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20 December 2023

Al Johnson

By email: fyi-request-24663-40dfe213@requests.fyi.org.nz
Ref: H2023032995

Tēnā koe Al

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health | Manatū Hauora (the Ministry) on 14 November 2023 for information regarding COVID-19. On 12 December 2023, you received a partial response from the Ministry to parts 1 and 2 of your request. Please find below a response to the remaining parts of your request.

> *Any documentation or discussion as to who or what will review or make recommendations on Covid vaccines since the dissolution of the COVID-19 Vaccine Technical Advisory Group in March 2023. This could be memos or briefings or documents of a similar nature.*

Information within scope of this part of your request is attached as documents 13,14,16, and 17 of Appendix 1. Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time. Please note, the meeting notes in document 14 are in draft form and were not confirmed by the Chair of the Interim Immunisation Steering Group before it was disestablished.

In November 2022, Cabinet agreed that a governance mechanism be established for the immunisation system including COVID-19 vaccines, to co-ordinate cross-agency decision making. The Cabinet paper is publicly available at: www.health.govt.nz/about-ministry/information-releases/release-ministerial-decision-making-documents/establishing-strategic-priorities-immediate-covid-19-vaccination-and-governance-immunisation-system.

On 15 June 2023, the then Minister of Health and Minister of Finance agreed that the funding for COVID-19 vaccines and treatments be transitioned to Pharmac's combined pharmaceutical budget (CPB). This change came into effect 1 July 2023. Further details are laid out in a briefing titled: *'Transitioning COVID-19 vaccination and treatments funding into the Combined Pharmaceutical Budget'.* A copy of this briefing is refused under section 18(d) of the Act, as the information will soon be made publicly available on the Ministry's website at: www.health.govt.nz/about-ministry/information-releases/general-information-releases.

The principal body now providing technical advice on COVID-19 vaccines is Pharmac's Immunisation Specialist Advisory Committee, which makes recommendations to Pharmac. Pharmac's decisions are supported by the work of the immunisation governance mechanism.

The meetings held and associated minutes and any briefings or memos (or documents of a similar nature) produced by the Long COVID Expert Advisory Group since its formation in May 2022.

Information within scope of this part of your request is attached as documents 1 to 11 and 15.

I trust this information fulfils your request. If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: oiagr@health.govt.nz.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā

Dr Andrew Old
Deputy Director-General
Public Health Agency | Te Pou Hauora Tūmatanui

Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	30 May 2022	Request for Advice: Long COVID Evidence Update	This information is publicly available at: www.health.govt.nz/system/files/documents/information-release/h2022008412_response.pdf.
2	1 June 2022	Minutes: Long COVID Expert Advisory Group	Some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons.
3		Current and emerging best practice for Long COVID rehabilitation in context of a multidisciplinary team involving allied, scientific, and technical professions: a scoping review	This information is publicly available at: www.health.govt.nz/system/files/documents/information-release/h2022008412_response.pdf.
4	9 June 2022	Memorandum: Work to date on Long COVID (HR20221026)	This information is publicly available at: www.health.govt.nz/system/files/documents/information-release/h202207922_response.pdf.
5	28 June 2022	Memo: Request for additional Expert Advisory Group Members for the Long COVID programme	
6	13 July 2022	Minutes: Long COVID Expert Advisory Group	Some information withheld under section 9(2)(a) of the Act.
7	9 August 2022	Memorandum: Update on the Long COVID Expert Advisory Group and work programme (HR20221304)	
8	17 August 2022	Minutes: Long COVID Expert Advisory Group	
9	24 August 2022	Memo: Future of the Long COVID Programme	Released in full.
10	19 October 2022	Minutes: Long COVID Expert Advisory Group	Some information withheld under section 9(2)(a) of the Act.
11	23 November 2022	Minutes: Long COVID Expert Advisory Group	Released in full.
12	7 December 2022	Memo: Transfer of documents from Manatū Hauora to Te Whatu Ora –	Information deemed out of scope of the request has been excluded.

#	Date	Document details	Decision on release
		Health New Zealand requiring specialist service commissioning	
13	9 June 2023	Briefing: Implementing the governance mechanism for the immunisation system (HR2023024966)	Some information withheld under section 9(2)(a) of the Act.
14	4 August 2023	Draft Meeting minutes: Interim Immunisation Steering Group	Some information deemed out of scope of your request.
15	4 September 2023	Memo: Transferring New Zealand's post COVID-19 (long COVID) approach to Te Whatu Ora	Released in full.
16	14 September 2023	COVID-19 vaccination programme and forward planning	Excerpt released under section 16(1)(e) of the Act. Some information withheld under section 9(2)(a) of the Act.
17	21 September 2023	Immunisation Outcomes Collective	Excerpt released under section 16(1)(e) of the Act, with some information being deemed out of scope of your request.

Document 2

Minutes

Long COVID EAG

Date:	1 June 2022
Time:	1.00 pm – 3.00 pm
Location:	Teams Meeting or Ministry of Health, 133 Molesworth Street, Thorndon
Chair:	Dr Ian Town, Chief Science Advisor
Attendees:	Sharon Russell; Robyn Whitaker; Rawiri Keenan; Luke Maclean-McMahon; Juanita Woodhouse; Jen Mepham; Jo Hikaka; Arran Culver; Lindsay Pooley; Fiona Stephens; Sophie Oliff; S9(2)(a) [redacted]
Apologies:	Dr Martin Chadwick

Item	Notes
1	Welcome and opening Karakia • The meeting was opened with Karakia and Dr Martin Chadwick welcomed everyone via a pre-recorded video • Dr Ian Town to Chair today in Martin's absence.
2	Member Introductions/Whakawhanaungatanga and role on group • Group members introduced themselves and talked about their experiences and why they have been invited into this group.
3	Programme overview and update • Onboarding is completed. Any concerns about the Terms of Reference or your responsibilities? o Clarity needed regarding where this group sits in terms of decision making o Co-chair Māori suggested o Suggested that agreement is reached at the end of each meeting about what meeting content can be shared publicly o *Action: Conversation with Martin regarding confidentiality* • Five presentations to the sector so far – *see table at end of minutes* • Community of Practice: people not on the EAG but interested in what's happening – using their specialist knowledge. Long COVID page plus sector communications.
4	Summary of Literature • Ran through the presentation from the onboarding pack to ensure consistent understanding Key points: • Evidence based healthcare is the gold standard • Most evidence we have is from case-controlled studies and case studies. There hasn't been time for systematic reviews yet • Thematic analysis – CAHPO team last year (2021), no Omicron yet at that stage. Post-exercise malaise is something that is common in this cohort of people

	• Psychosocial impacts – may not be able to work. May have money pressures • Need good local pathways, with multidisciplinary care • NHS set up almost 90 clinics for post-COVID, but they have a much larger population than us. Need to share information • Vulnerable populations here are Māori, Pacific, rurality and elderly people • Telehealth is not perfect. Visiting people who don't have access – how to get them access in the community • Scoping review by Sharon and Robyn at Waitematā DHB • Long COVID is one of the first conditions that has been identified by the people with it before clinicians • Need to ensure that when in an acute phase of the illness caution that no pharmaceutical intervention will cause harm There are some bigger pharmaceutical studies underway looking at use of cardiovascular medications to longer term adverse outcomes. • There are lots of comparisons between Myalgic Encephalomyelitis (ME)/Chronic Fatigue Syndrome (CFS) and long COVID • We put a lot of emphasis on the prevention side of other long-term conditions, so what is the role of this group in advocating for more preventative measures being put in place? • *Action: CAHPO team to share STA report* • Waitematā DHB have published a short review of long COVID services and are happy to share the longer report behind that • *Correction to slides: Waitematā DHB did not advocate for the tiered approach, they advocated for needs-based services* • *Action: CAHPO team to compile list of long COVID studies are currently underway in New Zealand* • *Action: add prevention and the role of this group in advocating for public health measures to another agenda*
5	Individual expectations of being on group and identification missing parties • Group members agreed to the Terms of Reference, and to having their name published as members of this group on the Ministry of Health website • EAG membership: o Are we missing representation of any groups? ▪ People with lived experience of disability ▪ Pacific community – totally overwhelmed by COVID in Auckland ▪ An immunologist working on Long COVID o Changes: unable to contact two proposed members; another accepted membership but couldn't attend today • What does an EAG do? o Provide advice to the Director-General of Health. No budget, just advice and guidelines. There will not be any decision making outside of that work • Whether we are advocating for services for people with long covid or whether we steer away from that; once we put something on the website sure there will be queries.
6	Clinical Definitions Long COVID • Memo seeking group's approval of the Long COVID clinical definitions – no diagnostic test. Diagnosis is by exclusion • Significant need for consistency. All need to be collecting the same data • Does anyone want to give an alternative definition with regards to timing? No • Do we need to add in that there has to be no reinfection in the 12 weeks? Performance of some tests is questionable. No decision was taken. o *Action Martin to feedback at next meeting* o All agree to the clinical definition • We are not at the end of the pandemic yet and so need to be prepared to be flexible. Education will be a critical part of our work – we need to be trying to add value, not slow things down or create barriers

	• *Action: add section in website; talk about names and details*
7	Next steps / Future Meetings • An initial draft of the guidelines will be sent in plenty of time to review for next meeting • Any additional items? o Data quality and sovereignty – ethnicity data for Māori ▪ CAHPO team to find appropriate guest to attend o Sector communications regarding definitions • Future meeting dates: o The meeting will remain entirely virtual for now o *Action: Secretariat to send out placeholders for next two meetings* • The Chair thanked members for their fantastic levels of interest and commitment.
8	Closing Karakia • The meeting was closed with Karakia

Item	Action	Lead	Due Date
3	Conversation with Martin regarding confidentiality	Ian	
4	CAHPO team to share STA report and 2021 scoping review	Fiona	
	CAHPO team to compile list of long COVID studies are currently underway in New Zealand	Fiona	
	Add prevention and the role of this group in advocating for public health measures to another agenda	Fiona/Lindsay	
5	Add section in website; discuss with Comms team	Fiona/Lindsay	
6	To clarify position on reinfection	Martin	
7	Secretariat to send out placeholders for next two meetings	Caitlin	

Presentations given by the Chief Allied Health Professions Office on Long COVID

Who	Organisation	Summary/Date
Martin Chadwick	Goodfellow Webinar	Overview of Programme being initiated (7.4.22)
Fiona Stephens	The Peoples Group – Disability directorate, Julia Ebbett	Presentation on symptoms of Long COVID for adults and children, red flags for urgent presentation to HCP (5.5.22)
Fiona Stephens	COVID-19 Public Health Operations, Helen Van Mil	Presentation to National PHUs on programme to date (10.5.22)
Martin Chadwick & Fiona Stephens	Symposium: Journey together in the fog – Post-acute COVID-19	Several NZ universities are collaborating to bring together national and international speakers, to share their learnings about how best to support people who experience ongoing symptoms following a COVID-19 infection, including those with Post-Acute COVID-19 Syndrome (PACS) or Long COVID. We hope that by sharing our learnings, we can gain more clarity about this group's early identification, initial support, and rehabilitation service needs. (25.5.22) https://events.otago.ac.nz/longcovid2022/programme
Lindsay Pooley & Fiona Stephens	COVID-19 Equity Oversight Group	Presentation to the group on work to date. Commended for our early approach to engagement with them: “Thank you so much for your time and excellent overview yesterday, everyone in attendance appeared to really appreciate and value you coming. It was one of our most interactive hui yet”.

Minutes

Long COVID Expert Advisory Group

Date:	13 July 2022
Time:	8.30 am – 11.00 am
Location:	Microsoft Teams
Chair:	Dr Martin Chadwick
Attendees:	Dr Arran Culver, Cathy O'Malley, Dr Donna Cormack, Emily Sorby, Fiona Stephens, Dr Ian Town, Jen Mepham, Juanita Woodhouse, Lindsay Pooley, Luke MacLean-McMahon, Rawa Karetai Wood-Bodley, Robyn Whittaker, Sophie Oliff, S9(2)(a) [redacted]
Invitees:	Brooke Hollingshead and Eloise Williams, Science and Technical Advisory
Apologies:	Jo Hikaka, Sharon Russell, Rawiri Keenan,

Item	Notes
1	Welcome and opening Karakia • The meeting was opened with Karakia and Dr Martin Chadwick welcomed everyone. Member Introductions/Whakawhanaungatanga • Group members introduced themselves and talked about their experiences and why they have been invited into this group.
2	Previous minutes and actions arising • Minutes accepted without changes.
3	Review STA report • The report is available to the members and will be uploaded to the Science page. There will be a link from the Long COVID page to the science page as per action at bottom of this section • Ian updated the group on a meeting he and Martin attended recently: o The USA will be doing a deep dive on the systemic reasons for Long COVID o In the UK, 3% of people infected with COVID-19 Omicron variant have symptoms consistent with Long COVID. These people are predominantly able to return to work. Specialty Clinics for Long COVID established in 2020 are now being accesses less and less, possibly because Omicron is now dominant variant

	• Extra topics to be investigated by STA: o Evaluation of Long COVID support services implemented overseas o Vaccine injury symptom comparison to Long COVID o Post-exertional malaise o Post-exertional symptoms (other than malaise) o *Action: Eloise and Jen to discuss information sources* • Coding for long COVID has been created, this still needs to be implemented into Patient Management Systems. Team is working to progress the implementation with Primary Care and community digital coordination (PCDC) team • *Action: redistribute the thematic evaluation shared in last minutes* • Important that this information is shared with a wider audience – suggested to upload the report to the Ministry of Health website o *Action: Brooke, Eloise and Martin to discuss – need to add guidance to the document before uploading to the website.*
4	Review draft Clinical Guidelines Long COVID • We're reviewing what the rest of the world is doing, and information has been predominantly from the UK. This will be contextualised to Aotearoa in the next version, but we need to release useful guidance quickly • We acknowledge that there are issues in how we currently provide services such as institutional racism. *Whakamaua*[1] is the specific Ministry plan to address this which we can reference going forward. • Māori and Pasifika have been disproportionately impacted by COVID and potentially Long COVID, so any work generated needs to be accessible and usable for these populations. Discussion: • More an operational guideline rather than a clinical guideline – not a criticism but need to call it what it is. More about setting up services • A clinical guideline would need to be continually updated and monitored – do we have the resources to do that? • NHS guidance on fatigue and post-COVID is basically exercise therapy – not safe for Long COVID • Primary care experience needs to be incorporated with evaluation included. Reframing of output is needed by the sector – need something practical quickly • Health Pathways and Health Navigator would both be useful for displaying and updating information quickly • *Long COVID kids* have created a downloadable booklet. Very wordy, but great content. Everything is there, just need to add Aotearoa context • Te Whatu Ora – Waitematā (formerly Waitematā District Health Board) have developed a lot of (draft) self-help material that is aligned with Health Navigator – feedback is still to be integrated o Feedback from Māori Oranga group was that it's useful to have Te Whare Tapa Whā underlying, but not useful to structure resources in that way o Pasifika feedback was that they would prefer paper versions to online, and that there needed to be information specifically for elder family members o *Action: Martin and Robyn to discuss self-help resources*

[1] https://www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-2020-2025

- Creation of Aotearoa-specific resources preferred to contextualising others' work. The most impacted are Māori and Pasifika so we need to front-foot information, and accessibility – develop it for the people with the least access, then it will work for everyone
  - We usually develop digital versions of everything first and then work on accessible versions (e.g., easy read, sign language and other languages) – should flip it, and provide access for those communities first
- A limitation to Te Whare Tapa Whā is that it is not always reflected in pathways or guidelines, or the healthcare system so environmental and structural issues aren't always included. It is aspirational and we need to acknowledge that
- Both documents are lacking a disability lens
  - Use "disabled persons" syntax rather than "people living with disability"
  - There is an assumption that people start off as healthy, but, there is a high needs spectrum of disability
  - Disability support is no longer part of the Ministry of Health
  - *Action: Long COVID team to reach out to Rawa formally to ask for a contact at Whaikaha – Ministry of Disabled People*
- Both clinicians and their staff to be aware and competent with dealing with disability. Preventative care – haven't gotten into clinical space yet, just with vaccinators
- Intersectional: if a disabled Māori turned up, how would we help them?
- Supported decision making for people with cognitive difficulties, or in aged care. Need to understand the services they're going through – covered under the Code of Health and Disability Services Consumers' Rights, but this is not the reality. Seeing family going through that is traumatic
- Disability related vaccination data has been fixed; need to take those lessons learned and pull them across
- *Action: Fiona to catch up with Rawa this afternoon regarding disability data, as the team has a meeting around data in the morning*
- Do we need to have another discussion around data integrity?
- Many people won't need an MDT approach – should tier services, as that's how it will be funded. Until they've had this for six months, they can't get ME/CFS diagnosis – practically indistinguishable
- Paediatrics is already stretched. If it becomes more common in children, how do we distinguish it from RSV, measles, and other childhood illnesses? Need paediatric representation on this group
  - Within Pacific communities, church groups manoeuvred quickly – need to properly engage with these groups and find out how to contact those communities who are really vaccine hesitant or wary of isolation. Encompassing a whanau rather than a particular case – going back to Te Whare Tapa Whā, environment is most important
    - A lot of tamariki live in transitional housing and don't have access to GPs or other pathways. Programmes at Starship have provided ongoing hauora support, as well as financial and social support
  - Most hospitals are part of "hospital in the home" (a MDT approach including social workers, nursing and others) – child and adult services – do we bolster these services?
  - How do we go about bolstering health pathways and health navigator? What steps do we need to take?
- Need a section dedicated to Long COVID and returning to work – some assistance is needed, including criteria for accessing support. People need validation that they have issues, and that someone is listening to them

	o At Te Whatu Ora – Waitematā they do a phone call first, then a questionnaire, and provide self-management resources while the patient is waiting to be assessed. Assessment allows for people to be referred to support services in the community so that the MDT can focus on those who need intensive support ▪ It will be iterative and will build on lessons learnt. Build on existing programmes like chronic pain clinics ▪ Not all colleagues are supportive – there isn't this level of support for ME/CFS, so why is it provided for Long COVID?
5	Summary of actions / communications • Martin summarised the actions – they are listed in the table below • Things able to be communicated to others outside this group: o The next sector update will be sent out within the next fortnight o A webinar will be occurring in early August o We reviewed initial guidance that came from international best practice o We have the ability to build on some of the good work that has already been done (e.g., at Te Whatu Ora – Waitematā) o We are now going to work on teasing out the guidance – especially with how we can work with Whaikaha. If we can get it right for them, we can get it right for everyone o Child health representation still required for this group o Work to implement Te Whare Tapa Whā model will be considered in phase 2 of the programme o Need to work on general guidance for patients and clinicians first.
6	Closing Karakia • Karakia performed, and meeting closed at 10.26 am.

Item	Action	Lead	Completed
3	Discuss sources of information	Eloise and Jen	
	Redistribute thematic evaluation shared in last minutes	Fiona and Caitlin	
	Discuss getting the STA document uploaded to the Ministry of Health website	Brooke, Ian and Martin	
4	Discuss self-help resources created by Te Whatu Ora – Waitematā	Robyn and Martin	19/7/22
	Formally reach out to Rawa regarding a contact person at Whaikaha	Lindsay and Fiona	13.7.22
	Discuss lessons learned from COVID regarding disability data	Fiona and Rawa	13.7.22
5	Conversations with Health Navigators and Health Pathways around creating linkages with consumer and clinical guidance	Lindsay and Fiona	
	Create an implementation toolkit		
	Engage with Māori and Pasifika health providers		

Document 7

Memorandum

Update on the Long COVID Expert Advisory Group and work programme

Date due to MO:	9 August 2022	**Action required by:**	N/A
Security level:	IN CONFIDENCE	**Health Report number:**	20221304
To:	Haley Ataera, Private Secretary, Office of Hon Andrew Little, Minister of Health		
Consulted:	Health New Zealand: ☐ Māori Health Authority: ☐		

Contact for telephone discussion

Name	Position	Telephone
Martin Chadwick	Chief Allied Health Professions Officer	S9(2)(a)

Action for Private Secretaries

N/A

Date dispatched to MO:

Information on the Long COVID Expert Advisory Group and work programme

Purpose

1. In March 2022, a Long COVID programme of work was initiated within Manatū Hauora. The programme is focussed on the development of a clinical guideline, review of the current and emerging research, identify gaps for future research and establish an expert advisory group to provide guidance and input into the Long COVID clinical rehabilitation guideline.

2. This report responds to your request for information and specific questions on the Long COVID Expert Advisory Group, and an update on the overall work programme.

Defining Long COVID and associated symptoms

3. The term 'Long COVID' is commonly used to describe signs and symptoms that continue or develop after acute COVID-19. Symptoms may last for weeks or months after the acute illness. Long COVID usually presents with clusters of symptoms, often overlapping, which can fluctuate and change over time and can affect any system in the body.

4. To better understand how Long COVID could be diagnosed, it is important to understand how symptoms, signs and tests are used to make a diagnosis for any condition. Symptoms are what a patient feels, such as a sore throat or headache. Signs are changes which a healthcare practitioner notices when they examine a person (such as a fast heart rate, or fast breathing) which in turn informs management and treatment.

5. There are often very few signs of Long COVID, and no diagnostic test in existence. Therefore, the diagnosis is made on the basis of persistent symptoms occurring after a person has had COVID-19. There are a wide range of symptoms for acute COVID-19, ongoing symptomatic COVID-19, and Long COVID, but these symptoms are also common in many other conditions. Ongoing symptoms can vary widely and affect people differently.

6. Commonly reported symptoms are included in Appendix One.

7. Long COVID is referred to in literature as ongoing symptoms of COVID-19, post COVID-19 syndrome, post-COVID-19 conditions, post-acute sequalae of COVID-19. There is however not international consensus on a definition for Long COVID.

8. A core part of the work programme has been defining Long COVID for the New Zealand context. The following clinical case definitions have been published on the Manatū Hauora website:

    a. **Acute COVID-19** – signs and symptoms of COVID-19 for up to 4 weeks

    b. **Ongoing symptomatic COVID-19** – signs and symptoms of COVID-19 post the acute illness period of the illness, from 4 weeks up to 12 weeks

c. **Post COVID-19 syndrome (Long COVID)** – signs and symptoms that develop during or after an infection consistent with COVID-19, that continue for more than 12 weeks and are not explained by an alternative diagnosis.

9. The clinical case is defined by the timeframes outlined above, and irrespective of a confirmed diagnosis by testing.

Long COVID in Aotearoa

10. It is important to note that Long COVID is likely to affect Aotearoa differently than the rest of the world. The vast bulk of our COVID-19 cases have been of the Omicron variant, as opposed to other countries who saw significant case numbers in the early days of the pandemic.

11. Some research has indicated that the risk of ongoing symptoms or Long COVID is significantly lower for Omicron than the Delta variant; although the absolute numbers of people affected by Omicron means the potential burden of Long COVID remains high.

Linking the Long COVID work programme with other agencies

12. Through the work programme, specific linkages have been made with the Ministry of Social Development.

    a. Specifically, this has been via the provision of information and international resources on vocational services to support people returning to work with Long COVID and input into discussions on how the kaimanaaki (social services) workforce within Public Health Units could feasibly provide Long COVID support within the community.

    b. Vocational and welfare support for Long COVID, or the provision of specific health services is out of scope of the Manatū Haoura work programme. Following the finalisation of the *Clinical rehabilitation guidelines for people with Long COVID in Aotearoa New Zealand* at the end of August 2022, we will work with Te Whatu Ora, and if appropriate the Ministry of Social Development, to confirm how the guidelines can be applied practically across both sectors.

13. Discussions have also been held with Whaikaha to inform them of the work programme (noting they are represented on the Long COVID Expert Advisory Group) and with the Ministry of Foreign Affairs and Trade to seek reports from diplomatic postings on international approaches to Long COVID and their experience (including Scotland, Singapore, Italy, Canada, Australia, Hong Kong, Israel, and France).

Long COVID Expert Advisory Group

14. The Long COVID Expert Advisory Group (the EAG) was established in May 2022 to assess the evidence on Long COVID and apply it to the Aotearoa New Zealand context, to help inform recommendations for clinical practice and guidelines.

15. The EAG includes broad representation from Māori, Pacific peoples, researchers, clinicians, service providers and people with lived experience of Long COVID. The full membership list can be found in Appendix Two.

16. Meetings have been held on 1 June and 13 July 2022. These meetings focussed on the endorsement of the clinical case definition for Long COVID, initial feedback on the draft clinical guideline for Long COVID, and sharing of experiences, resources and literature on the management of Long COVID symptoms.

17. The next meeting is scheduled for 17 August 2022. The meeting will focus on finalising the clinical rehabilitation guidance for people with Long COVID which is expected to be published by the end of August 2022.

18. No meeting has been held between the EAG and Ministers, and there are currently no plans for a meeting to be scheduled.

19. As the EAG has a specific focus on the development of the *Clinical rehabilitation guidelines for people with Long COVID in Aotearoa New Zealand*, it is unlikely that a meeting with Ministers is of any particular benefit, however the group would be open to extending an invite to the Minister if there was particular interest in attending a future meeting.

20. Given Manatū Haoura's Long COVID work programme currently ends with the publication of the *Clinical rehabilitation guidelines for people with Long COVID in Aotearoa New Zealand,* the EAG may not meet again following the meeting on 17 August 2022.

Public communication regarding the EAG

21. Material considered by the EAG is will be published on the Manatū Haoura website, and a public webinar is scheduled following the next meeting to communicate progress on the overall work programme.

22. We will look for opportunities to include the EAG and the Long COVID work in other Manatū Haoura announcements and communications at the appropriate times.

Updates on specific pieces of work

23. Updates on specific pieces of work are outlined below, as requested:

    a. Development of first iteration of *Clinical rehabilitation guidelines for people with Long COVID in Aotearoa New Zealand* – a first review of the guidelines was completed by the EAG in July 2022, with a revised version currently out for further consultation. An updated version will be presented to the EAG at the next meeting, and the first iteration is expected to be published by the end of August 2022.

    b. Publication of the clinical case definition ongoing symptomatic COVID-19 and post-COVID-19 syndrome following approval of the Director-General of Health – the clinical case definitions were published on 18 July 2022.

    c. Publication of the updated *Guidance for the acute phase of rehabilitation of people with or recovering from COVID-19 in Aotearoa New Zealand* following approval of the Director-General of Health – the guidance was published on 30 June 2022.

24. Regarding international engagement:

    a. A meeting was held with Australia in April 2022. At this point Australia had published clinical guidelines, aligning to emerging best practice and expert opinion where gaps remained. Australia did not have a clinical diagnostic code in their

patient management systems and were managing patients with Long COVID like other long-term conditions. An outcome of this meeting was to share any guidance or insight reports with one another.

b. A meeting was held with Italy in late July 2022. Italy had previously published principles of care for Long COVID, however have now realised a need for more practical guidelines which they expect to be published in October 2022. They currently do not have any standardised treatment, and the guidelines will include a recommendation for rehabilitation.

c. Currently Italy has 120 centres for Long COVID using pre-established pathways of care – 10% of centres are for paediatric patients, rehabilitation services are available only at 5% of centres, and 20% provide telemedicine or home visits.

d. A meeting was recently held with the Five Eyes intelligence alliance which included a discussion on Long COVID. The meeting gave particular insight into the United Kingdom experience, where they are seeing decreased demand for speciality Long COVID clinics which they attribute to the combination of mixed immunity and Omicron becoming the dominant variant. Around 3% of the United Kingdom population are demonstrating ongoing symptomology following acute COVID-19, and most are able to undertake regular daily activities.

e. Invitations to meet have been extended to the Dudley Group NHS Foundation Trust, however a response has not yet been received.

Next steps

25. Officials can provide further information about this topic at your request. Regular monthly updates will be provided through the weekly report.

Martin Chadwick
Chief Allied Health Professions Officer
Date: 08/08/2022

Appendix One – Symptoms of Long COVID

Commonly reported symptoms include (but are not limited to) those in the table below. Note the symptoms can be common across acute COVID-19, ongoing symptomatic COVID-19, and Long COVID.

Respiratory symptoms	Breathlessness Cough
Cardiovascular symptoms	Chest tightness Chest pain Palpitations
Neurological symptoms	Cognitive impairment ('brain fog', loss of concentration or memory issues) Headache Sleep disturbance Pins and needles and numbness Dizziness Delirium (in older populations) Mobility impairment Visual disturbance Musculoskeletal symptoms Joint pain Muscle pain
Generalised symptoms	Fatigue Fever Pain Gastrointestinal symptoms Abdominal pain Nausea and vomiting Diarrhoea Weight loss and reduced appetite
Ear, nose and throat symptoms	Tinnitus Earache Sore throat Dizziness Loss of taste and/or smell Nasal congestion

Appendix Two – Long COVID Expert Advisory Group Membership

Dr Martin Chadwick (Chair) - Chief Allied Health Professions Officer, Manatū Haoura

Dr Donna Cormack (Kāti Mamoe, Kai Tahu) – Senior Researcher, Department of Public Health University of Otago

Dr Arran Culver – Associate Deputy Director-General, Mental Health and Addiction, Manatū Haoura

Jo Hikaka (Ngāruahine) - Research fellow at University of Auckland

Rāwā Karetai Wood Bradley – Principal Advisor to Deputy Chief Executive, Strategy, Policy and Performance, Ministry of Disabled People and lived experience with disability

Rawiri Keenan (Te Ati Awa/Taranaki) - Leader and educator of Māori general practitioners.

Luke Maclean-McMahon – Lived experience of Long COVID, Cook Island Māori with Irish and Scottish descent

Jen Mepham – Chair Physiotherapy NZ, Cardiorespiratory Special Interest group and physiotherapist working at Mercy Hospital, Dunedin

Cathy O'Malley - General Manager Strategy, Primary and Community, Te Whatu Ora, Nelson Marlborough

Sharon Russell - Associate Chief of Allied Health Scientific and Technical Professions Officer, Te Whatu Ora Waitematā

Emily Sorby - Māori Director Starship Community, Te Whatu Ora Auckland

Dr Ian Town - Chief Science Advisor, Manatū Haoura

Robyn Whittaker - Clinical Director of Innovation at the Institute for Innovation and Improvement, Te Whatu Ora Waitematā

Juanita Woodhouse - Lived experience of Long COVID, New Zealand Māori

Youth representative – to be confirmed

Long COVID Expert Advisory Group

Date:	17 August 2022
Time:	8.30 am – 11.00 am
Location:	Microsoft Teams
Chair:	Martin Chadwick
Attendees:	Cathy O'Malley, Emily Sorby, Fiona Stephens, Dr Ian Town, Jen Mepham, Juanita Woodhouse, Lindsay Pooley, Rawiri Keenan, Robyn Whittaker, Sharon Russell, S9(2)(a)
Invitees:	Brooke Hollingshead and Eloise Williams, Science and Technical Advisory
Apologies:	Dr Arran Culver, Dr Donna Cormack, Jo Hikaka, Rawa Karetai Wood-Bodley

Item	Notes
1	Welcome and opening Karakia • The meeting was opened with Karakia and Dr Martin Chadwick welcomed everyone.
2	Previous minutes and actions arising • Minutes accepted without changes • To note: o Still working through upload of STA documents o Te Whatu Ora Waitematā Long COVID resources are now live o Long COVID programme team have reached out to Whaikaha ▪ *Action: Fiona to add a table of who the programme team have engaged with to the minutes, to ensure an equity view* o Update to primary care sector next week. Walk them through the first iteration of the clinical guideline with the understanding it will be iterative. Looking to have it on the Ministry website, Health Pathways and on the Awhina app (directly link back to website) o Working on accessible formats, including other languages such as Māori and Pacific languages – getting the guideline up first, then will upload the other versions as they become available (working in parallel)
3	STA Review • Brooke and Eloise joined the meeting and presented the latest evidence o Thank you for adding topics discussed last time o Either this report or the next one will be uploaded to the website o It would be useful to upload the STA review to the website at the same time as the clinical guidelines, to give readers a more in depth understanding

	○ *Action: Upload the STA review at same time as clinical guidelines* • Stuff that changed since last time: ○ More robust definition of Long COVID in children and young people ○ Unrepaired tissue damage from original infection a possible pathology ○ Vaccine injury may lead to Long COVID symptoms – small scale research and no causative link ○ Many researchers postulating that Long COVID is a sub-variant of ME/CFS, as yet not quantified • Go into 8-weekly cycle from now • Information takes time to be published due to peer review and other factors, that's why the information we are finding is prior to 2022 • Thank you to Brooke and Eloise – they left the meeting.
4	Review of Version 0.4 Clinical Guidelines Long COVID • Tried to fold in changes that were suggested, but also added in questions for your feedback. Critique will make it stronger • Ian has to leave but thank you to the team for the excellent work on the guideline. Conforms to international guidelines, so will compare well • Further consultation with the disability community and an equity group within Māori Health. Feedback provided will be provided with the minutes • Need to ensure consistency with language • Te Tiriti approach, feedback about older people and aged residential care. Have a meeting tomorrow regarding guidelines for older adults • *Action: add contents table and a good summary at the beginning, and follow up with a reference table with sections for intended audiences (i.e., patients and health practitioners need different levels of information)* • Congratulations to Robyn and her team for uploading their work to their website. *Action: Have an offline conversation with the Long COVID team about iterative cycles of updating* • *Action: Jen to send through Symptom map to Fiona and Robyn, and Fiona to add as an appendix to the guidelines* • *Action: Continue using links within the text, but create a printable version with an appendix with website addresses in full* • Changes were made to the document and agreed during the meeting. If anyone has extra links or resources to add please send them through. • *Action: Cathy to link Martin into funding meeting* • A member suggested (and others agreed) that Long Term Conditions should be funded, and that the biggest inequity in health in New Zealand is funding. Money is already being spent on treatment, but it should be used in prevention instead – allied health has a lot to offer ○ Martin agreed, and thanked the member for the challenge • Another member suggested that the kaimanaki workforce can also be further utilised, including linking into disengaged communities • Care in the community including specific Māori and Pacific Hubs are set to lose their funding at the end of the year because they're provided under acute COVID funding. Clinicians would love for them to remain for long term conditions management. ○ Cathy confirmed this is the group she is linking Martin into • Community care needs to be within Te Whatu Ora, not simply purchased or commissioned via localities – partnership with Tangata Tiriti and Tangata Whenua • Acknowledge that social determinants will put people into the system • COVID community hubs were the future before the future. How do we start to leverage the potential for those hubs to commission and deliver those services? Can't walk away from that.
5	Summary of actions / communications • Martin summarised the actions – they are listed in the table below

	• We will integrate feedback and comments, with further comments to come from disability and Māori. Flick out for brief look via email – make sure you're comfortable. Wanting to do that within the next two weeks – aim to publish before end of month o Feel free to communicate that we're intending to get the first iteration out by end of month with acknowledgement that it will be updated • A memo will be sent to the Director-General regarding ongoing funding of people who have ongoing long COVID symptoms. Funding streams for Allied Health and others to assist with treatment • *Action: Martin to talk to Fiona about a communication strategy – something we can send out to lots of people/groups, repetitively* • Jo couldn't be here today but gave key feedback • Acknowledge Fiona and Lindsay for their work • Acknowledge Waitematā and what they have done but will work on funding.
6	Closing Karakia • Karakia performed, and meeting closed at 10:20am

Item	Action	Lead	Completed
2	Add a table of who the programme team have engaged with to the minutes	Fiona	Yes
3	Upload STA review at same time as clinical guidelines	Brooke, Eloise and Fiona	
4	Add contents table and a good summary at the beginning, and follow up with a reference table with sections for intended audiences (i.e., patients and medical practitioners need different levels of information)	Fiona	Yes
	Have an offline conversation with the Long COVID team about iterative cycles of updating	Robyn, Lindsay and Fiona	
	Send through Symptom Map document to Fiona and Robyn	Jen	Yes
	Add Symptom Map document as an appendix to the guidelines	Fiona	Yes
	Continue using links within the text, but create a printable version with an appendix with website addresses in full	Fiona	Yes
	Link Martin into funding meeting	Cathy	

Previous action items

Item	Action	Lead	Completed
3	Discuss sources of information	Eloise and Jen	Yes
	Redistribute thematic evaluation shared in last minutes	Fiona and Caitlin	26/07/2022
	Discuss getting the STA document uploaded to the Ministry of Health website	Brooke, Ian and Martin	Ongoing
4	Discuss self-help resources created by Te Whatu Ora – Waitematā	Robyn and Martin	Yes
	Formally reach out to Rawa regarding a contact person at Whaikaha	Lindsay and Fiona	Yes
	Discuss lessons learned from COVID regarding disability data	Fiona and Rawa	Yes
5	Conversations with Health Navigators and Health Pathways around creating linkages with consumer and clinical guidance	Lindsay and Fiona	Yes

	Talk about a communication strategy – something we can send out to lots of people/groups, repetitively	Martin and Fiona	Yes

Summary of connections made in July for long COVID 31.08.2022

Who /when	***Organisation***	***Summary***
Steven Lavery Gayatri, Andrew +/- Jim Brown 2.8.22	Primary and Community Care Digital Coordination (PCDC)	Implementation discussions for long COVID coding to health sector PMS and clinicians for
Julia Ebbet 2.8.22	Whaikaha	Presentation to COVID catch up on long COVID guideline and feedback sought
Dr Joe Bourne 3.8.22	GP Care in the Community Manatū Hauora	Connection with care in the community f/up from coding implementation
Mary Silcock 11.8.22	COVID 19 Equity Advisory Group	Presentation to COVID catch up on long COVID guideline and feedback sought
Kath Fouhy & Anna Miles 15.8.22	Dieticians Association and NZSLT	Connection on long COVID guideline and feedback sought
• Leo McIntyre – Balance New Zealand • Peter Reynolds – New Zealand Disability Support Network (NZDSN) • Esther Woodbury – Human Rights Commission • Rebekah Graham – ODI Parent/Family/Whānau Network • Prudence Walker - Disabled Persons Assembly NZ • Brian Coffey, Director, Office for Disability Issues Whaikaha - Ministry of Disabled People	Disability Sector Representatives Community 16.8.222	Consumer rep group stood up to provide input into long COVID guideline
Jon Herries 18.7.22	Emerging Health Technology & Innovation, Digital & Data, Manatū Hauora	Miro Board for Long COVID app Follow ups to progress work and consider development of content
Jade Cincotta 18.8.22	ARC Leadership hui Manatū Hauora	Presentation of long COVID programme. Discussion on sector concerns for workforce implications of long COVID
Dr Jo Scott-Jones 19.8.22	Medical Director Pinnacle Health and NZ Dr contributor	Connection on long COVID guideline and feedback sought
To'a Ferratti and David Pickering,	Pacific Health Directorate	Meeting to discuss draft guideline, disappointed with

25.8.2022		minimal Pacific data or input into guideline – see detailed email 30.8.22
Te Kōtuku e Rere 26.8.22 Facilitator Karen Jacobs-Grant, Chief Advisor Equity Public Health Service	Lived experience advisory Group – Te Whatu Ora Outbreak Equity Response Community leaders from Māori and Pacific communities – details of attendees available	Presented long COVI programme of work and korero regarding the symptom management Attendees spoke about their experiences with people known to them demonstrating ongoing symptoms, one member spoke about rural communities and farmers having no one to do the work in their place, individuals need to keep managing the land, another spoke of the migrant and transient populations, those who want to work then get sick, may not have registered health care providers in this country, community-based supports work better for this population
Jade Chase, Grace Davis and Emily Russell 31.08.2022	Maori Health Directorate	Feedback on guideline draft, suggestions for strengthening Māori/equity components with respect to Te Tiriti obligations Detailed feedback in email dated 1.9.2022
Presentation		
National primary and community care webinar: COVID-19 & Monkeypox 31.08.2022	Martin Chadwick	Presented long COVID programme update including clinical coding to GP webinar audience

Memo

Future of the Long COVID Programme

Date:	24 August 2022
To:	Di Sarfati, Director-General of Health
Copy to:	Robyn Shearer, Deputy Director-General, System Performance and Monitoring
From:	Martin Chadwick, Chief Allied Health Professions Officer
For your:	Decision

Purpose of report

1. This memo seeks your approval to continue the Long COVID work programme within Manatū Hauora after 30 August 2022.

Background and context

2. In February 2022, Dr Ashley Bloomfield, then Director-General of Health, approved the formation of a Long COVID work programme within Manatū Hauora.
3. The programme team consists of a dedicated Programme Manager and Senior Advisor and is supported by an Expert Advisory Group (EAG) to ensure our approach to Long COVID takes all communities into account.
4. The papers approving the above resource and the establishment of the EAG are attached for your reference.

Current status of the Long COVID work programme

5. The work programme has focussed on:
    a. the development of a clinical guideline for Long COVID
    b. carrying out horizon scans, literature reviews, and examinations of international health system approaches to Long COVID service establishment and development
    c. establishing the EAG to provide guidance and input into the clinical guideline and overall work programme
    d. enabling regular data collection and reporting on the prevalence of Long COVID and associated patient outcomes in New Zealand.
6. To date, the following has been delivered:
    a. A clinical case definition for Long COVID in a New Zealand context has been agreed and read and SNOMED diagnostic codes for Post COVID (4-12 weeks) and Long COVID (over 12 weeks) have been developed to support coding in patient's health

records. In the longer term, this will support reporting of the prevalence of Long COVID in New Zealand.

b. The EAG has been convened, and meetings held on 1 June, 13 July, and 17 August 2022. Meetings focussed on the endorsement of the clinical case definition for Long COVID, initial feedback on the draft clinical guideline for Long COVID, and sharing of experiences, resources and literature on the management of Long COVID symptoms.

c. A cycle of regular reviews of international literature by the Science and Technical Advisory team has been established, to ensure the most up to date evidence is available to inform the work programme. In addition, the programme team have engaged directly with health services in Australia, Italy, and the United Kingdom to share information regarding the management of Long COVID in other jurisdictions and contributed to a discussion on the topic at a meeting with the Five Eyes intelligence alliance.

d. The *Guidance for the acute phase of rehabilitation of people with or recovering from COVID-19 in Aotearoa New Zealand* was published on 30 June 2022.

7. Following consideration by the EAG, you will be provided the *Clinical rehabilitation guidelines for people with Long COVID in Aotearoa New Zealand* for approval ahead of its publication before the end of August 2022.

The future of Long COVID at Manatū Hauora

8. The Long Programme team (Programme Manager and Senior Advisor) are on secondment from Waikato DHB (now Te Whatu Ora), and due to finish on 30 August 2022. This date aligns with the original work programme objectives and scope being completed.

9. As the evidence around Long COVID continues to emerge, and new workstreams become apparent, it is evident that an ongoing work programme is likely required. In particular:

a. as the evidence is still emerging, it is likely that the *Clinical rehabilitation guidelines for people with Long COVID in Aotearoa New Zealand* will require periodic review and revision

b. significant work is required to understand the interaction between the health and social sectors, including what social and welfare support is required for people affected by Long COVID

c. while there are defined funding streams for acute COVID-19 (up to six weeks), there has been no consideration to date of what dedicated funding should be made available to provide services to people affected by Long COVID

d. consideration of the future of the EAG is required, including their role and utility following the publication of the *Clinical rehabilitation guidelines for people with Long COVID in Aotearoa New Zealand*

e. develop a communications plan around the work completed, how to access and implications for practice.

10. A key consideration for the future of the work programme is which agency is best placed to lead it. There is a logic in retaining this work within Manatū Hauora given we have progressed the work to date and hold much of the expertise, however as any funding or provision of

services for Long COVID is best lead by Te Whatu Ora, it may be appropriate that the work programme is transferred between agencies.

Preferred option

11. It is currently preferred that we retain the work programme within Manatū Haoura, led by the Chief Allied Health Professions Officer, potentially up to the end of 2022. This would enable momentum to be maintained, and avoid it being lost among the pressure currently faced by Te Whatu Ora.

12. As well as the workstreams outlined above, the remaining four months would include an explicit objective to work with Te Whatu Ora to develop a companion work programme, so that the work can be fully handed over by the end of 2022.

Resourcing required for the preferred option

13. Retaining the work programme would require extending the current resource (0.5 FTE programme manager and 1.0 FTE Senior Advisor) to 23 December 2022. If we wish to retain the current staff, we will need to begin discussions with their home managers now to ensure their availability.

14. Funding for these roles was through the COVID Directorate prior to the reform, so will need to be negotiated current state.

Recommendations

It is recommended that you:

1.	note	the work delivered through the Long COVID work programme to date	Yes/No
2.	note	the ongoing work required on maintain the *Clinical rehabilitation guidelines for people with Long COVID in Aotearoa New Zealand*, and the emerging priorities for a future Long COVID work programme	Yes/No
3.	approve	the extension of the Long COVID programme and the associated funding of resources through to 23 December 2022	Yes/No

Signature _____ Date:
Di Sarfati
Director-General of Health

Minutes

Long COVID Expert Advisory Group

Date:	19 October 2022
Time:	1.00 pm – 3.00 pm
Location:	Microsoft Teams
Chair:	Martin Chadwick
Attendees:	Arran Culver, Fiona Stephens, Jo Hikaka, Jennifer Mepham, Juanita Woodhouse, Lauren Hancock, Lindsay Pooley, Luke MacLean-McMahon, Rawiri Keenan, Sharon Russell, S9(2)(a)
Guests	Eloise Williams, Imogen Roth
Apologies:	Briony Willing, Cathy O'Malley, Donna Cormack, Emily Sorby, Ian Town, Rawa Karetai Wood-Bodley, Robyn Whittaker

Item	Notes
1	Welcome and opening Karakia • The meeting was opened with Karakia and Dr Martin Chadwick welcomed everyone.
2	Discussion on key feedback from the Long COVID rehabilitation clinical rehabilitation guidelines • Key points: o Discuss today and then feedback will be integrated afterwards o *Action: Lindsay and Fiona to theme key feedback. The group will then review and decide whether to change or retain information – will keep a very clear record of what was considered, and why it was or wasn't changed* o *Action: Fiona to clarify use of graded exercise therapy in individuals with long COVID presenting with mainly fatigue symptoms including PESE/PEM* o Martin and Ian had a good discussion yesterday around next steps, and have committed to writing a memo to Di Sarfati, Acting Director-General of Health, and Margie Apa, Chief Executive, Te Whatu Ora | Health New Zealand *(Action)* o We have done what we set out to do, but in the process have uncovered more that needs to be done. o General theme of the feedback been reflective of the fact that this is a clinical rehabilitation guideline whereas people want everything all in

	one document – which would mean this wasn't a clinical rehabilitation guideline.
3	Comms approach for alternative formats and languages • Briony in the comms team is unable to attend today but Fiona has an update. Fiona and Briony have been working together on how to target content to specific vulnerable communities (including disabled people) o This includes audio and visual means, such as videos with people who have experienced Long COVID, and with clinicians who are known and trusted by those communities • Translated into Te Reo – awaiting decision on other languages • Pasifika engagement – will meet with clinicians about comms with their communities • Key messages have been written around mental health and wellbeing, and other topics – back pocket items that can be talked to • Have been told that for health promotion purposes Long COVID needs to be wrapped up with something else – e.g., summer is coming – so that people pay attention. Briony and Fiona are meeting with people around the Ministry who have experience with other programmes • We are having an ongoing conversation with the current care hubs and MSD – some don't fit with health or MSD – the hubs have enabled care to be given. The hubs are working, and we are trying to promote it that way – ongoing access comes down to funding, and it's an ongoing conversation • The current guidance sits on the website, in the Awhina app and in Health Pathways and Health Navigator • There are going to be a cohort with ongoing symptoms – adapting programmes from other jurisdictions is not effective as the majority of infections in New Zealand are Omicron or later. We're not going to have as high numbers as other countries.
4	STA update literature review (attached at end of minutes) • Eloise and Imogen joined the meeting and presented the latest evidence o Restructuring of team – Imogen is now the manager; Brooke has been seconded to another role o 4th iteration of brief – update as of October o Document is now getting unwieldy in size. We will aim to significantly condense this in future versions if required o Cortisol levels are decreased in Long COVID patients – similarity to ME/CFS o 20 million people in UK had Long COVID but 20% had some underlying disease o What elements of COVID related burnout is going to be an issue? Is there an element of societal burnout – do we need to let our mental health colleagues know? ▪ Yes, that is a main finding of Ngā kawekawe o mate korona Rāwā – among all people with COVID-19 o Literature from the UK is quite different diagnostically compared to USA. Largely self-reporting – this is a methodological issue. It's a shame that there's a lot of low-quality evidence out there o Large amount of caution with bio markers – a lot are standard inflammation markers o Very emergent environment o Thank you so much to Eloise and Imogen

	o About providing good guidance for the symptomology. We will have another look through to the clinical rehabilitation guidance to make sure there's nothing fundamental to be changed.
5	Forwards plan • With the health system changes from 1 July, the commissioning and implementation functions now sit with Te Whatu Ora • We will do a complete review to ensure we have guidance up to date with evidence and publish end of November. Feedback received to date will be themed and sent around EAG for their decision making. • A lot of "what if" questions which we will collate. What do we do if we end up with many people with these issues? We will work with Te Whatu Ora on this • Updated clinical rehabilitation guideline is to be published by end of November. A programme closure report to be developed by end of November. Martin to identify who to work with at Te Whatu Ora for the programme handover • Full translation in Te Reo; key messages to be translated in other languages – working with communities (including disabled community) to ensure messaging works for their needs.
6	Summary of actions/communications • Actions are listed in the table below • One more final meeting in November before handing over to Te Whatu Ora.
7	Closing Karakia • Karakia performed, and meeting closed at 2.03 pm.

Item	Action	Lead	Completed
2	Theme key feedback for the group to review	Lindsay and Fiona	Completed
	Clarification on use of graded exercise therapy from clinical rehabilitation guidelines for individual presenting with fatigue symptoms including PESE/PEM	Fiona	
	Write memo to Di Sarfati and Margie Apa regarding handover to Te Whatu Ora	Martin and Ian	
4	Review the clinical rehabilitation guidance to ensure nothing fundamental to be changed	Fiona	
5	Identify contact at Te Whatu Ora	Martin	
	Work with comms to get Te Reo translation and Easy Read messages finalised	Fiona and Briony	

Long COVID Expert Advisory Group

Date:	23 November 2022
Time:	8.30 am – 11.00 am
Location:	Microsoft Teams
Chair:	Martin Chadwick
Attendees:	Dr Arran Culver, Fiona Stephens, Jennifer Mepham, Jo Hikaka, Lindsay Pooley, Rawa Karetai Wood-Bodley, Robyn Whitaker
Apologies:	Cathy O'Malley, Emily Sorby, Juanita Woodhouse, Luke MacLean-McMahon, Rawiri Keenan, Sharon Russell

Item	Notes
1	Welcome and opening Karakia • Martin opened the meeting with the Manatū Hauora Karakia.
2	Previous minutes and actions arising • Minutes agreed with no changes.
3	Review draft 2nd iteration Clinical Guidelines Long COVID • Feedback regarding executive summary and the need to include something about Māori and Pacific people being disproportionately affected. Sent out two options for the group to consider o Rawiri has provided feedback via email o All agreed second option. *Action: statistics to be removed and put into a different part of the document* • Conversation around hierarchy of evidence, especially when talking about disadvantaged groups (e.g., Māori, Pacific, and disabled peoples) • Impacts of vaccination o Additional information on hospitalisation rates and the effect of vaccinations. *Action: reword sentence about vaccination status* o *Action: remove emotive terms "uncertain and contentious" – take away assumption* • Symptomology and management o Post Exertional Malaise – the main thing is to ensure we talk about pacing o There are existing World Physiotherapy resources around distinguishing fatigue and PEM. *Action: Jen and Fiona to clarify this section* • Vocational Rehabilitation

	○ All happy with this addition • Children and Young People ○ There had been concern about using UK website Long COVID Kids – replaced with New Zealand websites. Paediatricians at Starship were vocal about the need for using New Zealand-based resources • Long COVID symptom map ○ Creator from Taranaki made changes due to feedback received ○ Jen and the creator have written an introduction to the tool and how to use it clinically, this has been added to the Guideline ○ Ministry of Health are now the owners of the symptom map, with the responsibility on Physiotherapy New Zealand and Cardio Respiratory Special Interest Group (SIG) to update regularly. Next review has been added as 1 year, review in November 2023 ○ Importance of using terminology to not downplay symptoms. In terms of health literacy, it's something that should be done together rather than mailed out independently • Changes made to the references are in relation to the changes above.
4	Closing of programme at Manatū Hauora and next steps • Commissioning and implementation of programmes are now under Te Whatu Ora's mandate; we are handing the programme over • Summary of what the programme has completed to date: ○ Expert Advisory Group ○ Monitoring of treatment services for Long COVID in New Zealand and overseas ○ Constant review of emergent evidence ○ Identified research gaps ○ Developed Clinical Rehabilitation Guidelines, and will publish update ○ Key messages in Te Reo are completed; there is more work to do for Pacific, braille, and easy read. Working with Pacific teams – they wanted to engage with communities to ensure communications are driven by the communities – we are giving them the space to do that ○ Long COVID codes are in the PMS system. Report to extract that data has hit barriers – highlighting it in handover document ○ Have had number of workshops with the Data and Digital team regarding apps. Awaiting final proposal and costing • Achieved a lot, with the most important being delivery of the Long COVID Clinical Rehabilitation Guideline • Next steps: ○ Handover to Te Whatu Ora with gaps and issues identified ○ Service delivery and framework is largely dependent on funding and future of hubs – this part will be completed by Te Whatu Ora ○ Timeline: memo up to Director-General of Health today. Looking to set up handover meeting with Te Whatu Ora next week, with programme completely handed over within the next two weeks. Unsure who will oversee Long COVID at Te Whatu Ora, but we are in discussion with Fionnagh Dougan and Dan Coward • To really understand the quanta, further work on data reporting is required. Data still sits within individuals' GP practices and regular reporting needs to be established. Anecdotally, not all individuals with Long COVID are being coded as such.
5	Summary of actions/communications • *Action: memo to DG within next day*

	• *Action: meeting with Te Whatu Ora next week* • Anything left undone or needs to be noted going forward? Nil • Jo wanted to mihi to the work done by everyone • We will be working with STA to have a final evidence review done for the handover document • Martin thanks the members of this group for their time both at meetings and all the reading. Really appreciate your mahi. What we have is a solid piece of work and we sincerely appreciate your mahi helping us get this far • Thanks to Lindsay and Fiona; they are often in the background, but they have done a huge amount of work. Thank you both for your contribution • Thank you to Caitlin for keeping us all on track • Closing this group today; it couldn't be done without your input. Look to have the document published in the next 2-3 weeks, we will notify everyone • We continue to work with our Five Eyes colleagues. The US reached out to us to look at what we've done. No one has the answer – all struggling to do this well, and to know what the impacts are. Being as prepared as we can.
6	Closing • Meeting closed at 9:18 am.

Item	Action	Lead	Due Date
3	Make agreed changes to the clinical rehabilitation guidelines: • Shift statistics from Executive Summary to *Māori population and communities* section • Reword sentence about vaccination status in *Impact of Vaccinations* section • Remove "uncertain and contentious" from *Impacts of Vaccinations* section • Clarify *Post Exertional Malaise (PEM) / Post Exertional Symptom Exacerbation (PESE)* subsection	 Fiona Fiona Fiona Jen and Fiona	 Completed Completed Completed
4	Send memo to the Director-General of Health today	Lindsay and Fiona	Completed
	Organise handover meeting with Te Whatu Ora next week	Martin and Caitlin	In progress

Document 12

Memo

Transfer of documents from Manatū Hauora to Te Whatu Ora Requiring Specialist Service Commissioning Consideration and Implementation

Date:	7 December 2022
To:	Fionnah Dougan, National Director, Specialist Services Te Whatu Ora Dan Pallister – Coward, Chief Operating Officer, Hospital and Specialist Services Te Whatu Ora
Cc:	Dr Diana Sarfati, Director- General of Health, Manatū Hauora
From:	Martin Chadwick, Chief Allied Health Professions Officer, Manatū Hauora
For your:	Action

Purpose of report

1. The purpose of this memo is to inform you of the intent to transfer activities requiring specialist service commissioning and implementation from Manatū Hauora to Te Whatu Ora, requiring your approval.

2. The memo focuses on two separate activities; 1. Long COVID Programme Out of Scope [redacted] Recommendations on both activities are provided for you at the end of the memo. Relevant documents are attached in the appendix.

Background

Rationale for handover of documents

3. The enactment of Pae Ora Act on 1 July 2022, transferred the responsibility of all commissioning and service delivery functions to Te Whatu Ora from Manatū Hauora.

4. Pain services and long COVID management are facilitated within hospital specialist services and at this time, changes and implementation of the documents require significant service delivery and commissioning decisions. Te Whatu Ora is best placed to do so.

Long COVID Programme

Background and context

5. A small programme team was formed in April 2022 to Manatū Hauora abreast of emerging evidence and to develop options for ongoing care and rehabilitation of patients with long COVID in Aotearoa New Zealand.

6. The objectives of the long COVID programme team were to:

    a. establish an Expert Advisory Group including people with lived experience to guide our approach

    b. monitor treatments and services for long COVID by Te Whatu Ora Districts and health services in other jurisdictions to assist in developing and sharing information

    c. review emergent evidence to inform clinical rehabilitation guidelines for the identification and management of long COVID

    d. identify research gaps particular to Aotearoa New Zealand and how these might be addressed

    e. develop a Clinical Rehabilitation Guideline for people with long COVID in Aotearoa New Zealand

    f. establish clinical coding and reporting for post COVID conditions

    g. develop key messages from the Clinical Rehabilitation guidelines for people with long COVID in Aotearoa New Zealand in alternative formats and languages

    h. develop a long COVID Digital App for patient and clinician use.

    i. identify a service delivery framework for long COVID services.

Achievements to date

7. To date, the following work has been completed:

    a. Clinical Rehabilitation Guideline for people with long COVID in Aotearoa New Zealand – an initial Clinical Rehabilitation Guideline was published in September 2022. A second iteration is due to be published at the end of November 2022 incorporating feedback from key stakeholders and the wider New Zealand health sector.

    b. Reporting of long COVID prevalence – clinical coding was established for all primary and secondary care coding software in collaboration with Digital and Data.

    c. Alternative formats of the Clinical Rehabilitation guidelines for people with long COVID in Aotearoa New Zealand – key messages for Māori have been developed in Te Reo Māori and published on the COVID-19 Health Hub.

    d. Long COVID Digital App – initial concepts and design workshops have been held with the Digital and Data team to scope up the requirements of the digital app.

Outstanding actions

8. Additional work is required to complete the objectives of the long COVID Programme. These are as follows:

    a. Reporting of long COVID prevalence – data extraction and reporting is currently challenging to collate into a full and reliable data set. This limitation is due to funding needing to be allocated for specific reporting to be generated.

    b. Alternative formats of the Clinical Rehabilitation guideline for people with long COVID in Aotearoa New Zealand – key messages in in Pacific Peoples languages and easy-read, audio, and Braille formats are to be developed. Funding is required for this work to progress.

    c. Long COVID Digital App – this work is awaiting costings and detailed app options from the digital team, who has transitioned over to Te Whatu Ora.

    d. Delivery plan for long COVID services – funding for the service delivery framework is not confirmed. It is acknowledged that both Māori and Pacific People have been disproportionally affected by COVID-19 through both the Delta and Omicron outbreaks. The same will be true for this population with long COVID conditions. Future work and funding need to be identified to address specific service needs for these populations.

Identified Risks

9. There are certain risks associated with these outstanding actions that require ongoing management:

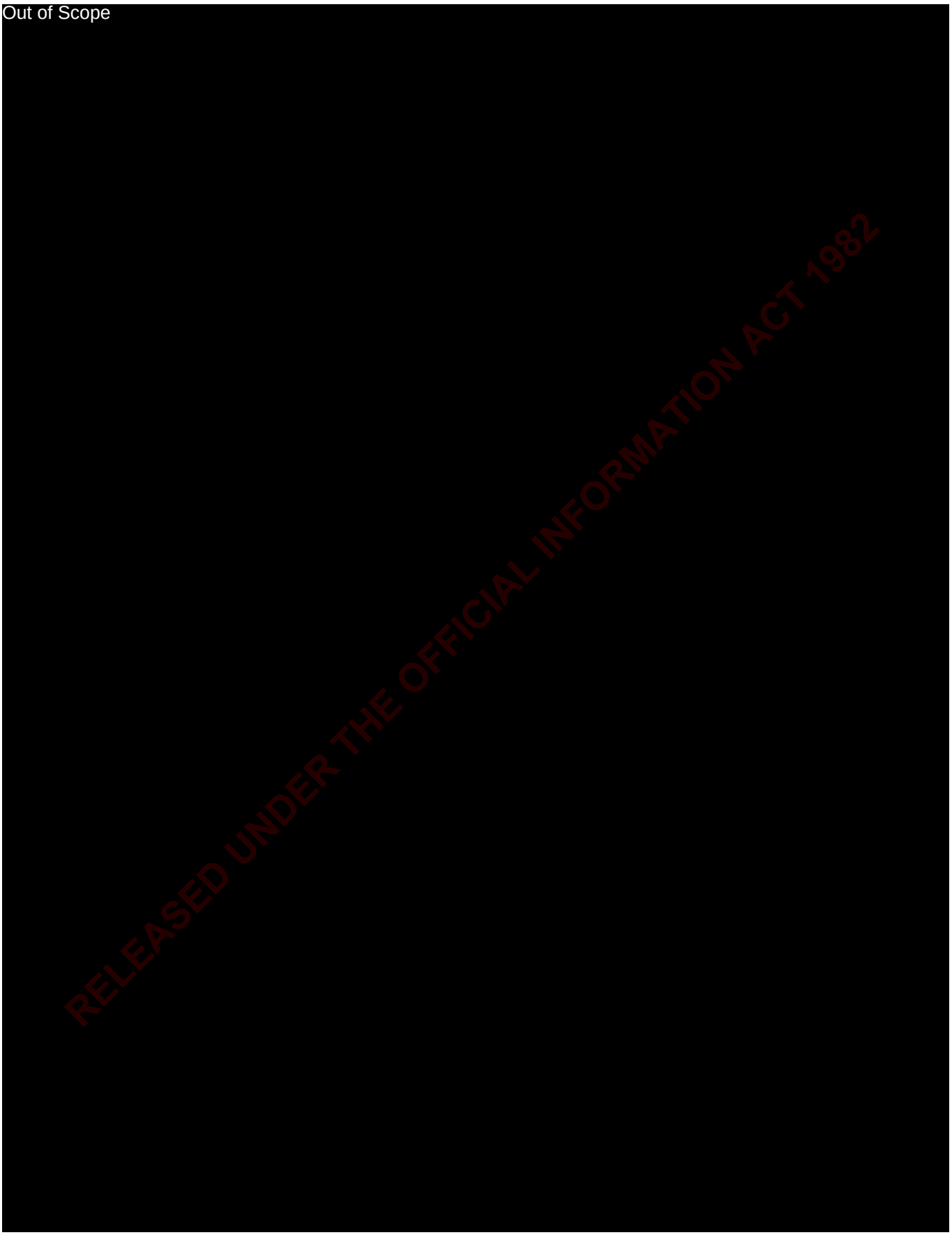
    a. there is a sense of being unable to access wellbeing and specialist services for support by patients who are currently affected by long COVID. This has resulted in high amounts of correspondence and communications to manage raised concerns.

    b. without addressing data extraction and reporting issues there will be no accurate data on the prevalence of long COVID in New Zealand

Out of Scope

[redacted]

Out of Scope



Out of Scope

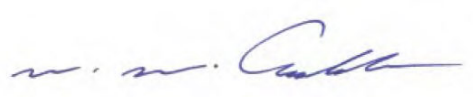
Next Steps

21. Te Whatu Ora to acknowledge and address the outstanding actions required to complete the long COVID programme, starting in early 2023.
22. Out of Scope
23. Manatū Hauora will provide support to Te Whatu Ora through its membership on the respective Expert Advisory Groups.

Recommendations

It is recommended that you:

1.	Note	The commissioning function of Te Whatu Ora as the rationale for hand-over of the long COVID Programme Out of Scope	Yes/No
2.	Note	The remaining actions required by Te Whatu Ora to achieve the objectives of the long COVID Programme.	Yes/No
3.	Approve	The content of this memo and attached report (Appendix 1) as formal handover of the long COVID Programme	Yes/No
4.	Out of Scope		Yes/No
5.			Yes/No
6.			Yes/No



Dr Martin Chadwick

Chief Allied Health Professions Officer
Manatū Hauora

Document 13

MANATŪ HAUORA
MINISTRY OF HEALTH

Briefing

Implementing the governance mechanism for the immunisation system

Date due to MO:	9 June 2023	**Action required by:**	n/a
Security level:	IN CONFIDENCE	**Health Report number:**	H2023024966
To:	Hon Dr Ayesha Verrall, Minister of Health		
Copy to:	Hon Willow-Jean Prime, Associate Minister of Health		
Consulted:	Te Whatu Ora: ☒ Te Aka Whai Ora: ☒		

Contact for telephone discussion

Name	Position	Telephone
Alison Cossar	Manager, Policy and Regulation, Public Health Agency Te Pou Hauora Tūmatanui	S9(2)(a)
Dr Andrew Old	Deputy Director-General, Public Health Agency Te Pou Hauora Tūmatanui	S9(2)(a)

Minister's office to complete:

☐ Approved	☐ Decline	☐ Noted
☐ Needs change	☐ Seen	☐ Overtaken by events
☐ See Minister's Notes	☐ Withdrawn	

Comment:

Implementing the governance mechanism for the immunisation system

Security level:	IN CONFIDENCE	**Date:**	9 June 2023
To:	Hon Dr Ayesha Verrall, Minister of Health		

Purpose of report

1. This briefing provides an update on the indicative immunisation governance structure endorsed by Cabinet and seeks your approval to an updated structure before its establishment.

2. This report discloses all relevant information and implications.

Summary

3. Cabinet has approved an indicative governance structure for immunisation that includes a strategic oversight group (the Immunisation Oversight Board), an operational governance group (the Immunisation Outcomes Collective) and a National Immunisation Technical Advisory Group [SWC-22-MIN-0227 refers].

4. Officials propose some amendments to the structure to enable governance that is responsive to public health needs as we shift back towards a business-as-usual approach to immunisation, including COVID-19 vaccines. The amendments include incorporating the functions of the proposed Vaccine Supply and Distribution subcommittee into the Immunisation Outcomes Collective, and shifting the membership of the Oversight Board from Chief Executives to Deputy Chief Executives.

5. The amended structure resolves some ambiguity in the original proposal and clarifies that responsibility for vaccine funding, eligibility and distribution remains with Pharmac, with support and advice from the Outcomes Collective.

6. These changes clarify the Minister's line of sight of the immunisation system.

Recommendations

We recommend you:

a) **Note** that Cabinet approved an indicative model for immunisation governance in November 2022 [SWC-22-MIN-0227 refers]. **Noted**

b) **Note** that the Public Health Agency, with the support of Te Whatu Ora, Te Aka Whai Ora, Whaikaha, Medsafe and Pharmac, propose amendments to the indicative model to enable responsive decision-making about immunisation. **Noted**

c)	**Note** that the governance structure will continue to evolve as the system embeds its operating model and will prioritise work that embeds and reflects partnership with Māori and enables greater collaboration, co-design and shared ownership across our communities.	**Noted**
d)	**Agree** to the establishment of the Immunisation Oversight Board.	**Yes/No**
e)	**Agree** to the establishment of the Immunisation Outcomes Collective.	**Yes/No**
f)	**Note** that responsibility for National Immunisation Schedule vaccine funding and eligibility remains with Pharmac, with the support and advice of the Immunisation Outcomes Collective.	**Noted**
g)	**Note** that agencies will update the 2012 MOU to reflect the changes to health agencies and their roles as a result of the health reforms.	**Noted**
h)	**Note** that advice on future eligibility decisions and funding for COVID-19 vaccine purchases has been provided separately [H2023024109 refers].	**Noted**

Dr Diana Sarfati
Director-General of Health
Te Tumu Whakarae mō te Hauora
Manatū Hauora
Date: 09 June 2023

Hon Dr Ayesha Verrall
Minister of Health
Date:

Dr Andrew Old
Deputy Director-General
Public Health Agency
Te Pou Hauora Tūmatanui
Manatū Hauora
Date: 12 June 2023

Dr Nick Chamberlain
National Director
National Public Health Service
Te Whatu Ora – Health New Zealand
Date: 6 June 2023

Sarah Fitt
Chief Executive
Pharmac
Date: 7 June 2023

Selah Hart
Deputy Chief Executive
Te Aka Whai Ora
Date: 13 June 2023

Ben O'Meara
Deputy Chief Executive, Policy Strategy and Partnership
Whaikaha

Date: 12 June 2023

Implementing the governance mechanism for the immunisation system

Context

There is an existing MoU between the Ministry of Health and Pharmac

1. In 2011 Cabinet agreed that, from 1 July 2012, responsibility for the prioritisation, purchasing and determining eligibility for funded vaccines would be transferred from Manatū Hauora (the Ministry of Health) to Pharmac [SOC Min (12) 10.4 refers]. The Ministry retained responsibility for the implementation of the National Immunisation Programme (the Programme) and District Health Boards (DHBs) were responsible for delivery of vaccination services and managing and funding local outbreaks.
2. Pharmac, DHBs and the Ministry signed a Memorandum of Understanding (the 2012 MOU)[1] to record and agree the different parties' roles and responsibilities.

Health reforms

3. The Pae Ora (Healthy Futures) Act 2022 made significant changes to New Zealand's health system, replacing and supplementing many of the agencies involved in delivering immunisation services from 1 July 2022.
4. Te Whatu Ora, Te Aka Whai Ora and Pharmac as Crown entities have a degree of independence from Ministers in how they deliver a range of government services. Any new arrangement established for supporting cross agency decision-making for immunisation is subject to the statutory responsibilities of each member agency.

Immunisation

5. In 2022 Cabinet agreed to establish a cross-agency governance mechanism for the immunisation system to support the Programme in Te Whatu Ora to achieve its strategic priorities [SWC-22-MIN-0227 refers].
6. Cabinet further noted that the governance mechanism would need to evolve as the system embeds its operating model and to prioritise work that embeds and reflects partnership with Māori and enable greater collaboration, codesign and shared ownership across our communities.
7. Cabinet also agreed to transfer responsibility for COVID-19 vaccine purchasing and management advice to Pharmac [SWC-22-MIN-0092 refers]. It agreed that Pharmac would work collectively with other health agencies in undertaking its COVID-19 responsibilities.

[1] https://pharmac.govt.nz/assets/2014-09-12-FINAL-Vaccines-MOU-between-PHARMAC-DHBs-and-the-MoH.pdf

There is a need for clear governance and accountability for the immunisation system

8. To support the Programme in Te Whatu Ora to achieve the strategic priorities for COVID-19 (as well as wider immunisation goals) within a new health system, Cabinet agreed to establish a governance mechanism for immunisation.

9. The proposed governance mechanism endorsed by Cabinet included:

   a. an Immunisation Oversight Board of Chief Executives,

   b. a subcommittee of the Immunisation Oversight Board (focused on vaccine supply and distribution),

   c. an Immunisation Outcomes Collective that directs activities and manages implementation, and

   d. an Immunisation Technical Advisory Group that provides cohesive and robust advice across all aspects of immunisation.

10. Figure 1 below provides an overview of the indicative governance mechanism as initially considered by Cabinet.

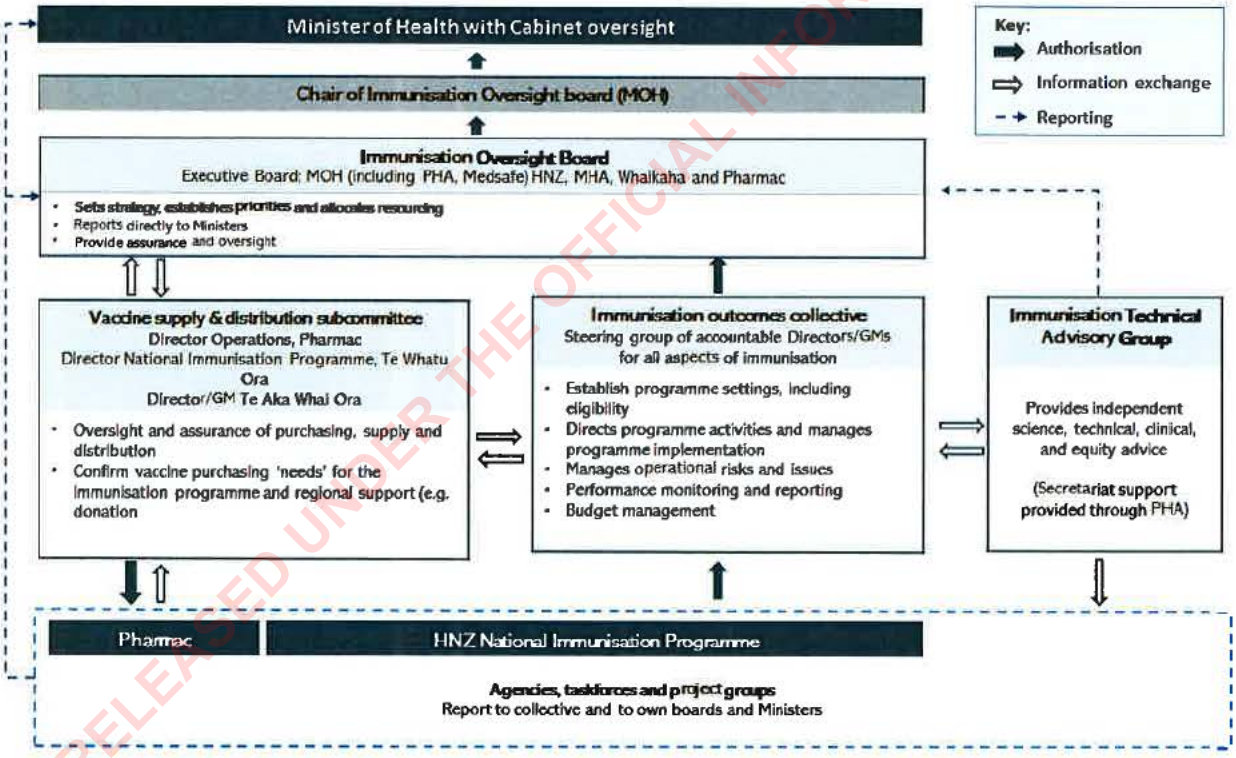


Figure 1. Governance and accountability for immunisation

11. The indicative governance structure outlined in Figure 1 aims to involve various parts of the health sector in decision-making processes relevant to the successful implementation of the Programme. It further aims to improve visibility and communications between officials and Ministers.

12. The Public Health Agency Te Pou Hauora Tūmatanui (the PHA) has worked with Te Whatu Ora, Te Aka Whai Ora, Pharmac, Whaikaha and Medsafe to determine how best

to implement a final immunisation governance structure that supports Cabinet's decision.

Opportunities to revise and improve the immunisation governance structure for final implementation

13. Following consultations with Te Whatu Ora, Te Aka Whai Ora, Pharmac, Whaikaha and Medsafe, and informed by decision-making processes over recent months regarding bivalent COVID-19 and mpox vaccines, we have identified opportunities to revise and improve the indicative structure in line with its original objectives. These amendments will enable governance that is responsive to our public health needs as we shift back towards a business-as-usual approach to immunisation.

14. The revised structure is presented in Figure 2 below. The changes are:

    a. the Immunisation Governance Board is now at Deputy Chief Executive level;

    b. the Immunisation Outcomes Collective has merged with the Vaccine Supply and Distribution subcommittee.

15. The revised structure maintains Ministerial oversight over the strategic direction of the immunisation system Programme and reduces the need for direct Ministerial involvement in operational decisions.

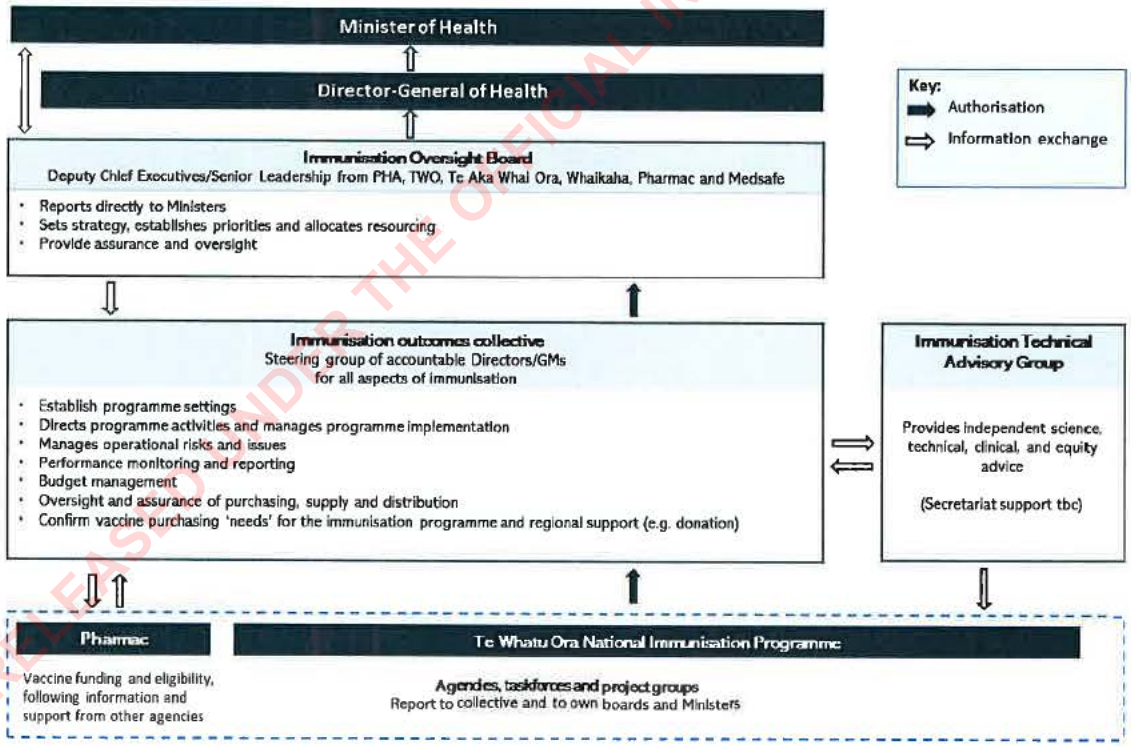


Figure 2: Revised governance structure

Strategic governance will remain under the Immunisation Oversight Board

16. The Immunisation Oversight Board (the Board) will be responsible for strategic governance.

17. The Chair of the Board will be the Deputy Director-General (DDG) of the PHA and will be the principal point of contact between Ministers and officials on immunisation issues. The Board will consist of the PHA, Te Whatu Ora, Te Aka Whai Ora, Whaikaha, Pharmac and Medsafe, mainly at the DDG (or equivalent Tier 2 staff) level.

18. Medsafe and Pharmac should be represented at this level as the regulatory system and procurement and funding functions can be pivotal to strategic decisions.

19. **Appendix 1** sets out the proposed roles and responsibilities of the various health agencies and new governance bodies. The Terms of Reference will set out the Board's purpose and functions in detail, which will include approval and accountability of the immunisation strategy that is currently in development, and setting priorities.

The Immunisation Outcomes Collective will focus on operational governance including oversight of supply and distribution

20. The Immunisation Outcomes Collective (the "Outcomes Collective") will exercise operational governance over the immunisation Programme. It will also be able to co-ordinate health agency advice to Pharmac to support Pharmac's decision-making on vaccine funding and eligibility, implement recommendations of the Immunisation Taskforce report and ensure whānau voice is incorporated into decisions.

21. The Outcomes Collective will primarily consist of senior managers involved across the immunisation system from the PHA, Te Whatu Ora, Te Aka Whai Ora, Whaikaha, Pharmac and Medsafe.

22. Forecasting demand and managing supply of COVID-19 and mpox vaccines has strengthened the working relationships between Pharmac, Te Whatu Ora and other health agencies. Based on our experiences working together, we consider governance over vaccine supply and distribution will be better managed through the Outcomes Collective instead of creating a separate subcommittee relating to vaccine supply. This reinforces the intention to maintain oversight of the immunisation system and ensures a more efficient and streamlined process.

Pharmac will continue with vaccine funding and eligibility (including COVID-19)

23. Pharmac currently makes decisions on the funding and eligibility for almost all vaccines, as it does with other publicly funded medicines, independent of Ministers, and vaccines are funded out of the Combined Pharmaceutical Budget. The exception to this is COVID-19 vaccines and some other vaccines purchased in response to national outbreaks.

24. Manatū Hauora has developed separate advice [H2023024109 refers] on changes to funding streams and decisions for future COVID-19 vaccine purchasing by Pharmac. The changes to the governance structure will complement that proposal.

Outbreak response vaccines

25. The 2012 MOU did not explicitly assign responsibility for national outbreak responses, noting that Pharmac would "discuss with the Ministry of Health and affected DHBs any proposed vaccine response to localised and national outbreaks of disease, and pre-pandemic preparedness". Such discussions have taken place to manage outbreak responses or late influenza season demand, for example measles and influenza in 2019.

26. Pharmac has indicated that as its funding model works best for long term investment decisions in vaccines, its preference is for significant outbreak responses to continue to be funded outside of the Combined Pharmaceutical Budget.

27. As the MOU will need to be updated to reflect the changes to health agencies as a result of the health reforms, we propose that its revision can clarify Te Whatu Ora's responsibilities for national and local outbreak responses. Pharmac's responsibilities under an updated MOU would be unchanged.

National Immunisation Technical Advisory Group (NITAG)

28. NITAGs are multidisciplinary bodies of national experts, recommended by the World Health Organization, that provide evidence-based recommendations to policy-makers and immunisation programme managers. Health agencies are working together to consider the Terms of Reference for a NITAG and in the interim, the PHA will continue to seek expert advice on issues as they emerge.

Te Tiriti o Waitangi

29. The new governance structure is an opportunity to enable Māori to exercise their rights and interests in regard to immunisation for Māori communities, and ensure that the immunisation programme can deliver its services in a Tiriti compliant and equitable way. It will be a priority for the new governance mechanism to partner and codesign with Māori at all levels of the immunisation system (including at a governance level) as work progresses towards a National Immunisation Strategy.

Equity

30. Equity is the core principle of the Pae Ora (Healthy Futures) Act 2022. Health inequities are unfair, avoidable, and remediable. To achieve health equity, health outcomes need to be consistent for all population groups in New Zealand. The proposed governance structure can support partnership by ensuring participation by Māori and Pacific peoples and other communities experiencing immunisation related health inequities in all decisions and be included at the decision-making table. Further specific details on the importance of the governance system for the different cohorts are provided in **Appendix 2** below.

Next steps

31. Following your consideration of this paper, officials will set up the Oversight Board and Outcomes Collective, and develop Terms of Reference for each group. The Terms of Reference will provide for the groups' continued evolution as the agencies settle into their roles and develop their strategic planning.

ENDS.

Appendix 1: Future roles and responsibilities

Role	Responsibility
Minister of Health	Approves targets for immunisation, overarching Health budget (in consultation with Cabinet). Kept informed on key immunisations matters.
Director-General of Health	Signs off on major decisions within Manatū Hauora's responsibility, including those needing Ministerial approval, kept informed of key immunisation matters.
Immunisation Oversight Board	Provides senior level leadership to allow for a clear steer on strategic issues and risks across the immunisation programme. Signs off on the National Immunisation Strategy, point of contact for Minister and Director-General of Health.
Immunisation Outcomes Collective	Signs off on advice to be presented to Oversight Board, co-ordinates decision-making on significant operational changes or matters that require a co-ordinated response across agencies. Provides advice to Pharmac to support Pharmac's decision-making on vaccine funding and eligibility.
Pharmac	Decides on funding, including setting the eligibility, for all publicly funded vaccines (excluding new vaccines, not already funded in New Zealand, needed to respond to an outbreak).
Public Health Agency	Provides systems leadership across the public health sector; and advises the Director-General on matters relating to public health, including (i) personal health matters relating to public health; and (ii) regulatory and strategic matters relating to public health. Includes the following units (among others): Pacific Health Hauora Māori Tūmatanui Office of the Director of Public Health Policy and Regulation Global health
Manatū Hauora –Te Pou Hauora Māori	As the chief steward for Māori health, Te Pou Hauora Māori will provide support to ensure that as a Ministry we are meeting our obligations under Te Tiriti o Waitangi.
Te Whatu Ora - National Public Health Service	Ensures effective and equitable operationalisation of immunisation programs through collaboration with Districts, providers, community organisations and relevant stakeholders. Engages in

	surveillance, outbreak response, education and health promotion; to provide a robust and efficient immunisation system.
Te Whatu Ora National Immunisation Programme/Prevention	Leads funding of vaccine administration and implementation of immunisation programs including sector and community engagement, service delivery, operations, quality, clinical, safety and major project delivery. Coordinates information technology, communications, and equity functions.
Te Whatu Ora Board	Decides on funding and eligibility for national and local outbreak response vaccination campaigns.
Te Aka Whai Ora	Directs and guides the immunisation programme to understand and respond to needs of whānau Māori. When new services are commissioned or existing services are reviewed, Te Aka Whai Ora will partner with Te Whatu Ora to make sure service design and priorities reflect the diverse needs of the community, including for Māori. When services are not performing for Māori, Te Aka Whai Ora and Te Whatu Ora will ensure the issues are quickly identified, and drive service and system improvement. Te Aka Whai Ora will have a special role in partnering in the development of the strategy, advocating for tino rangatiratanga for Māori.
Whaikaha	Ensures that the Immunisation Programme takes the rights and needs of disabled people/tāngata Whaikaha into account, and provides a strong voice across government to ensure that disabled people are front-of-mind in the development of the National Immunisation Strategy.
Medsafe	Regulates therapeutic products in New Zealand. Ensures that vaccines meet acceptable standards of safety, quality and efficacy. Gives pre-market approval and conducts post-market surveillance.
National Immunisation Technical Advisory Group (NITAG)	Provides technical expert advice to support decisions on immunisation.
Pharmac Immunisation Specialist Advisory Committee (ISAC)	Provides objective clinical advice and recommendations to Pharmac (on any matters referred to it by Pharmac) to support immunisation funding and eligibility decision-making, including category management for vaccines.

Appendix 2: Equity

Māori

32. Māori have the poorest health status of any ethnic group in Aotearoa New Zealand and also the lowest immunisation rates. Māori experience poorer health outcomes, exhibit lower life expectancy than other ethnic groups and are most affected by inequities. Māori experience significant barriers to accessing general practice and this is a major contribution to the ethnic inequalities in the immunisation system. Co-design has a strong track record for delivering good immunisation rates over the COVID-19 programme, and will be essential to redesigning an equitable immunisation system as part of our future discussions on strategy.

Pacific Peoples

33. Pacific peoples are most affected by inequities in the distribution of the socioeconomic determinants of health. Insights from the Pacific community indicate that many feel they do not have the information they need to make a fully informed decision about immunisation. This is not due to a lack of information, but rather an abundance of complex or conflicting information (particularly online) which can be overwhelming to decipher. Community elders and leaders are felt to have more legitimacy and authority to communicate information about immunisation and wellbeing.

34. The Pacific Health Directorate within the PHA will also be represented within the proposed governance system particularly in the Board, Outcomes Collective and also on NITAG.

Disabled people (tāngata whaikaha)

35. Disabled people represent almost a quarter of the population and remain worse off than non-disabled people across all social and economic outcomes. The current health system does not work for disabled people who experience many inequities when accessing health services, including poorer health outcomes compared with non-disabled people. Inequities in access to health care are particularly intensified for Māori disabled people, Pacific people with disabilities and disabled people who experience other forms of intersectional marginalisation.

36. There is a general lack of data about the health of disabled people that makes it difficult to evaluate the extent to which disabled New Zealanders, including disabled women, are currently experiencing poorer health that the rest of the population. Without any historic efforts to collect disability data, the voices, experiences and health outcomes of disabled people are not reflected in health system priorities, policies or accountabilities. The proposed governance structure aims to facilitate better representation and needs.

37. This historic ableism and "invisibility" of disabled people in the health system has caused significant inequities in timely and appropriate access to immunisations and other interventions, despite being named as a priority group. Emphasis in the immunisation system remains on non-disabling, removing barriers and ensuring a more meaningful 'enabling' system that help disabled people get around barriers

38. Whaikaha, as an agency, will play a key role in identifying opportunities to improve consultation and engagement with disabled people.

Document 14

Interim Immunisation Steering Group

Date:	4 August 2023
Time:	10am to 11am
Location:	Teams
Chair:	Dr Andrew Old
Members:	Public Health Agency Te Pou Hauora Tūmatanui: Dr Nicholas Jones (Director of Public Health); Tagaloa Dr Junior Ulu (Pacific Health Director) Te Whatu Ora: Matt Hannant (Interim Director of Prevention), Dr Nick Chamberlain (National Director, National Public Health Service) Medsafe: Chris James (Group Manager) Pharmac: Geraldine MacGibbon (Director of Operations) NPHS Regional Directors: Natasha White, Vince Barry Whaikaha: Jasmine Lindsay (Office for Disability Issues)
Supporting attendees:	Tom Devine, Dr William Rainger, Zoe Bristowe, Nat Hornyak, Penny Gault
Secretariat:	Alison Cossar, Susanna Chung, Bonnie Jones, Meg Galloway
Apologies:	Cheree Shortland-Nuku, Kim Dougall, Michelle Mako

Agenda Item		Paper
Out of Scope		

Document 14

Out of Scope

5 Upcoming COVID vaccine decisions	PHA noted that people are now looking for their next 6-month vaccination, which are available through pharmacies and primary care through the end of the year. CV TAG previously recommended 6 monthly boosters until decisions needed to be made for 2024. Any further decisions would need to be made according to the new structure and responsibilities. PHA didn't know whether NPHS was planning a campaign. DPH: is there anything that restricts additional booster for people post 6 months since last bivalent dose? The Chair noted that these issues were traversed as part of the funding going to Pharmac. Prevention Director: what's the pathway to a decision to use? We've got a framework but not a decision. The Chair noted that eligibility has not changed for now and would be Pharmac's decision. Medsafe: no problems with approval, not aware of any strain updates from Pfizer.	Oral update
Out of Scope	[redacted]	

Memo

Transferring New Zealand's post COVID-19 (long COVID) approach to Te Whatu Ora

Date:	4 September 2023
To:	Dr Diana Sarfati, Chief Executive and Director-General of Health
From:	Dr Martin Chadwick, Chief Allied Health Professions Officer
For your:	Approval

Purpose of memo

1. To confirm our conversation around steps to be taken to transition work hosted by Manatū Hauora around Long COVID clinical guidance to Te Whatu Ora.
2. This memo seeks your approval on:
    a. Specific steps to be taken in anticipation of transfer.
    b. A proposed home for this work within Te Whatu Ora to be negotiated.

Background and context

3. Manatū Hauora has led the work undertaken to date around guidance for the emergent conditions grouped under Long COVID.
4. This work has been maintained during the establishment phase of Te Whatu Ora and it is now appropriate to formally transition this work across, given their responsibility for commissioning and service provision.
5. Currently there is not a designated 'home' for any ongoing work within Te Whatu Ora, so this will need to be negotiated and appropriate pre-work undertaken.
6. Noting that while specific resource was allocated initially, it is anticipated that this process of transition will be accomplished within current resources.

Proposed approach

7. Prior to any transfer of work, a rapid literature review should be conducted to ensure currency and/or to recommend changes to established guidance.
8. Clinical coding for Long COVID has been established within primary care. To date no collation of data has been undertaken to understand potential prevalence in a New Zealand context. To inform any next steps for Te Whatu Ora, it would be timely to request a specific data pull. While it is anticipated this will be an incomplete representation, it will be indicative of the prevalence of individuals infected by COVID-19 in New Zealand, and an estimate of those likely to be affected by Long COVID.

9. Te Whatu Ora has a methodology for the establishment of Clinical Networks. This would be a logical starting point to provide an enduring approach to Long COVID. There is an opportunity to negotiate with the networks team, an initial place to house Long COVID work. Initial conversations with Jo Gibbs (Director System Delivery, Hospital and Specialty Services) will be built on to ensure a smooth transition.

10. The Public Health Agency is aware and supportive of this approach.

Recommendations

It is recommended that you agree in principle to:

a	Approve	working with Evidence Research and Innovation to produce an updated rapid literature review, and from this to make suggested changes to the current established guidance.	Yes/No
b	Approve	Working with the primary care data team within Te Whatu Ora to produce a report on the estimated incidence of Long COVID in primary care.	Yes/No
c	Approve	Working with the Clinical Networks team within Te Whatu Ora to provide an initial 'home' for the Long COVID work as it is formally transitioned over.	Yes/No

Signature _____ Date:

Dr Diana Sarfati
Director-General of Health
Te Tumu Whakarae mō te Hauora

Document 16

Extract from the 14 September 2023 Weekly Report to the Minister of Health and Associate Ministers of Health.

1.1 COVID-19 vaccination programme and forward planning

This item provides an update on future COVID-19 vaccine planning ahead of winter 2024.

Pharmac is currently considering the future approach to funding, eligibility, procurement and supply of COVID-19 vaccines. It is looking to work with health system partners, within the new immunisation governance arrangements, to make decisions on COVID-19 vaccinations ahead of winter 2024 and is working on commercial arrangements for purchase for the winter 2024 supply before the end of 2023.

The Pharmac Immunisation Advisory Committee (IAC) will meet in November 2023 and will seek advice on the eligibility criteria and frequency of boosters. The Immunisation system governance (including the National Immunisation Technical Advisory Group) will contribute information to the IAC for its consideration. This will include advice on:

- future supplies
- bivalent potentially used as a primary course (depending on Medsafe approval)
- new vaccine composition
- other vaccines (ie, non mRNA).

Additionally, IAC will assess COVID-19 vaccine suppliers at its meeting in March 2024. This is for supply for 2025.

Medsafe has indicated that the Pfizer Comirnaty conversion from provisional to full approval is almost complete and it expects a strain update to XBB this month (monovalent). Medsafe will expedite this evaluation, which is likely early 2024.

Medsafe has extensions for BA4/5 COVID-19 vaccine for five- to twelve-year-olds application under evaluation now. Pfizer has also indicated that it has upcoming applications for BA4/5 as a primary series that will be submitted shortly.

In terms of the COVID-19 vaccination programme, there are currently no changes to the eligibility criteria or availability of COVID-19 vaccines planned until winter 2024. Previously, the COVID-19 Vaccine Technical Advisory Group (CV-TAG) advice had determined that six monthly doses were appropriate no matter what dose number a person was up to.

Anecdotally, recently there appears to be an increase in COVID-19 cases, which means that many people will have hybrid immunity for the next six months. Overall, international demand for boosters by the public remains low. With the new strain vaccine update imminent, it may be prudent to wait for the updated booster to maximise protection for Autumn/Winter 2024. This is similar to the situation that occurred last year prior to the availability of the bivalent vaccine.

Next steps

The Outcomes Collective, which is part of the new immunisation governance structure, will meet on 21 September 2023 to discuss how best to manage any new strain updates for winter 2024 and advice to the sector regarding additional boosters. This will enable health providers to give consistent messaging to the public.

Deputy Director-General	Dr Andrew Old, Deputy Director-General, Public Health Agency – Te Pou Hauora Tūmatanui, S9(2)(a)

Document 17

Immunisation Outcomes Collective

Date:	21 September 2023
Time:	1pm to 2pm
Location:	Teams, 4S.5 133 Molesworth St
Chair:	Matt Hannant (Interim Director, Prevention)
Attending Members:	Public Health Agency Te Pou Hauora Tūmatanui: Dr Nina Bevin for Dr Richard Jaine, (Office of the Director of Public Health); Zoe Bristowe for Michelle Mako (Director, Hauora Māori Tūmatanui); Dr Corina Grey (Chief Clinical Advisor, Pacific Health) NPHS Regional Directors: Natasha White NPHS Ringatohu, Hauora Māori Tūmatanui: Graham Cameron NPHS Director Pacific: Api Poutasi National Immunisation Programme Clinical Lead: Kerry Sexton Te Whatu Ora Primary Care Commissioning: Adeline Cummings Medsafe: Susan Kenyon for Chris James (Group Manager) Pharmac: Caroline De Luca Te Aka Whai Ora: Kim Dougall
Supporting attendees:	Tom Devine, Nat Hornyak
Secretariat:	Alison Cossar, Bonnie Jones, Meg Galloway
Apologies:	Richard Jaine, Hayden McRobbie, Michelle Mako

Agenda Item	Paper
Out of Scope	[redacted]

Out of Scope

[redacted]

4 COVID vaccine upcoming decisions process	Caroline De Luca of Pharmac updated on next steps for COVID-19 vaccines. Short term (supply for 2024) • Technical advice sought in November for advice on boosters and eligibility for a winter campaign. Longer term (supply for 2025 onwards) • Expressions of interest closing in December, • Technical advice in March to inform future procurement. • RFPs before mid next year.	

	Kerry Sexton asked how NITAG would be involved in this decision and work with Pharmac's Immunisation Advisory Committee. Caroline noted that while Pharmac's role was to make eligibility decisions and follow its own processes for doing so, it would need to work with other health agencies to consider how NITAG could contribute. Alison Cossar noted that the Terms of Reference for the NITAG will distinguish the roles of the two, and that PHA was working with Pharmac to make things clear. Corina Grey proposed that Pharmac consider what happened for Māori and Pacific for COVID vaccinations, and keep that at the forefront of its decisions. Caroline agreed they would need strong equity lens, as they have used for decisions about COVID therapeutics. **Actions:** • **add update on COVID vaccines to next agenda** • **Pharmac to publish meeting records as soon as possible after decisions** • **Kerry Sexton to inform Pharmac of NPHS timelines needed to prepare for a winter campaign**	

Out of Scope

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