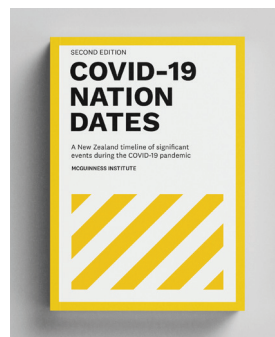


# Table 1: Suggestions on how to make New Zealand more pandemic-ready



Key Action	Detail	Relevant pages
<b>Pillar 1: Institutions fit for purpose</b>		
1. Establish a permanent select committee for epidemics and pandemics	The Epidemic Response Committee was disestablished on 26 May 2020, but there have been continued calls for its reinstatement. The new committee's functions could include:	52-53, 161
	A. Reviewing the findings of both phases of the Royal Commission, and where appropriate, overseeing their implementation.	16-17, 52, 81-83, Appendix 6
	B. Initiating select committee inquiries into any matter related to their subject area. This might include past or future epidemics or pandemics, including additional areas of investigation post the Royal Commission findings.	52, 83
	C. Approving all pandemic-related plans annually, including plans for:	
	a) reviewing the 2024 Interim New Zealand Pandemic Plan (just published) and approving the final New Zealand Pandemic Plan (due late 2025/2026)	53, 346
	b) closing/opening the border	50, 66, 360
	c) bringing New Zealanders home and returning non-New Zealanders to their homeland	50
	d) MIQ processes, including placements/ access, costs, medical care, security and accommodation	50, 102-103, 360

<b>Key Action</b>	<b>Detail</b>	<b>Relevant pages</b>
	e) contact tracing	96
	f) wastewater testing	28, 352
	g) managing vaccines: assessing possible vaccines, purchasing vaccines, reporting reactions and undertaking mass vaccinations	69-79, 89, 105-107
	h) managing employment subsidies, support payments and schemes (e.g. wage subsidy schemes)	49, 319, 336, 339, 383-387, 438-440
	i) managing the care of the aged or terminally ill, and undertaking funerals during a pandemic (whether the deaths are due to the pathogen or other causes)	173, 221, 304, 437
	j) managing the National Reserve Supply (NRS) (Medsafe and the New Zealand Infrastructure Commission should evaluate what supplies are needed to ensure we are prepared for supply chain disruptions, and the contents of the NRS should be reported monthly)	17, 57-66
	k) seeking air ventilation standards for public spaces, including schools and workplaces	28, 207, 231
	l) requiring regular pandemic exercises to be undertaken (with the right to repeat or redesign exercises as the committee sees fit)	41, 52, 371
	m) receiving regular reports on pathogens that might cause an epidemic or pandemic	17, 19-23, 28, 52

Key Action	Detail	Relevant pages
2. Establish a Centre for Disease Control (CDC)	Function: To improve New Zealand’s ability to address the threats of epidemics and pandemics and collaborate with similar global efforts. This new entity would report regularly to the Pandemic Preparedness Committee. It would be independent of existing health organisations, collaborate with international organisations, and review New Zealand’s international commitments. It would become the ‘National IHR Authority’ referred to in the May 2024 amendment to the International Health Regulations: ‘to coordinate with and support the Local level in preventing, preparing for and responding to public health risks and events, including in relation to: (i) surveillance; (ii) on-site investigations; (iii) laboratory diagnostics, including referral of samples; (iv) implementation of control measures; (v) access to health services and health products needed for the response; (vi) risk communication, including addressing misinformation and disinformation; (vii) logistical assistance (e.g. equipment, medical and other relevant supplies and transport); and’ at the national level ‘develop, strengthen and maintain’ core capacities.	330
3. Strengthen the role of Chief Medical Officer	Function: To establish the advisory role in New Zealand legislation, including the requirement to produce an annual report (in line with the UK).	32, 53, 193
4. Appoint the Office of the Prime Minister’s Chief Science Advisor	Function: This role is currently vacant. While it remains vacant, the opportunity to have a science expert on hand, particularly in the early stages of a pandemic, no longer exists. This role was very important during the early stages of the pandemic, as our book indicates.	127, 141, 214
5. Establish an independent fiscal institution (IFI)	Function: Enhance fiscal responsibility, accountability and transparency, support public debate, and strengthen Parliamentary scrutiny.	53–54

Key Action	Detail	Relevant pages
6. Create/ strengthen a government institution to monitor misinformation and disinformation	Function: To report on social media, alongside developing a specific set of reporting requirements, however, this process must be transparent. This aligns with the May 2024 amendment to the International Health Regulations, which is to build a core capacity for ‘risk communication including addressing misinformation and disinformation’.	41–44, 78
<b>Pillar 2: Instruments: Prepare, Prepare, Prepare</b>		
7. Prepare an annual pandemic risk assessment, and use it to test pandemic strategies and plans	As noted in the UK COVID-19 Inquiry, Module 1:  It is critical that the assessment of risk is connected to practical capabilities and capacity – namely, what can actually be done in response to an emergency. In this way, risk assessment should be connected to strategy and planning, which have to take account of the reality in terms of preparedness and resilience on the ground. If risk assessment does not take into account what is and is not practically feasible, it is an academic exercise distant from those on whom it will ultimately have an impact.	52-53
8. Undertake annual exercises to test the design and responsiveness of New Zealand’s pandemic strategy and planning documents	This includes reviewing the National Reserve Supply (NRS) to ensure it is fully stocked, and stress-testing pandemic response plans with scientists, medical professionals and business leaders.	17, 37, 51–52, 62-66
9. Develop policy advice/guidance/ instruments for managing an emergency versus responding to a crisis	Government has dismantled the whole-of-government framework that was put in place to respond to COVID-19. We learned that there is a difference between an emergency and a crisis: an emergency requires an ‘urgent call to action’ where the aim is to get back to normal, whereas a crisis requires an ‘important and considered response’ where the aim is to get to a new normal. Given this, it seems timely to establish protocols for responding to a crisis (as distinct from an emergency). The difference between these two terms is discussed in the Institute’s upcoming paper on the topic.	36-37, 51-52, 54, 66, 298, 305, 317

Key Action	Detail	Relevant pages
10. Create a mechanism to manage vaccine reactions and compensate victims and their families	This should be generic, not just for COVID-19. Vaccines, in rare cases, cause serious reactions, and when they do, we need better reporting and compensation mechanisms.	74-75, 89
11. Develop an investment strategy for our health-care system as a preventative measure against lockdowns	Developing an investment strategy for our health-care system in order to avoid costly lockdowns is essential. It is important to remember that the lockdowns were necessary because our health-care system had little to no redundancy and so could not cope with a significant increase in patients. Hence, we must quantify what level of redundancy is required to withstand any pandemic and invest accordingly. (For example, how many beds, trained staff, oxygen tanks, ventilators, medicines, etc. will we need?)	65
<b>Pillar 3: Information: Demand accurate and accessible records</b>		
12. Archive (rather than remove) the 'Unite Against COVID-19' website	The website has currently been removed and is not accessible. This decision needs to be reversed.	54, 312, 335
13. Compile an accessible list and illustrative map of how all pandemic strategy and planning documents work together	When the next pandemic occurs, it will be important not to 'dust off the strategy and planning documents'. Instead, they need to be modern, dynamic and easy to read and understand.	13, 53, 372-373
14. Hire a non-partisan historian	The aim is to comprehensively and impartially record events and responses when further pandemics or crises arise. The historian must report all events, especially those where systems fail, so that we become a 'learning country'. The <i>COVID-19 Nation Dates</i> book aims to fill this gap in the short term.	54

Key Action	Detail	Relevant pages
15. Analyse	A. Undertake a detailed financial assessment to evaluate each of the three strategies: elimination, suppression and mitigation. The aim is to assess impacts in terms of the costs (e.g. per day), the risks (e.g. how they could have been minimised) and the benefits (e.g. how they could have been maximised). This should be undertaken by Treasury or the new IFI in 5 above.	31–54
	B. Assess the timing of the vaccine mandates: what worked and what did not? Note: When the first mandate was introduced, 80% of the population was already vaccinated (see Figure 4.1 on p. 76). If we need to revert to vaccine mandates in the future, what lessons can be learned?	69–79, 99–100
	C. Undertake an assessment of the funding allocation system and how it could be improved during a crisis (e.g. movements in the size and balance of the COVID-19 Response and Recovery Fund (CRRF)).	47–48, 158, 361–362
	D. Assess how best to respond to a pandemic where the death rates are high for selected ages or ethnicities. (For example, if young people are more vulnerable, should New Zealand put in place a stronger country-wide response to a pandemic?)	28, 51, 54, 303, 344, 353
	E. Undertake an assessment of impacts of Long COVID, and how to contribute to the wellbeing of people with Long COVID.	300, 303, 313, 327, 337
16. Educate	A. Incorporate pandemic response and preparedness into the school curriculum (e.g. hygiene, ventilation, first aid, online learning, social distancing and technology). Schools are hotspots for the spread of pathogens, and it is essential to put in place measures to mitigate this spread.	269, 290, 309, 316
	B. Ensure building codes are designed with epidemics and pandemics in mind (e.g. doors that do not need handles, ventilation systems, etc.)	28