

Briefing to the Incoming Minister

COVID-19 Health System Response

2020

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COVID-19 Response: Current State

Key messages

The Ministry of Health's (the Ministry) leadership in mobilising the health sector was critical to New Zealand's response to the pandemic. This involved establishing new functions, structures, processes, and additional work streams; engagement with experts, other agencies and providers, and securing more trained staff for critical roles throughout the system. Some specific actions led by the Ministry:

- establishing a national approach to close-contact tracing. This included transitioning all public health units (PHUs) to a common information technology platform and establishing the National Investigation and Tracing Centre (NITC) at the Ministry
- the development and deployment of testing processes in ten laboratories across the country and the creation of a sustainable testing workforce
- the development of a centralised supply and distribution model to ensure appropriate and regular supply of personal protective equipment (PPE)
- working with health and disability providers to scale up health workforce capacity, the scale-up of Healthline availability and support and virtual general practitioner consultations
- providing hospitals with specialist equipment (including ventilators), as well as strengthening hospital infrastructure (apart from oxygen reticulation infrastructure) to cope with a potentially significant rise in demand for hospital beds and intensive care
- funding and supporting programmes to target the health and wellbeing of populations most vulnerable to the virus - including Māori, Pacific peoples and older people
- working closely with providers, experts, and key government stakeholders including the Ministry of Foreign Affairs and Trade, the Ministry of Business, Innovation and Employment (MBIE), New Zealand Customs Service, the New Zealand Police and emergency services.

Additional funding was sought from the Government.

Response overview

New Zealand's approach to COVID-19, known as the Elimination Strategy, is informed by the New Zealand Pandemic Action Plan and is a sustained 'keep it out' phase of pandemic management.

The Elimination Strategy, as published in May 2020, is comprised of four key pillars:

- **strong border controls:** health screening; mandatory isolation and quarantine; and widespread testing of returnees before release
- **robust case detection and surveillance:** widespread and accessible symptomatic testing; asymptomatic testing surveillance in high-risk areas and workplaces; a focus on Māori and Pacific; and serology/genome sequencing
- **effective contact tracing and quarantine:** ensure strong contact tracing capability and capacity; surge readiness, standby capacity; monitoring tracing performance against key performance indicators; ensuring cases and contacts are quickly and safely isolated to break chains of transmission
- **strong community support for control measures:** voluntary public health measures such as distancing, face coverings and cough etiquette; strong and visible public health communications campaigns; clear communication from Ministry leadership to the public (eg, daily media releases).

The Elimination Strategy does not mean that there will be zero cases in New Zealand, rather that there is zero tolerance for cases in New Zealand. It is supported by the Alert Levels framework which provides clear instructions for the public at different risk levels.

- **Alert Level 1: Prepare** – disease contained in New Zealand.
- **Alert Level 2: Reduce** – disease contained but there is a risk of community transmission.
- **Alert Level 3: Restrict** – there is risk that the disease is not contained.
- **Alert Level 4: Lockdown** – likely that the disease is not contained.

We work closely with the health system (eg, district health boards (DHBs), PHUs and primary and community care) and our partners across government – particularly the All-of-Government (AoG) response group within the Department of the Prime Minister and Cabinet.

When cases arise and we move up Alert Levels we establish incident management teams based on the Coordinated Incident Management Structure framework. This is sometimes known as the National Health Coordination Centre (NHCC) and more recently the Incident Management Team (IMT). Teams work in shifts around the clock to support case investigation and ensure a coordinated national response. Secondees from other agencies and across the health and disability system support the response.

Outside of the emergency management context the Ministry works to ensure we are well prepared for future outbreaks. This work forms the basis of the COVID-19 Health System Response directorate's forward work programme, which draws on expertise from across the Ministry, government and the health and disability system. Our approach to resurgence planning and readiness is rooted in health care models of practice and reinforces the following key principles:

- **evidence-based:** using evidence to identify trends and themes to inform practice
- **public health-led:** we make decisions based on good public health advice that is proportionate to the risk
- **continuous improvement:** we review ourselves and our practice and adjust as required.

One of the key focus areas in the work programme is ensuring New Zealand has access to a safe and effective vaccine as soon as possible (likely at least 12 months). Our vaccine purchasing approach is a multiagency approach, supported by science and technical experts as well as other stakeholders, we are also working collaboratively internationally. We must roll out a successful immunisation programme before New Zealand can relax relevant controls.

We are reviewing lessons from the Auckland outbreak and incorporate them into resurgence planning and system readiness.

Minister's role and responsibilities related to the response

The Minister of Health has overall ministerial responsibility for the COVID-19 health response, working closely with the Prime Minister, Cabinet and COVID-19 Ministers. This includes responsibility for specific legislation (eg, the COVID-19 Public Health Response Act 2020). The legislation allows Orders to be issued under the Act to support implementation of COVID-19 policy decisions (such as requirements for regular testing of border staff).

s 9(2)(f)(iv)

Cabinet makes major decisions on COVID-19 policy, such as changes to Alert Levels, based on advice from the Director-General of Health. In August 2020 Cabinet authorised a group of Ministers (the Prime Minister, the Deputy Prime Minister, the Minister of Finance, the Attorney-General, the Minister of Health and the Minister of Justice) to have Power to Act to take decisions on the Government response to COVID-19 [CAB-20-MIN-0387], allowing critical decisions to be taken outside of the normal Cabinet meeting cycle. These powers apply in the immediate post-election period until the formation of the next Government.

As the lead agency for pandemic responses, the Ministry works closely with a range of agencies, including the AoG response. We also worked with the Ministry of Social Development (MSD), MBIE and the Treasury on the COVID-19 Leave Support Scheme. Responding to the pandemic has required significant cross-government cooperation to resolve complex issues, often on short timeframes. Colleagues across government have supported the Ministry's emergency management responses.

In June 2020, responsibility for operating and overseeing managed isolation and quarantine facilities transferred from the AoG response to the Minister of Housing, with operational responsibilities sitting with the Chief Executive of MBIE. The Ministry works closely with MBIE on public health-related aspects within Managed Isolation and Quarantine (MIQ) facilities.

Issues and Risks

Existing capacity issues within the health sector have required the Ministry to address a number of challenges. Public health providers in New Zealand were already stretched, and had faced previous outbreaks, notably measles in 2019, as well as local outbreaks in Havelock North (*campylobacter* in 2016), and Northland (meningococcal disease in 2018). The public health system was unevenly funded, and there were capability and capacity issues across the system. New Zealand's disease surveillance system (EpiSurv) was outdated. The supply chain for PPE needed revision and some existing stocks were outdated.

As the COVID-19 pandemic shows no signs of abating globally, the public health system cannot relax. The health sector must continue to mobilise, with a focus on public health structure and function, to build on our achievements to date and mitigate the long-term health effects of the virus. Focus on the pandemic changed patterns of demand for health care. The system needs to remain ready to respond to any resurgence and at the same time operate its core business, address backlogs, deal with equity concerns, and respond to future issues.

There were delays in analysing and communicating test results. Important factors were the availability of specialist laboratory workers and the pressure of rapid scale-up and scale-down testing. In response, the Ministry has developed an electronic ordering system, investigated alternative types of testing, made additional laboratories and trained staff available, and worked with suppliers on the provision of reagent.

Further engagement will be needed with vulnerable populations such as Māori and Pacific peoples and disabled communities, to address equity issues arising from the pandemic and mitigate the potential for longer term health needs amongst those exposed to the virus.

As the pandemic evolves, psychosocial support is proving critical to communities' health and wellbeing. The Ministry is engaging with community and sector groups, and mental health and addiction providers, to identify and respond to emerging priorities.

The resources required to deal with the pandemic (including health workers in MIQ) have affected workforce availability.

New Zealand's current supply chain model and policies for sourcing and supplying infection prevention controls (IPC) and PPE continue to be affected by high demand from our health settings, high global prices, global competition for limited supplies, and quality concerns. The Government's spending on IPC and PPE is already high and rising prices could divert funds from other areas of need. ^{s 9(2)(g)(i)}

The global procurement environment for vaccines is increasingly dominated by nationalistic interests. As a small country with a low incidence of COVID-19 and relatively low purchasing power, New Zealand could find it difficult to purchase enough vaccine supplies for its population should a vaccine become available. We now have a strategy to secure adequate vaccine supply and have established a multi-agency task force monitoring international research and assessing emerging vaccine candidates. Planning for immunisation is being developed at pace.

The Ministry secured multiple time-limited funding streams (many on a short-term basis) to assist in the response. ^{s 9(2)(f)(iv)}

There is also a strong argument for reviewing how the system is funded, and the incentives created to manage future shocks, deal with growth in demand, and improve and innovate services (such as changes in models of care and support). COVID-19 has highlighted the vulnerability of many health and disability providers such as emergency services who rely on marginal private or philanthropic finance.

A review of the Ministry's information and communications technology capability will ensure that the data and analytics infrastructure is fit for purpose as we move through and beyond the COVID-19 pandemic.

Guests in MIQ must adhere to the isolation requirements to protect the community. The Ministry belongs to an AoG working group examining how to support people in MIQ and strengthen adherence.

COVID-19 Response: Reviewing the Elimination Strategy

Key messages

The Elimination Strategy is a sustained approach to keep it out, prepare for it, and stamp it out. This involves applying a range of public health measures to prevent and if necessary, halt the transmission of COVID-19 in Aotearoa New Zealand. The Alert Levels framework provides clear instructions for the public at different risk levels to support the Elimination Strategy.

Since the confirmation of the Elimination Strategy in May 2020, the evidence in its favour has grown, based on experience and research in New Zealand and from around the world. The Government has adjusted settings over time, as part of decisions on raising and lowering Alert Levels.

The Ministry is taking the opportunity to review the approach to elimination, now that the strategy has been confirmed for six months and in light of the August resurgence in Auckland. This will ensure that the Ministry remains prepared to provide advice to Ministers.

Work is underway to explore what could change in New Zealand's approach to elimination from a public health perspective. This includes determining the 'best' mix of public health measures, based on:

- the latest evidence for efficacy
- an understanding of the level of residual public health risk (after measures are in place)
- the costs and impacts (defined broadly) of different measures.

This work builds on the four pillars of the Elimination Strategy, under the 'keep it out', 'prepare for it', 'stamp it out' and 'manage the impact' approach:

- **Keep it out.** This includes our border controls and approach to managed isolation and quarantine
- **Prepare for it.** This covers case detection and surveillance, and baseline public health behaviours such as good hand hygiene and cough and sneeze etiquette
- **Stamp it out.** This covers effective contact tracing and case management, and stronger public health measure such as physical distancing
- **Manage the impact.** This includes how we plan a proportionate response to manage future impacts of a COVID-19 resurgence in the community.

Social licence, social cohesion and public trust and confidence considerations affect all four pillars. These factors are fundamental to the ongoing success of our public health response and drive adherence to public health interventions.

A wide range of government agencies have been involved in the work to date, and targeted engagement is occurring with the wider health and disability system (such as the COVID-19 Technical Advisory Group). ^{s 9(2)(f)(iv)} [REDACTED]

Where we are now

New Zealand is currently focused on the 'keep it out' stage of the Elimination Strategy. Work to review our border controls, which have been a critical part of the public health response, has been underway. This work is being progressed by the Ministry, MBIE, and the COVID-19 AoG Response Group, however engagement on the work to date has involved a number of other agencies, including the New Zealand Customs Service; the Treasury; the Ministries of Education; Justice; Foreign Affairs and Trade; Transport; and the Ministry for Primary Industries.

^{s 9(2)(f)(iv)} [REDACTED]

Implications of a vaccine

In conjunction with the cross-agency Vaccine Taskforce we are building a portfolio of COVID-19 vaccines to support our response from early 2021. However, a vaccine is unlikely to replace all other public health controls and there will be uncertainties about how the efficacy of any vaccine that becomes available.

Immunisation may allow us to alter some settings across the four pillars. However, progressing immunisation will not mean that we can immediately open the border.

- It is unknown whether the vaccines currently in development will provide sterilising immunity. They will differ in the nature and duration of protection they provide
- We are unlikely to be able to immunise everyone in New Zealand initially (depending on when trials are completed and approvals obtained for particular population segments).

We will continue work to secure a safe and effective vaccine through the Vaccine Taskforce. Advice about potential changes to our current arrangements under the Elimination Strategy will be developed in due course.

Border controls

Key messages

Border settings are a key component of our Elimination Strategy, culminating in New Zealand's borders being closed to almost all travellers from 11.59pm on Thursday 19 March 2020. The aims of our border settings are to:

- minimise the introduction of COVID-19 cases from overseas into the New Zealand community
- prevent onwards transmission of COVID-19 from New Zealand to other places including to the Pacific.

Our key border controls are given effect by Orders under the COVID-19 Public Health response Act 2020.

- **The COVID-19 Public Health Response (Isolation and Quarantine) Order 2020** sets out that all persons in MIQF must be there for at least 14 days and meet the low-risk indicators (eg, have a negative COVID-19 test) before they can leave.
- **The COVID-19 Public Health Response (Maritime Border) Order (No 2) 2020** continues the prohibition on foreign ships in New Zealand, with a range of exceptions, including fishing ships, cargo ships and those that have been granted permission if there is a humanitarian reason or a compelling need for the ship to be delivered to a NZ business.
- **The COVID-19 Public Health Response (Air Border) Order (No 2) 2020** requires all arrivals to New Zealand by air to undergo medical examination and/or testing for COVID-19 on arrival, commence isolation or quarantine as soon as practicable after arrival, and requires people arriving at the air border to maintain physical distancing and wear PPE as directed in the airport. It contains provision for certain arrivals to be excluded from these requirements.
- **The COVID-19 Public Health Response (Required Testing) Amendment Order (No 2) 2020** extends the requirement for mandatory testing of certain higher-risk workers to all airports and ports in New Zealand that receive international arrivals.

Work under this pillar is being progressed as part of our review of the Elimination Strategy. This includes understanding the risk to inform a more nuanced conversation about our approach to public health measures at the border, including:

- quarantine-free travel and safe travel zones
- managed isolation and quarantine approaches
- current testing protocols (at the border and in managed isolation and quarantine).

We continue to review our border settings based on the latest evidence on what we know about the virus, the experience of other countries, and the impact of any quarantine-free or safe travel zone agreement.

Attached as **Appendix One** is a summary of the range of health services across the border settings. The Ministry is partnering with all the Border Agencies to ensure an aligned and coordinated response to COVID-19. As Appendix One outlines, there is health input across a broad range of operations.

Testing and surveillance

Key messages

Testing

The Ministry's Testing Strategy supports the New Zealand COVID-19 Surveillance Plan and is updated regularly to respond to the current situation and keep the disease out of our communities by stamping it out before it has a chance to spread widely.

Over the past two months, the strategy has been updated on a fortnightly basis with guidance to DHBs on areas that require focus. Recent areas of focus have been on symptomatic people, targeted testing of asymptomatic people and lifting Māori testing rates across the country.

A new testing strategy is currently under development. The Ministry has engaged with DHBs, PHUs, primary care, and public health, as well as epidemiological, communicable disease, Māori health, and Pacific health experts in the development of the draft testing plan and guidance.

The strategy is expected to be published in mid-November and will cover the testing focus for the next six months. Ongoing fortnightly guidance will be provided to DHBs as we continue to monitor our context and ensure testing responds accordingly.

Surveillance

Comprehensive surveillance is the ongoing systematic collection, management, analysis and interpretation of data followed by the timely dissemination of that data to inform public health action.

The overall goal of COVID-19 surveillance is to monitor, evaluate and inform the equitable delivery of Aotearoa New Zealand's COVID-19 Elimination Strategy.

The COVID-19 Surveillance Plan, now renamed the Surveillance Strategy, is being refreshed part of an ongoing process of improvement. The draft Surveillance Strategy has five objectives:

- To identify cases for public health management
- To evaluate the effectiveness of the response to optimise the identification of cases
- To generate knowledge about disease risks and patterns
- To monitor and ensure equity
- To engender public and stakeholder confidence and participation in the response.

The Ministry has engaged with internal and external public health, epidemiological, communicable disease, Māori health, Pacific health and operational experts in the development of the draft strategy

Further engagement with DHBs, PHUs, Māori and Pacific providers is planned to happen over the next few weeks.

Contact tracing

Key messages

Contact tracing is one of the four pillars of New Zealand's Elimination Strategy. Timely identification and isolation of close contacts is critical to preventing transmission of COVID-19.

The core responsibility and accountability for managing notifiable infectious disease lies with the 12 PHUs. Case investigation and contact tracing are core functions in the management of infectious diseases like COVID-19. The PHUs manage new or probable COVID-19 cases as well as household contacts of the case. In some instances, PHUs may manage other close contacts with an identified higher risk, but otherwise they delegate close contacts to the NITC.

In March 2020, the Ministry established a close contact service to manage the significant outbreak of COVID-19 in the community. Since then, the service has evolved into the NITC. The NITC performs two key functions. The first is leadership and coordination of a national contact tracing system, to ensure capacity and consistency across PHUs and NITC to manage outbreaks of COVID-19 in an equitable and clinically safe way. The second is operational case investigation and contact tracing activities as delegated by PHUs.

Close contacts have a higher risk of infection due to their exposure to a confirmed or probable COVID-19 case. ^{s 9(2)(f)(iv)}

System capacity and capability

There were two tranches of one-off COVID-19 funding of \$15 million each (Cabinet approved) for increased PHU capacity and capability to support the COVID-19 public health response for 2019/20 to 2020/21.

The Ministry asked all PHUs to increase case investigation and contact tracing capacity to manage up to 350 new cases a day by July 2020 with robust plans in place to surge to 500 new cases per day as required. PHUs have built towards these targets by reorienting operating models and recruiting and training a wider local workforce. We learn more with each outbreak, and the Ministry works with PHUs to improve capacity, including delegation of work across the country.

Additional surge capacity is being established within the NITC, with the aim of maintaining 100 fully trained standby case investigators and ability to pull a further 400 investigators from across government at short notice.

Significant progress on contact tracing has been made since March 2020, including:

- establishing the NITC to provide national leadership and coordination and to supplement PHU capacity
- successfully implementing all recommendations from the *Rapid Audit of Contact Tracing for COVID-19 in New Zealand*. The Contact Tracing Assurance Committee noted the NITC's implementation of all Audit recommendations in their final report of July 2020
- developing and deploying a secure, fit-for-purpose IT solution – the National Contact Tracing Solution (NCTS) – to enable end-to-end management of COVID-19 cases and close contacts through a nationally consistent approach
- transitioning all PHUs onto the NCTS to support efficient contact tracing, performance monitoring, national integration and visibility across the service
- demonstrating system resilience and capacity during the Auckland clusters in August.

The development and use of technology such as the NCTS and the NZ COVID Tracer App has improved contact tracing during the COVID-19 response.

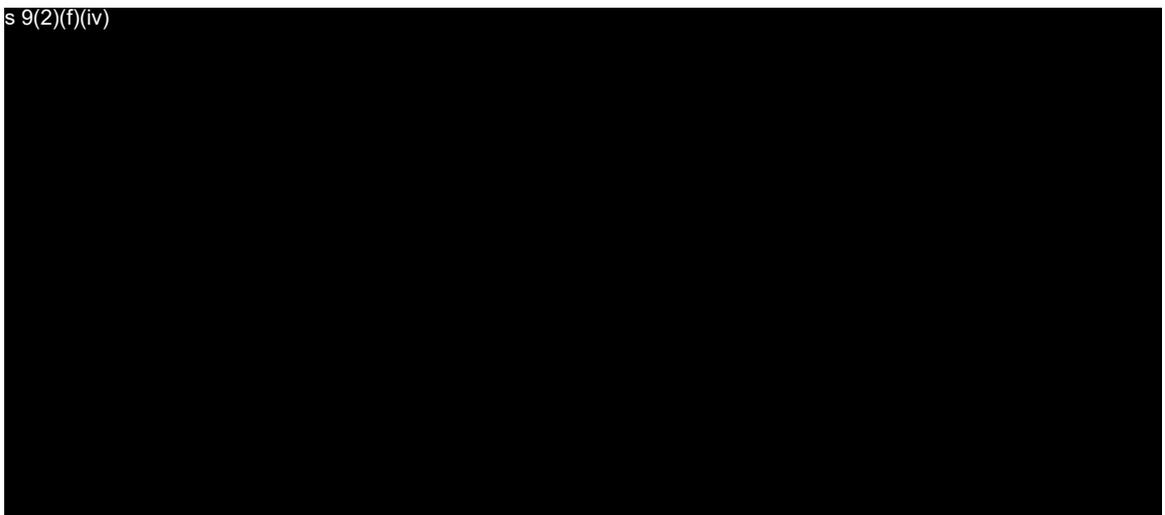
Issues or risks

The NITC enables equitable outcomes by working closely with PHUs, DHBs and Māori and Pacific providers to support and enable individuals to safely isolate.

The delivery of an effective case investigation and contact tracing service relies on a workforce with the appropriate capability and capacity. The NITC will continue to strengthen its internal capacity as well as supporting PHUs to prepare for future outbreaks through the national delegation model. The NITC will continue to publish reports on the disease indicator metrics to ensure effective and transparent monitoring and maintain public confidence in the system.

Upcoming milestones

s 9(2)(f)(iv)



Control measures in the community

Key messages

Our current control measures in the community are set by the Alert Level framework, which establishes public health behavioural expectations on:

- physical distancing
- mask wearing
- travel restrictions and/or stay at home measures
- limits on gatherings.

The Ministry continues to work on guidelines and clear communication that supports both the public and the health sector in adherence to the control measures, including:

- information about the symptoms of COVID-19 to be aware of
- advice to public about when, how and where they can be tested
- advice to practice good hygiene – wash hands regularly; cough etiquette; stay at home when unwell.

We continue to look at the evidence and practice overseas to inform advice on changes in control measures which are encapsulated in the Alert Level framework.

Technology supports across the four pillars

Key messages

Technology has played an essential role in New Zealand's COVID-19 response and continues to be developed and enhanced to support the Government's strategy of elimination and recovery.

The focus has been on rapid identification of people who might have been exposed to COVID-19, rapid testing and managing areas of greatest risk for the country, such as the entry points to New Zealand via ports and air travel. The range of technology solutions being used have contributed significantly to the successful management of recent COVID-19 outbreaks, such as the re-emergence of the virus in Auckland. It has assisted with coordination of community pop-up testing centres, the ability to record information rapidly and return it to the Ministry. Specific technology solutions include:

- **The National Contact Tracing System.** This system provides a national system used by all PHUs rather than the previous separate systems. It also provides the ability to scale up contact tracing rapidly as needed. For example, the response required the ability to have a large number of contact tracers working simultaneously and at short notice.
- **The NZ COVID Tracer App.** This app provides New Zealanders with the ability to scan QR code posters to keep a record of where they have been in the event this information is needed for contact tracing.
- **The Āwhina App.** This app provides health workers with the best available information on COVID-19.
- **Creation of border registers.** This is to ensure people in managed isolation and quarantine and working at New Zealand's borders (eg, air and sea ports) are being tested regularly for COVID-19.
- **Enhanced data services.** This is to support planning, operations, surveillance and insights to assist with the response and decision making.

We are continuing to enhance the technology solutions already in place and introduce new technologies where appropriate to support elimination and recovery, for example, future enhancements aim to further increase the speed of case identification, contact tracing and isolation, assist with surveillance, risk identification and management, speed up testing and the delivery of COVID-19 results, assuring people in self-isolation and managed isolation or quarantine, enabling movement across the border (eg, travel bubbles), and assuring high-risk work environments. Technology will also be vital to delivering the COVID-19 vaccination strategy.

Supply chain

Key messages

COVID-19 has impacted the global supply chain for critical medical supplies and equipment. The supply chain landscape has shifted over time. We are now better placed than when COVID-19 was first detected in New Zealand and better supplied than many other countries.

Personal protective equipment

A centralised PPE supply and distribution model is well embedded. The central supply currently includes masks, particulate respirators, gloves, gowns, aprons, goggles, face shields and hand sanitiser. Demand for PPE has increased. We are focused on making PPE available to the health and disability workforce and those working on the response to COVID-19 as needed.

PPE for publicly funded health workers is ordered and distributed through a national approach managed by the Ministry. This enables us to do national stocktaking and management and to make PPE available where needed. Under this system, DHBs and several organisations with wide national reach order directly through the national distribution. DHBs also order and distribute PPE on behalf of their health and disability service providers. Private providers use their own networks to source and purchase PPE, unless identified by their DHB as requiring assistance with urgent health service provision.

Provision from the central supply is based on the principles for supply, which are available on the Ministry's website. The guidelines support equitable distribution of PPE to health care workers based on population health risk and health need. Future work will ensure they reflect the National Ethics Advisory Committee guidelines on an ethical response to resource scarcity in a pandemic.

New Zealand generally has good stocks of all PPE on hand for national health and disability settings and significant forward orders are in place (ensuring at least two months' supply at mid-range pandemic usage). The Government receives weekly reports on PPE stock numbers and supply chain information. Some key global issues include global shortages of key items (such as particulate respirators) and global competition for limited PPE; continuing potential for disruption to the supply chain due to the pandemic; and problems with the quality of PPE in some instances.

Following a recent review of PPE by the Auditor-General we are investigating a permanent centralised supply chain model integrating the national reserve with DHB operational stock.

Laboratory testing

The Ministry's laboratory testing workstream is responsible for the supply of testing consumables and the coordination of laboratories to process COVID-19 tests. New Zealand has never run out of testing consumables during the response to COVID-19. We consistently have over 200,000 tests available in the network on a given day. Laboratories use proprietary and open source consumables (including swabs and reagents used to process swabs). The Ministry has good relationships with suppliers to ensure an ongoing supply to continue to meet testing needs.

A key focus for the Ministry is ensuring that laboratories operate sustainably and can surge capacity in response to an increased demand for COVID-19 testing in New Zealand. The laboratory testing capacity has increased over time to be able to manage 15,000 tests per day under normal conditions and up to 25,000 tests per day under surge conditions. There is work under way to improve IT connectivity between labs, assist with load sharing during a surge and implement electronic test ordering to reduce bottlenecks and improve data quality. The Ministry is also working with laboratories to assess new and emerging testing technologies, such as serology testing and the use of saliva.

Ventilators

The Ministry's ventilator workstream aims to ensure that hospitals have enough ventilators and associated equipment to cope with increased numbers of COVID-19 patients in ICUs and wards. They have successfully procured ventilators and associated equipment, most of which are with DHBs and/or held centrally in a national reserve.

The workstream also aims to improve the supply of oxygen and environmental control systems in certain DHBs, specifically improving the management of oxygen levels and viral contamination in treatment areas. The Ministry submitted a business case to the Minister of Health and the Minister of Finance in early September 2020 for approval to access contingency funding for this infrastructure work. It will commence immediately upon approval.

Issues or risks

Ministers need to be aware of the following issues:

- recent revisions been made to the guidelines for who receives free PPE from the national supply at different Alert Levels. Despite lobbying to supply to a wider range of services, we must ensure we have sufficient PPE to respond to future waves of COVID-19 and that PPE is used according to infection prevention control guidance
- global demand and prices for PPE in health settings are far beyond normal levels, resulting in significant spending on PPE (\$367 million as at 8 September 2020)
- some DHBs have limited oxygen supply and would struggle to manage a significant COVID-19 surge and large numbers of hospital admissions. The Ministry considers improvements to oxygen supplies a necessary and urgent precaution.

Upcoming milestones

█ s 9(2)(f)(iv) [REDACTED]

Financial impact

Key messages

The agreed Elimination Strategy for COVID-19 requires effective public health measures such as testing, case investigation/management and contact tracing, robust border control and isolation measures, a health system with capacity to manage COVID-19 cases, preparation of relevant legislation, ongoing advice on infection prevention and control and the provision and use of appropriate PPE. The Ministry's operating model has evolved significantly in response to the COVID-19 pandemic and the Ministry has undertaken new responsibilities, functions and services, often in close collaboration with other government agencies.

A concerted effort is required to build and maintain the health and disability system's capability and capacity so that it can implement the agreed strategy and scale of response to COVID-19. Existing constraints in the public health system meant that, during the pandemic, public health services were stretched. COVID-19 has made the current lack of surge capacity evident.

Since March 2020, a significant rise in time-limited funding for Vote Health has assisted the response to COVID-19. Funding has been approved which covers approximately 60 different streams of work relating to DHBs, non-governmental organisations and the Ministry. By September 2020, the Government committed ^{s 9(2)(i)} [redacted] to the COVID-19 health system response, including a tagged contingency of ^{s 9(2)(i)} [redacted] for a COVID-19 vaccine strategy.

Issues or risks

Much of the funding for COVID-19 is on a short-term basis

The funding for the public health response to COVID-19 has mainly been provided on a short-term basis due to the uncertainties inherent in the pandemic. Current funding streams largely cover the period between 30 September and 31 December 2020. ^{s 9(2)(f)(iv)} [redacted]

These include the COVID-19 Surveillance Planned Testing Strategy, the National Immunisation Solution tagged contingencies (OPEX and CAPEX), Oxygen Supply & Related Environmental Systems tagged contingencies (OPEX and CAPEX) and the implementation of a comprehensive approach to contact tracing tagged contingency. Additional funding has been secured in several areas, covering ongoing community-based testing coordinated by DHBs, laboratory testing costs, additional PPE and additional Ministry COVID-19-related functions for the COVID-19 response until the end of December 2020. This has provided surety of short-term funding for the ongoing pandemic response over the election period.

The national and regional public health system was already stretched before the pandemic

Due to successive emergencies (eg, measles outbreaks) the public health services were stretched prior to COVID-19.

Subdued demand and deferrals are increasing stress on the system

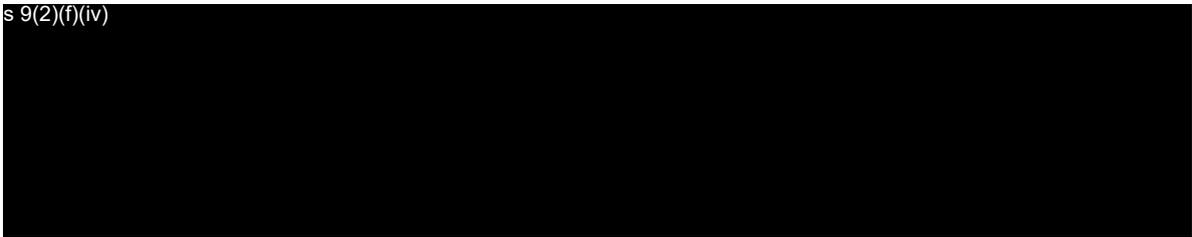
Demand for services declined during the pandemic, especially when people were unable to attend planned care. There have been fewer trauma and emergency department admissions, due to people delaying care. This has contributed to the current substantial backlog in the provision of planned care and specialist services

Upcoming milestones

The Ministry is currently preparing a surveillance strategy to provide fair, equity-focused strategic guidance and prioritise public health surveillance initiatives over the next five years.

The Ministry submitted the business case for the National Immunisation Solution (NIS) to the Minister of Health in early October 2020. This is a critical component of the COVID-19 Vaccine Strategy. The new system will replace the National Immunisation Register (in place since 2005 and no longer fit for purpose). It will use the same successfully deployed technology as the National Screening Solution and NCTS. The Ministers of Health and Finance are authorised to make a call on the COVID-19 contact tracing tagged contingency for the NIS, subject to their approval of the business case; this will enable drawdown of contingency funding.

s 9(2)(f)(iv)



Resurgence planning

Key messages

The Ministry COVID-19 Resurgence Plan

Describes Ministry actions when a resurgence is detected in New Zealand. It is aligned to the Government's mandated Emergency Management Framework and underpinned by Treaty of Waitangi / Te Tiriti o Waitangi principles.

The COVID-19 Health and Disability Sector Resurgence Planning Tool

Establishes high level actions for the Ministry, DHBs and PHUs for preventing, planning for and responding to further community resurgence.

Front-line response actions are also informed by the COVID-19 Cluster Investigation and Control Guidelines. These are currently being updated. The plans include scenarios to shape thinking about the actions required. They assume that business as usual will proceed at the Ministry and the wider sector, as far as this can be allowed by the response to COVID-19. The decision to activate the plans is made by the Director-General of Health (or deputy). Activation is guided by a logic and decision structure, and the response process pulls on resources across the Ministry and potentially across the sector.

The Ministry plan establishes an IMT, with leads responsible for key aspects of operations (the border, contact tracing, testing, and MIQ facilities) and sector relationships. Key elements include:

- processes that ensure Māori, Pacific and disabled communities' needs, and aspirations are meaningfully reflected
- a function to ensure that all those involved in the response are kept safe
- overall control and coordination provided by the Controller (the Deputy Director General of Health with responsibility for the COVID-19 response)
- a focus on intelligence of a resurgence incident and tailoring the response accordingly.

The Auckland August 2020 cluster tested the Ministry plan. Both plans reflect lessons identified from reviews undertaken of the first wave of infections in March/April.

National or regional health measures in response to a resurgence will be made under section 11 of the COVID-19 Public Health Response Act (the COVID-19 Act) instead of the Health Act 1956. The COVID-19 Act must be renewed by Parliament every 90 days and will be repealed no later than May 2022. Section 11 Orders may only be issued if there is a declared emergency or transition period in force under the Civil Defence Emergency Act 2002, or an epidemic notice is in force (as it currently is), or a Prime Ministerial notice published in the Gazette. Health Act 1956 powers remain available to Medical Officers of Health (employed by both the Ministry and PHUs) if required for the management of individuals, such as confirmed community cases who may need to be moved to a MIQ facility.

Issues or risks

Further community cases or clusters are considered almost inevitable. Planning for resurgence must keep pace with our evolving knowledge about COVID-19. Elimination remains the overall strategy.

The Ministry works closely with MBIE to advise Ministers on the policy settings for placing community cases of COVID-19 into MIQ. Current priorities include preparing for a resurgence of COVID-19 in a community with limited quarantine capacity or far from the nearest managed isolation and quarantine centre.

Upcoming milestones

The Ministry has developed documents to support preparedness for, and response to, any future community cases and clusters. These have been closely coordinated with the COVID-19 Resurgence Response Plan prepared by the COVID-19 AoG group and are aligned with, and help give effect to, the overarching Elimination Strategy.

The Ministry has been bringing together lessons identified from the Auckland and Waikato August outbreak and how these will be applied to resurgence planning.

There has been a broad range of COVID-19 review activity underway both inside and outside of the Ministry, and there is a need to ensure that lessons are being learned in a systematic and efficient way.

The Ministry has undertaken work to systematically draw lessons identified from various internal and external reviews and capture recommendations across a set of high-level themes:

- Te Tiriti o Waitangi and equity
- coordination across the health system and wider government response
- roles, responsibilities and accountabilities
- capacity, capability and staff coverage
- planning and operations
- IMT stand-up
- structure, IT infrastructure and systems

- communications and relationships.

Recommendations arising will be applied to both resurgence planning (ie, standing up a response) and system readiness more broadly.

Next steps

The Ministry is available to brief you on key aspects of current and future matters for COVID-19 including:

- work underway on refining and improving the Elimination Strategy
- the latest science and technical evidence about COVID-19
- emerging technology for use in our response
- learnings from Auckland Resurgence
- resurgence planning.

We are also able to brief you on any operational aspects relating to:

- the Ministry's readiness and how we have organised ourselves to support the ongoing system response
- core elements of the Elimination Strategy.

Appendix One: range of health services across border settings

COVID-19

MANAGED ISOLATION & QUARANTINE (MIQ) / BORDER - DHB HEALTH RESPONSE

Team of PHU Medical Officers of Health and Health Protection Officers manage border public health response.

Team of PHU Medical Officers of Health and Health Protection Officers manage public health response within isolation and quarantine facilities.

DHB staff provide manage the health and wellbeing response within isolation and quarantine facilities (Nursing, GP and pathway to tertiary services).

Team of PHU Medical Officers of Health and Health Protection Officers manage public health response within the community.

DHB mobile swabbing teams to provide clinics at air and maritime ports. (Nursing and administration staff)

NZ BORDER



- ▶ Returnees registered in national systems, NHIs generated.
- ▶ Initial health assessment performed.
- ▶ PHU Health Protection Officers meet returnees at border.
- ▶ PHU Medical Officer of Health monitors for public health risks (incl COVID-19).
- ▶ DHB and PHU to facilitate medivac situations (including on board swabbing).
- ▶ DHB provides border testing services to border staff.
- ▶ PHU case management to facilitate temporary entry of maritime and aviation crew to NZ

ISOLATION AND QUARANTINE FACILITIES



- ▶ DHB to provide and manage IT hardware requirements to deliver health response
- ▶ DHB to manage patient management systems (contact tracing, primary care, lab ordering)
- ▶ PHU and DHB to provide KPI reporting on facilities, case management and testing volumes.
- ▶ DHB provides disability equipment as required.
- ▶ DHB to provide access to GP services and essential medications
- ▶ DHB management of health needs of guests (e.g. pregnancy, long-term conditions etc.
- ▶ PHU and DHB IPC assess suitability of facilities to house Managed Isolation or Quarantine guests
- ▶ DHBs provide testing to all facility staff (incl health, NZDF, hotel etc).
- ▶ DHB to coordinate welcome pack and daily communications to guests
- ▶ DHB to provide toys and activities.
- ▶ DHB responsible for guest testing on day 3, 12 and as required
- ▶ DHBs provide regular IPC Audits and training of all staff
- ▶ DHB to provide health care for guests in quarantine
- ▶ Provide and report on guest experience surveys
- ▶ DHB health assessments (initial / daily) for COVID-19 and general health
- ▶ DHB staff to provide guests support for mental and physical wellbeing
- ▶ PHU responsible for case management & contact tracing when guests test positive within facility

COMMUNITY



- ▶ DHB and PHU Surveillance Testing Strategy
- ▶ DHB commissioning PHOs to provide Community Based Assessment Clinics (CBACs)
- ▶ PHU responsible for case management & contact tracing
- ▶ PHU / DHB responsible for the transfer to MIQ facility and care of confirmed cases / close contacts from the community.
- ▶ PHU and DHB interagency collaboration with external agencies (local government, MOG, MBIE, NZDF, Customs etc)
- ▶ DHB and PHU Resurgence Planning

HOSPITAL AND SPECIALIST SERVICES



- ▶ DHB to provide escalation pathway to hospital and specialist services
- ▶ DHB to provide access to urgent or planned care (e.g. cancer treatment)
- ▶ DHB responsible to provide laboratory processing services
- ▶ ICU and inpatient Surge preparedness