

# Public Health

## Briefing to the Associate Minister of Health

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July 2019



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# 1 Overview of public health

Public health is a specialised branch of health that aims to improve and protect health and wellbeing and improve health equity by providing leadership and influencing policies, practices and behaviours that support New Zealanders to live well, stay well and get well at the population level. Public health aims to address the key determinants of ill-health and should not be confused with a publicly-funded health system.

This briefing provides an overview of public health key issues as at July 2019, not including those matters that fall within the delegations of the Minister of Health and other Associate Ministers of Health (i.e. it doesn't cover the Health Promotion Agency, drinking-water or tobacco control).

It describes the major organisations and structures in the system, along with their roles, functions and responsibilities. The primary focus of this briefing is on those organisations that fall within the Vote Health purview. However, these organisations alone cannot meet all of New Zealanders' public health needs. Strong collaboration and cooperation across government agencies and with local government is essential to achieving good health, social and economic outcomes.

## **A complex system, working together**

The Minister of Health and Associate Minister of Health, with Cabinet and the Government, develop policy for the public health sector and provide leadership. The Ministers are principally supported and advised by the Ministry of Health.

Most of the day-to-day public health activity is delivered by district health board (DHBs) public health units. DHBs plan, manage, provide and purchase public health services for the population of their district, implement government legislation and policy, and ensure services are arranged effectively and efficiently for all of New Zealand. This includes funding for public health services and services provided by other non-government health providers, including Māori and Pacific providers.

The public health system extends beyond the Ministry and DHBs to other central government agencies, local government, advisory committees, Crown entities (including Crown Research Institutes), public health units, academic institutions, private providers (including Māori and Pacific providers), and non-government organisations (NGOs). Many NGOs and consumer bodies advocate for the interests of various groups.

## **Setting the strategic direction**

The health of individuals and a population are affected by a range of determinants. A well-known diagram by Dahlgren and Whitehead from 1991 displays this (Figure 1).

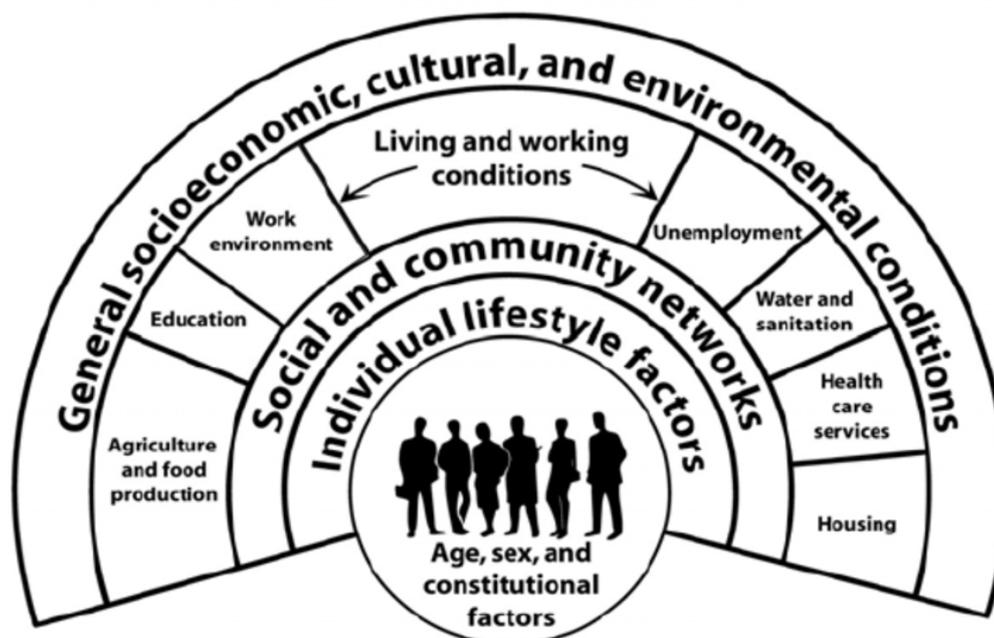


Figure 1 The main determinants of health (Dahlgren and Whitehead, 1991)

Key strategies and action plans that provide a framework for public health are described below.

Sustainable Development Goals	The Sustainable Development Goals (SDGs) are a set of 17 goals and 169 targets which outlines a plan of action to support people, the planet and prosperity. Goal 3 (Good health and wellbeing) is the guiding goal for improving the health and wellbeing of New Zealanders; public health is a key aspect to all of the others goals.
New Zealand Health Strategy	The Minister must determine a strategy for health services: the New Zealand Health Strategy (under the NZPHD Act). The Minister must report each year on progress in implementing the Strategy. If the Strategy is reviewed, the NZPHD Act requires consultation with appropriate organisations and individuals.
He Korowai Oranga: Māori Health Strategy	He Korowai Oranga: Māori Health Strategy sets the overarching framework to guide the Government and the health and disability sector to achieve the best health outcomes for Māori. He Korowai Oranga literally translated means 'the cloak of wellness'. The Strategy was refreshed in June 2014, expanding the aim of He Korowai Oranga from whānau ora to pae ora – healthy futures.
Environmental Health Action Plan	The Ministry of Health is developing an Environmental Health Action Plan (EHAP) for New Zealand. The environmental health action plan will identify local, national and regional environmental health risks and will provide environmental health risk management strategies and reporting.

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## 2 Ministry of Health

The Ministry is the Government's principal agent in the New Zealand health and disability system and has overall responsibility for the stewardship of that system. The Ministry acts as the Minister's principal advisor on public health policy, thereby playing an important role in supporting effective decision-making. At the same time, the Ministry has a role as a public health regulator and within the public health sector as a funder, monitor, and purchaser of public health services.

The Ministry provides leadership across the public health system and is the Government's primary agent for implementing the Government's public health priorities and policies within the system. The Ministry also has a wider role in coordinating public health action with other government agencies to deliver on the Government's agenda. The Ministry does this by:

- Providing expert public health advice on social determinants of health and health inequity
- Contributing robust, well-informed advice on identifying and mitigating risks to public health
- Actively seeking out and influencing public health policy development and implementation across government, the health system, and other sectors that impact the determinants of health
- Leading the development of public health operational policy and identifying key priorities for the Ministry, DHBs, and public health service providers
- Leading the National Immunisation Programme
- Using escalating tools, including regulation, where necessary to change behaviours with negative health consequences
- Leading the health system and where relevant, government (through the National Security System) in risk reduction, readiness, response and recovery from public health threats associated with communicable diseases and environmental hazards
- Providing advice to improve the nutrition and increase the physical activity levels of all New Zealanders including vulnerable populations, to reduce non-communicable diseases
- Providing a strong cohesive, collective voice on public health issues
- Leading change in the health system approach from treatment to prevention.

As well as its key relationships with the Government and the public health sector, the Ministry aspires to be a trusted and respected source of reliable and useful information about public health matters for all New Zealanders and the wider international community.

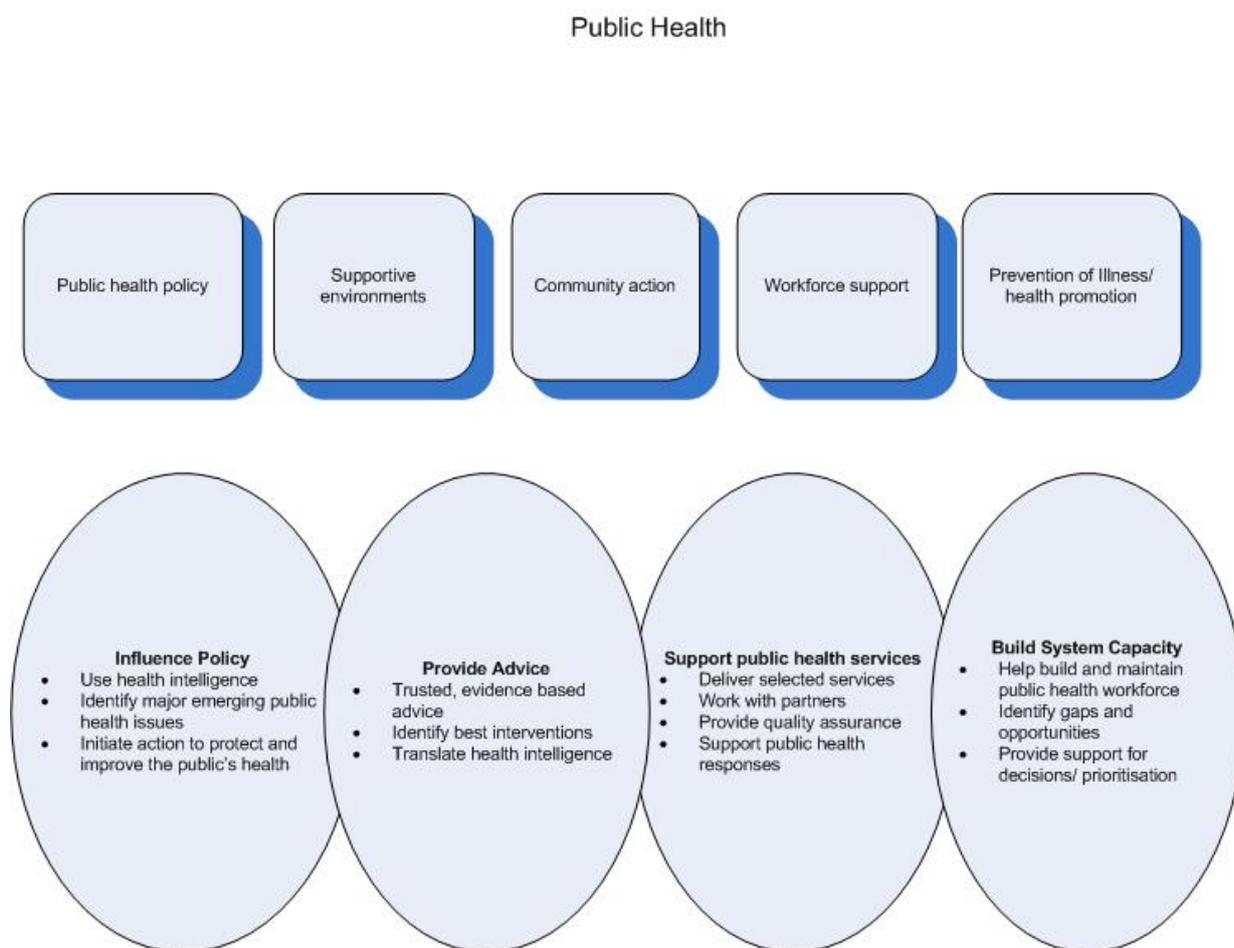
# Purpose and role

The Ministry seeks to improve, promote and protect the health and wellbeing of New Zealanders through:

- its stewardship and leadership of New Zealand's public health system
- advising the Minister and the Government on public health issues
- directly purchasing a range of national public health services and contracting the delivery of public health services by DHBs
- administering and implementing public health legislation
- leading public health responses to issues and emergencies including disease outbreaks and pandemics, international health threats, exotic pests and diseases, and infrastructure failure.

## The Ministry of Health provides public health leadership

The Ministry has a range of roles in the system, in addition to being the principal advisor and support to the Minister. It funds an array of public health services, provides clinical and sector leadership, and has a number of monitoring, regulatory and protection functions.



## **Priority areas**

Current priority areas include

- Leading 'health in all policies' with central government agencies by influencing work programmes linked to urban development, housing, transport and workplace safety.
- Developing an action plan to implement the recommendations from the Joint External Evaluation that assessed our capacity to detect, prevent, detect, rapidly respond to and report on public health threats, in accordance with our commitment to implement the (WHO) International Health Regulations (2005)
- A work programme aligned with the prevention of non-communicable diseases that focuses on healthy weight, healthy diet and increased physical activity.
- Continuing the review and enhancement of public health surveillance for communicable diseases and environmental hazards
- Continuing to implement relevant activities in the New Zealand Antimicrobial Resistance Action Plan with Ministry for Primary Industries and other key stakeholders
- Reviewing and improving components of the regulatory framework for public health including health protection
- An action plan for Health and Environment on a Changing Planet, aligned with the Sustainable Development Goals (SDGs)
- Implementing the National Immunisation Schedule 2020
- Addressing inequity in vaccination rates

## **Statutory framework**

The public health system's statutory framework is made up of over 25 pieces of legislation. Public health legislation the Ministry administers and other regulatory roles are listed in Appendix 1. The most significant is the Health Act 1956.

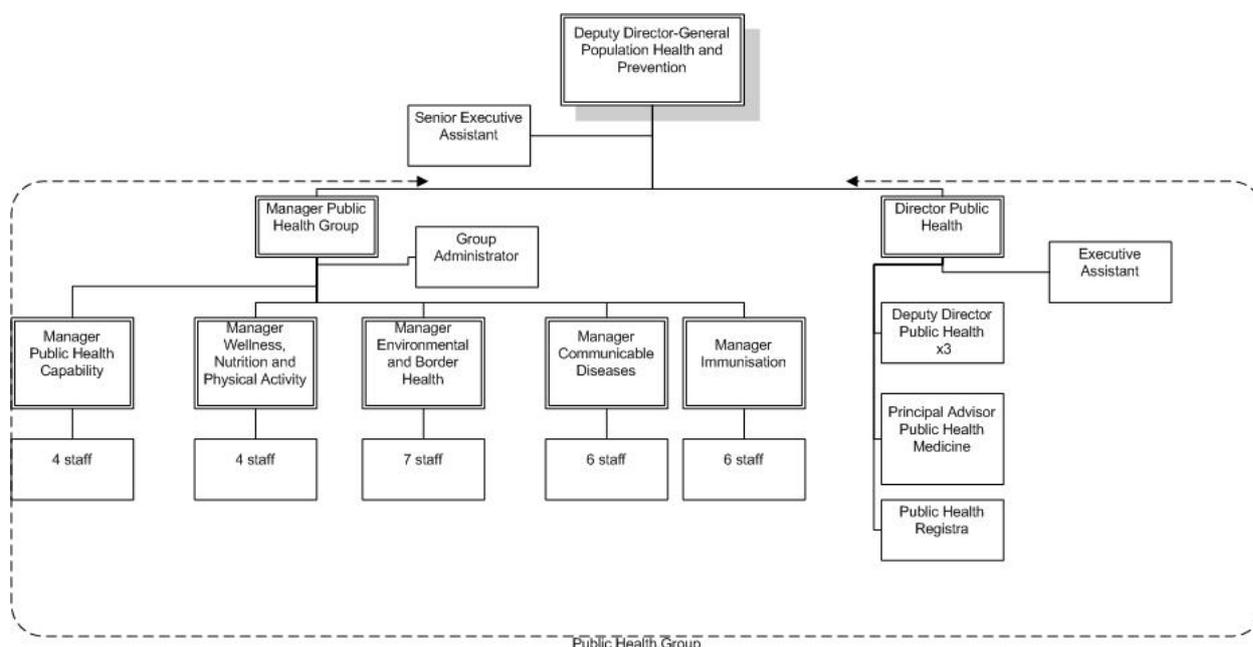
The Health Act sets out the roles and responsibilities of individuals to safeguard public health, including the Minister, the Director of Public Health and designated officers for public health. It contains provisions for environmental health, border health, infectious diseases, health emergencies and the National Cervical Screening Programme.

### **Health emergencies:**

The Minister has the power to declare health emergencies under the Health Act 1956. This has the effect of unlocking various emergency powers for statutory officers across the sector, such as medical officers of health. The Prime Minister, in consultation with the Minister, has the power to issue an epidemic notice under the Epidemic Preparedness Act 2006, which allows a broader range of possible responses.

# Public Health in the Ministry

The Public Health Group and Office of the Director of Public Health are the key operational and regulatory policy units within the Ministry of Health. The current structure is shown below but consultation on a revised structure is currently underway. Further advice will be provided once the new structure has been finalised.



Further public health support is provided by teams within the Ministry who contract and manage services delivered by DHB public health units, scientific and technical experts, academics, private companies, and non-governmental organisations.

## Statutory positions

### Director-General of Health

The Director-General of Health is the Chief Executive of the Ministry and, in addition to responsibilities in the State Sector Act, the Director-General has a number of other statutory powers and responsibilities under various pieces of health legislation. These include powers relating to the appointment and direction of statutory public health officers, oversight of the public health functions of local government, and authorising the use of special powers for infectious disease control under the Health Act 1956.

### Director of Public Health

The Director of Public Health position is provided for in the Health Act 1956. The Director of Public Health has the authority to independently advise the Director-General and Minister on any matter relating to public health. The Director also provides national public health professional leadership, and professional support and oversight for district medical officers of health. Three Deputy Directors of Public Health assist the Director of Public Health in carrying out both statutory and non-statutory responsibilities.

- Dr Caroline McElroy is the Director of Public Health.

- Dr Harriette Carr, Dr Niki Stefanogiannis and Dr Natasha White are Deputy Directors of Public Health.

### **Chief Technical Officer (Health)**

The Biosecurity Act 1993 provides for the appointment of Chief Technical Officers and Deputy Chief Technical Officers. The Director-General of Health has been recognised by the Minister for Biosecurity as having responsibilities for human health that could be adversely affected by an organism, and has appointed a Chief Technical Officer (Health) and Deputy Chief Technical Officer (Health). The Chief Technical Officer (Health) is responsible for the appointment of public health staff as authorised or accredited persons under the Biosecurity Act 1993, and may declare exotic organisms of public health significant to be unwanted organisms under the Biosecurity Act 1993.

- Sally Gilbert is the Chief Technical Officer (Health)
- Sally Giles is the Deputy Chief Technical Officer (Health)

## **Advisory committees**

Advisory committees provide the Ministry with expert advice on specific subject matter areas (in accordance with their terms of reference), and offer a forum for representatives of the sector to have a role in decision-making.

- **Interagency Committee on the Health Effects of Non-Ionising Fields:** provides the scientific and technical advice on potential health effects from exposures to extremely low or radiofrequency fields. The Committee reports to the Director General of Health, with copies of meeting notes provided to the Chief Executives of the Ministry of Education, Ministry for Business, Innovation & Employment, Ministry for the Environment, and WorkSafe New Zealand. Should there be reasonable suspicion of health hazards, or other issues of significance, these will be brought to the attention of joint Ministers. Annual and/or occasional reports will also be provided to joint Ministers
- **National Immunisation Programme Coordination Committee and Governance Group:** The National Immunisation Programme Coordination Committee (NIPCC) provides coordinated strategic advice to the National Immunisation Programme that will inform policy recommendations to the National Immunisation Programme Governance Group (the governance group) on vaccine delivery, safety, surveillance and monitoring. The NIPCC reports to the governance group every six months. The governance group provides advice on the development of the National Immunisation Schedule, vaccine safety, vaccine-preventable disease surveillance, measuring and monitoring of immunisation coverage, and WHO commitments as agreed under the Global Vaccine Action Plan or within the Western Pacific Region. The governance group reports annually to the Pharmacology and Therapeutics Advisory Committee's Immunisation Subcommittee.

# 3 The Public Health Sector

## Funding public health

Vote Health (\$19,871 million in 2019/20) is a significant public investment in the wellbeing of New Zealanders and their families. Public health funding within Vote Health totals \$440 million or 2.2% of the Vote for 2019/20.

In Budget 2019, new non-departmental expenditure funding was provided for two public health initiatives:

New Policy Initiatives	Appropriation	2019/20 Budget \$000	2020/21 Estimated \$000	2021/22 Estimated \$000	2022/23 Estimated \$000
Supporting Schools and Early Learning Settings to Improve Wellbeing Through Healthy Eating and Quality Physical Activity	Public Health Service Purchasing Non-departmental output expense	2,570	1,810	1,810	1,810
Reducing the Incidence and Improving the Management of Rheumatic Fever	Public Health Service Purchasing Non-departmental output expense	2,710	3,030	3,130	3,130

A tripartite working group, consisting of DHB, public health unit and Ministry representatives, has been established as a forum to help address or manage the public health unit funding and contracting issues. The working group will be holding its first meeting on 12 July 2019. In addition to co-developing a core contract service

specification that is fit for purpose for the future, the intended outcomes of the tripartite working group will ideally be agreement on:

- what public health services need to be nationally agreed
- how the Ministry contracts with DHBs, and others, to ensure there is appropriate provision of public health services at both a local and regional level
- that we have the right public health capability and capacity.

## **District health boards**

There are currently twenty DHBs, responsible for implementing the health policies of the Government, and for providing or funding the provision of health services in their districts.

The New Zealand Public Health and Disability Act created DHBs and sets out their objectives, which include improving, promoting and protecting the health of people and communities. Other DHB objectives include reducing – with a view to eliminating – health disparities by improving health outcomes for Māori and other population groups.

### **Public health units**

Public health services are delivered by twelve DHB-owned public health units and a range of NGOs. DHB-based services and NGOs each deliver about half of these services. Public health units focus on the delivery of

- health assessment and surveillance: understanding the health status, health determinants and distribution of disease
- public health capacity development: building a capable workforce and developing effective programmes
- health promotion: enabling people to increase control over and improve their health
- health protection: protecting communities from public health risks e.g. communicable diseases, environmental and border health, tobacco control, illicit drugs and psychoactive substances
- preventive interventions: population programmes delivered to individuals e.g. immunisation, national screening programmes, tobacco cessation services, family violence

Many of these services include a regulatory component performed by statutory officers appointed under various statutes, though principally under the Health Act 1956.

### **Public health statutory officers**

Public health statutory officers are designated by the Director-General of Health under the Health Act 1956. These officers – medical officers of health and health protection officers – are accountable to, and subject to direction from, the Director-General. This ensures central oversight of regulatory functions. The majority of these officers are employed in DHB-based public health units.

## **Other statutory officers**

The Director-General also appoints statutory officers under a range of other acts, in particular the Smoke-free Environments Act 1990, the Biosecurity Act 1993, the Psychoactive Substances Act 2013, and the Hazardous Substances and New Organisms Act 1996. City and district councils appoint environmental health officers under the Health Act 1956, who assist councils to perform their environmental health functions under the Act.

## **Other central government agencies**

Many issues that impact on public health are delivered by other agencies. These include:

- air quality, including setting standards to protect health, is the responsibility of the Ministry for the Environment
- buildings, houses and urban development are the responsibility of the Ministry for Business, Innovation and Employment and the Ministry of Housing and Urban Development, with housing and building standards being implemented by territorial authorities
- climate change is led by the Ministry for the Environment and involves most other government agencies
- contaminated land is the responsibility of the Ministry for the Environment and regional councils
- food safety (commercial and non-commercial food) is the responsibility of the Ministry for Primary Industries, although public health units take the lead in investigating outbreaks of food-borne illness
- food standards are the responsibility of Food Standards Australia and New Zealand (FSANZ)
- hazardous substances are assessed and controls applied by the Environmental Protection Authority
- occupational health and safety is the responsibility of WorkSafe NZ
- procurement and distribution of medicines (including vaccines) is the responsibility of the Pharmaceutical Management Agency (PHARMAC)
- transport sits with the New Zealand Transport Agency and the Ministry of Transport.

## **Non-government organisations**

NGOs receive significant funding from both the Ministry and DHBs. Many NGOs are non-profit, and along with providing services to consumers they are a valuable source of expertise, intelligence and influence at a community level.

NGOs have a long, well-established record of contributing to health and disability service delivery in New Zealand. NGOs include a wide range of organisations that provide flexible, responsive and innovative frontline service delivery. Diverse services are offered in public health and include kaupapa Māori services and Pacific health services.

## Other public health providers

The public health sector relies on a range of other providers for technical, scientific, policy and regulatory advice. These are contracted by the Ministry to support public health actions by public health unit staff and other public health workers, and include:

- Institute of Environmental Science and Research Ltd (ESR): is a Crown Research Institute (CRI) with a long standing relationship with the Ministry (since its creation in 1992). ESR holds a contract with the Ministry for [REDACTED] to provide scientific analytical and advisory services including:
  - drug and alcohol screening to support an Alcohol and Other Drug (AOD) Treatment Court pilot in Auckland
  - communicable disease surveillance (including laboratory services) and scientific advice, including additional specialist resources and capacity in the event of a health emergency, public health informatics, surveillance and epidemiology, outbreak detection and management
  - environmental health surveillance and scientific analysis and advice including air quality, built environment, climate change, contaminated land or buildings, drinking-water, hazardous products, recreational waters, sewage and waste management
  - ionising radiation laboratory and field services including onsite inspections, scientific support, environmental monitoring, radiation emergencies, waste store, and calibration services
  - testing of therapeutic products including selected medicines against pharmacopoeial or other requirements; and products suspected of containing undeclared medicines.
- Other providers of public health scientific analysis and advice services include:
  - University of Otago: CJD registry, HIV epidemiology, paediatric rare disease surveillance
  - Massey University: aquatic protozoa, birth defects monitoring, environmental health indicators, hazardous substances injury surveillance.
- Various providers of analytical and advisory services relating to aquatic protozoa, asbestos, consumer products, electromagnetic fields, environmental noise, epidemiology, gastroenteritis, influenza-like illness, measles & rubella, mosquitoes and other insect pests, resource and planning alerts.
- Various providers of public health advice including border health emergency planning and responses, hazchem responses, support for people exposed to dioxins and PCPs, managing PFAS and other persistent organic pollutants, public health engineering, statutory officer training.

## Local authorities

In New Zealand, local government has an important role to play in protecting the public health through its core roles, and the many other activities it undertakes or supports. The nature of activities undertaken will vary between regional councils and territorial authorities and depending on council resources and priorities.

Local government's core activities that promote public health include resource management, the provision of drainage, sewerage works drinking-water, recreation facilities and areas, refuse collection, and a range of other activities that directly or indirectly influence the health of the population. Some of these activities are undertaken by regional councils and others by territorial authorities.

Since the 19th century the provision of clean drinking-water and the removal and safe disposal of rubbish and wastewater have contributed to more lives saved than any other public health practice, or any health treatment. *'Water and sanitation are among the most important determinants of public health. Wherever people achieve reliable access to safe drinking-water and adequate sanitation they have won a major battle against a wide range of diseases'* (WHO 2004b).

Local government contributes in leadership or support roles in a vast range of activities that advance public health outcomes, providing services, facilitating access to communities or links between agencies, providing training or information and in many other ways. At other times local authorities might simply provide an information conduit or funding link between the community and Government or other agencies in supporting the implementation of other agencies' action plans for example.

Legislation providing for the public health roles and duties for local authorities includes the:

- Building Act 2004
- Food Act 2014
- Hazardous Substances and New Organisms Act 1996
- Health Act 1956
- Land Transport Management Act 2003
- Local Government Act 2002
- Resource Management Act 1991
- Sale and Supply of Alcohol Act 2012
- Waste Minimisation Act 2008.

The Health Act 1956 states that it is the duty of every territorial authority to improve, promote and protect public health within its district. The Local Government Act 2002 provides opportunities that many local authorities and other agencies can explore to enhance co-ordination and collaboration to promote community outcomes. This Act (and other statutes) provides local government with a sustainability role and focus.

Local authorities also have planning responsibilities under the Resource Management Act 1991 which promotes the sustainable management of the environment, and specifically refers to health in the Act's purpose section.

In delivering its statutory and other roles and functions, local government can provide, for example, some or all of the following services, activities and infrastructure that may protect and improve health:

- alcohol policies

- camping grounds and freedom camping facilities
- cemeteries and crematoria
- drinking-water, sewerage treatment and disposal, and waste management (rubbish removal and recycling, hazchem and e-waste collections)
- drinking fountains, public toilets, and swimming pools
- employment policies, such as providing a living wage, that reduce inequity
- enforcing building and housing standards
- enforcing environmental standards for air, land, freshwater, and beaches
- food safety
- libraries, wifi access
- parks and reserves
- roads, cycle paths, footpaths and walkways and public transport
- social housing.

## **Public health clinical network**

Clinical networks increase connectivity across the health sector and are a significant feature of our health system. There are a number of key networks of clinicians working together to improve the quality of health services. Clinical networks have been instrumental in achieving gains in the health sector, including the Public Health Clinical Network.

The Public Health Clinical Network was established in 2013 by Service Managers and Clinical Directors from the twelve public health units, the Ministry of Health and the former National Health Board to provide leadership for and strengthen the performance and sustainability of public health units.

Its membership comprises the manager and clinical director from each public health unit, the Director of Public Health and a secretariat. Ministry of Health staff from the Office of the Director of Public Health and the Public Health Group may attend meetings but are not entitled to vote on matters under discussion.

The Public Health Clinical Network can establish working groups to develop a consistent approach to specific issues. Working groups will establish terms of reference and work plans, and will report back to Network meetings.

The goals of the Public Health Clinical Network are to:

- enhance consistency and quality of public health service delivery
- align planning and improve co-ordination between public health units
- improve co-ordination between public health units and other public health stakeholders, including the Ministry of Health
- ensure the development of appropriate and sustainable systems to support these goals.

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## 4 International links

The Ministry maintains active links with international health organisations and other health ministries, in order to:

- protect New Zealand against international health threats
- learn from other countries' experiences and international debate on ways to organise, manage and deliver health services, including best practice and innovations
- provide support and assistance to less developed countries, particularly in the Pacific region, recognising that health in Pacific nations strongly affects the health of people in New Zealand.

### **International conventions and agreements**

New Zealand is party to two international treaties that specifically relate to health, and other agreements have implications for public health.

#### **WHO Framework Convention on Tobacco Control**

The WHO Framework Convention on Tobacco Control was developed in response to the globalised tobacco epidemic. It is an evidence-based treaty that reaffirms the right of all people to the highest standard of health, and has become one of the most rapidly and widely embraced treaties in United Nations history (currently 168 signatories). New Zealand participated actively in its development, signed it in June 2003, and ratified it in January 2004. It is a relatively strong convention covering such issues as tobacco advertising, price and tax measures, and the packaging and labelling of tobacco products.

#### **International Health Regulations**

The International Health Regulations 2005 are binding on New Zealand, as they are on most WHO member states. The Regulations focus on the early detection and response to public health threats of international concern, including biological (communicable diseases, pests and vectors), radiation and chemical hazards. They are a key mechanism to prevent and control the spread of disease and other public health risks between countries, and provide the primary international legal framework for both the WHO and its member states to assess and respond to emerging international threats to public health. The Regulations' adoption by WHO, and implementation by countries like New Zealand, is a critical part of both emergency preparedness and routine surveillance and control of international public health risks.

Under the Regulations all countries need a national focal point, to act as a whole-of-government communication channel with WHO and to oversee national preparedness

for a wide range of public health threats. In New Zealand, this role is undertaken by the Public Health Group and the Office of the Director of Public Health.

### **Joint External Evaluation**

The International Health Regulations (2005) include requirements for countries to develop and maintain minimum core capacities in order to respond effectively to disease outbreaks and public health events. The monitoring and evaluation framework includes a joint external evaluation (JEE) process.

In 2018, the Ministry of Health led New Zealand's JEE which included:

- A **self-assessment** conducted against the nineteen technical areas in the JEE Tool and submitted to the World Health Organization (WHO) along with supporting evidence. <https://extranet.who.int/sph/joint-external-evaluation-tool-2nd-edition>
- An **external evaluation** conducted by a team of subject matter experts from the WHO, World Organization for Animal Health (OIE) and other countries, who visited New Zealand from 26 to 30 November 2018.

The Ministry of Health worked with a number of different agencies to complete the self-assessment. The self-assessment report provided an overview of New Zealand's capability, and proposed scores and recommendations against each indicator in the technical areas.

In addition to the self-assessment report, the JEE evaluators were provided with technical area briefs and undertook site visits during their time in New Zealand to allow discussion and exploration of each area in more detail.

Comments were made during the JEE visits that New Zealand has demonstrated great commitment to implementing the IHR (2005) not only nationally, but also regionally. New Zealand benefits from a system and culture of continuous, collaborative improvement through learning from exercises and real-world events.

The Ministry of Health is finalising its comments on the draft report from the WHO. The final report will be published on the WHO website. The recommendations in the final report will inform the Ministry of Health's planning and activities over the next five years (and that of other agencies as appropriate).

### **Ottawa Charter for Health Promotion**

The Ottawa Charter for Health Promotion, developed by the World Health Organization in 1986, provides a framework for environmental health planning, which includes building healthy public policy (including administration of legislation), strengthening community action, reorienting health services (including encouraging agencies such as local government to recognise their role as public health providers), creating supportive environments, and developing personal skills.

### **Others**

There are a number of other international documents that are relevant for public health. Some examples are:

- The **Manila Declaration on Health and Environment** (2016) has identified particular areas for action. These include: climate change and its impacts; outdoor air quality; management of water; hazardous chemicals; and sustainable urban design.
- Climate change has been described as “*potentially the biggest global health threat in the 21st century*” (Costello, A, Abbas, M, Allen, A et al). The health consequences for New Zealand have been concisely laid out in a recent report from the Royal Society of New Zealand. It is affecting environmental health in a variety of ways. As a signatory to the **Paris Agreement** (2018), New Zealand has an obligation to strengthen our response to mitigating and adapting to climate change.
- The **Stockholm Convention** (2004) is a global treaty to protect human health and the environment from persistent organic pollutants. In implementing the Convention, Governments will take measures to eliminate or reduce the release of persistent organic pollutants into the environment.
- The **Basel Convention** (1989) on the control of transboundary movements of hazardous wastes and their disposal aims to both reduce the amount of waste produced by signatories and regulate the international traffic in hazardous waste. Before the convention was ratified in 1994, Parliament had to consider its implications on aspects of New Zealand law, including the Hazardous Substances and New Organisms Act 1996.

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# 5 Public Health Work Programme

## Priority Criteria

Proposed public health actions are prioritised based on the potential significance and effectiveness of the action in improving health and wellbeing, and on its ability to reduce inequalities.

The essential priority-setting criteria are:

- Significance: does the issue have a significant impact on the current and future **health status** of the total population or priority groups in terms of morbidity, mortality, quality of life, and/or potential years of life lost? Will it promote **equity**?
- Tractability/effectiveness: are there effective means, using **population-based methods**, to improve, promote or protect health, or prevent disease, in respect of the particular issues? If not, are there potential innovative means that could be evaluated?

The criteria given a high weighting are:

- Tackling this issue will contribute to promoting health status among **at-risk communities** such as Maori and Pacific people and improving **equity**.
- Efficiency and effectiveness: tackling this issue will provide the **best health gain** in terms of the required resources?

The criteria given a medium weighting are:

- Support: there is **public support** for tackling this issue.
- Continuity: programmes developed to address an issue are **sustainable** over time and across sectors (or a short-term intervention will give a sustainable benefit).
- **Synergy**: other sectors of government and the community are engaged in efforts to address the issue, and benefits for all can be gained by shared or complementary work.
- **Currency**: the issue is not currently being addressed by any other agency or organisation, ie. there is a gap?

Using these criteria requires 'informed intuition'. It is not feasible to specify the criteria and weightings precisely and develop some kind of formula for deciding on priorities. It is a modern fallacy 'that information can make our decisions for us and that formulas can replace thought' (Public Health Commission, 1995).

# Communicable Diseases

The Communicable Diseases team's work includes providing advice to the Minister and sector, working across central and local government agencies, managing and implementing legislation and policy, and providing information to protect the public from communicable diseases. This includes:

- **International Health Regulations 2005:** surveillance and response to international public health threats from communicable diseases including from international travel, acting as the national focal point for New Zealand and working in partnership with the Institute of Environmental Science and Research (ESR) to monitor emerging threats and conduct risk assessments;
- **communicable disease surveillance;**
- **technical leadership:** providing technical leadership to the health sector on managing public health risks caused by communicable diseases
- **guidance and advice:** providing best practice and evidence based guidance and advice on management of communicable diseases for health professionals and the public
- **surveillance strategy:** developing a public health surveillance strategy to enhance the quality, efficiency, effectiveness and timeliness of communicable disease surveillance (and wider public health surveillance) and reporting of communicable disease trends to inform the development of preventative strategies and to respond quickly to any emerging risks
- **public health laboratory capability:** ongoing analysis and horizon scanning of the impact of new diagnostic techniques to ensure public health laboratory services are contributing what is necessary to deliver quality public health surveillance
- **Infectious Diseases Academy:** development and implementation of an Infectious Diseases Academy of experts across the communicable diseases field to facilitate efficient access to technical advice in response to emerging communicable disease threats or issues
- **sexual health and bloodborne illness programme:** leading and supporting key work to improve public health outcomes and prevent inequalities as a result of sexually transmitted infections and bloodborne illnesses. This includes leading the National Syphilis Action Plan
- **influenza:** providing surveillance of influenza (a non-notifiable disease) and other emerging respiratory diseases to inform seasonal and pandemic influenza readiness as well as supporting recommendations on influenza vaccine effectiveness
- **antimicrobial resistance:** providing guidance and operational policy support to the sector for managing carbapenemase-producing Enterobacteriaceae (CPE) and other antimicrobial resistance organisms in hospital and community setting

# Environmental and Border Health

Environmental health work includes providing public health advice to the Minister and sector, working across central and local government agencies, managing and implementing legislation and policy, and providing public information in areas such as:

- **border health protection:** designation of air and sea ports as meeting international health requirements, health clearances for ships and aircraft, coordination with overseas jurisdictions and industry organisations, responses to border emergencies, and ill travellers, International Health Regulations (2005), mosquito surveillance and responses, tourism, Pacific and global communities;
- **built environments:** electromagnetic fields, including mobile phone cellsites and powerlines, high power laser pointers, solarium (e.g. banning commercial solarium for under 18 year olds), healthy urban design and sustainability, healthy housing (including contaminated and buildings), air quality, legionellosis, environmental health risk assessments of schools and early childhood education;
- **burial and cremation:** ongoing implementation of legislation including disinterment licence applications, appointment of cemetery trustees and medical referees, approval of crematoria, and opening and closing of burial grounds. A review of the Burial and Cremation Act 1964 is underway with proposals being drafted for Cabinet approval to consult.
- **climate change:** supporting DHBs to improve sustainability, understanding and responding to climate change impacts on the health sector and the population, supporting climate change action and response beyond the health sector;
- **electromagnetic fields:** there is ongoing correspondence from concerned public on the introduction of 5G (the next generation of cellphone technology). Regulations to control access to high-power laser pointers were introduced on 1 March 2014. Health officials published the annual report on implementation in July 2019.
- **environmental health action plan:** developing an action plan for health and environment that meets the Western Pacific Regional Framework for Health and Environment in a Changing Planet and the SDGs. The action plan will identify local, national and regional public health risks for environmental health and will provide public health risk management strategies and reporting
- **emergency management:** coordination of public health responses to natural disasters, chemical spills and fires, and other emergencies;
- **hazardous substances management:** toxicological risk assessments, contaminated land, non-occupational asbestos, lead, mercury, agricultural spraydrift, surveillance of chemical injuries, vertebrate toxic agents permissions (such as 1080), persistent organic pollutants including health and special support services;
- **regulatory environments:** administration of legislation such as for burials and cremations; appointment, coordination, training, advice, guidance and other support for public health statutory officers. There are around 120 health protection officers and forty-four medical officers of health. Many of these officers hold

additional statutory appointments (for example, hazardous substances enforcement officers, authorised persons under the Biosecurity Act);

- **sanitation, sewage and waste management:** sanitary works subsidies, trade waste bylaws, grey water, composting and biosolids;

## Immunisation

The Immunisation Team's work includes providing advice to the Minister and sector, working across central and local government agencies, managing and implementing legislation and policy, and providing public information in areas such as:

- **the National Immunisation Schedule:** design and support DHBs to implement the programme for delivery of vaccines included in the Pharmaceutical Schedule (authorised by the Pharmaceutical Management Agency (PHARMAC)). This includes timings of vaccine doses for all immunisation programmes (including childhood, maternal, schools-based and influenza) and the development and maintenance of the Immunisation Handbook;
- **the National Immunisation Register:** coordination of the national register for recording the administration of vaccines;
- **immunisation coverage:** monitoring and reporting on national, DHB-level and PHO-level immunisation coverage rates and provision of patient-specific information to immunisation providers to reduce numbers of missed children. Support DHBs to achieve the national target on immunisation;
- **cold chain:** monitoring and recording of cold chain excursions and guidance on cold chain management including the National Standards for Vaccine Storage and Transportation;
- **stakeholder engagement and communications:** work with stakeholders including the Health Promotion Agency to develop resources and promotional activities to support the delivery of the National Immunisation Schedule and improve immunisation coverage;
- **vaccine supply:** work with PHARMAC to ensure vaccine supply is available to deliver the National Immunisation Schedule and support any required public health responses.

## Wellness Nutrition, Physical Activity and

The Wellness Nutrition and Physical Activity team provides advice to Ministers and the health sector working across central and local government agencies, to support policy, and providing public information to improve nutrition, increase activity and achieve and maintain a healthy weight. This includes:

- providing technical leadership to the sector on managing public health through nutrition and physical activity
- providing well informed guidance and advice on nutrition and physical activity using a population health approach e.g. Eating and Physical Activity Guidelines and Nutrient Reference Values.
- leading and developing Ministry operational policy focussed on encouraging communities to stay well through promoting healthy eating, physical activity and sleep.
- managing a public health focused wellness work programme
- influencing the adoption of the National Healthy Food and Drink policy by other Government agencies.

## **Public Health Capability and Capacity**

Public Health Capability holds expertise on public health legislation and its implementation, primarily the Health Act 1956 and its regulations. The team advises on and develops public health policy, legislation and guidance on matters including:

- implementing the management of infectious disease provisions (Part 3A of the Health Act), amending the drinking water provisions (Part 2A of the Health Act) and amending the National Cervical Screening Programme provisions (Part 4A of the Health Act)
- advising on medical officers' of health responsibilities in the alcohol licencing process under the Sale and Supply of Alcohol Act 2012
- advising on a potential review of Environmental Health Officers Qualifications Regulations guidelines under the Health Act
- advising on the requirements for meeting and maintaining the requirements to be designated a medical officer of health under the Health Act
- assessing options for responding to enquiries into harms associated with the personal appearance industry
- advising across the Ministry on legislative proposals including: Vaping and tobacco, Fluoride Amendment Bill, updating the Immunisation Schedule, the Misuse of Drugs Act, cannabis use in the lead-up to the cannabis referendum and radiation safety
- providing public health input to other government agencies legislative and policy proposals on: food safety, health and safety at work, housing and building standards, camping grounds and electricity prices
- supporting the implementation and development of the International Health Regulations 2005
- supporting New Zealand's input to international fora on public health including: the WHO and the Western and Pacific Regional Office of the WHO.

## Issues over the next six months

The following issues may require the Associate Minister of Health's decisions and/or on which Health officials will need to brief the Associate Minister of Health within the next six months.

Emerging Issues	Litigation	Cross Government	Ministerial Functions	Business Processes
<b>Communicable Diseases</b> <ul style="list-style-type: none"> <li>Meningococcal disease</li> </ul>	-	<ul style="list-style-type: none"> <li>[REDACTED]</li> </ul>	-	<ul style="list-style-type: none"> <li>[REDACTED]</li> </ul>
<b>Environmental Health</b> <ul style="list-style-type: none"> <li>Non-Ionising Fields: 5G developments</li> </ul>	<ul style="list-style-type: none"> <li>Sunbed compliance investigations underway</li> </ul>	<ul style="list-style-type: none"> <li>[REDACTED]</li> </ul>	<b>Legislation:</b> <ul style="list-style-type: none"> <li>[REDACTED]</li> </ul> <b>Statutory Reports:</b> <ul style="list-style-type: none"> <li>[REDACTED]</li> </ul>	<ul style="list-style-type: none"> <li>[REDACTED]</li> </ul>
<b>Immunisation</b> <ul style="list-style-type: none"> <li>[REDACTED]</li> </ul>	-	<ul style="list-style-type: none"> <li>[REDACTED]</li> </ul>	-	-
<b>Nutrition, Physical Activity and Wellness</b>	-	-	-	-
<b>Public Health Capability and Capacity</b>	-	-	-	-

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# Appendix 1: Legal and regulatory framework

## Legislation the Ministry administers

The Ministry administers a wide range of acts, regulations and other legislative instruments such as orders-in-council. The following is a brief description of the principal acts administered by the Ministry.

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<b>Burial and Cremation Act 1964</b>	Outlines the law relating to the burial and cremation of the dead.
<b>Epidemic Preparedness Act 2006</b>	Provides statutory power for government agencies to prevent and respond to the outbreak of epidemics in New Zealand, and to respond to particular possible consequences of epidemics (whether occurring in New Zealand or overseas). This Act also aims to ensure that certain activities can continue during an epidemic in New Zealand, and to enable the relaxation of some statutory requirements that might not be capable of being complied with, or complied with fully, during an epidemic.
<b>Health Act 1956</b>	Sets out the roles and responsibilities of individuals to safeguard public health, including the Minister of Health, the Director of Public Health and designated officers for public health. It contains provisions for environmental health, infectious diseases, health emergencies and the National Cervical Screening Programme.
<b>New Zealand Public Health and Disability Act 2000</b>	Establishes the structure underlying public sector funding and the organisation of health and disability services. It establishes DHBs and certain health Crown entities, and sets out the duties and roles of key participants, including the Minister of Health and ministerial advisory committees.
<b>Smoke-free Environments Act 1990</b>	Aims to: (a) reduce the exposure of people who do not themselves smoke to any detrimental effect on their health caused by others' smoking (b) regulate the marketing, advertising and promotion of tobacco products, whether directly or through the sponsoring of other products, services or events (c) monitor and regulate the presence of harmful constituents in tobacco products and tobacco smoke.

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## Other regulatory roles and obligations

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

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

- Biosecurity Act 1993
- Civil Defence Emergency Management Act 2002

- Education Act 1989
- Food Act 1981
- Gambling Act 2003
- Hazardous Substances and New Organisms Act 1996
- Human Assisted Reproductive Technology Act 2004
- Litter Act 1979
- Local Government Act 2002
- Maritime Security Act 2004
- Prostitution Reform Act 2003
- Sale and Supply of Liquor Act 2012
- Social Security Act 1964
- Victims' Rights Act 2002
- Waste Minimisation Act 2008