Pae Ora strategies began on 9 February. Dates and locations for the wānanga are:
 - Northern Regional Wānanga – 9 to 10 February 2023
 - Te Manawa Taki Regional Wānanga – 21 to 22 February 2023
 - Central Regional Wānanga – 7 to 8 March 2023
 - Te Waipounamu Regional Wānanga – 10 to 11 March 2023

s 9(2)(f)(iv)

s 9(2)(f)(iv)

Ao Mai te Rā: the Anti-Racism Kaupapa

Key messages

- Manatū Hauora (the Ministry) is leading Ao Mai te Rā: the Anti-Racism Kaupapa (Ao Mai te Rā), a specific programme of work to support the way the health system understands, reacts, responds to, and addresses racism in health.
- Ao Mai te Rā has been conducted in two phases, phase one commenced in April 2021. The Ministry is nearing the end of phase one and have started sharing a suite of deliverables with the health sector that are designed to:
 - build a shared understanding and language for what racism is, how it impacts on health outcomes and what effective anti-racism action looks like
 - establish an evidence-based systems change model that supports the health system to take pragmatic steps in shifting the conditions that hold racial health inequity in place.
- An *initial* tranche of the phase one outputs were released in July and August 2022, this included: a video and podcast series (see [Podcasts - YouTube](#)); a new position statement and working definitions for racism and anti-racism in the health system in Aotearoa New Zealand (see [Position statement](#)); and a literature review on the [Evolution of Racism and Anti-racism \(Stage 1 Literature Review\) & Summary Document](#).

- To date, the Ministry has received a positive response from the health sector and from other government agencies, with commendation from the Race Relations Commissioner. The public release of the *remaining* outputs will signal the end of phase one and the commencement of phase two of Ao Mai te Rā. Over the next few months, the Ministry will be considering how it puts into practice aspects of the model within the organisation and across the health system in the transition from phase one to phase two.

Issues and risks

- The Ministry has worked closely with the Ministry of Justice (Justice) to ensure the alignment of Ao Mai Te Rā with the general direction of the National Action Plan against Racism (the action plan). The Ministry is well-placed to respond to any potential actions and implications, through the later stages of Ao Mai Te Rā.

Upcoming milestones

The publication of the remaining phase one deliverables by the end of February, including:

- Best Practice Approaches to Addressing Racism – Lessons for the Aotearoa New Zealand Health System (Stage 2 Literature Review)
- Anti-Racism Maturity Models – Lessons for the Aotearoa New Zealand Health System (Stage 3 Literature Review)
- Summary Paper - Lessons for the Aotearoa New Zealand Health System
- Whiria te Muka Tangata - Anti-Racism Systems Change. A Preliminary Model for the Aotearoa New Zealand Health System.

Evidence, research and innovation

Lead DDG: Dean Rutherford

COVID-19 and National Immunisation Programme Research

Key messages

- In 2022, the former Minister of Health announced the COVID-19 and National Immunisation Programme (NIP) Research Round. A total of \$9.6 million funding was made available. Manatū Hauora (the Ministry) sought investigator-initiated projects with terms of up to 12 months and up to a maximum value of \$500,000.00.
- A total of 23 projects were funded. The overarching purpose of these research projects is twofold.
 - Firstly to help address current knowledge gaps in how the health system, communities and whanau responded to the COVID-19 pandemic, including vaccine rollout and
 - Secondly, to provide insights on how we might prevent and/or better manage future pandemics.
- There is a specific focus on how these research findings will help the Ministry and wider health system improve its support for Māori, Pacific and disabled people and communities including vaccine readiness.
- Lessons learnt from this research round will inform the wider research and evaluation prioritisation and research commissioning work programme of the Directorate.

Issues and risks

- s 9(2)(g)(i) [Redacted]
- [Redacted]
- [Redacted]

Upcoming milestones

- s 9(2)(g)(i) [Redacted]
- [Redacted]

Enhancing the environment for clinical trials in Aotearoa

Key messages

- Manatū Hauora has previously briefed the Minister of Health on evidence-based recommendations for strengthening the clinical trials environment in Aotearoa, which include establishing an equity and Te Tiriti o Waitangi-led National Clinical Trial Network (the Network).
- Establishing a cross-agency team to develop and implement the Network is the necessary first step. As part of their new structures, Manatū Hauora, Te Whatu Ora and Te Aka Whai Ora have designed roles focused on clinical trials system leadership and are at various stages of the recruitment

process. Manatū Hauora has just finished interviewing candidates for this role, and we expect sector engagement to start in March/April 2023.

- While we undertake the recruitment process, the three agencies are continuing to develop an approach to implementation at a senior management level.
- Based on initial feedback from the Minister, the focus is on developing an approach that will have measurable impact for the sector in the short-term and can be expanded over the medium- to long-term. Once agreed, we will brief the Minister of Health on our proposed high-level approach by the end of March 2023.

Issues and risks

- Resourcing – as each agency is creating clinical trials leadership roles as part of establishing this as a new function. Recruitment to these roles is being prioritised by each agency.
- The infrastructure needed for a successful network will need significant investment by Te Whatu Ora.

Upcoming milestones

- Agreement between Manatū Hauora, Te Whatu Ora and Te Aka Whai Ora on a high-level approach to implementing a National Clinical Trial Network, followed by a briefing to your office.
- Appointment of implementation leads for each agency.

Health and Independence Report

Key messages

- The Health and Independence Report (the report) is the Director-General of Health's report to the Minister of Health on the state of public health in Aotearoa New Zealand.
- The report is a key document for Manatū Hauora, demonstrating how we are delivering on our stewardship responsibilities.
- The report is an annual legislative requirement under the Health Act 1956.
- The 2021 Report was published in November 2022 and included the following main sections:
 - People of Aotearoa - population overview and health measures, such as life expectancy, health expectancy, morbidity and mortality, and factors contributing to health loss.
 - Impacts of COVID-19 – an overview of the COVID-19 pandemic in New Zealand for the year ending 31 December 2021.
 - Health Measures – an extensive range of health measures, including maternity, primary care, barriers to health care, child oral health, immunisation, the RSV outbreak, cancer, long term conditions and hospitalisation rates.
- The 2022 report will be aligned with the Pae Ora strategy publication, forming a component of the evidence base for those strategies.

Upcoming milestones

- The publishing and sign off processes for the upcoming report are being developed now.

New Zealand Health Research Strategy (2017-2027)

Key messages

- The New Zealand Health Research Strategy (2017-2027) (the Strategy) describes key priority areas and actions required for Aotearoa to have a world-leading health research and innovation system that improves the health and wellbeing of New Zealanders.
- Delivery against the strategy has been the joint responsibility of Manatū Hauora and the Ministry of Business, Innovation and Employment (MBIE), supported by the Health Research Council of New Zealand (the HRC).
- Manatū Hauora's strengthened system-level, strategic leadership role for research means it has now taken on overall responsibility for the Strategy. Te Whatu Ora and Te Aka Whai Ora also have significant roles to play.
- Manatū Hauora is in the process of increasing resources available to reflect this increased level of responsibility and is building a team to specifically lead this work.
- Under the strategy's original work programme, strengthening the environment for clinical trials in Aotearoa has been and remains the foremost priority for Manatū Hauora, as it provides a system-level framework to enable a stronger health research environment more broadly.

Issues and risks

- The strategy is now out-of-date, especially with regards to the new leadership responsibilities, new health system structures and to the Crown's Te Tiriti o Waitangi obligations.
- The strategy's strategic priorities and work programme will also need updating once the overall model and content are revised and in place.

Upcoming milestones

- Manatū Hauora will work with MBIE to review and advise you on options to improve the current system settings for health research, including refining the roles of each agency in this area.
- Manatū Hauora will plan and lead the refresh of the strategy, working with Te Aka Whai Ora, the HRC and MBIE. This work will commence in the second half of 2023.

New Zealand Health Survey

Key messages

- The New Zealand Health Survey (survey) is a key data source for the health sector, providing population-level data on health status, long-term conditions, health behaviours and risk factors, health service utilisation and barriers to access.
- The survey has been in field continuously since 2011.
- Data is collected through face-to-face interviews with (before COVID-19) over 13,000 adults and the parents or primary caregivers of over 3,000 children annually. Video interviewing has been used since 2020 in some situations when face-to-face interviewing is not possible due to COVID-19.
- The survey includes a core component, with questions that stay the same each year, and changing modules which collect more detailed information about a particular topic. Demand for module content is high, and we balance the needs of a range of strategic partners.
- The survey is designed and funded by Manatū Hauora, and the interviewing is conducted by Reach Aotearoa, formerly named CBG Health Research.

Issues and risks

- The sample size and response rate for the health survey continues to be lower than before COVID-19. This is mainly due to an interviewer workforce shortage and participants becoming less willing to do the survey, both of which are issues impacting household surveys across the world.
- To ensure the information collected is relevant for the coming years, there is a project in progress to refresh the health survey. The project is reviewing all aspects of the survey including survey design, content, and methodology. Due to the scale of this work, the work is being completed across multiple years.
- Respondents will increasingly expect different options for completing the survey, such as the ability to complete it using different modes, including online. A review of comparable international surveys was conducted in 2022. We will use the review findings to guide our approach to future survey design.

Upcoming milestones

- Key results from the 2022/23 health survey will be published in November 2023. The module included in the 2022/23 survey is mental health and substance use.
- Other analytical products (e.g. module results) will be released periodically throughout the year when they are available.
- Fieldwork for the 2023/24 health survey will begin in July 2023. The 2023/24 health survey is scheduled to include short modules on tobacco and vaping, to inform the monitoring of the Smokefree Aotearoa 2025 Action Plan, and racial discrimination.

Finance

Lead DDG: Celia Wellington

2023 March Baseline Update – Vote Health

Key messages

- The March Baseline Update (MBU) is a technical process to recognise decisions by Cabinet and other Joint Ministerial decisions made since the October Baseline Update (OBU) and reflect these in the Treasury's Crown financial system (CFISnet).
- It also includes other proposed changes that Joint Ministers (the Minister of Finance and yourself, as Minister of Health) can approve under delegation [Cabinet Office Circular CO(18)2 refers].
- In 2022 OBU, the Minister of Finance and the then Minister of Health approved the reallocation of baselines between Manatu Hauora and the new health entities to reflect function transfers that were due to the reform of the health system. Further changes are now required in 2023 MBU as the specifics of the reform have become clearer since 2022 OBU, and further transfers have been made.
- s 9(2)(f)(iv)
 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]
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 - [Redacted]
 - [Redacted]

Upcoming milestones

- In 2022 OBU, there was one letter to the Minister of Health (as previous Minister for COVID-19 Response) to cover the funding changes in relation to the multi-category appropriation 'National response to COVID-19 Across the Health Sector' and another letter to the former Minister of Health to cover the rest of changes for Vote Health. In this MBU there will be only one letter to the Minister of Health.
- The MBU letter will be submitted to the office of the Minister of Health by Wednesday 15 February 2023. Once the Minister of Health is happy with its proposed changes, the letter will need to be sign and forward the letter to the Minister of Finance by Monday 20 February 2023 for his consideration and signoff.
- Updated baselines will be confirmed via a letter from the Minister of Finance to the Minister of Health. For 2023 MBU, this letter can be expected the week commencing Monday 13 March. The letter will confirm all agreed changes, any disputed items that have been resolved following submission, and list any disputed changes to be addressed in Budget or through other Cabinet processes.
- Any changes in MBU relating to appropriations and any departmental capital injections and withdrawals for 2022/23, will be included in the 2022/23 Supplementary Estimates.

Budget 2023 Process

s 9(2)(g)(i)

PROACTIVELY RELEASED

s 9(2)(g)(i)

PROACTIVELY RELEASED

Holidays Act Remediation

Key messages

- Manatū Hauora (the Ministry) commenced its Holidays Act Remediation in 2021 (we were not under an enforceable undertaking).
- The current payroll vendor (Peterborough Software Enterprise, PSe) completed a review of the system. Based on this, a recommendation was made on the changes the Ministry needed to implement to ensure its payroll system and processes were operating in compliance with the Act.
- PricewaterhouseCoopers was engaged to complete an independent review of the recommendations prior to the Ministry undertaking any action.
- The period of remediation for Ministry employees, was 1 January 2013 to 15 September 2021, being the date the payroll system became fully compliant.
- The Union (PSA) and Labour Inspector were consulted on our calculations, communication and process. Both were supportive and endorsed the Ministry's approach.
- All current staff that were due a remediation payment received this in October 2021.
- We are currently in the process of contacting approximately 1000 former employees of the Ministry, who left prior to 15 September 2021 and are due a remediation payment.
- We continue to make payments as we receive the required documentation from our former employees.

Issues and risks

- Not being able to contact a previous employee from the details we hold on file. If we cannot trace the employee, we will follow the guidance on advising IRD.

Te Whatu Ora Holidays Act remediation programme and funding

Key messages

- Te Whatu Ora Districts and New Zealand Blood and Organ Service (NZBOS) have been undertaking Holidays Act review, rectification and remediation work to address any non-compliance within payroll systems, and to resolve any current and former employee claims arising from non-compliance. This includes resolving any current and former employee claims arising from non-compliance in the 20 districts of Te Whatu Ora and NZBOS.
- s 9(2)(f)(iv)
- In June 2021 KPMG were contracted by the Manatū Hauora to provide the delivery of a national programme management function (national programme management office (NPMO)) to support the successful, timely, delivery of the (then) District Health Boards' (DHBs) Holidays Act 2003 (Holidays Act) review, rectification and remediation work, and they continue to work closely with Te Whatu Ora and the Ministry on the delivering programme.
- District-level projects continue to work to meet a 30 June 2023 date for the payment of any remediation amounts to current employees (with past employee's payments to come later). However, some districts will not make these payments until 2024.
- The Te Whatu Ora Board recently approved the solutions to the outstanding National Questions, namely defining what a week (WIAW) is and for Residential Medical Officer (RMO) transfers, and answers to secondary questions raised by Districts.
 - WIAW: approved agreement reached with Unions at mediation before Christmas last year regarding the calculation of 'a week' of annual leave.
 - RMO transfers: approved proposal to remediate notional public holidays only, as agreed by HSRA last year.
- The solution to WIAW has been communicated to Districts, with RMOs to follow and national directives to be issued in response to queries raised by Districts (secondary questions). The NPMO is working with Districts to obtain revised estimates of implementation timeframes, and these are expected to be clarified in mid-February.
- A payments process has been established for when Districts are ready to proceed to remediation and need to access funds to settle remediations. Cabinet previously delegated to Ministers of Finance and Health (Joint Minsters) to access funding previously set aside for remediation and approve any resulting changes to appropriations [CAB-20-MIN-0155 refers].
- The steps taken to accept remediation claims requires Districts to prepare and provide evidence to initiate the payment process. This will include providing evidence that unions who are signatories to the Memorandum of Understanding entered into in 2019 have agreed to the remediation outcomes reached by the District; confirmation from the District's remediation provider that calculations meet the requirements of the Act and contractual requirements; and attestation from the District's Director (formerly DHB's CEO and CFO) that the remediation and rectification activities have accurately calculated the District's liability for each impacted employee.
- It is anticipated that joint Ministers will be required to start authorising the approved equity injections to provide the cash for districts to make payments from around late March, and to ensure that funding is secured in the 2022/23 Supplementary Estimates for any payments expected to be settled before 30 June 2023.

Issues and risks

- Some projects are unlikely to make payments until 2024. Te Whatu Ora are working hard to shore up resources and remediate as soon as possible.
- The timing of remediation across districts will be staggered and communication and managing expectations of staff in those districts who are expected to be remediating later will be important.
- s 9(2)(f)(iv)

Upcoming milestones


- A request to Joint Ministers to access the first tranche of funding s 9(2)(f)(iv) is expected to be made during late March 2023, with potential funding being set aside and appropriated for 2023/24 before the 2023 Budgets process is closed in early April 2023. Officials are currently working with the Treasury on this process.
- Once funding has been confirmed, Te Whatu Ora will commence the process for making remediation payments to affected staff within the approved districts.
- It is expected that further calls will be made over the next 12 months as districts' remediation processes are finalised, and the timing will be clearer once districts have completed their revised project plans.

Te Whatu Ora call on budget contingency

Key messages

- Budget 2022 established a multi-year funding arrangement for Vote Health for 2022/23 and 2023/24. As part of the agreed budget package two contingencies were established to address historical and future health system cost pressures and designed to cover cost pressures across the health sector, excluding Manatū Hauora (the Ministry) for the 2022/23 and 2023/24.
- At Budget 2022, Cabinet delegated the approval of the drawdown of this contingency funding to the Prime Minister, the Minister of Finance, the Minister of Health and the Associate Minister of Health (Māori) and set a specific set of criteria that needed to be achieved in order for the funding to be drawn down.
- Funding for the first year of the combined two-year funding uplift to health system entities was successfully drawn down in November 2022 and totalled \$1,275.592M pa.
- The remaining contingency is to address the cost pressure in 2023/24 year. As part of this package, funding of \$1,297.191M per annum was provided for 2023/24 and outyears, and was based on an uplift available to several entities and is expected that it would be allocated to Vote Health appropriations as follows:

s 9(2)(f)(iv)



Issues and risks

- s 9(2)(g)(i) [Redacted]
- s 9(2)(f)(iv) [Redacted]

s 9(2)(f)(iv)

- Further, if the criteria are not met to the satisfaction of joint Ministers, it will be challenging to provide additional funding to the two main health entities, Te Whatu Ora and Te Aka Whai Ora. This will increase the risk of Te Whatu Ora producing a deficit for 2023/24 and beyond.
- Similar information requested to access the current contingency will be required for the milestone analysis as we look towards a future three-year funding envelope to be considered at Budget 2024.

s 9(2)(f)(iv)

Upcoming milestones

- Te Whatu Ora preparation of the paper to draw down from the contingency – TBC between March and June 2023.
- The Ministry preparation of the draw down paper for all other areas of the health sector eligible for cost pressure funding – April 2023.

PROACTIVELY RELEASED

Corporate matters

Lead DDG: Celia Wellington

Manatū Hauora's Output Plan

Key messages

- The Output Plan sets out Manatū Hauora's (the Ministry's) intended work programme commitments for the 2022/23 financial year. These commitments are focussed on the Ministry's role in the reformed health system and delivering against the Ministry's 2022-2026 Strategic Intentions.
- The Ministry sent the proposed 2022/23 Output Plan to Minister Little on 30 November 2022 [refer HR 20221575 – 'Manatū Hauora | Ministry of Health 2022/23 Output Plan']. It was approved by Minister Little, with two requests, on 30 January 2023.
- The Output Plan is organised by the five subcategories that come under the 'Stewardship of the New Zealand health system' multi-category appropriation:
 - Equity, Evidence and Outcomes
 - Policy Advice and Related Services
 - Public health and population health leadership
 - Regulatory and Enforcement Services
 - Sector Performance and Monitoring.
- The activities under each subcategory are aligned to the following groupings, and defined as:
 - Grow – enhance and expand existing activities; and
 - Transform – innovate and change, new responsibilities.
- The Ministry's activities that are operational in nature have not been included in the Output Plan and will be monitored by internal governance arrangements.

Upcoming milestones

- The Ministry will provide you with quarterly performance reports. These dates are:
 - Quarter Two (1 October to 31 December 2022) – By 28 February 2023
 - Quarter Three (1 January to 30 March 2023) – By 31 May 2023
 - Quarter Four (1 April to 30 June 2023) – By 31 August 2023

Manatū Hauora's strategic intentions

Key messages

- Manatū Hauora (the Ministry) is required to provide information on its strategic intentions to the responsible Minister at least once every three years. A 2022-26 Strategic Intentions document was provided to the former Minister of Health on 4 November 2022 [refer HR 20221566] and presented to Parliament on 13 December 2022.
- This document replaces the previous Strategic Intentions covering the 2021 to 2025 period as the Ministry is required to submit a new version within six months of a major change in the scope of its functions.
- The 2022-26 Strategic Intentions sets a medium-term strategy for the Ministry, spanning the next two years of transition and the following two years in which the health system will consolidate and accelerate improvements. It will provide a foundation for planning on the future functions, design and model for the Ministry and the programme of change needed to deliver the future state.
- There are four priority areas described in the Strategic Intentions:

- We will drive the development of the reformed health system and our role within it.
- We will set the direction for health and the health system to achieve pae ora.
- We will enable and support the ongoing improvement of health outcomes, quality and safety
- We will monitor health outcomes and the effective functioning of the system.
- Each priority area has a description of how the Ministry will get there. This covers activities spanning the next 12 months and the following 2 years. The work programme and measures are only focussed on the next three years as it is difficult at this stage to plan beyond this horizon. The next 12 month activities are included within the Output Plan 2022/23 agreement.
- The Ministry reports against the Strategic Intentions within its annual report.

Carbon neutral plan

s 9(2)(g)(i)

s 9(2)(g)(i)

Upcoming milestones

- s 9(2)(g)(i)

Manatū Hauora employment relations – bargaining landscape

s 9(2)(f)(iv), s 9(2)(j)

PROACTIVELY RELEASED

Ministry payroll replacement

Key messages

- Manatū Hauora's (the Ministry) current payroll provider is Peterborough Software Enterprise (PSe). In September 2020, the Ministry was advised by PSe that they were withdrawing the product from market and all system support by December 2022. This was subsequently extended to December 2023.
- A Payroll Replacement project has been established, which is overseen by a Steering Committee.
- The Ministry followed a formal procurement process to select the new provider MYOB Pay Global and a contract has been signed.
- The Ministry is working through the design of the new system with the vendor, ensuring that our system requirements and compliance to legislation are met.
- A range of resources have been engaged, including internal subject matter experts, external assurance and an independent audit provider.
- This project is reported on quarterly to the Minister of Health as part of the Ministry's Business Plan 2022/23.

Issues and risks

- There is a comprehensive risk and issues register held for the project, which is reviewed and updated regularly and shared with the Steering Committee.

Upcoming milestones

- February 2023
 - Designing and documenting new system and signing off requirements
 - Vendor commences build of the new system
- May 2023
 - Testing commences
- July 2023
 - Parallel payroll runs commence
- August/September 2023
 - Go live with the new system

Legislation

Lead DDG: Sarah Turner

Legislation that Manatū Hauora administers

The Ministry administers a number of laws made by Parliament, and also has roles defined in other legislation. The Ministry administers the following Acts of Parliament:

1. Burial and Cremation Act 1964
2. Cancer Registry Act 1993
3. Compensation for Live Organ Donors Act 2016
4. Contraception, Sterilisation and Abortion Act 1977
5. COVID-19 Public Health Response Act 2020
6. Disabled Persons Community Welfare Act 1975 (Part 2A)
7. Epidemic Preparedness Act 2006
8. End of Life Choice Act 2019
9. Health Act 1956
10. Health and Disability Commissioner Act 1994
11. Health and Disability Services (Safety) Act 2001
12. Health Benefits (Reciprocity with Australia) Act 1999
13. Health Benefits (Reciprocity with the United Kingdom) Act 1982
14. Health Practitioners Competence Assurance Act 2003
15. Health Research Council Act 1990
16. Health Sector (Transfers) Act 1993
17. Home and Community Support (Payment for Travel Between Clients) Settlement Act 2016
18. Human Assisted Reproductive Technology Act 2004 (in conjunction with the Ministry of Justice)
19. Human Tissue Act 2008
20. Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003
21. Medicines Act 1981
22. Mental Health and Wellbeing Commission Act 2020
23. Mental Health (Compulsory Assessment and Treatment) Act 1992
24. Misuse of Drugs Act 1975
25. Pae Ora (Healthy Futures) Act 2022
26. Psychoactive Substances Act 2013
27. Radiation Safety Act 2016
28. Residential Care and Disability Support Services Act 2018
29. Smoke-free Environments and Regulated Products Act 1990
30. Substance Addiction (Compulsory Assessment and Treatment) Act 2017
31. Support Workers (Pay Equity) Settlements Act 2017

Other regulatory roles and obligations


In addition to administering legislation, key personnel within the Ministry have specific statutory powers and functions under various pieces of legislation (such as the Directors of Public Health and Mental Health).

The Ministry also has certain statutory roles and relationships defined in other legislation, including:

1. Biosecurity Act 1993
2. Civil Defence and Emergency Management Act 2002
3. Education Act 1989

4. Food Act 2014
5. Gambling Act 2003
6. Hazardous Substances and New Organisms Act 1996
7. Local Government Act 2002
8. Maritime Security Act 2004
9. Prostitution Reform Act 2003
10. Sale and Supply of Liquor Act 2012
11. Social Security Act 2018
12. Victim Rights Act 2002
13. Waste Minimisation Act 2008.

s 9(2)(f)(iv), s 9(2)(h)



s 9(2)(h)

PROACTIVELY RELEASED

s 9(2)(h)



PROACTIVELY RELEASED

Working with Ministers

Lead DDG: Sarah Turner

Key messages

- Manatū Hauora (the Ministry) works with and supports ministers' offices by seconding staff to the office, supporting communication, supporting regular meetings with officials, and providing a Weekly Report.
- The Government and Executive Services Directorate is responsible for these and wider working arrangements between the Ministry and ministers' offices.

Seconding staff to the office

- The Ministry seconds staff to ministers offices to support the relationship between the Minister's office, the Ministry and Crown agencies. Seconded staff (Private Secretaries) are responsible for providing timely, high-quality information, support and advice to the Minister and Associate Ministers of Health.
- The Ministry works closely with seconded staff to ensure the Ministry is able to meet the needs of Ministers and offices. This includes for example, ensuring clear and consistent commissioning processes used by seconded staff in the offices.
- Staff report to a manager at the Ministry (Group Manager Government Services) but work to the Senior Private Secretary for day-to-day issues. The Ministry works closely Te Whatu Ora and Te Aka Whai Ora, both of which also second staff to ministers' offices.

Supporting communications

- The Ministry provides communications support to the Ministers' offices in regards to health policy, monitoring and regulation to support consistent messaging. The Ministry also works on a no-surprises basis, alerting Press Secretaries to media issues it is managing, and organises media stand-ups for matters of increased public and health sector interest.

Supporting regular meetings with officials

- The Ministry supports regular meetings with officials by developing a draft agenda for the meetings. This is sent to private secretaries who facilitate input from the Ministers' Offices and the agenda is then confirmed.
- The Ministry also keeps track of action items arising from regular meetings and works with private secretaries to ensure timely completion.

Providing a Weekly Report

- The Ministry provides a combined Weekly Report to the Minister. The purpose of the report is to ensure a no surprises approach and to provide information that does not require a formal briefing.
- The Weekly Report is sent to the Minister and Associate Ministers office every Thursday.

Appointments

Key messages

- The Minister of Health is responsible for the appointment of more than 500 statutory health roles. Most of these appointments require final approval by the Cabinet Appointments and Honours (APH) Committee. Due to the number of appointments, responsibility for appointing to a number of the

health entities has been delegated to Associate Ministers of Health in the past, under both the former Minister of Health and previous governments. Delegating responsibility for appointments does not mean that responsibility for the entity itself has also been delegated.

- There are a number of significant appointments requiring action prior to the start of the pre-election period on 14 July 2023. Traditionally, significant appointments have been defined as Crown entity board appointments, and any other appointments with significant profile and/or impact.
- Estimated dates for advice to Ministers on these significant appointments is provided below.
- Manatū Hauora's (the Ministry) Statutory Appointments and Integrity Services team is also assessing the relative urgency of the outstanding vacancies and term expiries on other boards and committees and will be able to provide Ministers' offices with advice about the other appointment decisions that will be needed in 2023, once health portfolio delegations are confirmed.

Issues and risks

- There is a limited runway to progress the significant appointments prior to the start of the pre-election period, and the other appointments prior to the general election.
- While there are a number of boards and committees that require appointments in 2023, the Ministry is prioritising those boards which will struggle to meet quorum or otherwise adequately function due to membership vacancies.

Upcoming milestones

s 9(2)(g)(i)

Ministerial Committees

Section 87 of the Pae Ora Act enables the Minister to establish ministerial committees.

The Ministry is responsible for supporting the following Ministerial Committees:

- **Medicines Assessment Advisory Committee.** Considers applications to distribute a new medicine.
- **Medicines Classification Committee.** Makes recommendations on classification of medicines as prescription, restricted or pharmacy only.

- **Medicines Adverse Reactions Committee.** Provides advice on the safety of approved medicines.
- **Medicines Review Committee.** Inquiries into objections to the approval of new medicines and hears appeals on the granting of licences.
- **Ministerial Advisory Committee for Health Reform Implementation.** Provides external advice to Ministers on progress, support requirements, and risk on health reform implementation.
- **Expert Advisory Committee on Drugs.** Provides advice to the Minister on risks of any drug, substance, preparation, or mixture.
- **Psychoactive Substances Expert Advisory Committee.** Provides advice on whether a psychoactive product should be approved for individual use.
- **Public Health Advisory Committee.** Looks at the long-term health challenges facing New Zealand and advises on innovative and practical solutions.
- **Advisory Committee on Assisted Reproductive Technology.** Provides advice to the Minister and issues guidelines.
- **Ethics Committee on Assisted Reproductive Technology. Makes** decisions about whether applications for certain assisted reproductive procedures and reproductive research proceed.
- **National Ethics Advisory Committee.** Advises the Minister of Health on ethical issues in health and determines standards for the sector.
- **Health and Disability Ethics Committees.** Approve health research from an ethical perspective.
- **End of Life Review Committee.** Examines every death report from the Registrar (assisted dying) to ensure compliance with the Act.
- **Radiation Safety Advisory Council (RSAC).** Advises the Minister of Health on their powers under the Radiation Safety Act 2016 relating to nuclear material and appointing members.

Issues and risks

- s 9(2)(g)(i)

Upcoming milestones

- Appointments and reappointments take place throughout the year. We have placed additional emphasis on timely management of appointments in 2023.

S87 Ministerial Advisory Group for Health Reform Implementation

Lead DDG: Maree Roberts

Key messages

- In May 2022, Cabinet invited the Minister of Health (the Minister) to report quarterly to the Cabinet Government Administration and Expenditure Review Committee on progress with implementation of the health reforms [SWC-22-MIN-0089 refers].
- In September 2022, the Minister appointed the Ministerial Advisory Committee for Health Reform Implementation (the Committee) to provide external advice to Ministers on progress, support requirements, and risk on health reform implementation [DPMC-2021/22-2462 refers]. The members of the Committee are:

- Sue Suckling (Chair)
 - Parekawhia McLean
 - Maragareth Broodkoorn
 - Dr Andrew Connolly
 - Dr Suitafa Deborah Ryan
 - Cathy Scott.
- The independent secretariat function for the Committee has been established in Manatū Hauora (the Ministry) to facilitate the Committee's access to information, Ministry reporting and key leadership personnel. The Committee confirmed its ways of operating in an aide-mémoire to the Minister in November 2022 [H2022016706 refers].
 - The Committee's assessment of reform implementation progress is guided by a priority framework reflecting the Minister's letter of expectations to members. A draft of the framework has been shared with the Chief Executives of Te Whatu Ora and Te Aka Whai Ora, the Director-General of Health and relevant officials from each entity.
 - The Committee provided the Minister with a summary of initial findings in mid-December 2022.

Issues and risks

- The Committee is intended to provide timely, independent advice on implementation progress and any risks to realising the intent and objectives of reform. To perform this role, it needs visibility of a range of activities across the system, requiring a flow of information from the Ministry, Te Whatu Ora and Te Aka Whai Ora to form their advice. The agencies are working with the Committee's secretariat to streamline how information is shared and minimise duplication and additional reporting requirements.
- The role of the Committee is distinct from the Ministry's stewardship role in assuring the health reforms are implemented as intended and its role in monitoring entity and system performance. We are working with the Committee Chair to align approaches to reporting on progress, for example by using common assurance domains.

Upcoming milestones

- The Minister agreed that the Ministry and the Committee will report on reform implementation separately but at the same time, in late April, July, and October 2023.
- The Ministry will work with your office to determine the 2023 dates for reporting to the Cabinet Government Administration and Expenditure Review Committee.

Royal Commission of Inquiry into lessons learned from Aotearoa New Zealand's response to COVID-19

Lead DDG: Maree Roberts

Key messages

- The Royal Commission of Inquiry into lessons learned from Aotearoa New Zealand's response to COVID-19 (the Royal Commission) was established by Order in Council on 8 December 2022. The purpose of the inquiry is to identify lessons learned from New Zealand's response to COVID-19 to strengthen our preparedness for and response to any future pandemic.
- While not a Ministerial Committee, this section provides information on how the Ministry is engaging with and supporting the work of the Royal Commission.

- The Royal Commission was permitted to begin considering evidence from 1 February 2023 and must deliver a report by 26 June 2024. The Royal Commission has three members: Professor Tony Blakely (chair), Hon Hekia Parata and John Whitehead. It has a broad scope focused on being prepared for any future pandemic and, as a result, excludes aspects such as individual clinical decisions, the health system reforms, vaccine efficacy and implementation of response strategies.
- The health system is organising itself to respond to the Royal Commission through an oversight group, chaired by the Director-General of Health and including Te Whatu Ora, Te Aka Whai Ora, Te Aho o Te Kahu and Whaikaha. This group will provide leadership and oversight to support a cohesive health system response.

Issues and risks

- The proposed response will need to adapt to the methodology adopted by the Royal Commission, which has not yet been set. The work programme is set up flexibly for this.

Upcoming milestones

- s 9(2)(g)(i) [REDACTED]
- The Royal Commission is likely to make public announcements on how the inquiry will progress, including how it will engage with the public, by late February.