

Feedback and recommendations from the COVID-19 Independent Continuous Review, Improvement and Advice Group (CRAIG)	References to reports addressing the issue	Summary of advice in report, and how the issue has been considered or addressed	Additional comments
<i>CRAIG response to paper - Update on current COVID-19 surveillance tests and tools [HR20210190]</i>			
<p>When nationally important documents such as the Surveillance Strategy are developed and updated, the Group recommends that:</p> <ul style="list-style-type: none"> • processes incorporate expert external peer review • there is transparency on how recommendations are being adopted and implemented, and • there is better performance monitoring put in place. 	<p>Aotearoa New Zealand's COVID-19 Surveillance Strategy – published 26 January 2021:</p> <p>https://www.health.govt.nz/system/files/documents/pages/covid19-surveillance-strategy-26jan2021.pdf</p>	<p>The Ministry followed an extensive process to develop the Surveillance Strategy and testing plans. Aotearoa New Zealand's COVID-19 Surveillance Strategy was reviewed in December 2020, and published on 26 January 2021. It is available on the Ministry of Health's website.</p> <p>The Health Report reviewed [20210190] was an interim/working report updating on emerging science developments and approaches with a focus on testing and surveillance technologies, while the substantial scheduled review of the surveillance strategy is underway. It was not intended to be renewed.</p> <p>How recommendations have been adopted and implemented has been outlined in a body of health reports. We recognise the importance of performance monitoring and updating the evolving science and will continue to improve these measures over time.</p> <p>Weekly updates on testing and surveillance approaches are occurring.</p>	<p>TAG is convened when new science or developments become available and require input or recommendations.</p> <p>The Ministry of Health is reviewing the surveillance strategy and testing plan; and are keen to work with the COVID-19 Independent Continuous Review, Improvement and Advice Group through that process. All items raised are in the programme plan for this review process.</p> <p>Reviews of our testing guidance in New Zealand are undertaken every six weeks and changes to advice on testing are made as a result of these reviews, to ensure continuous improvement. We liaise with PHUs and DHBs, the Ministry's Māori Health, Pacific Health, Science and Insights, and Public Health teams, and the Chief Clinical Advisor, Chief Science Advisor, and other subject matter experts across the COVID-19 Directorate to ensure the effectiveness of these updates.</p>
<p>Equity is an area important to cover particularly in respect of access to testing and vaccine efficacy</p>	<p>Equity in Surveillance (including vaccination) is described in the COVID-19 Surveillance Strategy:</p> <p>https://www.health.govt.nz/system/files/documents/pages/covid19-surveillance-strategy-26jan2021.pdf</p> <p>[20210529] Memorandum: Swabbing for COVID-19 in Community Pharmacies (25 March 2021)</p> <p>[20210314] Briefing: COVID-19 Vaccine and Immunisation Programme – Māori Strategy (16 February 2021)</p>	<p><u>Equity</u></p> <p>The Ministry of Health's COVID-19 Health System Response Directorate has a Chief Advisor Equity. There is work across all elements of the Directorate's work programme to ensure that the Treaty and equity are incorporated across our work. We are happy to provide additional information on the extent of that work programme. We have a substantive briefing going to Ministers Henare and Hipkins on this issue in mid-May. We also continue to review our work programme and have an equity review underway.</p> <p><u>Testing rates of Māori</u></p> <p>Specifically, on Māori testing rates, we recommend the Māori testing rates are referenced in the Community paper which shows that the testing rate for Māori has been higher than the rate for non-Māori/non-Pacific (except in those aged 0–24) since mid-February 2021.</p> <p>We also recommend referencing the paper [20210529] Memorandum: Swabbing for COVID-19 in Community Pharmacies, which looks at using the outreach of Māori pharmacies to target Māori communities. As part of the wider workplan to explore the feasibility of swabbing for COVID-19 in community pharmacies, the Ministry is currently working with Ngā Kaitiaki o te Puna Rongoā o Aotearoa (MPA) to explore the development of a pro-equity COVID-19 testing model which would aim to improve access to testing for COVID-19 for Māori.</p> <p>The MPA is proposing to engage with community pharmacies and to develop a "by Māori, for Māori" community outreach programme for delivery in areas with high Māori populations</p>	

		<p><u>Vaccine</u></p> <p>This briefing [20210314] outlines the Māori strategy for implementing the COVID-19 Vaccine and Immunisation Programme. The strategy includes:</p> <ul style="list-style-type: none"> • a strategy underpinned by illustrating Te Tiriti o Waitangi, and equity in action • Engaging Māori throughout the governance and technical/advisory structures for the programme • Invests directly in Māori initiatives <p>This work will continue to evolve as the national vaccine programme is rolled out.</p>	
Include a clear response to Māori and Pacific needs and have an equity prioritisation map embedded in the plans.	<p>Updated COVID-19 Māori Health Response Plan – July 2020:</p> <p>https://www.health.govt.nz/system/files/documents/publications/updated-covid-19-maori-health-response-plan-jul20.pdf</p> <p>Response to Māori and Pacific needs is also described in the COVID-19 Surveillance Strategy:</p> <p>https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-surveillance-strategy</p>	<p>See above comments.</p> <p>In addition, the Directorate works closely with the Ministry's Māori and Pacific Health teams. We have a Māori COVID-19 action plan and a Pacific plan in place, and these are available on the Ministry's website.</p> <p>The Directorate also has a one-page summary on our approach to equity that we would be happy to share.</p>	
The Briefing doesn't go into detail of the frequency of testing, which is specifically key at the border, and how testing will change as vaccinations are rolled out.	<p>[20210642] Strengthening frontline border worker testing to support early identification of COVID-19 (March 2021)</p> <p>[20210610] Briefing: Analysis of Effectiveness of Pre-Departure Testing (11 March 2021)</p> <p>Testing implementation details are also set by the COVID-19 Testing Plan and Testing Guidance:</p> <p>https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-testing-plan-and-testing-guidance</p>	<p>There are a number of other Health Reports and Border Orders in this area which review who, when and why people should be tested. This programme has evolved and developed over time. Since December, we have introduced pre-departure testing, day 0/1 testing for returnees, and enhanced testing for our border workers. There are Health Reports and advice from DPMC covering the introduction of the changes to the testing regimes.</p> <p>For example, report [20210642] considers the need to strengthen surveillance testing for COVID-19 of frontline workers at the border and recommends that voluntary saliva testing is rolled out to all frontline border workers.</p> <p>The Ministry continues to review the science as more information becomes available and the global context evolves. For example, we have reported directly on the effectiveness of pre-departure testing in [20210610].</p>	<p>Testing guidance is updated on a regular basis, individual health reports are topic specific and do not necessarily provide the full context.</p> <p>The Ministry will review testing frequency in the next Testing Plan</p>
It is unclear what the approach is to testing arrivals from places with high rates of COVID-19 infection, particularly where that is translating to high rates of positive cases.	<p>Set by COVID-19 testing guidance and Air Border Orders:</p> <p>https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-testing-plan-and-testing-guidance</p> <p>https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-epidemic-notice-and-orders#air</p>	<p>See above comments.</p> <p>Our testing regime has developed and strengthened substantially throughout 2021, with the introduction of pre-departure testing, day 0/1 testing, and the new approach to country risk assessment. This is under continuous review, with the efficacy review and reported on in early April 2021.</p>	

There is also the question of what the testing regime was for the arrivals who tested positive in New Zealand after they had been vaccinated in their country of origin.			<p>This is on the future work programme to be addressed and will be included in the forthcoming review of Surveillance Strategy.</p> <p>The Ministry of Health has protocols in place for potential in flight, transit and in-MIF transmission. These are available for your review.</p> <p>There is a body of work currently underway to address this question of the impact of vaccinated people. The Ministry is actively monitoring the situation as the global science continues to evolve. Policy and modelling work has been commissioned to address this as the science becomes clearer. This work links to the DPMC pathway to reopening the border programme.</p>
The question of whether we need to maintain a higher level of surveillance, testing and surge capacity post-vaccination in South Auckland and other border points should also be explored.	<p>COVID-19 Surveillance Strategy:</p> <p>https://www.health.govt.nz/system/files/documents/pages/covid19-surveillance-strategy-26jan2021.pdf</p>	The Surveillance Strategy takes into account the evolving local and global context. Weekly reviews of emerging scientific and public health trends are undertaken and our advice and positions evolve to ensure they are always led by the best available information.	<p>The Ministry of Health has an approach to ring-vaccination in place as an interim measure. Further advice is being developed with CVTAG on how this can be applied more broadly.</p> <p>This is to be addressed in the refresh of the Surveillance Plan.</p>
Thought should be given to how the focus on COVID-19 testing impacts surveillance for other infectious diseases, especially post quarantine-free travel, particularly for diseases such as influenza and measles, where there are remaining population immunity gaps and increases in pressure on an already stretched public health system.			<p>The Ministry of Health is partnering with ESR and other key stakeholders. The focus to date has been on management of COVID-19 surveillance, but the intent of the Directorate has always been to create legacy systems and processes that can be used more broadly to strengthen New Zealand's public health capacity and capability.</p> <p>We continue to work closely with partners across the Ministry, including Communicable Diseases, the Office of the Director of Public Health, and the Public Health Group to develop these wider surveillance programmes.</p> <p>The Ministry of Health will soon be consulting on a general Public Health Surveillance Strategy, led by the Public Health Group.</p>
<p>Saliva testing: There are inconsistencies with the advice on saliva testing and what is emerging in recent evidence which show that it has performance characteristics very similar to nasopharyngeal testing. For example: see The Sensitivity and Costs of Testing for SARS-CoV-2 Infection With Saliva Versus Nasopharyngeal Swabs: A Systematic Review and Meta-analysis (Ann Intern Med. 2021 Jan 12:M20-6569. doi: 10.7326/M20-6569. PMID: 33428446).</p>	<p>The Ministry of Health has completed the following 7 briefings to the Minister on saliva testing over the past 9 months:</p> <p>10 August 2020 - 20201353 - Laboratory surge capacity and alternative testing options: this report included information on the work by ESR to provide laboratories with cultured inactive COVID-19 saliva samples and to begin sourcing positive saliva samples from managed quarantine facilities to support validation efforts.</p> <p>28 August 2020 - 20201544 - Update on emerging technology for SARS-CoV-2: this report provided the Minister with an indication of two key emerging technologies of interest for testing of SARS-CoV-2, and the stage of development of each. It included an indication of the potential utility and limitations of these emerging technologies in supporting current best practice.</p> <p>4 December 2020 – 20202191 - Information on saliva testing for SARS-CoV-2: Information outlining the work required to implement saliva testing in New Zealand.</p>	<p>The Ministry has completed numerous reports on saliva testing over the past 9 months as the science and situation has evolved.</p> <p>Report [20210642] provides the latest approach and advice to Ministers. The report considers the need to strengthen surveillance testing for COVID-19 of frontline workers at the border and recommends that voluntary saliva testing is rolled out to all frontline border workers.</p> <p>We note there are numerous considerations required to operationalise this decision.</p>	<p>Our advice continues to be updated and develop as the science and evidence base evolves. The reference mentioned has been considered in developing the advice. The Australian Public Health group and New Zealand Micro networks do not support this position.</p>

	<p>18 January 2021 – 20210045 - COVID-19 Testing Suite in New Zealand: Current Situation and Next Steps: this memo set out the suite of COVID-19 testing available for testing individuals and considers whether additional testing modalities could be meaningfully used to further strengthen our measures, particularly at the border, in response to the increasing global prevalence of COVID-19 and the emergence of variants with enhanced transmissibility.</p> <p>19 January 2021 – 20210062 - Implementation of COVID-19 Saliva Testing as part of Border Workforce Testing in New Zealand: this report outlined a process to implement saliva-based RT-PCR testing for high risk border workers and provided options for implementation, in response to the increasing global prevalence of COVID-19 and the emergence of variants with enhanced transmissibility.</p> <p>23 February 2021 – 20200351 - Saliva testing for COVID-19 in New Zealand: the purpose of this memo is to provide an update on a meeting held between the Ministry of Health (the Ministry) and Rako Science on 18 February 2021, and the potential implications for the roll out of saliva testing in New Zealand.</p> <p>March 2021 - 20210642 - Strengthening frontline border worker testing to support early identification of COVID-19: this report considers the need to strengthen surveillance testing for COVID-19 of frontline workers at the border and recommends that voluntary saliva testing is rolled out to all frontline border workers.</p>		
There is a strong case for adopting saliva testing as the main method for testing in New Zealand, particularly given that less invasive testing is likely to enhance participation independent of whether people are vaccinated or not.	[20210722] Briefing: Advice on rapid testing for COVID-19 in Trans-Tasman quarantine-free travel for inbound passengers (25 March 2021)	<p>See comments above</p> <p>This report [20210722] responds to the Minister’s request for further advice on rapid testing at the airport for passengers arriving from Australia via the Trans-Tasman Quarantine-Free Travel (QFT). This follows Cabinet’s recent consideration of pre-departure testing in the quarantine-free travel context in the Cabinet paper on Safe Travel Initiatives: Australia.</p> <p>The advice considers saliva testing for surveillance. Salvia testing using the PCR method is not rapid but is less invasive than nasopharyngeal samples. However, saliva testing has lower sensitivity than nasopharyngeal samples. Saliva testing is less likely to detect low viral loads, this means the virus is typically detected later in saliva testing than in nasopharyngeal testing, although this limitation can be overcome by more frequent testing. However, the primary limitation of saliva testing is that it can return a false negative result where a nasopharyngeal sample would have been positive.</p>	

		<p>The Ministry and experts in Australia and New Zealand have taken the same position on saliva testing. Saliva testing using PCR method may have a place in surveillance but not for diagnosis. Routine diagnostic saliva testing may be more appropriate in high prevalence countries than in the context of New Zealand's current epidemiological situation and testing strategy.</p> <p>There are also challenges in using a saliva-based test where no food or drink should be consumed for at least 30 minutes, and preferably an hour, prior to providing a sample.</p> <p>The Ministry does not recommend saliva testing for diagnosis of COVID-19 in inbound passengers at the border, but it could play a role in our surveillance model.</p>	
<p>Point of Care testing: Similar to saliva testing, there appears to be some high performance PoC testing emerging. For example, Sir Peter Gluckman has recently peer reviewed a paper for the Irish Government on this subject titled Safe Sustainable Re-opening: The Role of the Rapid SARS-CoV2 Testing Report of the COVID-19 Testing Group.</p> <p>It would make sense to shift to PoC pre-departure testing in high risk settings, where this could be administered at an airport by an appropriately certified individual. While this will not pick up all infections, it would provide an additional valuable data point.</p>	<p>[20210722] Briefing: Advice on rapid testing for COVID-19 in Trans-Tasman quarantine-free travel for inbound passengers (25 March 2021)</p> <p>COVID-19 Public Health Response (Point-of-care Tests) Order 2021:</p> <p>https://www.legislation.govt.nz/regulation/public/2021/0066/latest/LMS451450.html</p> <p>[20210772] Briefing: COVID-19 Public Health Response (Point of Care Tests) Order 2021: Final Order for Signature</p>	<p>We continue to consider the place of point of care testing. It continues to be reviewed and considered as part of the ongoing improvements to the surveillance strategy.</p> <p>The Ministry of Health takes advantage of a broad range of international advice and science to inform its position. There are weekly science updates provided by the Science and Insights team in the COVID-19 Directorate, which looks at the emerging testing modalities.</p> <p>Report [20210722] responds to the Minister's request for further advice on rapid testing at the airport for passengers arriving from Australia via the Trans-Tasman Quarantine-Free Travel (QFT). This follows Cabinet's recent consideration of pre-departure testing in the quarantine-free travel context in the Cabinet paper on Safe Travel Initiatives: Australia.</p> <p>This briefing notes that testing for inbound passengers to New Zealand in Australia immediately prior to a flight (e.g. at check in) is not feasible due to a global shortage of the relevant test and lack of appropriate facilities and personnel in Australian airports.</p> <p>This briefing also notes that current rapid testing options are not recommended for the purpose of diagnosis on arrival in New Zealand. There are several types of rapid POC tests currently available that could be considered for inbound passengers. There is no rapid POC test option (test and result while waiting at the airport) that we would recommend. This is because the reliability of these tests is not guaranteed, particularly at early stage infection. POC tests, such as antigen and loop-mediated isothermal amplification (LAMP) tests, are banned in New Zealand due to their unreliability and the need to regulate their use to prevent the spread or outbreak of COVID-19.</p> <p>The COVID-19 Public Health Response (Point-of-Care Tests) Order 2021, which extends the prohibition of importing, manufacturing, packing, supplying, selling or using POC tests, came into force on 22 April 2021. There is a recent Health Report [20210772] that informed this decision.</p>	<p>The material provided by Sir Peter Gluckman was sent to the Chief Science Advisory and Director-General of Health last month. The context in Ireland is hugely different to New Zealand and we would not agree with the conclusions for low prevalence countries. For high risk countries Antigen Testing at boarding may have a role.</p>
<p>Wastewater testing: the utility value of wastewater testing may be overstated. For example, as stated in Annex One of the Briefing it appears to have limited sensitivity, so this should be compared with</p>	<p>[20210845] Memorandum: Process for Responding to SARS-CoV-2 RNA Positive Wastewater Testing Results (April 2021)</p>	<p>The Memo [20210845] summary you are referring to did not go into detail on any testing modality. It summarised current activities. The Ministry of Health has separately reported on utilisation of wastewater testing and continues to monitor its use over time.</p>	<p>We think that the advice covers this adequately. As in Australia wastewater testing is most helpful when negative and may be a signal requiring further assessment. We did not imply it would detect virus.</p>

the 'sensitivity' at level 1 of passive case detection through routine testing. Furthermore, it has poor specificity as it cannot distinguish viable organism from unviable viral fragments and as a consequence is likely to have very little utility in an outbreak in the areas where there have been known cases found already.		<p>Memo [20210845] outlines the process for responding to SARS-CoV-2 RNA test results in wastewater samples obtained by the Institute of Environmental Science & Research (ESR).</p> <p>This memo acknowledges that wastewater testing is an emerging science and requires specialised equipment and expertise. Acknowledging this complexity, the current centralised testing of wastewater for SARS-CoV-2 RNA at ESR is necessary to provides robust quality control. Wastewater testing will continue to be centralised, pending further validation.</p> <p>The memo also notes the Ministry and ESR will continue to review how wastewater testing is used as a surveillance tool as the strategy to the COVID-19 pandemic evolves. Wastewater testing is currently being used in the context of an elimination strategy, where we expect samples to test negative. However, as the strategy to managing COVID-19 evolves, for example as vaccination is implemented, borders open and some cases, including historical cases from overseas, appear in the community, the utility of wastewater testing for COVID-19 surveillance must also be reviewed and changed accordingly.</p> <p>Wastewater testing is now being operationalised for use in early detection of unrecognised COVID-19 cases, surveillance of trends over time and supporting the investigation of community outbreaks.</p> <p>Wastewater testing is expected to provide added reassurance that can augment current COVID-19 case finding methods.</p>	
<p>Air sample testing: as with wastewater testing, there may be limited utility value in air sample testing where it is likely to be 'after the transmission period'. Identifying pathogens in aerosols is very difficult and often not standardised. It is likely that aerosols related to a specific exposure are specific to the point in time when there was transmission. It is therefore often too late to do air sampling for aerosols related to specific cases, and as such it could be very low yield between these rare transmission events. Setting basic standards for ventilation and enforcing them may be more useful.</p>	Internal memo to the Clinical Oversight Group: Air Sampling in Managed Isolation - Beyond the Jetpark Trial	<p>The Ministry is actively working on the feasibility of air sampling in MIQs. Our weekly science updates have also been monitoring and reporting on aerosol transmission. Research is underway into aerosol transmission.</p> <p>An internal memo on "Air Sampling in Managed Isolation - Beyond the Jetpark Trial" has gone to the Clinical Oversight Group. The purpose of this research is to assess the ability to identify virus in air samples a trial is being undertaken to assess the ability of two different methods (air sampling devices and settle plates) of collecting airborne virus samples in managed isolation.</p> <p>There is work underway across the Ministry and MBIE (MIQ) to undertake both desk based and on-site reviews of ventilation systems in our MIQs. A Technical Advisory Group is convened for all in-MIF transmissions.</p> <p>We continue to actively monitor the topic of air sample testing.</p>	Agreed. We may deploy air sampling as part of an MIQ research trial – new technologies are emerging which are more accurate.
<p>Environmental swabbing: Environmental swabbing of produce is likely to be operationally prohibitive particularly given likely the need to meet the requirements of the multiple countries we export to.</p>	Report from ESR: Potential for SARS-CoV-2 Transmission via Fabrics	<p>The Ministry of Health continues to work with the Ministry for Primary Industries (MPI) on the science and efficacy of environment swabbing. The Technical Advisory Group (TAG) continues to be engaged on this issue. We have also received advice from ESR, which looks at the potential for SARS-CoV-2 transmission via fabrics.</p> <p>We encourage you to talk to MPI about insights.</p>	This would only be undertaken in very specific settings such as food preparation sites

Serology testing: the use of serology tests to validate vaccine passports is a good idea.			We are not planning to do this as it would be classified as research in the first instance.
Mapping system to prioritise regions for testing: the Group were unable to provide comment on the recently launched mapping system to prioritise regions for testing based on the level of information in the Briefing. They have recommended however that this is subjected to external peer review.		Initial versions of the mapping system referred to have already been subject to external review and work continues to be developed in this area, which will be incorporated into the surveillance strategy.	This is work in progress and will be reviewed once complete
CRAIG response to Memorandum - Swabbing for COVID-19 in Community Pharmacies [HR20210529]			
There is not a clear description of follow through on the next steps identified in November 2020 beyond the engagement step.	<p>[20210529] further advice providing detail on the outcome of the project (25 March 2021)</p> <p>[20201895] initial briefing outlining the potential of swabbing in pharmacies</p>	<p>We disagree strongly. There have been numerous reports and advice, reflecting substantive work and a programme of activity on swabbing in both community pharmacies and to enhance Māori swabbing rates. This includes:</p> <p>3 pieces of advice sent to the Minister's office:</p> <ul style="list-style-type: none"> HR20201895 – initial briefing outlining the potential of swabbing in pharmacies An email to the Minister's office on 13 December 2020 providing a status update HR20210529 – further advice providing detail on the outcome of the project. <p>2 project management artefacts:</p> <ul style="list-style-type: none"> the Project Closure Report – detailing how the project was run and decisions made the draft Feasibility Discussion Paper – addressing questions raised and learnings on feasibility canvassed during discussions with the Operating Working Group. <p>The paper you reviewed was the outcome of this significant body of work.</p>	The Deputy Chief Executive COVID-19 Health System Response has previously asked DPMC and the CRAIG to ensure that the appropriate body of work is read in conjunction with any single briefing. We ask that your comments be reviewed in light of this body of work.
The Memo does not include any evidence of scoping/review of operational issues that might exist, or a proposal for a trial in accordance with those steps. Conversations have been ongoing for some time on this matter and given the passage of time in particular, there may not be any benefit in continued conversations.	<p>[20201895] Briefing Swabbing for COVID-19 within community pharmacies (6 November 2020)</p> <p>Swabbing for COVID-19 within community pharmacies project closure report</p>	<p>This briefing [20201895] provides advice on the potential of swabbing for COVID-19 within community pharmacies.</p> <p>With regards to operational issues, the briefing acknowledges that establishing swabbing via some pharmacies is likely feasible however further work is required before it can be implemented. It notes that some pharmacies are better setup (can establish swabbing processes without impacting on core work) or better located (situated in places with better foot traffic or higher people throughput).</p> <p>The briefing acknowledges that:</p> <ul style="list-style-type: none"> wider engagement with sector representatives would be required before implementing any testing approach. Wider engagement with general practice would also be required to ensure competition for swabbing is not inadvertently introduced as a result of community pharmacies establishing capacity. 	<p>A "swabbing for COVID-19 within community pharmacies project closure report" has also been prepared. The Report's purpose is to obtain approval from the Group Manager Testing and Supply and the Manager COVID-19 Testing Operations to close the national roll-out of the Swabbing in Community Pharmacies project, but to continue exploring implementation with a reduced scope and:</p> <ul style="list-style-type: none"> approve the Ministry to continue working with the pharmacy representatives and facilitate conversations with the DHBs who indicated an interest in potentially using pharmacies to assist in their testing programmes (Lakes District Health, Southern DHB and West Coast DHB), and approve the Ministry to continue to work with the Māori Pharmacist Association (MPA), iwi and DHBs to consider implementation of a community outreach programme for delivery in areas with high Māori populations.

		<ul style="list-style-type: none">Engagement with laboratories will also be required to consider how they will interface community pharmacies and address any logistics challenges that may arise. <p>As per the comments above, there has been active consideration of the points made by the Advisory Group.</p>	<p>This document contains:</p> <ul style="list-style-type: none">a project overview – why did the work take place?a review of the project performance against key deliverablesa review of how the project was conducted, project outcomes and decisionsproject closure and future work.
--	--	--	--

Proactively Released