~~[IN-CONFIDENCE]~~

DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

COVER PAGE: COVID-19 INDEPENDENT CONTINUOUS REVIEW, IMPROVEMENT AND ADVICE GROUP: ADVICE NOTE TO THE ASSOCIATE MINISTER FOR COVID-19 RESPONSE

Meeting Date	22 March 2022
Agenda	The agenda covered: • discussion on testing and surveillance with the Associate Minister for COVID-19 Response.

Assurance on key issues and risks raised

The attached advice note sets out the issues, risks and observations raised by the COVID-19 Independent Continuous Review, Improvement and Advice Group (the Group) during its meeting.

From those issues, risks and observations the Group has identified areas where you may wish to seek further assurance:

There are three options you may wish to consider for each of the areas where further assurance may be needed:

1. You are already assured that the necessary work has been or is being undertaken to address the issue or risk. No further action is required.
2. You believe there is value in further assurance work being undertaken and you either:
   a. Direct relevant parts of the system to address the matter and provide assurance; or
   b. Direct the Group to undertake further assurance work and report back on the matter

Areas you may wish to seek further assurance	**Assurance option**		
	1	**2a**	**2b**
1. That there is a body of work underway to prepare the system to respond to the arrival of a new virulent variant, including ready to go response frameworks.	/		
2. That there are adequate monitoring and reporting processes in place to ensure that a new variant is expeditiously identified at the border through a testing 'cascade of indicators' data.	/		
3. That pandemic response will be a dedicated function in the new health system and that there will be clear leadership and cross-agency			

forward to Min Little.

Executive Wing, Parliament Buildings, Wellington, New Zealand 6011
☎ 64 4 817 9698 www.dpmc.govt.nz

frameworks, functions, and accountabilities in place to respond to a new virulent variant of COVID-19.			
4. We recommend that you seek assurance that innovation will be considered a fundamental principle of the new health system that is resourced and coordinated adequately.			

COVID-19 INDEPENDENT CONTINUOUS REVIEW, IMPROVEMENT AND ADVICE GROUP: ADVICE NOTE TO THE ASSOCIATE MINISTER FOR COVID-19 RESPONSE

Meeting date: 22 March 2022

This note sets out the key issues, matters and observations raised by us, the COVID-19 Independent Continuous Review, Improvement and Advice Group during and subsequent to our weekly meeting. Unless specified otherwise, the points below are our opinions.

The discussion with yourself in addition to subsequent Group conversations, along with information provided through the DPMC Secretariat, have informed this note.

CAVEAT: The below comments are a reflection of our views as of 22 March 2022. Events are moving at a dynamic pace and some views may subsequently shift.

There is a risk the system can be captured by the immediate threat

This week's announced changes to the COVID-19 Protection Framework (CPF) bring it into alignment with our current Omicron context. While this indicates a level of responsiveness within the system, there is an ongoing risk that, were a new and virulent variant to enter across the border, we would not be positioned to respond at the necessary pace. With increasingly open borders, the country may not have the benefit of time and the ability to observe the overseas experience to formulate an appropriate plan of response. We have ongoing concerns that while we have adjusted to Omicron, we do not have the necessary flexibility to respond at pace to a new virulent variant.

- *We must plan for the worst and hope for the best*

  It may be tempting to view the current wave of Omicron as the final hurdle to overcome before a return to a sense of normality. However, it is important that this view is not relied upon as we move beyond the fulcrum of the wave. We need to avoid optimism bias in the face of continued uncertainty – a balance is required.

  It is our view that scenario planning is necessary to plan both for a new virulent variant and for the scenario that COVID-19 cases increase to a level beyond that which our systems are able to cope. We now have two years of experience with the use of different interventions, tools, and community and business participation along with a wealth of overseas data, and it is critical that we use this learned knowledge to prepare for a worst-case scenario. We recommend you seek assurance that there is a body of work underway to prepare the system to respond to the arrival of a new virulent variant including ready to go response frameworks. It is critical that there are systems and processes in place to remain alert to and be capable of responding to any future outbreak.

A focus on the basic system elements is fundamental to our future

The last two years of the COVID-19 pandemic has revealed that a responsive and flexible system is required to navigate successfully through its unpredictable currents. As noted above, this requires fundamental elements to be in place that are fit for purpose, provide and enable access to the necessary tools. It is our view that surveillance, testing and contact tracing are the tripod elements that will enable the rest of the system to flex as needed upon a stable

foundation. Innovation and learning from the overseas experience are critical to ensure a world class testing and surveillance system.

Building on our previous advice to the Minister for COVID-19 Response related to testing and surveillance, we have the following observations.

- *Surveillance at the border is a lynchpin in our ability to respond at pace to a new threat*

  As indicated, we may not have the luxury of time in the event of a new virulent variant. With the phased removal of measures including entry restrictions and self and managed isolation requirements and facilities, surveillance testing processes must be strengthened to adequately manage the ongoing risk.

  Priority needs to be given to a fit for purpose approach at the border. It is our view that current arrangements lack technical integrity and by not having more robust testing this creates a vulnerability for the country.

  Through recent experiences within the Group and from our subsequent enquiries, we are concerned that there are gaps in the surveillance testing regime at the border. While it appears that the number of arrivals who test positive is being monitored and reported, it is not clear there are processes to follow up these positive results with confirmatory polymerase chain reaction (PCR) testing and whole genome sequencing (WGS). With these processes in place, we would be able to see the 'cascade of indicators' data in terms of the proportions of those arriving recording a test result, the proportion of those testing positive, those having a confirmatory PCR test, the confirmed positives sent for WGS, and the confirmed WGS result. It is our view that it would be a significant concern if any of these proportions are low, noting especially that there are compounding effects from a low proportion in the early indicators on the latter in such a cascade. We recommend you seek assurance that there are adequate monitoring and reporting processes in place to ensure that a new variant is expeditiously identified at the border.

  In the medium term and drawing on lessons learned, an intelligent system that risk profiles and screens arrivals, and assesses the health status of travellers, should become part of our wider border system, equivalent to the processes run for biosecurity.

- *We can look to overseas experts and technology to support the design and embedding of a world class testing and surveillance system*

  Aotearoa New Zealand is in a position to draw upon international best practice to support the design and embedding of a testing and surveillance system that is world class. We suggest that now is an opportune time to bring in an overseas-based expert to review our testing and surveillance systems to bring an objective and truly independent view. The report should be sent directly to you.

- *A model that has separation of functions and opens doors to technologies and providers will serve Aotearoa New Zealand well*

  We have seen MoH's function broaden in order to deliver Aotearoa New Zealand's response to COVID-19. It is timely to consider how these functions should be structured to support effective processes and achieve desired outcomes. Additionally, a healthy culture of innovation should open the door to new technologies and providers. In our view, this would see the setting of technical specifications without limiting how they are met and restricting modality of testing. This would allow a greater range of options and would alleviate future capacity pressures on the system. Furthermore, responsibilities for the mechanisms of delivery should be devolved to regional operations and the private and community sectors

where appropriate. For example, we suggest the separation of functions and responsibilities in the testing space could look as follows:

- Horizon scanning function
- Technical advice and specification development
- Commissioning function that has oversight of government and private procurement
- Delivery arm

- *There needs to be as many testing tools as possible in people's hands*

  It is our view that there needs to be as many tools as possible in people's hands to allow them to make decisions on how to respond, particularly where there are regional variations in case numbers. Conversely, it appears there is a binary approach to testing as we are either predominantly reliant on PCR or rapid antigen testing (RAT). Due to this approach, we are now in the situation where there is unused PCR capacity across the country with the switch to RATs as the predominant modality.

  Related to this point, a nationally applied framework does not make sense where the regional situations are varied. For example, very early in the Omicron outbreak, the PCR capacity in the Auckland region was unable to meet demand, yet the region was not able to shift to RAT use as the national threshold of case numbers had not been met, even though they effectively had at the regional level.

  While we advocate for as many tools to be available as possible to people, how testing use and results are tracked must be considered. It appears to us that this consideration was insufficient leading up to the shift to RAT use. The consequence of this is that we have lost track of the epidemiology of the Omicron wave and the denominator information that is critical to understand impacts on equity in particular.

The imminent shift to the reformed health system presents opportunities

Aotearoa New Zealand is three months away from the implementation of fundamental health system reform. This is an opportunity to use the lessons from COVID-19 to reset the system to achieve better outcomes for New Zealanders, including beyond that of COVID-19. This opportunity must not be missed. We have previously advised to the Minister for COVID-19 Response on 11 March 2022 that we must build on progress in empowering enterprises, communities and individuals. Further to this, innovation must be one of the fundamental principles of the future system in which rapid design and dissemination is viewed as a core part of system delivery and improvement.

The following are the lessons that we see as key to success of the new health system:

- *COVID-19 response and a resourced pandemic unit must be incorporated*

  It is our view that COVID-19 response must be a considered and resourced part of the new system. Yet, it is not apparent to us what the COVID-19 response will look like within this system. Furthermore, we see it as critical that there is a designated custodian for the response to a new variant within the leadership of the system that endures beyond the current system architecture, as well as visible and optimal cross-agency frameworks, functions and accountabilities that is maintained going forward. We recommend that you seek assurance that pandemic response will be a dedicated function in the new health system and that there will be clear leadership and cross-agency frameworks, functions, and accountabilities in place to respond to a new virulent variant of COVID-19.

- *Leadership should model the desired behaviours*

  To create the desired culture including one that is open to innovation and collaboration, there must be leadership that is aligned to this cultural ambition. The attributes of the leadership across the new health system must be considered with this in mind.

- *Innovation in the health system is currently dispersed and lacks coordination*

  Innovation in the current system is dispersed and lacks coordination and when it occurs, there is often opposition. This is an area that is critical to pick up and shift into the reforms and will require adequate investment and a significant cultural shift. We recommend that you seek assurance that innovation will be considered a fundamental principle of the new health system that is resourced and coordinated adequately.

- *There is an opportunity to achieve clarity of leadership responsibilities and decision rights*

  As we have raised on several occasions, a lack of clarity of leadership responsibilities and decision rights has, in our view, reduced the efficiency of the COVID-19 response and created risks of accountability gaps. We acknowledge that the government has shifted away from command-and-control models to those that are framed around collaboration. It is our view that clear leadership responsibilities including decision rights are a fundamental principle of leadership, irrespective of the model in place.

- *Contact tracing should not be put aside as a key tool in the future*

  Over the course of the pandemic, we have seen where contact tracing is most effective as well as when large volumes of cases limit its utility. Contact tracing will continue to be an incredibly effective tool for containing, managing and/or eliminating localised outbreaks, and for the response to future pandemics, and it is critical that where this function sits is considered within the context of the new health system and the wider COVID-19 agencies, including to what extent it is resourced and is able to scale up. For this, and future, pandemics, there remain several opportunities for the continued optimisation of rapid case contact management (testing and contact tracing combined). These include planning (strategies and criteria, definitions, leadership structures, data systems, financing, capacity, scenario planning and stress testing procedures, and communication) and interlocking tools (WGS, testing modalities, digital enhancement, contact engagement, geographical mapping and alert level decision protocols). Lessons around tailoring the delivery of the contact tracing function to meet the needs of Pasifika and Māori in particular must be embedded.

Peer review processes for updated testing and surveillance strategies

With the Testing Strategy and Testing Plan being reviewed, we wish to comment on the peer review process and what an optimal process should look like based on good practice within the health research field. While we are pleased that MoH have adopted our earlier recommendation to incorporate external expert peer review, we observe opportunities to improve this process to ensure it is sufficiently robust.

In health research publishing, the authors have to very clearly justify to independent editors, why they have or have not taken up suggestions of reviewers. The article will often have to go back to the peer reviewers for their view on whether the authors' positions (in response to their suggestions) are adequately justified or not. We recommend that this 'justification' step is incorporated into MoH's current peer review process. These documents are of major significance to the pandemic given the possible consequences of getting them wrong, and we wish to support MoH to have the processes in place that will deliver quality products and consequently the desired outcomes for New Zealanders.

Sir Brian Roche (Chair), on behalf of the members of the COVID-19 Independent Continuous Review, Improvement and Advice Group

Dr Dale Bramley
Dr Debbie Ryan
Prof Philip Hill
Rob Fyfe