

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

| Meeting Date | 09 March 2022 | | | | |
|---|---|--------|----------|----------|------------------------------|
| Agenda | In addition to the discussion with you, the agenda c | overe | ed: | V. | |
| | feedback on proposals to review the COVID Framework and planning for the future beyon Omicron wave | | | ction | |
| Assurance on key issue: | s and risks raised | | | | |
| Independent Continuous F meeting. | sets out the issues, risks and observations raised by Review, Improvement and Advice Group (the Group) and observations the Group has identified areas whereance: | durin | g its | | |
| There are three options you assurance may be needed | ou may wish to consider for each of the areas where fight | furthe | er | | |
| | red that the necessary work has been or is being sk. No further action is required. | unde | ertake | en to | - |
| 2. You believe there is va | llue in further assurance work being undertaken and y | you e | ither: | | _ |
| a. Direct relevant par | ts of the system to address the matter and provide as | ssura | nce; c | or | |
| b Direct the Group to | hundartaka furthar assurance work and report back of | n tha | matt | or | |
| | to seek further assurance work and report back on the matter to seek further assurance Assurance option | | | _ | |
| | | 1 | 2a | 2b | |
| with other settings (ar | ses in place to ensure that decisions are consistent nd decisions trigger review of other settings where | | ✓ | | Commiss at daily b on 10/3/2 |
| appropriate). | | | | | |
| term implementation a | or coordinated review to identify lessons for short- and that public health epidemiological expertise will earoa-based evidence that will benefit longer-term | | | ✓ | |
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| 3. That the response post-Omicron wave will be predicated on the shift towards greater roles for enterprise, community and the individual and these roles are clearly articulated at the strategic level. | | / | I would like to take up the group's offer to look more at testing decisions |
|---|----------|-----------|---|
| 4. That planning around a pathway to 'normality' that is underpinned by a system that has the ability to cope with what is presented is under consideration. | ✓ | | |
| Further to the above assurance areas, the Group have offered to directly support the negotiations with Rako Science with your agreement. | Yes | No | |
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COVID-19 Independent Continuous Review, Improvement and Advice Group

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

Meeting date: 09 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.

Discussions with members of the Department of the Prime Minister (DPMC) and yourself, along with information provided through the DPMC Secretariat, have informed this note.

CAVEAT: The below comments are a reflection of our views as at 09 March 2022. Events are moving at a dynamic pace and some views may subsequently shift.

Building a successful post-Omicron future state

We continue to be very supportive of the direction of travel of the future-focussed post-Omicron work led by DPMC and are particularly heartened to see that equity issues are being brought up and responded to. As a country, we have gained an extraordinary amount of experience and knowledge from our recent experiences that must not be lost. We need to ensure this is captured and used in a timely way to inform improvements to our current systems and more robust planning for future pandemics.

The following are in our view important considerations for building a successful post-Omicron future state.

The dismantling of public health measures must be carefully considered

We can surmise from overseas examples such as New South Wales and the United Kingdom that the early lifting of restrictions may lead to a longer tail of cases. While case numbers have not continued the steep upward trajectory over the past several days, testing rates have also fallen away. This infers a significant under-reporting of cases and any conclusion that we have reached a peak of cases should be viewed with caution. A decision to move away from the key provisions of the COVID-19 Protection Framework (CPF) must be carefully considered in terms of how well under-reporting is understood. It is also important to consider the effects of changing the messaging and strategy when a high number of Pasifika communities in particular are still being impacted. The maintenance of behaviours should also be a factor in any decisions to dismantle elements of the CPF. While some tools such as mandatory record keeping may not be useful in the current context, they should remain available as an intervention/tool for future use if needed.

While COVID-19 Vaccine Certificates have been a key factor in achieving high rates of two doses of the vaccine, occupational vaccine mandates (while also supporting high levels of vaccination) have been important to protect our vulnerable people. The evidence shows that boosters are vital in the prevention of serious disease from Omicron and it is concerning to see the inequities emerging with booster and child vaccination rates. As we dismantle some public health measures, we are supportive of maintaining occupational vaccination mandates (and modifying these to include the booster dose) to protect our vulnerable

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populations along with masking at least through the winter months. They should then be reviewed further.

Proactive surveillance measures will be a critical element in any move back to a Green setting and triggers for moving down to Green should be founded in epidemiological expertise and understanding of the baseload requirements.

• Changes to rules and settings introduce risk of inconsistency within the response

It is important that there is consistency of decision-making to ensure that where the risk tolerance is adjusted through a change in settings that this is carried throughout the system to ameliorate inconsistencies. For example, the decision to allow COVID-19 positive healthcare workers to return to work if a critical health service would have to cease functioning in their absence, should trigger the consideration of the proportionality of not allowing unvaccinated healthcare workers to work in critical health services. Such inconsistencies can undermine the public's understanding of and trust in the system. We recommend that you seek assurance that there are processes in place to ensure that decisions are consistent with other settings (and decisions trigger review of other settings where appropriate).

• We must build on progress in empowering enterprises, communities and individuals

Aotearoa has experienced a sea-change through the unlocking of the ability of communities and enterprises to deliver what has traditionally been delivered by government entities including through its operational architecture. For example, previously vaccinations were only delivered by medically trained professionals. Yet we have seen that non-medically trained individuals can be trained to administer vaccinations and successfully coordinate vaccine delivery through the community. This cannot be underestimated as a contributing factor to the success of our vaccination rollout.

The openness to allowing and enabling the community and private sectors to contribute to the response should also extend to testing. Testing solutions delivered outside of government-controlled procurement and other processes, which can provide relief to the system as a whole, must be embraced. There is a general fear that there will be a reversion to past practices based on historical professional preferences and ways of doing things – such an outcome must be avoided.

It is our view that our future success hinges on the empowerment of enterprises, communities, and individuals, but there must be clarity of these roles in relation to those of the government's. It is critical that lessons such as these are captured and embedded in the health and general care system. We need to avoid any regression as we move into a business-as-usual steady state. We recommend you seek assurance that the post-Omicron response will be predicated on the shift towards greater roles for enterprise, community and the individual and these roles are clearly articulated at the strategic level.

• Lessons for short-term implementation

Lessons from our recent experiences need to be identified and implemented in the short term rather than waiting for a longer term review such as a significant review of the whole response. This is reflective of the risk of an outbreak of an infectious disease such as measles, or a new COVID-19 variant over the coming months. We recommend that you consider an early rapid review to identify lessons for short-term implementation and application to the system of preparedness and response for the post-peak period.

• A future framework must be built upon Aotearoa-based evidence

To build a future framework there needs to be a considered view of the impact that interventions have had in terms of what has and has not worked, and how the lessons can be applied moving forward. To date there has been a tendency to observe other countries

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for a counterfactual which is problematic due to significant variation in characteristics. In saying that, however, we should be looking at where the overseas-based science, technology and insights could be valuable in our response and then assess the relevance of these through an Aotearoa epidemiological lens. Epidemiological expertise, including external to central government agencies, should be involved in any review of interventions made through the response and their impact to benefit longer term pandemic planning.

• It is important that we plot a pathway to a sense of normality

It is important that we plot a pathway that goes back to a sense of normality as soon as is practicable. 'Normality' does not mean going back to a pre-COVID-19 baseline, but is underpinned by a system that has the ability to cope with what is presented. It is important that we identify the optimal configuration of, and adequately resource, the infrastructure that is needed to respond to future pandemic and similar health emergencies. We envisage that this would look like a first line of defence through the Public Health system, readiness to deploy the community and private sector and a minimum number of people standing ready to respond. We recommend that you seek assurance that planning around this pathway to 'normality' is under active consideration.

We need to not lose sight of our successes as a nation

With Aotearoa experiencing significant countrywide outbreaks of COVID-19 for the first time, it is easy to lose sight of the success that we have experienced through our response. While there is often a focus on the negative aspects through the media, including social media, as the response has evolved, we have as a nation taken important steps to respond to inequities and empower communities. Albeit that has not been without significant cost and disruption to the community. It is our view that it is important that this narrative is not lost and there is an opportunity to bring this into the public eye. Building the epidemiological evidence base as referred to earlier will be key to supporting this narrative to be told.

Testing will be a cornerstone of continued future success

Further to the above matters we wish to raise the below in regard to testing.

Testing will continue to be a critical tool and all capacity in the country must be available

In recent weeks we have seen the PCR testing system become overwhelmed, which has

In recent weeks we have seen the PCR testing system become overwhelmed, which has necessitated a shift to a reliance on Rapid Antigen Tests (RATs). As we have raised with you through our advice of 18 February 2022, there is an urgent need to make use of all available testing capacity. Rako Science has still not been brought on as a provider, which demonstrates to us that there continues to be blockages in the ability to utilise capacity.

It is important that this issue is addressed. As we move into the post-Omicron phase, testing will be a key tool to identify new variants and to respond to future outbreaks, including a potential highly-transmissible respiratory or other virus entering the community. Given the lack of progress to augment system capacity through Rako Science, we are offering to become involved to support the process to get an outcome that will deliver benefit to the system and provide much needed additional capacity.

 Innovation in the testing and surveillance regime will be key to the readiness of New Zealand

As raised above, there continues to be blockages in the unlocking of capacity. We are concerned that these blockages have systemic origins that seem to indicate a wider lack of openness to embrace and integrate innovation within the system. It is our view that innovation in the testing and surveillance regime post-Omicron is necessary to ensure the

system will have the necessary agility and readiness to respond to unforeseen events without causing major disruption to other services.

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