Office of the Associate Minister for COVID-19 Response

Cabinet

COVID-19: Confirming New Zealand's approach to variants of concern

Proposal

1 This paper outlines New Zealand's approach to responding to COVID-19 variants of concern and provides an initial overview of our preparedness.

Relation to government priorities

2 This paper concerns the Government's response to COVID-19.

Executive Summary

3 New Zealand's response to the COVID-19 pandemic has been based on strong scientific and public health advice and characterised by a willingness to adapt and learn in response to the evolving nature of the virus. Over the past two years we have learned a lot about what does and does not work. We must embed these lessons and use them as a foundation to drive improved pandemic preparedness, readiness and response.

4 While we are now managing the social, economic and health impacts of ongoing community transmission of Omicron, we must assume that new variants will continue to appear. With open borders a new variant may arrive and be circulating in the community for some time before it is detected. That makes preparedness more important than ever, so that we have a clear understanding of the suite of policy and operational measures that are available to respond in a timely manner to any emerging threat, and the likely social, economic and health impacts of those measures.

5 Preparedness planning does not commit us to following a set path should a particular variant emerge. Responses will be tailored to the characteristics of the variant of concern and the community context in which it has seeded (or is likely to seed).

6 We will continue to rely on a multi-layered system of defence to minimise the impact of COVID-19 and protect vulnerable populations while balancing economic and social considerations. Maintaining social licence will be critical and, as always, any rights-limiting measures will be temporary and proportionate.

7 As the Strategic COVID-19 Public Health Advisory Group made clear, we must prioritise protecting the vulnerable and improving the capacity and resilience of our communities and systems. This must become part of our 'baseline' COVID-19 management, or default settings. Doing this will help us to avoid needing to put in place more restrictive measures as our society will be better able to absorb COVID-19 impacts.

8 To inform preparedness across Government, the Ministry of Health, with expert input, has developed five new variant scenarios. These provide a common framework for agencies, iwi, communities, and businesses to individually and collectively consider the tools and resources likely required for an effective response – whether this be scaling up of existing activity, such as changing our testing approach, or reactivation of tools, such as pre-departure testing. This paper provides an overview of this work and assurance that activity is occurring to ensure we are well placed to respond if COVID-19 related risk increases.

Current context

9 The impact of a COVID-19 outbreak is a function of the rate of transmission, 'realised severity'[1], and the wider associated impacts including economic, social, and intergenerational costs associated with COVID-19 infection and our response. As severity has declined through use of vaccination (and to a lesser extent protection from prior infection), the reduced intrinsic severity of Omicron compared to Delta, and now the availability of anti-viral therapeutics, more transmission can be currently tolerated without unmanageable impacts on the health system.

10 Our approach to managing COVID-19 during winter is premised on a 'Minimise and Protect' strategy as enabled by the COVID-19 Protection Framework (the Framework) [CAB-21-MIN-0421]. Important to our approach is that we continually review our settings, removing restrictions unless they are justified, proportionate and the best option to manage public health risks. In March, we amended the Framework to remove outdoor capacity limits and My Vaccine Pass requirements, while retaining requirements for cases and their household contacts to isolate or quarantine.

11 The efficacy of these measures has been supported by Care in the Community, leave and business supports, strong guidance and communications, and general social licence to comply with public health measures to reduce transmission.

Building resilience and being ready

We must strengthen our baseline to improve our resilience to COVID-19

12 As we move into spring and summer, and if the transmission of COVID-19 decreases, we may be able to move some of our current measures into reserve. We will also reach a point where the Epidemic Preparedness (COVID-19) Notice 2020 that enables COVID-19 orders to be made (including the Framework) is not renewed. In July 2022, the Minister for COVID-19 Response will take a paper to Cabinet that sets out our post-winter strategy to managing COVID-19 in the medium to long term. The framing for that strategy, with **baseline** and **reserve measures,** is a useful way to

[1] 'Intrinsic severity' relates to the properties of the virus itself, and the severity of the disease that would occur without protection in place, e.g., vaccines, prior infection. 'Realised severity' is the severity that is observed given of the protective measures in place at the time. While intrinsic severity may increase or decrease over time, realised severity is likely, but not guaranteed, to decrease over time.

characterise the domestic and border measures we might use to respond to a new variant after winter (Table 1 provides a non-exhaustive overview).

13 The baseline consists of actions that will cumulatively help to ensure the burden on the health system is lowered (both via improving the capacity and capability of the health system and reducing incidence of admission), communities are strengthened, and those who are vulnerable feel safe and are less at risk of COVID-19 infection. It is the basis from which we will respond to new variants of concern. Many of these measures are likely to have co-benefits beyond COVID-19.

14 These measures, the application of which will be kept under review to ensure they are sufficient[2], would be designed to be able to be 'dialled up or down' depending on the situation. Changing the application of measures can often occur via operational decision-making processes (for example, to increase the number of community testing sites, or to strengthen public messaging about risk) – which improves responsiveness and agility.

15 These baseline measures collectively increase our societal capacity to absorb COVID-19 impacts, meaning that we will be less likely to need to use more restrictive tools when a new variant does emerge. In many cases, I expect that we will be able to manage new variants from within our baseline.

Table 1. Baseline and Reserve measures for responding to COVID-19 risks

Baseline measures
Maximising population immunity through **vaccination,** with priority measures for the most vulnerable population groups, with particular regard to Māori and Pacific (Cabinet will consider a report back on the Vaccine Strategy on 6 July)
Contact tracing and isolation in accordance with the Health Act 1956 (as for other infectious diseases)
Investment in the healthcare system, including to enable continued provision of Māori whānau-centred community responses and to improve access to care more broadly
Protecting people against severe illness with improved use (including via improving accessibility) of **anti-viral medication**, targeting those most vulnerable to severe illness and long-term effects
Guidance for masking and to inform the operation of higher-risk activities (such as very large gatherings), and targeted communication and education to **promote public health behaviours** (e.g. messaging to 'stay at home if you are sick')
Targeted protection to those most vulnerable to COVID-19. This will include strengthened guidance on screening testing in highly vulnerable places, such as Aged Residential Care (ARC) and disability services facilities, and ensuring testing modalities are readily available and accessible; prioritising access to regular booster shots; and maintaining the availability of appropriate PPE
Continued promotion of **infection prevention** and controls (IPC)
Improved **communications, data, information** and availability of supporting **technology** for individuals, whānau, faith leaders, communities, schools and businesses to help manage risk (and avoid or counter

[2] Such review will be informed by quantitative and qualitative data and insights, including surveillance data and feedback from 'those on the ground'

disinformation) at the PCBU[3], hapū, whānau, and individual level. This will include improved provision of up-to-date information on the latest variants, and improved ventilation **Surveillance** and testing to understand our level of risk and prevalence of new variants), inform measures to help reduce onwards transmission, and enable timely access to therapeutics and clinical care. Surveillance also important to evaluation of our response. Income support, employment services, and community service provider support through the Ministry of Social Development (MSD) Evaluation and research
Reserve measures
Shifting targeted recommendation from guidance to legal requirements (e.g., making it a requirement to return a negative test before entering an ARC or other highly vulnerable place) Implementing population level legislated restrictions (e.g. mandatory mask wearing, gathering limits) Movement restrictions (either localised, for example targeted at types of entities, regional, or national) Broad quarantine and isolation requirements, for example as currently in place as part of our winter strategy Border measures, such as mandatory testing requirements or in extreme cases partial or complete closures Funding and supports – including to mitigate the impact of restrictions and support compliance with public health measures

Reserve measures will be used when we need to significantly escalate our response

16 More restrictive measures may still be an option but we will only use them if proportionate to do so, guided by risk, and these will otherwise be kept in **reserve**. Reserve measures, many of which are rights limiting, are measures that have a higher societal burden. They involve a more acute trade-off between limiting transmission and impacts on the economy and people's rights, which is why these measures are not part of our baseline. We should be clear about the key considerations surrounding their use. These include:

16.1 their effectiveness against the variant (evaluation of this also includes whether there is social licence to use the measure, and our ability to operationalise the measure in the necessary timeframe to have the desired health effect);

16.2 that we are confident the measure's benefits would outweigh its costs across social, cultural, economic, and (non-COVID) health domains and that no combination of lesser restrictive measures would be sufficient to achieve the intended health effect; and

16.3 that the measure does not limit rights or is a justified limitation of rights set out the in the Bill of Rights Act based on public health advice.

[3] PCBU – Person in charge of a business or undertaking – responsible under Health and Safety at Work Act for the safety of workers and customers

17 The effectiveness of highly restrictive measures is not guaranteed. Any new variant is likely to have a transmission advantage (increased Ro) over previous variants, meaning it will more easily evade prevention measures. For example, we saw the time for Omicron to breach MIQ was much reduced compared to the Delta variant, and a level 4 lockdown was less effective against Delta than the original variant. As the pandemic has extended for over two years there is likely reduced social license for stringent measures. This is further reason why we must invest in our baseline system measures to help reduce the likelihood of us ever needing to escalate to such a point.

18 Therefore, border closures are at most only useful for a limited period of time, to delay entry of a variant and/or to delay it taking hold. Lockdowns are unlikely to achieve elimination, therefore their harms and benefits are much more finely balanced.

19 While we must focus as a priority on improving our baseline, it is responsible of us to direct resource to preparing for launching reserve measures if these are required to effectively respond.

Variants of Concern Scenarios

20 To support Government preparedness efforts, the Ministry of Health has developed *Aotearoa New Zealand's Strategic Framework for COVID-19 Variants of Concern* (the VoC Paper). To inform All of Government preparedness planning, this paper sets out five hypothetical potential scenarios (Appendix 1), all of which assume the hypothetical VOC has a transmission advantage over current prevalent variants[4]. The scenarios are:

20.1 Low clinical severity, low immune escape

20.2 Low clinical severity, high immune escape

20.3 High clinical severity, low immune escape

20.4 High clinical severity, high immune escape (worst-case)

20.5 Multiple co-circulating variants with different levels of severity and different levels of cross-protection.

21 The reason a range of scenarios have been included reflects that predicting viral evolution is not possible and the scenarios are hypothetical. The most concerning scenario (high immune escape and high clinical severity) is possible, but remains less likely than the other scenarios involving either high immune escape, but low severity or high severity and low immune escape.

22 While it is pragmatic to focus preparations for less severe scenarios, it is responsible to hedge and direct resource to preparing for the worst-case scenario as well. A dual focus on the less severe and worst-case scenarios

[4] The scenarios are based on evidence on the likely characteristics of new variants and their characteristics, including research into similar scenarios used internationally. They have been externally reviewed by the COVID-19 Technical Advisory Group and Strategic Public Health Advisory Group. They have been considered by the COVID-19 Independent Continuous Review, Improvement and Advice Group as part of engagement.

will ensure we are well placed to efficiently and effectively respond to any new variant. This preparedness approach will also help reassure the public, particularly those most vulnerable, that we are not being overly optimistic about the future trajectory of the pandemic.

Approach to new variants

23 As part of our preparedness, it is useful to keep in mind the potential objectives we may wish to pursue in deploying reserve measures, under the overall aim of reducing the impacts of the virus nationally, regionally, and locally. The success of some of these approaches is more likely than others, largely due to the fact that a new variant of concern is likely more transmissible than Omicron and that our borders will be open by default. Which approach we pursue will be guided by our overarching strategy (currently Minimise and Protect) and established advisory processes and overarching strategy, which I outline in further detail below.

23.1 Prepare and contain – delay the impact of wide-spread transmission until other response measures or mitigations are in place. This consists of a combination of border and/or boundary measures to "keep it out" and responses to small outbreaks to "stamp it out"

23.2 Reduce the peak or flatten the curve through suppression measures – to reduce case numbers to a level that the health and ideally welfare and education systems can tolerate. This is similar to our current minimise and protect approach.

23.3 Elimination – to eliminate transmission. Achieving this objective at national scale is considered highly unlikely, as a new variant is likely to be highly transmissible.

24 Preparedness work guided by the scenarios does not commit the Government to any specific measures. Instead, there are a suite of measures within our reserves (and baseline) that could be deployed (or ramped up), depending on the nature and the context within which a new variant of concern may emerge. Any response will be tailored to the characteristics of the variant of concern and the community context in which it has seeded (or is likely to seed), with particular focus on the susceptibility of the population and likelihood of severe adverse health outcomes.

Overview of advisory process for new variant outbreaks

25 The Ministry of Health leverages international data collection and scientific information, processes, and findings, such as the World Health Organisation and global indicators alongside national surveillance information, to ensure that our processes for identifying and any assessment of new variants are timely and robust. The Ministry of Health also actively engages with like jurisdiction partner countries to increase our understanding of any new variant and its impact on population health and severity.

26 The Ministry of Health monitors for information on new variants and will regularly assess their potential public health impact on New Zealand communities and populations. If the risk associated with a new variant is of sufficient concern and it has been detected in the community, the Ministry of Health will undertake an incident management meeting with regional leads and public health personnel, undertake a Public Health Risk Assessment (PHRA) when prudent, and convene a COVID-19 Assessment Committee (CAC). If a concerning new variant has been detected offshore a PHRA will be undertaken is this instance also, and the CAC then convened.

27 The CAC will draw on public health, scientific and clinical qualitative and quantitative information to assess the current health and health system situation, identify potential health response objectives (including as outlined in paragraphs 23.1-23.3), and if required identify an appropriate mix of response measures to meet the health objectives. In some instances, the recommendation may not be to trigger these immediately; dialling up our baseline measures and waiting for further information could be preferable in some scenarios, particularly if social licence is weak and our environment highly uncertain. In other instances, the CAC may recommend that border-related measures[5] are triggered pre-emptively, for example if a potentially very high severity variant is identified offshore but has not yet been seen in New Zealand, and if other countries are taking similar measures. Ministers will be advised in advance of the CAC convening.

28 As an indication of timeframes, in the two to four weeks following initial detection of the Omicron variant offshore, anecdotal reports and early data gave indications on the transmissibility, immune evasion and severity characteristics of Omicron. However, strong epidemiological and clinical data to support these findings only emerged one to two months following detection. Evidence of more severe variants may emerge faster (for example, indicated by a cluster of deaths) but there will be considerable uncertainty in data and information in the early stages.

29 The health advice from the CAC will be incorporated into system advice that is provided to COVID-19 Ministers for their consideration. This system advice will also take into account the non-health factors that Cabinet has previously agreed to: economic impact, impact on at risk populations, operational feasibility, and social licence. These factors were suitable through the pre-Delta, Delta and Omicron outbreaks and I have no reason to expect this will change when applied to new variants. Impact on international relationships, particularly with regard to the Pacific, will also be considered.

30 This process I have set out above will still occur when functions from the Ministry of Health transfer to interim Health New Zealand (HNZ). The Ministry (including the interim Public Health Agency (PHA)) and interim HNZ have

[5] For example, requiring pre-departure testing using specific testing modalities that meet enhanced specificity and sensitivity requirements in asymptomatic persons (e.g. as may be offered by LAMP tests or other innovative modalities, but not currently available Rapid Antigen Tests) or enhancing on arrival testing and isolation requirements for travellers.

worked together to ensure that functions will transfer in a way that mitigates risk to the continuity of our current COVID-19 management.

31 With open borders, it is likely that a highly transmissible novel variant would rapidly enter and become established within days. This means that compared to previous settings with tighter border measures, the time to review and assess the situation will be reduced – meaning that we may need to act on nascent and uncertain information. However, as we have seen with new variants such as BA.4 and 5, the growth advantage could also be more muted, meaning that even if they had been associated with greater severity, we may have had weeks rather than days to plan and make decisions.

An adaptive approach

32 Once a variant of concern has seeded in New Zealand that necessitates the use of reserve measures, it is likely that we will take an adaptive approach to its further management – similar to as occurred with Omicron. The adjustments we make, and when we make them, will be guided by the processes set out in paragraphs 25-29 above. This means that we should expect our testing, tracing, isolation, and quarantine settings in particular to evolve over time, to ensure they remain effective and proportionate to risk, and to account for their potential to give rise to significant economic, social, and equity impacts.

System context and preparedness

33 We are in a better position to respond to new variants of concern based on the lessons learnt and changes made since the initial outbreak in March 2020.

34 In responding to variants over winter we are well prepared to do so within our current institutional structures and centralised system of advice. If a new variant were to arrive in the short-term, we could revise the measures in the Framework and our border settings using the process set out above. If a new variant arrives next year, when we are unlikely to have the Framework in place, we would either respond within the context of our baseline measures or choose to implement some combination of reserve measures as an extra layer of protection, proportionate to the risk posed.

35 The Minister for COVID-19 Response will report to Cabinet in early July setting out more details on our strategy for managing COVID-19 post-winter over the medium-longer term and will provide an overview of how the COVID-19 system will be reconfigured and functions transitioned across institutions to support this. I have asked officials to continue exploring how we can ensure that our enduring regulatory settings remain fit for purpose as COVID-19 becomes endemic.

Table 2: Key response measures currently in use and their reactivation time if deactivated

Measures	Operational complexity	Time to reactivate if deactivated	Additional govt resources?	Legal change to activate (if deactivated)?	Agencies (*lead)
Predeparture testing	Moderate-High	1-2 weeks	Yes	Yes	*Customs/MOH (iHNZ)
Testing and surveillance – on arrival and community	Moderate-High	24-48 hours	No	Yes	*MOH (iHNZ)
Contact tracing	Moderate-High	1 week	Yes	No (yes if requiring record keeping)	*MOH (iHNZ)
Self-isolation	Low-Moderate	48 hours	No	Yes	DPMC/*MOH (iHNZ)
Capacity limits (Red in CPF)	Low	48 hours	No	Yes	*DPMC/MBIE
Mask mandates (Red and Orange in CPF)	Low	48 hours	No	Yes	*DPMC/MOH (iHNZ)
Close Contact Exemption Scheme/ Work in Bubble	Moderate	1 week	No	Yes	*MBIE/MOH (iHNZ)
Managed Isolation (Domestic)	Very High	3-4 weeks (if not replaced by Care in the Community)	Yes	Yes	MHUD/MBIE/MSD/MoH/Health NZ/NZ Police/NZDF

Table 3: Response measures not currently in use and time to reactivate[6]

Measures	Scenario	Time to reactivate	Additional govt resources?	Legal change to activate?	Agencies (*lead)
National Quarantine (Formerly MIQ)	Worst-case	3-4 weeks	Yes	Yes	*MBIE/MFAT/ MoH/Health NZ/NZ Police/NZDF
International border closures	Worst-case	48-72 hours	N/A	Yes	*Customs/MFAT
Regional lockdowns with enforced monitored checkpoints	Worst-case	72 hours	Yes (significant diversion of police activity)	Yes	*Police/MOT
Regional lockdowns with spot checks	Worst-case	48 hours	Yes (diversion of police activity)	Yes	*Police/MOT
Domestic business travel documentation and exemption system	Worst-case	48 hours	Yes	Yes	*MBIE/MPI
Require vaccine passes	Worst-case	TBC	TBC	Yes	MOH (iHNZ)/*DPMC

Health system preparedness

36 A significant amount of operational planning has occurred across the health system to ensure it is as prepared as possible to respond to a new variant.

[6] The required level of increase in capacity and capability for contact tracing and testing (including PCR for surveillance and diagnosis purposes), and lead-in time required to achieve such changes, is being considered as part of Ministry of Health's operational preparedness work across each of the five scenarios.

Critical medical supplies

37 The Ministry of Health currently maintains the centralised national supply of PPE, ICU and respiratory equipment alongside critical medical items such as intravenous consumables, syringes and needles. The Ministry is confident it has good stocks of PPE available, with at least 12 weeks of stock based on forecast usage at high pandemic volumes and 40 weeks on average at low usage rate. Additional infusion pumps and ventilators have been provided through the national supply to DHBs for use over the winter months and as part of their pandemic readiness.

38 Suppliers of medical devices and consumables have expressed concerns related to continuation of global logistics and supply chain constraints and access to capacity. Where possible government agencies are working collaboratively to expedite critical medical items to New Zealand and through ports domestically. Health sector suppliers and contract managers are working with the warehousing and logistics industry to reduce the risk of warehousing capacity not being available in times of higher demand for critical medical items, which have strict storage requirements.

Workforce planning

39 Continuity of the workforce is key to the functioning of the health system. Despite several initiatives being underway in the Ministry of Health and the wider health sector to increase the pool of qualified professionals, workforce remains a risk that requires ongoing management throughout winter (DHBs have been using an assumption of 5-10 percent overall absenteeism for their winter planning). Further mitigations include continuing to leverage non-specialist workforce where possible, including via seeking to amend policy and legislative constraints, as occurred during parts of earlier COVID-19 response. In addition, Health New Zealand has established a workforce taskforce to provide coordinated and executive-level decision making for the health workforce, including oversight of immediate actions to mitigate workforce issues.

40 The Aged Residential Care (ARC) workforce is currently considered to be at higher risk. Measures to help address this risk are improving rates of influenza vaccination, and assessing staff deployment and contingency plans as part of the Ministry of Health's overall winter preparedness work. The available resources and planning activity to date means that the ARC sector is relatively well prepared to manage the five variant scenarios, contingent on workforce being available to do so.

Vaccination

41 s9(2)(i) [redacted]

s9(2)(i) [redacted]

42 s9(2)(i) [redacted]

43 s9(2)(i) [redacted]

Testing infrastructure

44 The current testing plan considers the potential for new variants to emerge, including the worst-case scenario of a highly transmissible (more than Omicron) and highly severe (worse than Delta) variant. From a testing perspective we need to continue to ensure there are sufficient RATs available[8] to support widespread testing if required, and sufficient PCR capacity continues to be developed and maintained to ensure that capacity is available for our most clinically vulnerable and priority populations. The latter will require new contracting arrangement with laboratories, as their current testing volumes have been considerably lower than the capacity that has been built. These contracting arrangements also need to consider the additional costs of ensuring border-related positive PCR test samples are routinely and quickly transferred for whole genome sequencing to support variant surveillance Procurement of new contracting arrangements for provision of laboratory services through to 2023 is underway.

45 Realtime multiplex device use is wide-spread across New Zealand hospital settings with increased use likely throughout winter, as this helps to inform clinical management of those unwell with COVID-19 and other influenza like illnesses, particularly if PDT reintroduced. Further exploration through the Testing Innovation Framework horizon scanning identify new technologies for use in diagnostic and surveillance testing.

46 As part of operational planning across the five scenarios the Ministry of Health is actively considering innovative testing modalities could contribute to improving the effectiveness and efficiency of our COVID-19 response

[7] In April 2022, Cabinet noted that officials will report back to the Social Wellbeing Committee (SWC) in the second half of 2022 on how the vaccine programme is operating, including vaccine uptake, a breakdown of spend, a plan to resource the National Immunisation Programme in a more sustainable way (including the reallocation of FTE), and any funding requirements for 2023 which gives consideration to enabling Māori approaches [SWC-22-MIN-0057 refers].

[8] RAT supply for those self-managing COVID-19 is sufficient based on current utilisation rates and will hold through to Quarter 1 2023 without additional purchases needing to be made.

(including in relation to PDT requirements). I will be receiving advice on these matters once regulatory approvals and use cases are confirmed.

47 The Ministry of Health is finalising the scope for the regulatory review of the COVID-19 testing and innovation system, including a rapid review of Point of Care COVID-19 testing. The rapid review, expected to be completed by the end of July, will include development of options that does not depend on an Epidemic Notice.

48 As indicated in paragraph 32, our approach to testing (including the use of Whole Genome Sequencing (WGS)) and contact tracing is likely to change across the stages of an outbreak of a new variant. For example, early in an outbreak we may be more likely to use more PCR testing (to enable WGS) and have a higher touch, active contact tracing and management approach as we attempt to delimit the spread of the new variant. The Ministry of Health's operational readiness planning includes consideration of the likely changes to our testing, tracing, and case management settings across outbreak stages for each of the five variant scenarios.

Contact tracing

49 The case investigation and contact tracing system has evolved significantly since March 2020. Due to investment in case investigation capabilities, the system now has a sizeable and highly skilled workforce, and mature operating procedures, tools and systems, and knowledge.

50 While the intensive public health measures used in the response to COVID-19 have been reduced to ensure a proportionate response to the Omicron outbreak, it is important that they remain ready for use again, should the public health circumstances demand it. This could include reactivation of a higher touch, active management contact tracing approach particularly if a new variant of concern is identified. I am receiving further advice on our operational readiness for this across each scenario in coming weeks.

Surveillance

51 Surveillance is currently focused on monitoring COVID-19 nationwide as we shift to a post-peak 'baseline' rate of infections and to ensure that we can quickly detect a new variant of concern. Our comprehensive approach to surveillance, including our priorities and key activities, has already been considered and endorsed by Cabinet [CAB-22-MIN-0161 refers].

52 WGS technology continues to be the primary method to detect viral COVID-19 variants in both international arrivals and in the community. In areas with little to no known cases of COVID-19, wastewater can indicate early-on any infection in that location and/or region. In areas with high community transmission, quantification of RNA material in wastewater is used to indicate whether an outbreak is in the growth or declining phase. There is continued use of WGS primarily for variant surveillance, through systematic sequencing of a sample of infected individuals in the community and at the border (arrivals and workers). Expert advice is that a sample of 300 positive border cases per week is sufficient to reliably detect any variants that are above a threshold of

one percent of all border cases, and so we are scaling up our WGS capacity to 1500 per week, via process improvements and the addition of a new lab, to boost our capacity to adequately sample and detect a new variant of concern (and continue community sampling). Currently, samples from imported cases are being prioritised for sequencing.

53 The Ministry of Health is working on a digital solution to link travelers' positive RATs with a PCR test, and this is due to be completed by 13 June. This will automate reminder communications (currently these are conducted manually) with travellers who have had a positive RAT but have not yet recorded a PCR result, which should enhance compliance as travellers will receive more regular prompts compared to the manual process currently in place.

Therapeutics

54 Pharmac is securing treatments for people with an active COVID-19 infection or at high risk of infection. Six are currently available for use in certain settings with further treatments under consideration or due to arrive in country. Two of the six are for public use through selected community pharmacies following clinical assessment. The Ministry of Health provides clinical advice for health professionals on COVID-19 treatments. Efforts to improve access to therapeutics are underway.

Intensive care capacity

55 DHBs report that approximately 180 resourced ICU capable beds and approximately 265 resourced critical care beds are available across the country, and that they have the ability to surge to over 500 beds if needed.

56 $544.2m of operational expenditure was announced in December 2021 to increase bed capacity and will predominantly be used to increase critical care capacity and capability. s9(2)(f)(iv) Discussions are underway with regions to determine the location of this additional capacity. Supplementing this, new bed capacity (both permanent and surge) is being stood up across three DHBs as part of the $100m capital expenditure announced in November 2021.

57 s9(2)(f)(iv)

Transition

58 The Ministry of Health is working with the interim HNZ to transition these core components of the COVID-19 response into the new health entities on 10 June. It is critical that the COVID-19 functions' transfer ensures the response continues seamlessly across the entities so the system remains prepared and resilient to future threats. Maintaining performance of the system will also be supported by the preparedness exercise that will be coordinated by DPMC that is further detailed in next steps below. More details on operational health and disability system preparedness following the transition of functions to the

new health entities will be included in the updated National Management Plan (paragraph 94 refers).

Economic support

59 Treasury's advice to the Minister of Finance, presented to COVID-19 Ministers on 8 April (T2022/275 Transitioning to a COVID-resilient economy) noted that the economic context we are operating in has changed since the early days of our response and this, and the likelihood of further change, must inform our preparedness activity. Early in the pandemic, the potential for high domestic unemployment was a key concern. We are now facing persistent labour market tightness, and inflation is now the principal economic challenge in New Zealand and abroad.

60 Treasury advises that further economic supports would likely exacerbate inflationary pressures. It is therefore important that support policies, if they are needed in the future, are temporary and well-targeted. Fiscal policy is expected to be contractionary in 2022/23 because of the withdrawal of COVID-19 supports after the 2021/22 year. The Treasury advises that it would be prudent at this time to maintain this contractionary fiscal stance. This would support monetary policy to combat inflation and ensure it does not need to overcompensate for any additional stimulus.

61 The Treasury advises that no further business support is generally needed for measures equivalent to the Red level of the Framework or below, although there may be a case for specific support for a limited number of sectors—such as the events sector—that are directly affected by the restrictions at Red. While there are likely to be strong calls for additional support from 'Red exposed' sectors, providing further business support, particularly if this is broad-based, would likely have a substantial fiscal cost, risks exacerbating inflationary pressures, and may be detrimental to improving productivity. To strengthen incentives for firms to transition to more COVID-resilient ways of operating, we should continue to signal that no further business support will be provided[9] Many businesses have already made changes to their business models to enable them to continue to trade through COVID-related disruption and have built resilience as a result. We do not want to undermine this.

62 This changed economic context, particularly the deactivation of the Wage Subsidy Scheme, is also significant when considering the role of the COVID Leave Schemes (the Leave Support Scheme and Short-term Absence Payment). Currently we spend $15.6 million a week on average on the COVID Leave Schemes (based on the past four weeks). Advice on exiting the COVID-19 Leave Schemes, which currently do not have an end date, will be informed by the broader health context and self-isolation requirements, will be provided to the Minister of Finance and Minister for Social Development and Employment in late winter.

[9] Some support is still available. For example, the Small Business Cashflow Scheme (SBCS) provides liquidity support for small businesses suffering a decline in revenue due to COVID-19. The SBCS is open for applications until 31 December 2023, meaning that support will continue to be available in a future outbreak before the end of next year. The Leave Support Scheme and Short-term Absence Payment are also currently available to help businesses to pay their employees who are required to self-isolate and cannot work from home.

63 If lockdown-type restrictions were imposed, the Treasury advises that there may be a case for additional business support to support compliance with the public health response. s9(2)(f)(iv) The change in economic context means it is very unlikely that reintroducing the Wage Subsidy Scheme would be supported by the Treasury in any scenario. This is reinforced by recent changes to expand the eligibility of the hardship grants administered through MSD as part of Budget 2022 and the continuation of the Care in the Community model, ensuring individuals requiring support have several options.

Care in the Community (Welfare)

64 Care in the Community has been fundamental to reducing the impacts of COVID-19 on those who are more vulnerable. s9(2)(f)(iv)

65 s9(2)(f)(iv)

66 MSD will work with Treasury to develop preliminary advice on policy and resourcing options in such a scenario, and will include this as part of the report back to the Minister of Social Development and Employment and the Minister of Finance on the implications of self-isolation requirements remaining beyond August 2022 [SWC-22-MIN-0064 refers].

Education

67 The education sector, including tertiary providers, and Ministry of Education is generally well-prepared for a resurgence. All education providers will have a health and safety plan in place and will have adapted that plan to respond to risks from COVID-19. Extensive IPC guidance has been provided by the Ministry of Education to support education providers, including tertiary providers, to respond to COVID-19.

68 Capability to deliver learning at home, when needed, is in place and the range of health measures to mitigate transmission including ventilation measures, are well-known and practised. Over 2020-21, the Ministry of Education implemented a significant distance learning response, supporting teachers, leaders, learners and their whānau across the motu to keep learning going from home. This included the centralised provision of internet connections, laptops, learning packs, preparedness guidance, and television content. The

Ministry of Education continues to scenario-plan for significant resurgences or other events which necessitate wide-spread service, school or kura site closures. In this event, the Ministry is able to swiftly stand-up contingency supply of learning packs for a range of ages, as well as television and online curriculum content.

69 If significant future disruptions to schools and services occur in future, further support for schools and services may be needed to ensure they can continue to provide education services safely. Previous one-off initiatives to respond to specific needs across the sector have included:

69.1 $5m over the 21/22 FY to support Te Kura to offer an enrolment gateway for ākonga who are at a higher risk of severe illness from COVID-19 or are living in a household where someone has a higher risk of severe illness from COVID-19;

69.2 $6.73m ventilation support for the purchase of carbon dioxide monitors and air purifiers; and

69.3 a one-off addition of $15m to the Additional Relief Teacher Funding to assist schools and kura with the cost of employing relievers and casual non-teaching staff to cover a staff member's absence due to COVID-19. The annual budget is usually $13m.

Ventilation

70 s9(2)(f)(iv)

Supply chains

71 Our response to the widespread supply chain disruptions of the past two years has focused on supporting the private sector. Interventions have been either very targeted responses to blockages in supply chains for specific critical goods and services, or measures to maintain the viability of freight routes during the period when border restrictions on passenger travel led to a significant reduction in commercial flights (particularly the Maintaining International Air Connectivity (MIAC) scheme, due to expire by March 2023).

72 If tighter border control measures became necessary, targeted interventions for product-specific supply chain outages could be explored if and as required, depending on the nature and extent of the disruption. Agencies are continuing monitoring and information-sharing on both international and domestic supply chain developments, maintaining a level of readiness for coordinated responses to future disruptive events. However, I am advised the unpredictability of such outages makes comprehensive preparedness challenging.

73 More broadly, agencies are building greater resilience into New Zealand's supply chains over the longer term. The Ministry of Foreign Affairs and Trade is leading work, informed by engagement with industry and sector representatives, to strengthen the longer-term resilience of our supply chains for access to a range of essential goods and services. The Ministry of Transport is developing the New Zealand freight and supply chain strategy which will assess logistics and infrastructure needs in order to optimise the freight and supply chain system over the next 30 years.

Corrections

74 COVID-19 can be easily transmitted among the highly vulnerable prison population. To support prisons to operate safely and sustainably, Corrections has formulated a COVID-19 Custodial Resilience Operating Framework, meaning it is well prepared for future outbreaks. The Framework outlines protocols and controls for use in different scenarios, including, but not limited to, the use of masks/PPE for staff, when visitors are permitted, the entry and external movement of prisoners, and when/how Corrections can facilitate court hearings.

Supporting Māori, Pacific, disabled people, and Ethnic communities

75 In the event of a new variant, agencies would deploy tailored services and information to support Māori, Pacific, disabled people, and Ethnic communities. If lockdowns or restrictions are needed after agencies' time-limited funding expires, then further funding would be sought. The Office of Disability Issues will maintain its sector relationships in order to inform government on the impacts of developments related to COVID variants on disabled people, the disability community and service and support providers, and to provide guidance on related engagement and communication.

76 Early, locally provided and whānau-centred responses by Whānau Ora Commissioning Agencies, Iwi and Māori providers to whānau Māori, including tāngata whaikaha Māori, during the pandemic have enabled a rapid, flexible, and trusted response. These services, which have significant reach including into remote and isolated communities[10], have been largely provided as an "add-on" to mainstream services only when the latter had not effectively reached and responded to Māori. Ensuring our approach is reflective of the differentiated needs of iwi, hapū, whanau, and tāngata whaikaha Māori is therefore a key consideration as we set our longer-term strategy and develop its specific baseline measures. Changes to our health system and funding provided through Budget 2022 will also help to support this. The Māori Health Authority will play a significant stewardship role to ensure the COVID-19 response authorising conditions will respond and protect Māori, and $299 million has been provided in support for Māori health services, aimed at enhancing rangatiratanga for Māori in the health system, including funding to support Hauora Māori Commissioning, Iwi-Māori partnership boards, and Māori providers of primary and community care.

[10] Many remote and rural communities have limited access to health services (vaccination, education and primary health care) and are also vulnerable to supply chain and critical services (including connectivity) disruption.

77 In the event of a variant of concern, the Ministry for Pacific Peoples is confident it has mechanisms in place to enable the quick dissemination of tailored information to diverse Pacific communities[11], as well as the trusted relationships to mobilise necessary community responses. Funding to date has supported Pacific health providers and community groups to deliver tailored Pacific models of care and pandemic responses that work for Pacific communities. These include vaccinations, self-isolation and testing, digital accessibility, pastoral care, and provision of welfare, social and spiritual support. Delivery of this work has been enabled by the Pacific Aotearoa Community Outreach Fund. Current investment is timebound: $2m to 30 June 2022 and $13m for 12 months to June 2023. In addition, support services are also delivered to Pacific families through Whānau Ora Pacific Futures Commissioning Agencies.

78 The Human Rights Commission's *Inquiry into the Support of Disabled People and Whānau During Omicron* report identified that accurate and timely disability-specific information about COVID-19 had been hard to find, and that it was not available in a full range of accessible formats. DPMC has now developed a fully accessible "one stop shop" online information hub for COVID-19 information, which could be utilised to disseminate information about variants of concern. The Ministry of Health has invited disability organisations and providers to apply for grants of up to $50,000 from a $2m fund to support with communications and targeted support for disabled people to self-isolate. The Ministry of Social Development has committed $5m to co-design with disabled organisations targeted supports for disabled people who have to self-isolate as part of the Care in the Community model. This mahi will support preparedness for a variant of concern. During the Omicron outbreak workforce Activity is also underway to increase the workforce capacity for carers of disabled people, which was a known issue during the Omicron outbreak, with progress tracked fortnightly via the All of Government COVID-19 Disability Response Action Tracker. In the immediate term, an interim 0800 number has been set up for disabled people whose support worker has not arrived, while a longer-term solution is consulted on which should help to support continuity of care throughout future outbreaks

79 While the Ministry for Ethnic Communities (MEC) has well established mechanisms to support diverse ethnic communities quickly, COVID-19 related engagement and health-related activities are not funded as part of baseline. Examples of previous activity enabled by time-limited COVID-19 funding include targeted vaccination events, tailored information hui, and support for communications (including to translate products into over 20 languages). MEC has also worked to ensure that ethnic communities were reflected in the Care in the Community Framework.

[11] COVID-19 products have been developed in English and in nine Pacific Languages. Since the announcement of the first case of Covid-19 in the community, MPP has engaged with tens of thousands of Pacific groups and individuals across the country.

Managed Isolation and Quarantine

80 In the worst-case scenario, quarantine or isolation facilities may be necessary to respond to a new variant.

81 Proportionate to our current context, the decision has been made to decommission the Managed Isolation and Quarantine (MIQ) network by August 2022 at the latest, subject to the provision of a Readiness Plan for re-establishing managed quarantine and isolation capabilities. This Readiness Plan is being developed and the next iteration will be provided to Ministers by 31 July 2022 following negotiations to retain critical "surge" functions with key suppliers and partner agencies.

82 The Readiness Plan, when activated, will enable the Government to rapidly stand-up quarantine and isolation capability within minimum 3-4 weeks[12] as part of border control measures in response to a significant public health threat. This timeframe is the minimum time required to[13]:

82.1 develop specific IPC procedures and requirements for both frontline staff and facility operations, and for sourcing of necessary PPE[14];

82.2 identify and surge the required workforce across multiple agencies and private sector partners and train all staff in IPC protocols and PPE requirements, once these are available;

82.3 empty facilities of existing guests and make infrastructure/building work changes to facilities; and

82.4 Re-establish the necessary logistics and support infrastructure (e.g. stand back up systems and processes to allocate spaces in facilities).

83 The Plan is predicated on sufficient surge workforces being made available urgently by partner agencies (in particular health staff) and a full border closure being in place (or in the process of being implemented) when the Plan is activated, and that quarantine and isolation capability will be in support of border arrivals. The Readiness Plan is dependent on a legislative framework (similar to the COVID-19 legislative framework) to enable quarantine and isolation functions given they are rights limiting. Self-isolation, as is required

[12] The plan assumes that self-isolation will be the interim default position while quarantine and isolation capability is re-established and that other appropriate steps will be taken in parallel (for example pre departure tests) to ensure that risk is kept offshore as much as possible. If a border closure were implemented with no self-isolation option in the interim period while MIQ was being re-established, this would likely result in significant cases of distress among stranded offshore New Zealanders; this would be compounded by a likely immediate reduction of commercial inbound air route capacity. This issue would be of a type and scale that could not be managed or resolved via consular support from New Zealand officials offshore.

[13] s6(a)

[14] The re-establishment of managed quarantine and isolation facilities is only anticipated in the instance of a variant with significantly increased vaccine escape and mortality. This would make these facilities much more dangerous workplaces than they have been previously. The Health and Safety at Work Act 2015 makes in unlawful for any PCBU to place any staff member into an unsafe working environment without talking all reasonable and practicable steps to mitigate known risks. Failure to do so could result in prosecution, including a custodial sentence.

presently for arrivals to New Zealand with COVID-19, would be relied on while quarantine and isolation facilities are stood up. The Minister for COVID-19 Response is advised regularly of progress.

Alternative accommodation (Self-isolation and Quarantine)

84 Alternative isolation accommodation (previously known as self-isolation and quarantine or SIQ) is managed by Ministry of Health and Ministry of Business, Innovation, and Employment. The Ministry of Health, via Care Coordination Hubs as part of Care in the Community, determines people's eligibility for alternative accommodation and facilitates their placement, and MBIE funds, sources and procures the facilities into which people are placed through the National Alternative Accommodation Service (NAAS). NAAS uses business as usual accommodation systems and relationships with Orbit travel to book rooms and facilities for people who require a place to isolate safely. NAAS also has the ability to increase capacity to meet localised or national demand as required, by booking extra rooms at short notice – including as may be required while MIQ is being stood back up for purposes of isolating returnees should a new variant of concern, for example as may be required in the 'worst case scenario' necessitate this.

Pre-departure settings

85 On 10 May 2022, Reconnecting New Zealand Ministers agreed to remove the pre-departure test (PDT) requirement for all travellers entering New Zealand by air. The timing of the removal of the requirement was dependent on the finalisation of the Ministry of Health's COVID-19 Variants of Concern Strategic Framework, and no later than 11.59pm Sunday 31 July 2022 [DPMC-2021/22-2106 refers].

86 PDTs taken between 24 and 48 hours prior to travel are likely to reduce, rather than stop the flow of cases across the border. This means that PDTs are more likely to be reintroduced in variant scenarios where reducing the number of cases and limiting spread to the greatest extent practicable is our priority – for example, if we were pursuing elimination, or trying to buy time and contain. Key to the feasibility of reintroducing PDT would be the availability of PDT services in other countries; if testing is not available, travellers in that location may need to be exempted or else the requirement would serve as a de-facto border closure, which may not be desirable or consistent with the policy intent. PDT is increasing unavailable overseas, and reinstatement would require significant communications to facilitate compliance.

87 PDT requirements could be reimposed within a week (provided emergency powers to do so were available) if random manual checking were used for verification, or within a month if the New Zealand Traveller Declaration PDT Verification system was to be reactivated. While technically possible, a one-week implementation timeframe will result in significant disruption to border agencies, airlines and airports s9(2)(g)(i) Reinstating PDTs within a month will provide time to make the necessary changes to the NZTD while also adequately briefing and preparing border operations including consideration of resource implications (significant when

borders are fully open), air and maritime partners and processes, and customer support channels.

88 Key to the feasibility of reintroducing PDT would be the availability of PDT services in other countries; if testing is not available, travellers in that location may need to be exempted or else the requirement would serve as a de-facto border closure. PDT is increasing unavailable overseas, and reinstatement would require significant communications to facilitate compliance.

89 s6(c) [redacted]

Institutional settings

90 As we move away from an emergency response model the public sector structure also needs to shift to embed COVID-19 management as part of business as usual – while still being prepared to respond. The Minister for COVID-19 Response will report back to Cabinet on changes to our institutional settings to ensure our approach for managing COVID-19 is sustainable over the longer term in early July. It is my expectation that any transfer of functions will as a default include a transfer in accountability for operational preparedness, unless this is indicated otherwise.

Next steps and communications

91 s9(2)(f)(iv) [redacted]. This includes consideration of whether some of the measures currently reserved for emergencies are more appropriate to be part of baseline. The Minister for COVID-19 Response will report to Cabinet on this work in early July. This paper will also set out in more detail our strategy for managing COVID-19 post-winter over the medium-longer term and will provide an overview of how the COVID-19 government system will be reconfigured and functions transitioned across institutions to support this. In complement to this in early July Cabinet will also consider COVID-19 vaccine strategy [SWC-22-MIN-0057 refers].

92 Agencies will continue to progress their preparedness work, and will engage with key non-governmental partners for assurance of their readiness.

[15] This is because there are few international standards against which to develop robust rules in the NZTD to enable automatic verification.

Preceding any transition of All of Government response functions from DPMC to health entities, an exercise will be undertaken to ensure system readiness to respond to a new variant of concern and a report on this will be provided to the Minister for COVID-19 and to Chief Executives.

93 It is my expectation that agencies will keep their Ministers informed of their preparedness activity and that COVID-19 Ministers will be advised if any significant issues that may compromise our ability to effectively respond to a new variant of concern emerge.

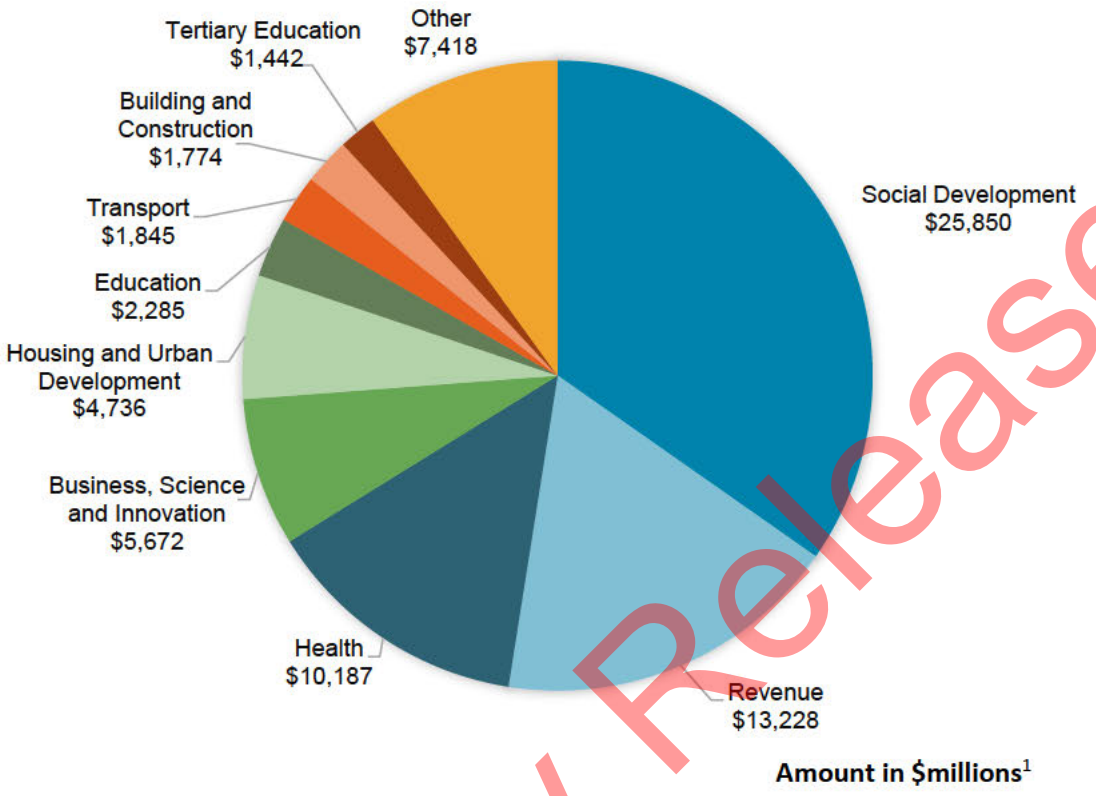
94 The current COVID-19 Te Mahere Tiaki National Management Approach outlines the emergency tools (both active and latent) and roles, responsibilities and readiness activities of agencies across the system to manage COVID-19 in New Zealand during outbreaks under the minimisation and protection strategy and the Framework. Cabinet's decisions on this paper and the work outlined in paragraph 91 will be central to the next version of the National Management Plan (scheduled for quarter three of 2022), which will provide a high-level overview of New Zealand's operationalisation of our post-Winter strategy, including the response to new variants. As part of this, updates will be made to roles, responsibilities and preparedness activities of agencies, decision-making arrangements and mechanisms, and resurgence approaches to new variants.

Financial Implications

95 This paper has no direct financial implications. However, the baseline public health measures at the core of our ongoing approach to variants of concern represent a significant ongoing expense for the Government. It is important that work towards managing COVID activities within baselines is progressed.

96 As of Budget 2022, $70.4 billion had been allocated for the COVID-19 response and recovery through the COVID-19 Response and Recovery Fund (CRRF) and the initial 17 March 2020 support package. The Government closed the CRRF in Budget 2022.

COVID-19 response and recovery funding decisions by Vote (as at Budget 2022)



* This chart includes funding decisions from the initial $12.1 billion response package and from the CRRF. The allocations are offset by $4 billion of funding that was returned to the CRRF, representing an estimated total of funding that was allocated but not spent. For context, Core Crown expenses were $107.9 billion in 2020/2021 and are forecast to be $128.4 billion in 2021/2022 (BEFU 2022).

97 Fiscal trade-offs between funding the COVID-19 response and other Government priorities have sharpened. With the closure of the CRRF, much less funding is available in contingency for the COVID-19 response in future. If further funding were needed, this would place pressure on the $1.2 billion contingency for urgent public health costs that cannot be met within baselines, the Between Budget Contingency, or future Budget allowances. Increasing spending from outside these contingencies or allowances would impact fiscal indicators such as net debt and could exacerbate inflationary pressures.

98 Economic, social and health outcomes will likely continue to be strongly related as the pandemic progresses. Spread of a new variant can have significant economic costs even with no policy response, by making workers unwell and discouraging people from participating in the economy. Preparedness activities and baseline measures can be an efficient way of mitigating both these direct costs and avoiding the cost of stronger response measures. The safer we can make being in the community through people staying home if sick, masking, ventilation improvements, and public health

communication to support good health behaviours, the more people can continue to participate in the economy.

Legislative Implications

99 On 25 May 2022, the Ministry of Health was authorised to issue drafting instructions to remove the pre-departure testing requirement [HR20220871 refers]. The Minister for COVID-19 Response will sign an amendment to the COVID-19 Public Health Response (Air Border) Order 2021 by Thursday 16 June 2022 to enable the pre-departure testing requirement to be removed from 11:59pm Monday 20 June 2022.

100 s9(2)(f)(iv) [redacted]

Impact Analysis

Regulatory Impact Statement

101 The Treasury's Regulatory Impact Analysis team has determined that the decision specifying a date for the removal of the pre-departure testing requirement for all travellers entering New Zealand by air is exempt from the requirement to provide a Regulatory Impact Statement on the grounds that it has no or only minor impacts on businesses, individuals, and not-for-profit entities.

Population Implications

102 Our experience has highlighted that the burden of COVID-19 does not fall equally. Some people are at much higher risk of adverse health outcomes from the virus, and disproportionate socio-economic impacts related to our response measures. Risk factors include vaccine status, age, sex/gender, ethnicity, pregnancy, co-morbidities, disability, mental health and addictions, material deprivation and poverty, occupation, household characteristics, high risk settings, and inadequate access to health care.

103 To mitigate the risk of inequitable outcomes, we will strengthen our baseline, including via putting in place targeted protections for those most vulnerable and will adjust our management approach as required to mitigate the cumulative impacts that COVID-19 and specific tools have on social determinants of health. We will ensure our Care in the Community health model of support is sustainable, and continue to ensure that communications are tailored and accessible to diverse audiences. Care in the Community welfare support will also continue to ensure support is available to those who need it to safely self-isolate.

Te Tiriti o Waitangi Analysis

104 The Crown's obligations to Māori under the Treaty of Waitangi require active protection of tāonga, and a commitment to partnership that includes good faith

engagement with, and appropriate knowledge of the views of iwi and Māori communities. In the context of our response to and future management of COVID-19, this involves considering what will support a national response that is co-ordinated, orderly, and proportionate, considering the Crown's obligation to actively protect Māori health, interests and rangatiratanga. Should a new variant of concern emerge it will be important to ensure Māori are involved in decision-making, and that opportunity, support, and information is provided for iwi, hapū, whānau, and hapori Māori to make decisions that best suit their needs.

105 The current outbreak has so far had a disproportionate impact on Māori. Māori are at higher risk of COVID-19 infection, hospitalisation, and death due to inequitable vaccination rates and incidence of pre-existing health conditions. A secondary impact of this is that Māori service providers are experiencing high degrees of workforce fatigue. Disparities in outcomes for tāngata whaikaha Māori have been highlighted by the Waitangi Tribunal, the Independent Monitoring Mechanism's forum, and the collation of tāngata whaikaha Māori data. Te Kupenga (2018) showed 55% of tāngata whaikaha Māori reported their self-rated health status as high, compared to 84% of Māori non-disabled. These impacts are therefore particularly acutely felt by tāngata whaikaha Māori and providers that support them. Preparedness activities must account for these impacts, and effort must be made to support the recovery and sustainability of these providers so that they can continue to best meet the acute and longer-term COVID-19 needs of their communities.

106 Officials are involved in regular engagement with iwi and Māori to understand the impact changes may have on Māori and ensure good understanding of priorities. This engagement has provided an opportunity to gain insight to how the Government can support what Māori consider is the best approach forward and ensure systems are in place to achieve equitable health outcomes for Māori. s9(2)(f)(iv)

Human Rights

107 s9(2)(f)(iv)

s9(2)(f)(iv)

s9(2)(f)(iv)

s9(2)(f)(iv)

s9(2)(f)(iv)

108 s9(2)(h)

109 s9(2)(h)

110 s9(2)(h)

111 s9(2)(h)

112 s9(2)(h)

113 s9(2)(h)

114 s9(2)(h)

Consultation

115 This paper was prepared by the COVID-19 Group in the Department of the Prime Minister and Cabinet. It has been informed by engagement with: National Iwi Chairs Forum members, the Strategic Public Health Advisory Group, the COVID-19 Independent Continuous Review, Improvement and Advice Group, DPMC Community Panel, faith-based sector representatives, New Zealand Māori Council members, Business New Zealand, and the Disabled Persons Assembly.

Engagement themes

116 Many of the groups DPMC officials engaged with noted the importance of ongoing established relationships so that government can collaborate, scale-up activities and communicate with quickly and efficiently if a serious variant arrives. All agencies should be doing this.

117 Members of the National Iwi Chairs Forum (NICF), Business NZ and the DPMC community panel raised the importance of up-to-date, trusted data and information being available so that groups and individuals can manage

COVID-19 risks themselves – whether it be marae protocols or business continuity planning. Misinformation was raised in this context, with NICF highlighting the importance of good communication to counter mis- and dis-information.

118 Members of the NICF, faith-based sector, the DPMC Community Panel and the New Zealand Māori Council noted pandemic fatigue and concern that social licence is not there for many measures to be effective. This view supports social licence continuing to be a decision-making factor for Ministers in considering the use of reserve measures, along with continued communication and information about the impacts of the virus. Faith-based sector leaders noted the limitations of blanket rules for everyone. In addition to good information, they proposed identifying buildings with COVID safety ratings (e.g. ventilation), as another way for people to make decisions themselves around what is safe.

119 The NICF was particularly concerned about compliance at the border – noting it was only a matter of time before a new variant is identified and it makes its way here. Many of the measures, including border measures, rely on a high trust compliance model. Surveillance tools that do not rely on people's motivation to comply, such as wastewater testing, are an important feature of public health surveillance. Global information sharing is also key and the Ministry of Health is well-connected for that purpose.

120 Several groups raised learning from previous pandemic response phases should be applied to that planning. For example, the Disabled Persons Assembly noted that there was insufficient planning around increasing the capacity of the disability support workforce ahead of the Omicron outbreak which has led to people receiving inadequate support. This specific issue has been taken into account by the Ministry of Health in its preparedness planning. Agencies are carrying out their own lessons learnt processes, along with DPMC COVID-19 Group's processes to feed into future planning.

121 The Ministry of Health reviewed the paper and provided specific input, including public health advice and Appendix 1 '*Summary of Aotearoa New Zealand's COVID-19 Variants of Concern'*. Crown Law advised on the Bill of Rights implications.

122 The following agencies were also consulted on the paper: Customs, Departments of Internal Affairs, Corrections, Ministries of Education, Ethnic Communities, Foreign Affairs and Trade, Housing and Urban Development, Culture and Heritage, Social Development, Justice, Primary Industries, Business, Innovation and Employment, Transport, Pacific Peoples, Te Arawhiti, the Treasury, Te Puni Kōkiri, Oranga Tamariki, and the Public Service Commission, Health New Zealand, and the Māori Health Authority.

Proactive Release

123 This paper will be proactively released following Cabinet consideration.

Recommendations

The Associate Minister for COVID-19 Response recommends that Cabinet:

1 note that new COVID-19 variants of concern are expected to emerge, all of which are likely to have a transmission advantage over previous variants;

2 note there is a possibility that a variant with significant immune evasion and health impacts may emerge;

3 note our post-winter approach will group our future measures to manage COVID-19 in two groups:

3.1 baseline measures that we use routinely to improve resilience and generally do not include rights limiting restrictions, and

3.2 reserve measures that we can use if baseline measures are insufficient to manage the risks and impacts of a new variant or outbreak;

Baseline and reserve measures for responding to COVID-19 risks

4 note that investing in baseline measures outlined in Table 1 will help to improve the capacity and capability of New Zealand to absorb COVID-19 related impacts, which in turn will help to reduce or delay the need to deploy more restrictive, reserve measures;

5 note if severity of COVID-19 declines we expect to spend most of our time at baseline, continuing to increase resilience at an individual, community and health system level to COVID-19 impacts;

6 note that the use of reserve measures will be risk-based, and be implemented only when our baseline measures are not sufficient to achieve the intended health effect;

7 s9(2)(f)(iv) [redacted]

8 s9(2)(f)(iv) [redacted]

9 s9(2)(f)(iv) [redacted]

Variants of concern

10 note that five hypothetical variant scenarios have been developed by the Ministry of Health to enhance All of Government preparedness, and inform high-level health and disability system responses to each scenario, i.e.:

10.1 Low clinical severity, low immune escape

10.2 Low clinical severity, high immune escape

10.3 High clinical severity, low immune escape

10.4 High clinical severity, high immune escape (worst-case)

10.5 Multiple co-circulating variants with different levels of severity and different levels of cross-protection.

11 note that should a new variant of concern be identified, the Ministry of Health will assess its likely health impact in the New Zealand context and the Director General of Health will alert COVID-19 Ministers if this assessment suggests severe adverse health outcomes are likely;

12 note that at the same time as recommendation 11 is occurring, a lead agencies response process would be triggered to develop system advice on the sequencing, thresholds for introduction, and combination of response measures considered desirable to respond to the variant;

13 note that in addition to public health advice, this system advice will give consideration to the non-health factors previously agreed by Cabinet [CAB-21-MIN-0421 refers];

Preparedness

14 note that undertaking preparedness activities, guided by the five scenarios, enhances New Zealand's ability to effectively respond to new variants rather than represent commitments to particular courses of action;

15 note that the Ministry of Health's health and disability system preparedness for variants work is well advanced, and includes development of operational readiness plans for each of the five scenarios;

16 agree that Ministry of Health with support from HealthNZ and the Māori Health Agency will report back on health and disability system preparedness to Health Ministers in August 2022, and that this include but not be limited to detail of anticipated testing modality and capacity requirements, contact tracing approach, and resource requirements across scenarios and outbreak stages

17 s9(2)(f)(iv) [redacted]

18 note that quarantine or isolation facilities may be necessary to respond to a new variant if it posed threats similar to those faced at the start of the COVID-19 pandemic, and that these may take up to 3-4 weeks to stand-up;

19 direct Ministry of Business, Innovation, and Employment and Ministry of Health officials, in consultation with New Zealand Police, the Ministry of

Housing and Urban Development, and Health New Zealand, to report back to COVID-19 Ministers in August with further detail of how self-isolation and quarantine of international arrivals would be run as an interim measure while quarantine or isolation facilities were being stood back;

20 agree Public Sector Chief Executives will keep their variant preparedness under review to ensure they are fit-for-purpose across variant scenarios;

21 agree that the Public Sector Chief Executives of Lead Agencies (indicated in Tabled 2 and 3), as well as of the Department of Corrections and Ministry of Education, will provide progress reporting for variant preparedness to COVID-19 Ministers at the end of July, August and September 2022 reducing to quarterly thereafter if still required, and that these reports will include updates on the agency's current preparedness status, including but not limited to detail of resourcing, policy and regulatory updates, and any significant issues that may impact the agency's ability to respond quickly and reactivate or scale-up measures;

Next steps

22 note that preceding any transition of functions from the Department of the Prime Minister and Cabinet to health entities, an exercise will be undertaken to ensure system readiness to respond to a new variant of concern and a report on this will be provided to the Minister for COVID-19;

23 note that to further support system preparedness, the Minister for COVID-19 Response will bring a paper to Cabinet in July that will set out our strategy for managing COVID-19 post-winter, and that this will include an overview of how the COVID-19 institutional settings will be reconfigured to support this, and necessary changes to future proof our legislative framework for managing COVID-19;

24 note that the National Management Plan will be updated following Cabinet's consideration of the paper referenced in recommendation 19, and that this will include a high-level overview of our management of new variants within the context of our post-winter strategy and future institutional structures;

25 note that Reconnecting New Zealand Ministers agreed to remove the pre-departure testing requirement for all travellers entering New Zealand by air after the Ministry of Health's COVID-19 Variants of Concern Planning Document is finalised, which is given effect to via Cabinet approval of this paper, and no later than 11:59pm Sunday 31 July; and

26 agree that the removal of the pre-departure testing requirement from the COVID-19 Public Health Response (Air Border) Order 2021 have effect from 11:59pm Monday 20 June 2022.

Authorised for lodgement

Hon Ayesha Verrall

Associate Minister for COVID-19 Response

Appendices

Appendix 1: Ministry of Health's *Summary of Aotearoa New Zealand's COVID-19 Variants of Concern paper*

Summary of Aotearoa New Zealand's Strategic Framework for COVID-19 Variants of Concern – Summary for Cabinet

Context

There is a high likelihood that a new COVID-19 Variant of Concern will emerge within weeks or months. The timeframe and clinical impacts of these variants is not clear, but it is important that we prepare for new, more severe variants that could emerge.

On 30 March 2022, the World Health Organization (WHO) released its Strategic Preparedness, Readiness and Response Plan to End the Global COVID-19 Emergency in 2022. It sets out key strategic adjustments that, if implemented rapidly and consistently at national, regional, and global levels, will enable the world to end the acute phase of the pandemic. The capacity and adjustments necessary to end the acute phase of the COVID-19 pandemic can and should lay the foundations for a future in which the world is prepared to prevent, detect, and respond to pandemic threats[1].

Scope

To support Government preparedness and response efforts, the Ministry of Health (the Ministry) has developed *Aotearoa New Zealand's Strategic Framework for COVID-19 Variants of Concern* (the Strategic Framework), which builds on the plans and enabling systems that have held the Ministry in good stead over the last two years.[2] It identifies the contextual factors, range of indicators, and baseline and response measures required to ensure that we are prepared to respond to the emergence of a new variant of concern.

As we do not know the characteristics of potential new variants of concern or the context in which they will emerge, the Strategic Framework considers five plausible peer-reviewed scenarios that reflect the likely characteristics of new variants, and carefully considers the approaches for each scenario.

The intention is not to develop exact plans that can be implemented, but to ensure there is a clear understanding of:

- the relevant decision-making processes, the likely level of information that we will have initially and the length of time it will take to have detailed information on a variant's characteristics

[1] https://www.who.int/publications/i/item/WHO-WHE-SPP-2022.1

[2] https://covid19.govt.nz/assets/Proactive-Releases/proactive-release/Public-health-modelling-and-scenarios-A3.pdf

https://covid19.govt.nz/assets/Proactive-Releases/proactive-release/Systems-architecture-Health-System-preparedness.pdf

- principles and objectives that will inform the response, including how Te Tiriti o Waitangi and equity are embedded within planning for new variants, and how this information will support long term planning
- the contextual factors and disease characteristics that will inform the response
- the likely levels of response, and that the role of elimination is limited
- the suite of baseline measures that we will need in place ahead of the response
- assurance on baseline measures
- the social and economic impacts, and impacts on communities that would inform decisions
- how New Zealand's response sits within the global text.

Planning for new variants of concern needs to occur at all levels, from global and national level responses to local and community-based responses. The initial Strategic Framework is focussed on the national health response. Further regional and local responses will be developed.

Relation to other plans and strategies

Our ongoing COVID-19 response includes the development of our medium-to-long term COVID-19 strategy, and the refinement of the COVID-19 Protection Framework (CPF) as required. It also includes planning for new variants of concern, and ensuring we are prepared for winter and other Influenza-like Illnesses (ILIs) that may impact the health system. Should a new variant of concern emerge, the medium-to-long term strategy and CPF will be reviewed to determine the suite of measures required to effectively respond.

As such, the Strategic Framework sits within a wider strategic context which includes:

- the development of a strategy for the COVID-19 health response over the medium to long-term, focused on recovery and building resilience, which provides strategic guidance for the health system and wider All-of-Government response to COVID-19
- revising the current surveillance, contact tracing, and testing strategies to reflect the updated and more nuanced responses to different variant scenarios
- informing the development of the Public Health Border Strategy and detailed border responses to new variants
- refinement of the public health settings in the post-peak context and the COVID-19 Protection Framework
- ensuring that responding to new variants of concern is supported in consideration of the future legal framework
- advice and recommendations from the WHO, and other peak bodies and the potential impact of amendments to the International Health Regulations 2005 and proposals for a pandemic treaty
- development of a COVID-19 vaccine strategy that will consider measures to maintain vaccine effectiveness and preparedness for new variants of concern.

The Department of Prime Minister and Cabinet (DPMC) will work with the Ministry, Health New Zealand, Ministry of Business Innovation and Employment (MBIE), Ministry of Education, Ministry for Primary Industries, the New Zealand Customs Service, Treasury, and the Ministry of Foreign Affairs and Trade to provide a consistent basis for the All of Government response. The scenario planning will also be available to inform broader strategic planning, with potential uses including the ongoing consideration of National Quarantine Capability and Treasury's work on resilience planning.

Scenarios

Five scenarios have been developed to inform the potential range of responses that may be required. There may be particular viral characteristics that may change, and any decisions are likely to be made before a detailed evidence base is formed.

The scenarios are based on evidence on the likely characteristics of new variants and their characteristics, including research into similar scenarios that other countries have used, and have been externally reviewed by the COVID-19 Technical Advisory Group and the Strategic Public Health Advisory Group. They have also been considered by the COVID-19 Independent Continuous Review, Improvement and Advice Group as part of engagement.

The scenarios range from high clinical severity and high immune escape to low clinical severity and low immune escape, and a scenario that includes co-circulating diseases. All scenarios *assume a variant that is able to out-compete Omicron BA2* because it is more transmissible.

The scenarios are:

1. High clinical severity, high immune evasion: similar to Omicron but with greater severity. Therapeutics, vaccines and/or prior infection may not work or protect well.
2. Low clinical severity high immune evasion: similar to Omicron. Therapeutics and vaccines may not be effective at controlling spread or symptoms, but hospitalisation rates remain manageable.
3. High clinical severity, low immune evasion: the virus is highly transmissible with high case numbers, but current effective immunity and vaccination is protective for most.
4. Low clinical severity, low immune evasion: the virus has enough transmissibility to create a high case load, but current effective immunity is protective and what disease there is, is milder than experienced in previous waves. Effective treatments are available for vulnerable populations.
5. Multiple co-circulating variants of concern with different levels of virulence and severity and different levels of cross-protection, as we see with influenza. This scenario potentially draws features from the other scenarios.

For reference, all the hypothetical scenarios are compared to the current Omicron planning scenario.

Determining the characteristics of a new variant

The Strategic Framework includes a two pronged process for rapid information gathering and management in the period before the scenario becomes clear:

- during the first two days, an immediate scan for information will be undertaken

- over the following weeks, a systematic scan of emerging evidence will continue.

For each new variant, it will take time to determine the features and epidemiological characteristics of the virus, and therefore the threat that the new variant poses.

Public health decision-making is strengthened when informed by real-time and accurate data and analysis including international insights. In our domestic context this requires data from surveillance, on ground intelligence on health system utilisation and capacity, and an understanding of underlying population vulnerabilities and risk factors. Put simply, effective prevention and response to COVID-19 is dependent on our evolving understanding of what it is we are responding to (i.e., the characteristics of the variant and outbreak), where the response is required (the geographic locality), and what tools are required to proportionately maximise impact (in particular to ensure those most vulnerable are well protected).

This information needs to be considered in context and informed by behavioural insights, global information, and consideration of a range of local indicators. For this reason, there are not specific 'triggers or thresholds' for activating a response to a new variant.

Activating a response to a new variant

The Ministry will continue to actively monitor information on new variants and will regularly assess their potential public health impact on New Zealand communities and populations.

If the risk associated with a new variant is of sufficient concern and it has been detected in the community (including via international arrivals), the Ministry will undertake a collective Incident Management meeting with regional leads and Public health personnel, undertake a Public Health Risk Assessment (PHRA). The PHRA will draw on the scientific information available and past experience to provide recommendations on the public health response, and convene a COVID-19 Assessment Committee (CAC), if required.

The CAC will draw on the PHRA and quantitative and qualitative information to assess the current health and health system situation, identify potential health response objectives, and if required, identify an appropriate mix of response measures to meet the health objectives. In some instances, the recommendation may not be to trigger these immediately, especially as it is highly likely that we will have insufficient information on the variant characteristics initially. Options could include no additional actions but continue to monitor the international evidence through to changes to current measures. Ministers will be advised in advance of this occurring.

When a new variant of concern emerges, a PHRA and the CAC will remain integral parts of assessing the situation and providing considered public health and health system advice at key decision points for Ministers and agency partners. As outlined above, any response will vary depending on the contextual characteristics, information available and the nature of the new variant and these will be considered as part of the PHRA.

As an indication of timeframes, in the two to four weeks following initial detection of the Omicron variant offshore, anecdotal findings and early data gave indications on the transmissibility, immune evasion and severity characteristics of Omicron. However, strong epidemiological and clinical data to support these findings only emerged in the one to two months following detection.

In the past, decision making has been supported by the use of Managed Isolation and Quarantine (MIQ) settings, allowing time to make considered and informed determinations at a local level. However, with open borders it will be more challenging to employ the same 'wait and see' approach. It is likely that a highly transmissible novel variant would rapidly enter and potentially become established within days. This means that compared to previous situations with tighter border measures, the time to review and assess the situation will be reduced.

The use of 'prepare', 'contain' and 'manage'

The strategic framework includes ongoing surveillance and three response stages:

- Ongoing Surveillance: Ongoing international and national monitoring of Variants of Concern to inform Public Health Risk Assessments.
- **Prepare**: First imported case - system readies to pivot if necessary.
- **Contain**: First community case - system pivots to reduce transmission.
- **Manage**: Widespread community transmission - system pivots to preserving critical infrastructure and protecting vulnerable and priority populations.

The Variant Scenarios Health System Operational Readiness and Response refers to '**prepare'**, '**contain'** and '**manage'** for the three overarching phases of the response to new variants, as opposed to the previously used elimination, stamp it out and suppression phases. This reflects the different context that we are operating in from March 2020 and the introduction of the COVID Protection Framework (December 2021) where the likelihood of elimination and stamping it out is lower as transmission rates are likely to increase. Additionally, the levels of immunity in the population now are higher and the experience with domestic measures show that they can be effective.

The term 'elimination' has been removed from our strategic narrative, because, in the original strategy, 'elimination' was the first step/strategy to employ, but it is unlikely to be the case here. Prepare also reflects the work that is currently underway to ensure that we aware of new variants, and that effective responses could be quickly stood up as required. Prepare, Contain and Manage better reflects our strategic approach at this time.

Pillars of New Zealand's COVID-19 Preparedness, Readiness and Response

Across key public health aspects of the response, certain measures will change through each phase of the response. These are known as the Pillars of COVID-19 Preparedness, Readiness and Response:

- Surveillance and outbreak investigation
- Laboratories, testing and diagnostics
- Infection prevention and control and protection of the health & disability workforce
- Case management, clinical operations and therapeutics
- Strengthening essential health services and systems
- Vaccination
- Risk communication, community engagement and infodemic management

Decisions around the appropriate measures reflect likely contextual factors, including the impact of a variant of concern on health outcomes, and broader socio-economic outcomes.

Decisions also consider the current and expected pressure on the health system. We have also considered preparedness measures to enable a rapid response.

Table 1: Baseline resilience measures

Measure	Description
Complete workforce planning for new Variants of Concern	Strengthening workforce capability beyond responding to COVID-19, alongside planning and prioritising capacity to respond to new variants of concern, will be a central part of supporting the public health workforce over the coming months.
Maintain an appropriate legal framework	Work is underway to ensure that responses to variants of concern will continue to be supported by an appropriate legal framework.
Support ongoing vaccination efforts and prepare for future roll-out	Work continues on maximising vaccine coverage for key groups and developing a vaccine strategy that will support rapid supply and roll-out of any new vaccines.
Maintain testing infrastructure and supply	There is a need to ensure there are sufficient rapid antigen tests available to support widespread testing if required, and sufficient PCR and WGS capacity continues to be developed and maintained. The ongoing lab capacity required in the event of a new variant will require new contracting arrangements with laboratories, as their current testing volumes are lower than the capacity that has been built.
Prepare communication plans, including targeted communication for communities	Our approach to engaging with the public will be key in the success of responses to any future outbreaks or incursions. Implementing targeted campaigns, including for Māori, together with using research and evidence informed approaches to communications for specific audiences is also a way the Ministry can respond to its Te Tiriti o Waitangi and equity obligations. Communication plans will include infodemic management.
Improve data collection, reporting and analysis	We are working to improve our data collection, sequencing and analysis capabilities to immediately identify and detect new and emerging variants to strengthen our pandemic preparedness.
Leverage contact tracing	In the early stages Public Health Unit-led contact tracing with national source tracking and case management may be deployed to provide New Zealand with some local and regional areas for targeted focus. In a high clinically vulnerable and high immune escape setting the value of contact tracing after the first and second identified case and contacts will need to be clear.
Surge Response Plan	The Ministry, alongside hospitals, agency partners (MBIE and MSD) and industry, is developing an emergency response COVID-19 surge playbook to stand up mass vaccination and testing sites, expedite deployments of surge medical and emergency personnel, expand hospital and community capacity and emergency facilities, and provide emergency supplies including PPE and access to welfare supports (food and housing).
Maintain surveillance capacity	Surveillance testing will be used to identify when we have a new variant. We must ensure that we have sufficient capacity to undertake the surveillance required. The Surveillance Strategy provides information on the detailed response, including the relative importance of respective surveillance measures.

The Ministry also in the process of engaging with other agencies to identify the wider range of enablers required.

Next steps and further planning

The Strategic Framework is focussed on the health measures in place to respond to the emergence of new variants of concern, with a particular focus on national level responses. Further detailed consideration of regional, local and community health responses is required with Health New Zealand, the Public Health Agency and Māori Health Authority.

The Ministry is working with DPMC to support an all of government planning process. This will consider the broader system-wide response that may be required for new variants, based around a consistent planning approach.

The intention of this work is to support a level of preparedness for government services, communities and organisations. It will be developed further, based on All-of-Government planning to understand the wider impacts of potential measures as well as how we can be more responsive to different communities.

The Ministry produces a bi-weekly monitoring document on variants of concern that will inform ongoing consideration of the Strategic Framework.

The Strategic Framework will be reviewed in six months, although aspects may be reviewed earlier if the Ministry's regular monitoring of the potential or nature of new variants identifies an issue that would need to be resolved.

Cabinet Social Wellbeing Committee

Minute of Decision

COVID-19: Confirming New Zealand's Approach to Variants of Concern

Portfolio **COVID-19 Response**

On 8 June 2022, the Cabinet Social Wellbeing Committee **referred** the submission under SWC-22-SUB-0108 to Cabinet on 13 June 2022, revised as appropriate in light of discussion at the meeting.

Rachel Clarke
Committee Secretary

Present:
Rt Hon Jacinda Ardern
Hon Kelvin Davis
Hon Andrew Little
Hon Nanaia Mahuta
Hon Poto Williams
Hon Kris Faafoi
Hon Willie Jackson
Hon Dr Ayesha Verrall

Officials present from:
Office of the Prime Minister
Office of the Chair
Department of Prime Minister and Cabinet
Ministry of Health
Officials Committee for SWC

Cabinet

Minute of Decision

COVID-19: Confirming New Zealand's Approach to Variants of Concern

Portfolio **Associate COVID-19 Response (Hon Dr Ayesha Verrall)**

On 13 June 2022, following reference from the Cabinet Social Wellbeing Committee, Cabinet:

Background

1 **noted** that new COVID-19 variants of concern are expected to emerge, all of which are likely to have a transmission advantage over previous variants;

2 **noted** that there is a possibility that a variant with significant immune evasion and health impacts may emerge;

3 **noted** that New Zealand's post-winter approach will group future measures to manage COVID-19 in two groups:

3.1 baseline measures that are used routinely to improve resilience and generally do not include rights-limiting restrictions;

3.2 reserve measures that can be used if baseline measures are insufficient to manage the risks and impacts of a new variant or outbreak;

Baseline and reserve measures for responding to COVID-19 risks

4 **noted** that investing in baseline measures, outlined in Table 1 of the paper under CAB-22-SUB-0223, will help to improve the capacity and capability of New Zealand to absorb COVID-19 related impacts, which in turn will help to reduce or delay the need to deploy more restrictive reserve measures;

5 **noted** that if the severity of COVID-19 declines, New Zealand can expect to spend most of its time at baseline, continuing to increase resilience at an individual, community and health system level to COVID-19 impacts;

6 **noted** that the use of reserve measures will be risk-based, and be implemented only when baseline measures are not sufficient to achieve the intended health effect;

7 s9(2)(f)(iv) [redacted]

8 **noted** the Treasury's advice that broad-based economic support such as a Wage Subsidy Scheme is unlikely to be part of a future response, given the changed economic and fiscal context and that many businesses have adjusted business models to be more resilient;

9 s9(2)(f)(iv) [redacted]

Variants of concern

10 **noted** that five hypothetical variant scenarios have been developed by the Ministry of Health to enhance All-of-Government preparedness and inform high-level health and disability system responses to each scenario:

10.1 low clinical severity, low immune escape;

10.2 low clinical severity, high immune escape;

10.3 high clinical severity, low immune escape;

10.4 high clinical severity, high immune escape (worst-case);

10.5 multiple co-circulating variants with different levels of severity and different levels of cross-protection;

11 **noted** that should a new variant of concern be identified, the Ministry of Health will assess its likely health impact in the New Zealand context and the Director General of Health will alert COVID-19 Ministers if this assessment suggests severe adverse health outcomes are likely;

12 **noted** that at the same time as the assessment in paragraph 11 above is occurring, a lead-agencies response process would be triggered to develop system advice on the sequencing, thresholds for introduction, and combination of response measures considered desirable to respond to the variant;

13 **noted** that, in addition to public health advice, the above system advice will give consideration to the non-health factors previously agreed by Cabinet [CAB-21-MIN-0421];

Preparedness

14 **noted** that undertaking preparedness activities, guided by the five scenarios, enhances New Zealand's ability to effectively respond to new variants rather than represent commitments to particular courses of action;

15 **noted** that the Ministry of Health's health and disability system preparedness for variants work is well advanced, and includes development of operational readiness plans for each of the five scenarios;

16 **directed** the Ministry of Health, with support from Health New Zealand and the Māori Health Authority, to report back to Health Ministers in August 2022 on health and disability system preparedness, including but not limited to detail of anticipated testing modality and capacity requirements, contact tracing approach, and resource requirements across scenarios and outbreak stages;

17 s9(2)(f)(iv) [redacted]

18 **noted** that quarantine or isolation facilities may be necessary to respond to a new variant if it posed threats similar to those faced at the start of the COVID-19 pandemic, and that these may take up to 3-4 weeks to stand up;

19 **directed** MBIE and the Ministry of Health, in consultation with New Zealand Police, the Ministry of Housing and Urban Development, and Health New Zealand, to report back to COVID-19 Ministers in August 2022 with further detail of how self-isolation and quarantine of international arrivals would be run as an interim measure while quarantine or isolation facilities were being stood up;

20 **agreed** that Public Sector Chief Executives keep their variant preparedness under review to ensure they are fit-for-purpose across variant scenarios;

21 **agreed** that Public Sector Chief Executives of relevant agencies will provide regular progress reports for variant preparedness to COVID-19 Ministers;

Next steps

22 **noted** that preceding any transition of functions from the Department of the Prime Minister and Cabinet to health entities, an exercise will be undertaken to ensure system readiness to respond to a new variant of concern, and a report on this will be provided to the Prime Minister and Minister for COVID-19 Response;

23 **noted** that to further support system preparedness, the Minister for COVID-19 Response intends to submit a paper to Cabinet in July 2022 that will set out the strategy for managing COVID-19 post-winter, and will include an overview of how the COVID-19 institutional settings will be reconfigured to support this, and necessary changes to future proof New Zealand's legislative framework for managing COVID-19;

24 **noted** that the National Management Plan will be updated following Cabinet's consideration of the paper referenced in paragraph 23 above, including a high-level overview of the management of new variants within the context of the post-winter strategy and future institutional structures;

25 **noted** that in May 2022, the Reconnecting New Zealanders Ministerial Group agreed to remove the pre-departure testing requirement for all travellers entering New Zealand by air after the Ministry of Health's COVID-19 Variants of Concern Planning Document is finalised, which is given effect by Cabinet consideration of the paper under CAB-22-SUB-0223, and no later than 11:59pm Sunday 31 July 2022;

26 **agreed** that the removal of the pre-departure testing requirement from the COVID-19 Public Health Response (Air Border) Order 2021 have effect from 11:59pm on Monday 20 June 2022.

Michael Webster
Secretary of the Cabinet