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Office of the Prime Minister

Cabinet

COVID-19: CONFIRMING A STRATEGY FOR A HIGHLY VACCINATED NEW ZEALAND

Proposal

1 This paper responds to the invitation to report back to Cabinet with the final framework for responding to COVID-19 for decisions and seeks agreement to proposals to transition to the new framework [CAB-21-MIN-0406 refers].

Alignment with Government Priorities

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

Summary

A new approach

3 Our COVID-19 elimination strategy has proven to be a successful approach for the first phase of the pandemic. Our approach to controlling COVID-19 has been based on tight border controls, an effective testing, contact tracing and isolation system, and a well-accepted and coherent Alert Levels system for when community cases emerge.

4 As we reach high levels of domestic vaccination, we are now approaching a point where the current strategy needs to change. There have been significant impacts on people who have been separated by the border measures and domestic restrictions, including less contact with their families. Many businesses have experienced the negative effects of lockdowns and disconnection with the rest of the world. We have also learned from overseas that extended lockdowns, particularly in response to delta, lose their utility as a measure for controlling spread.

5 To support the next steps in our reconnection with the world, I am proposing to shift the focus of our response from elimination to an approach based on minimisation and protection. The central element to this shift is the new COVID-19 Protection Framework, which lays out our domestic response measures for a highly vaccinated population, without a reliance on lockdowns. Refreshing the domestic response framework marks a step-change in our response, and gives a clear signal to the public of the strategy reset.

6 Minimisation means that we are aiming to keep the spread of COVID-19 at as low a level as possible. It means containing and controlling any outbreaks, and if practical to do so, stamping them out. It also means that there will more than likely be some level of cases in the community on an ongoing basis. Protection means that we will protect people from the virus, with vaccination, management, and a response that focusses on minimising the significant health impacts of the virus.

New Framework

7 Central to the new approach is the new framework. The COVID-19 Protection Framework that I have previously proposed to Cabinet features three levels designed to control the spread in different circumstances. The goals of the framework that Cabinet previously agreed are based on vaccination, effective testing and isolation, and control of transmission.

8 Importantly, at all levels of the new framework, most businesses and education entities can remain open on-site with mitigations in place, and people are not required to stay home, unless required to isolate. The framework also leverages the protections of vaccination by affording people greater freedoms when they are fully vaccinated. I also expect the ability for vaccinated people to visibly enjoy greater freedoms will be a strong spur for the indifferent or hesitant to get vaccinated.

9 How the framework is used forms the basis of our new approach. The focus will be on protecting people and minimising health impacts by containing any community outbreaks. The application of the new framework will be more targeted than the current Alert Level framework. The levels in the framework will be able to be applied on a regional basis, and will depend on the levels of vaccination, population at greater risk of health impacts, and health system capacities. There will also be more targeted measures within regions, such as effective isolation of cases and their contacts, and school or workplace closures, or localised restrictions to limit movement within high risk suburbs or localities.

10 Initial modelling from Te Pūnaha Matatini (TPM) suggests that with 90% of the eligible population fully vaccinated, and few if any pockets of low vaccination, the Orange level would significantly slow the spread of any outbreak, but the Red level would likely still need to be used to be confident that case numbers reduce over time. The higher the vaccination rate, the greater confidence we can have in the measures in this framework to contain any outbreak, but there is a risk that we still need to use frequent or widespread local lockdowns similar to Alert Level 3 to control it. This is consistent with the experiences of countries that have moved away from tight controls with high vaccination rates.

Transition

11 I have previously outlined what the new framework looks like, and the measures that would be used at each level. We have broad agreement at Cabinet and with our key stakeholders that a new framework is both necessary and welcome.

12 The critical questions now are when we can move, and how we plot a path to the new approach. Vaccination and health system readiness are the critical enablers of the new approach. In order to shift to the new approach, we need to have confidence that our health system is as ready as it can be in the time available and that vaccination rates are high enough to enable a shift.

13 I am proposing to use targets as a signal that we will have the confidence to transition to the new framework (estimated times when targets will be met are provided in brackets). I am proposing that Auckland be treated separately from the rest of the country, due to the outbreak and boundary controls. The transition in Auckland would be first to Red once each DHB in Auckland has reached 90% full vaccination of those eligible (late November – early December). For the rest of New Zealand, the transition would first be to Orange, once 90% full vaccination of those eligible has been reached in each DHB. Consideration will be given to whether the South Island could move earlier if each of its DHB reaches 90% before the rest of the country. If the South Island remains COVID-free, they could also possibly move into Green. Each option will be considered closer to the time.

14 In addition to considering the overall vaccination rates, we need to have confidence that the distribution of vaccination will not leave pockets of the population vulnerable to the effects of COVID-19. Targeting high vaccination rates across each DHB will support more equitable outcomes.

15 There is a risk that some communities do not reach the 90% targets that would signal we have confidence to move. If this occurs, we need to have confidence that if we do transition, the health system and public health controls will succeed in keeping it out and stamping it out of these communities.

16 Some will think that 90% is insufficient. The National Iwi Chairs Forum have recommended that 95% of eligible Māori are vaccinated before the transition occurs. Epidemiologists and public health experts consulted on the framework considered that vulnerable groups may require 95% coverage. We need to work hard to ensure that that intensive efforts continue to lift vaccination rates for Māori and vulnerable groups before and after we transition.

Next steps and report backs

17 I will announce the new framework and approach, and the targets for transition on Friday 22 October.

18 The Minister for COVID-19 Response will report back to Cabinet on 26 October with detailed decisions for the implementation of COVID-19 Vaccination Certificates.

19 The Minister for Health will report back to Cabinet in November on the new testing, tracing and isolation strategies.

20 Officials will continue to work on our operational readiness for a switch to the new approach and its implementation. They will work closely with Māori and Māori Ministers in the development of operational detail, implementation and transition plans. The Minister for COVID-19 Response will report back to Cabinet on Monday 15 November with a progress update on transition plans for Auckland and the rest of New Zealand. There will be a second fuller report back on transition in late November or early December before implementation. As we do not expect to be able to fully switch to the new framework until at least early December, I intend that we start to introduce

aspects such as new testing and isolation strategies, and COVID-19 Vaccination Certificates to allow entry in certain settings.

21 Treasury officials will continue to work on implementation of new economic supports to fit with the new approach. The Minister of Finance has an oral item at today's Cabinet to outline the broad proposed approach, including what support may be needed during the transition period to the framework. The Minister will then report back to Cabinet in November with a new approach to economic supports. The Minister for Social Development and Employment will report back to Cabinet in November with a revised approach to welfare and community-based supports, including food and other essential wellbeing provisions.

Introduction

22 This paper describes the new framework and approach for managing COVID-19 in New Zealand. There are three main parts:

22.1 An introduction to the new approach;

22.2 The new COVID-19 Protection framework and how it will be used; and

22.3 A plan for how we transition to the new framework.

23 Cabinet previously considered the framework on 4 October [CAB-21-MIN-0406]. It has since been updated after consultation with key stakeholders and Treaty partners. We have also taken into account feedback from the Strategic COVID-19 Public Health Advisory Group and public health officials. It was discussed with a forum of leading epidemiologists and other scientists. Officials have also undertaken targeted consultation on the use of COVID-19 Vaccination Certificates.

A New Approach

24 I propose to shift our response strategy to one of Minimisation and Protection. Our elimination strategy was a successful approach for the first phases of the pandemic, but to move forward with our approach to reconnecting with the world with a highly vaccinated population, a new approach is required.

25 The goals of the new approach that we agreed on 4 October are to:

25.1 Maximise vaccination – including ensuring good coverage across geographic areas, age range, and ethnicity to prevent outbreaks,

25.2 Maintain effective testing, tracing and isolating of cases and contacts when they do arise,

25.3 Control transmission of the virus through sustainable public health measures,

25.4 Give as much certainty and stability as possible for people, and businesses, including by removing the need for Alert Level 3 and 4 lockdowns,

25.5 Catch cases at the border, but work towards removing the bottlenecks, and being more open,

25.6 Ensure our hospitals and public health system are well equipped to care for cases if and when they do arise,

25.7 Maintain equity in health and economic outcomes.

26 Minimisation means that we are aiming to keep the spread of COVID-19 at as low of a level as possible. That means containing and controlling any outbreaks, and if practical to do so, stamping them out. There will likely be some level of cases in the community on an ongoing basis.

27 Protection means that we will protect people from the virus, with vaccination, treatment, and a response that focusses on minimising the significant health impacts of the virus. It also means that we will protect the health of all our people, by ensuring that we are not letting cases go to the point where the impacts have flow-on effects to other parts of the health system, impacting on other health priorities.

28 The Strategic COVID-19 Public Health Advisory Group led by Professor Sir David Skegg reviewed the new framework and recommended that any new approach was based on “minimisation and protection”. Transition to a new approach is supported by the Ministry of Health. However, they both note the risks involved in transitioning away from the elimination strategy. We need to ensure the approach is supported by high vaccination rates, zero tolerance for COVID-19 in high risk and vulnerable settings, and locally eliminating outbreaks where it is still practicable to achieve.

29 The central element to this shift is the new COVID-19 Protection Framework, which lays out our domestic response measures for a highly vaccinated population. Refreshing the domestic response framework marks a step-change in our response and gives a clear signal to the public of a strategy reset. How we use the framework gives effect to the approach. While we will use the Orange and Red levels to control and restrict spread, individual cases will not mean a national response.

30 If we are prepared to control COVID-19 within the border, managed by high vaccination levels and our new framework, then we can change our risk tolerance at the border. We are making the first moves in that direction with the decisions we are also making today about restarting travel with parts of Australia and low risk Pacific countries. At Cabinet Business Committee on 1 November, the Minister for COVID-19 Response and I will report back on our approach for Reconnecting New Zealanders with the world. In that paper we will give greater detail on the options for change at the border.

Framework

31 The new framework is the central piece to our new domestic strategy. It is designed to create more certainty and stability in our response. With high levels of vaccination, the framework enables people to respond to COVID-19 without the need to rely so much on lockdowns. Importantly, at all levels of the

new framework, most businesses and education entities can remain open on-site, and they have certainty for what is required of them.

32 The new framework features three levels, with:

32.1 Green aims to allow almost normal social and economic activity while continuing to build health system capacity,

32.2 Orange aims to avoid exponential growth in cases with moderate population level controls, and

32.3 Red aims to protect the sustainability of the health system and the health of communities through population-level controls.

33 We can still use localised lockdowns, with boundaries, where required to protect people's health. We retain these powers under the COVID-19 Public Health Response Act 2020 (the Act). We also retain the power to put in place wider lockdowns, as for Alert Level 3 and 4, if pressure on the health system becomes unmanageable, or if there are new variants that evade our protection from immunity. However, Police advises that compliance could not be enforced through multiple checkpoints, due to the resource and operational challenges with such a model.

34 Within the framework we will also have requirements for vaccination that will allow greater freedoms for those who are fully vaccinated. While overall the levels are pitched at around the same as Alert Levels 1, 2 and 2.5, for the fully vaccinated, the Orange level will feel more similar to Alert Level 1, and the Red level will feel closer to the Delta Alert Level 2.

35 On 4 October Cabinet agreed the draft framework for the purposes of further work. I now propose to agree this framework for the purposes of public release. There have been changes to the framework since it was last seen by Cabinet and an updated version is in Appendix 1.

36 The changes that have been made since the framework was last agreed by Cabinet are:

36.1 Setting the finer detail of gathering and capacity limits for each level;

36.2 Setting the details of when and in what situations COVID-19 Vaccination Certificates will be required;

36.3 Strengthening the Red level to rein in spread and include greater clarity on vaccination requirements.

Vaccination Requirements

37 The framework leverages the protections of vaccination by affording people greater freedoms when they are fully vaccinated. This will reduce the likelihood of 'super-spreading' situations resulting from attendance by unvaccinated and highly infectious people. I also expect the ability for vaccinated people to enjoy greater freedoms to be a strong spur for the indifferent or hesitant to get vaccinated.

38 The vaccination requirements will be different at each level in response to the level of risk involved. This has been supported by public health advice that during an outbreak, there are additional public health benefits for vaccine requirements in high risk settings.[1]

39 On 4 October we agreed to the introduction of COVID-19 vaccination certificates (CVCs) in specific domestic settings. Following officials' targeted consultation, I am now proposing the next level of detail for CVCs.

40 At the Green level I propose mandating CVCs for very large high-risk events, where there are large numbers of people gathering together for an event, with attendees likely to disperse widely following the event, and where people may spend significant lengths of time together. This category would likely include concerts, festivals and large spectator sporting matches.

41 At the Orange level, I propose that vaccine requirements also be introduced in high-risk indoor settings, particularly where other public health measures may be challenging to follow or enforce, or do not allow a business to operate with its full functions. These settings could include nightclubs, live music and some hospitality venues, where it might not be practical to wear a face covering at all times, or to enforce social distancing requirements. Where there are capacity limits for higher risk situations, I propose that these will not apply if vaccination is a requirement of entry.

42 At the Red level there will be both capacity limits and vaccination requirements for entry for customers and staff.

43 The introduction of vaccine requirements in certain discretionary settings should not prevent unvaccinated people from accessing life-preserving services. I propose prohibiting vaccine requirements and the use of CVCs in life-preserving and basic needs services. This category will include supermarkets, pharmacies, health services and education entities (for students), potentially aside from potentially tertiary education organisations. (On 11 October Cabinet agreed to introduce vaccination and testing requirements within the education system [CAB-21-MIN-0414].)

44 Prohibiting the use of CVC in specific venues and settings would apply to customers only, as in these settings it may still be reasonable to require staff to be vaccinated. Primary legislation is required to prohibit vaccine requirements for patrons. Officials are working together to ensure that a range of vaccine-related amendments can be progressed as quickly as possible.

45 I propose that where there is a vaccine requirement for patrons, workers should also be vaccinated to maintain the public health intention of the measure. Further work on vaccination requirements for workers at very large high-risk settings and high-risk indoor settings will be progressed through work led by MBIE on a public health risk-based framework to set vaccination and/or testing requirements for all work. The Minister for Workplace Relations and Safety will bring a paper on this framework to Cabinet on 26 October.

[1] Public health advice on CVCs was provided in three joint Ministry of Health – DPMC briefings to the Minister for COVID-19 Response

46 Outside of these defined mandated and prohibited categories, the introduction of vaccine requirements and use of CVCs for patrons and staff will be optional for businesses and operators. I propose that government develop enabling legislation as well as clear guidelines, and set expectations as to how CVCs should be used in these optional settings. This guidance should also make the legal position on vaccine requirements and CVC clear: that private bodies can limit the general public from accessing their premises, as long as this does not amount to unlawful discrimination. More certainty would be provided by a "for the avoidance of doubt" provision (discussed below in the legislative implications section).

47 There will be a small number of people who are unable to be vaccinated, as they have a clear contraindication to the Pfizer COVID-19 vaccine. I propose that these people would be exempt from vaccine requirements on medical grounds, as it is not reasonable to expect them to be vaccinated at this time. These people will be issued with a CVC. The Ministry of Health estimates fewer than 200 people in New Zealand would fall into this category. It will also be important to ensure that offshore vaccinations can be recognised.

48 I also intend to exempt children under 12 years and 3 months from vaccine requirements in the above settings. At present, the Pfizer COVID-19 vaccine has been approved by Medsafe for use in people aged 12 and over. The additional three-month buffer will allow sufficient time for a person to be vaccinated once they turn 12 and become eligible.

49 s9(2)(h) [redacted]

50 The Minister for COVID-19 Response will report back to Cabinet on 26 October with detailed settings for and decisions for the implementation of CVCs including any primary legislation needed to enable CVCs to be used as anticipated.

Using the framework

51 How the framework is implemented is as important as the content of the framework, as it gives effect to our domestic strategy. I propose that we use a targeted approach that will give us the ability to contain and control outbreaks, while allowing wider personal freedoms and a return to more usual economic and social activity. As we shift from a national or regional approach to a more targeted approach there will also be a need for us to reconsider our welfare and community approaches.

52 The new approach is more targeted. Different elements will apply at different levels of population coverage:

52.1 the levels of the framework can be applied on a regional basis, and will depend on the levels of vaccination, population at greater risk of health

impacts, health system capacities, and connection to the border in each region;

52.2 localised lockdowns, similar to Alert Level 3 restrictions, would apply to smaller areas or suburbs within regions where there are particular high rates of spread, or spread within particularly vulnerable communities;

52.3 temporary closures of or within individual workplaces or education entities, where the isolation or closure of a workforce or education service could interrupt the spread; and

52.4 isolation of individuals, who are positive cases or close contacts of positive cases, will remain central to our public health response.

53 I propose Ministers agree to whether shifts in the framework level overall and for different regions in New Zealand are an appropriate public health response at the time, in the same way that we consider shifts in alert levels. The measures necessary to reflect shifts in the framework level would be made by the Minister for COVID-19 Response through new orders under the Act. I propose that in making decisions we replace the current five health-based factors used to inform Alert Level decisions with the following:

53.1 vaccination coverage across the overall population and equity of vaccination coverage;

53.2 the capacity of the health and disability system to manage COVID-19 cases, including across public health, primary care, community services, and secondary care;

53.3 testing, contact tracing and case management capacity; and

53.4 the transmission of COVID-19 within the community, including its impact on key populations.

54 I propose that we retain the other four factors previously agreed by Cabinet [CAB-20-MIN-0199; CAB-20-MIN-0387 refer]:

54.1 evidence of the effects of the measures on the economy and society more broadly;

54.2 evidence of the impacts of the measures for at risk populations in particular;

54.3 public attitudes towards the measures and the extent to which people and businesses understand, accept, and abide by them; and

54.4 our ability to operationalise the restrictions, including satisfactory implementation planning.

55 These decisions will also be guided by indicative thresholds for change developed by the Ministry of Health. These thresholds will be refined as we learn more through continued modelling and the implementation of our approach. The thresholds are:

55.1 Green; case numbers kept low through testing, contact tracing and quarantine and hospitalisations at a manageable level;

55.2 a shift to Orange would occur with increasing community transmission, increasing pressure on the health system, or increasing risk to at risk populations;

55.3 a shift to Red would occur when cases are no longer contained to the original outbreak areas, action is needed to protect the healthcare system, and the health of communities, or at risk populations.

56 I am also advised that the most appropriate application of any movement restrictions to local areas within a region is through orders under the Act. This level of decision would sit with the Minister for COVID-19 Response, and the Ministers he is required to consult with under the Act.

57 Temporary and targeted closures of schools or workplaces, and isolation requirements for individuals should remain with the Director General and Medical Officers of Health using Section 70 of the Health Act 1956. This allows for the fastest response in specific risk situations.

Boundaries

58 In some cases, inter-regional boundaries will be needed to stop the spread of COVID-19 into new regions. However, I do not think that boundaries need to be more stringent than our borders. It is important that we have freedom of movement within New Zealand and that we allow families to connect in the holiday season. I note however, that there will be significant operational detail to consider when implementing boundaries. This detail will be presented to Cabinet for decisions when we report back to Cabinet in November.

59 Anyone who is fully vaccinated and has evidence of a test taken up to 72 hours before leaving should be able to move out of a region in the Red level for any reason (there may need to be some different evidentiary requirements for essential workers undertaking this type of travel to reflect operational practicalities). I do not propose to have any requirements for people moving into a Red level. There will not be boundaries or requirements for people moving between Orange levels, nor will there be boundaries between Orange and Green levels. There may be tighter boundaries around localised lockdown areas.

60 Police advise that they could not resource checkpoints at multiple boundaries across the country, due to resource and operational challenges. They do not have enough staff to resource multiple checkpoints across various regions, noting that crime demand is likely to return to normal levels and will have ongoing COVID-19 related enforcement responsibilities. Localised lockdowns could also be operationally challenging to enforce due to the number of roads providing multiple access points.

Testing Tracing Isolation and Quarantine Strategy

61 The maintenance of an effective test, trace, isolate and quarantine (TTIQ) system is critical to the new approach. Our experience to date, supported by

modelling of future scenarios with a highly vaccinated population shows that a well functioning tracing and isolation system makes a significant difference to the spread of COVID-19. The change to our approach both requires and enables adapting our current TTIQ system.

62 Vaccination will reduce both transmission of the virus and the likelihood people will require hospital level care. Vaccinated people will still get infected, but the vast majority will have mild or no symptoms, so a different approach is required to testing, isolation and contact tracing.

63 At the Green level, testing of symptomatic people will remain essential, and will need to be complemented by wastewater testing and ongoing surveillance testing of asymptomatic people. Wider use of rapid antigen testing will support this. Vaccinated people who become infected will not need to isolate for as long if they are asymptomatic and isolation in a quarantine facility will only be necessary for some cases – based largely on their ability to isolate safely at home. Likewise, a different approach can be taken to managing contacts of cases depending on their vaccination status, use of PPE and the nature of the exposure event.

64 An updated testing strategy is under development to support the future framework that considers vaccination status of the population, which may vary by region. New contact tracing categories have been defined and are currently being finalised to support the most effective use of the contact tracing system nationally. Finally, a model for home isolation is being finalised, and is already being deployed in Auckland as case numbers rise and we use up all available space in MIQ facilities. The Minister for Health will report back to Cabinet in November on the new testing, tracing and isolation strategies.

Flow-on impacts

65 The impact that the new COVID-19 Protection framework will have on economic activity is highly uncertain and will depend on the detailed settings, related policy measures such as the use of CVCs, and behavioural changes compared to previous lockdowns. The Treasury will provide an estimate of the impact of the new framework in the next COVID-19 Protection framework paper in November.

66 The Treasury is providing advice to the Minister of Finance on how the system of economic supports will need to change in response the new framework. This includes advice on transitional support over the remainder of the year, as well as what support may need to be provided in 2022, and any primary legislation amendments needed to reflect the new framework in the economic support legislation. It is likely that as vaccination rates increase and there is less need for more restrictive public health settings, there will be a reduced need for broad-based economic supports.

67 The Minister of Finance will report back to Cabinet in November with decisions for a new approach to economic supports in line with the new strategic approach.

68 The social impacts of the new COVID-19 Protection framework are also uncertain. Targeted support for vulnerable communities will be required at the Orange and Red Levels alongside a welfare response to support the care in the community health model. The Minister for Social Development and employment will report back to Cabinet in November with decisions for a revised approach to welfare and community-based supports, including food and other essential wellbeing provisions.

Transition

Vaccination targets

69 We have had broad agreement within Cabinet, with the stakeholders we have engaged with through targeted consultation, and our Public Health experts that a new strategy and domestic response framework is required as we shift to a high vaccination world.

70 The critical questions now are when we can move, and how we plot a path to the new approach. Vaccination is the critical enabler of the new approach. In order to shift to the new approach, we need to have confidence that vaccination rates are high enough to enable a shift.

71 I propose we select targets to signal when we will have the confidence to transition to the new framework. We need to have high overall vaccination coverage and confidence in the distribution across communities. We also need to take account of the current outbreak in Auckland. We are at a critical juncture in managing this outbreak, while we are still getting new cases, but acceptance of strict controls is wearing thin. I consider that Auckland will need to transition to the new approach as soon as it is ready so we maintain our social license, but I note that we will need to consider the public health risk in the situation at the time.

72 Greater granularity in the threshold we set will provide us with more confidence about the distribution of vaccine coverage but meeting such a threshold may delay transition to the new framework – perhaps for months.

73 I recommend the following targets, to ensure that we are ready to shift in Auckland, and that we do not leave particularly vulnerable communities exposed. Estimates of when we may achieve each target are provided as a guide to decision making although it should be noted that forward projection of vaccination rates is highly uncertain.

73.1 In each DHB in Auckland - 90% full vaccination of those eligible (late November – early December)[2];

73.2 In each DHB outside Auckland - 90% full vaccination of those eligible (January).

74 I propose that we treat Auckland separately from the rest of New Zealand and it could move to the new framework. Running two frameworks simultaneously is likely to have operational and legal challenges. I propose that we agree

[2] A range is provided due to the uncertainty of projections of this nature.

these targets today in principle, subject to further advice to Ministers with Power to Act on those challenges.

75 Reaching the 90% of eligible population target will mean roughly 76% of New Zealand's total population is vaccinated. On current vaccination rates, this would put us among the group of developed countries with the highest rates. This demonstrates that this is a target that is achievable, but one that will require us to do better than most countries we compare ourselves with.

76 We would expect that most DHBs individually will be over 80% full vaccination by early December, but there will be targeted efforts needed to lift performance in the few that are not on track.

77 At this stage I expect that Auckland would transition at the Red level of the framework, and the rest of New Zealand where COVID-19 is not present would transition at the Orange level. I expect that the South Island with a 90%+ vaccination rate across the population and no cases of COVID-19 present could then shift to the Green level.

78 It is also important that we do not stop at 90% and focus only on the targets. There is no reason why our targets for transition should be our overall targets for these populations. We will not lose sight of the groups that do not fit into our targets; and achieving 90% in our target groups will also allow us to refocus efforts into younger age groups and wider geographic areas.

79 If 5-11 year olds are approved for vaccination before the targets are reached, they will not be added to the eligible population. Being able to vaccinate under 12s will be additional to the effectiveness of vaccinating 90% of 12 and overs, because it means a greater proportion of the total population will be vaccinated. Modelling by TPM suggests that vaccinating 85% of the population aged five and over would be more effective than 90% of over 12s.

Health system readiness

80 The Ministry of Health has established a major health system readiness programme which aims to prepare ourselves for the increase in hospitalisation, and less severe cases in primary and community settings that we expect given the current case rate and the move to the new COVID-19 Protection framework.

81 The key elements of this programme, which will be reported on separately, include workforce capacity and innovation, testing and surveillance, hospital readiness, capacity, facility and equipment supply, data and digital, equity challenges, primary and community level models of care for the management of COVID-19, and equitable distribution of resources across communities and regions. The Minister of Health will continue to work with the Minister for COVID-19 and report to Cabinet and Reconnecting Ministers on this work.

Risks

Transition to the Framework

82 The framework and new approach has been developed at pace, out of necessity, in response to the evolving situation in Auckland. The work on the Auckland outbreak has also meant that key resources have been stretched.

83 In particular, modelling resources have been focussed on ensuring we have high quality information on the Auckland outbreak. There is a risk that when modelling is complete it paints a different picture of how the framework will work. While modelling will be complete before implementation, significant changes to our approach after the announcement risks confusion and loss or social license.

84 There is a risk that not all groups within DHBs will reach a 90% vaccination rate. Currently, vaccination rates for younger Māori and Pacific people are significantly lower than other ethnic groups. While we are using the vaccination rates as a signal of readiness, it may be possible to transition to the new framework if we are confident that the framework can be implemented in a way that protects the vulnerable in those areas. This would mean using the higher levels of the framework more readily, and frequent use of other public health measures.

85 The National Iwi Chairs Forum have recommended that 95% of eligible Māori are vaccinated before the transition occurs. This recommendation is made out of a significant concern that Māori, and particularly younger Māori, will suffer the worst impacts from spread of COVID-19. They also see significant risk for Māori with low vaccination rates. We need to work hard to ensure that intensive efforts continue to lift Māori vaccination rates before and after we transition.

86 Epidemiologists and public health experts consulted on the framework were sceptical about it and our readiness to move into it in the near term, especially given the growing outbreak in Auckland and increasing, but still insufficient, vaccination levels amongst most population groups. The group consulted were unanimous that the shift to the framework should not take place until we reach at least 90% immunity, including of vulnerable groups who may require 95% of the over 12s as a minimum.

Use of the Framework

87 The intent of the new framework is that we give the public greater certainty and stability by avoiding the use of Alert Level 3 and 4. However, there are still situations that may call for their use. In the case that hospitalisations put the wider healthcare system under too much strain, or that there is a rise of a new variant that can evade our immunity, we will maintain the use of Alert Level 3 or 4 lockdowns. We know from international experiences that we may need tight controls to avoid rapid spread in some cases, and I expect that localised lockdowns will help us to avoid these scenarios developing.

88 There will also be a risk that we use local lockdowns more than we initially envisage. This could result in significant disparity between different parts of

cities or within regions. In particular, due to the disparity of vaccination and dynamics of spread, there is a risk of significant restrictions on areas of low socio-economic status, high housing density, and large Māori populations that are not seen in other areas. This may, however, be necessary for the health of people living in those areas.

89 The reality is that we will learn more as we transition. This occurred with the Alert Level framework. How the framework has been deployed has changed as our response evolved, and it changed again as we responded to Delta. The settings within the Alert Levels were also adjusted as we learned more about what did and did not work in our approach. While we have the benefit of carrying over the lessons learned from the Alert Level framework, I expect that this new framework will evolve over time.

Communications

90 Changing the approach also risks losing coherence in our communications with the public. There is a lot of public pride, trust and understanding of the current framework, but there is some recognition that the current alert levels are no longer fit for purpose. The use of colours helps draws a line in the sand between the old and the new framework and descriptions provide clarity on the action required. We need to mitigate pandemic fatigue by ensuring we have a clear, consistent, simple plan for the future that takes the public with us and supports high levels of voluntary compliance.

91 When introducing this change, we need to be clear about why this is needed, what is the change and why we are doing this now. The new approach will look different for different people, we need to ensure we do not alienate any group or create a harmful division between vaccinated and those not yet vaccinated. People want clarity on the rules, reassurance they will be safe, and direction so it is easy to understand what they need to do. The new approach needs to show that people will continue to be protected, our economy wlll keep moving, and help us to get on with our plan to reconnect New Zealanders to the world.

Next steps

92 I will announce the new framework and approach, and the targets for transition on Friday 22 October.

93 The Minister for COVID-19 Response will report back to Cabinet on 26 October with detailed decisions for vaccine entry requirements and the implementation of COVID-19 Vaccination Certificates, including where primary legislation will be needed.

94 The Minister for Health will report back to Cabinet in November on the new testing, tracing and isolation strategies.

Implementation

95 There is significant operational detail in the implementation of the new rules and capacity settings for the new framework. As much as possible, officials will use the operational implementation detail for Alert Level settings.

However, at the time of announcement there will be many details we have not worked through, particularly at the guidance level. On 4 October we directed officials to prepare a process for businesses and groups to bring attention to substantive implementation issues. Identifying and working through these issues will be a priority during the transition period

96 Operational planning for implementation will include plans for implementing boundaries, including the logistical approach to the transaction of the required information at or before the boundary.

97 The Minister for COVID-19 Response will report back to Cabinet with transition plans for Auckland and the rest of New Zealand that will include:

97.1 The approach to boundaries, and proposed operational detail to enable fully vaccinated people to cross the boundary, if they have a test,

97.2 A detailed approach to how localised lockdowns would be instigated and implemented,

97.3 The tie-in between the transition to the new approach and summer operational plans,

97.4 Further modelling to inform the thresholds for movement between levels of the framework and expected timing for transition.

98 The Minister will initially report back with a progress report on transition planning on Monday 15 November and then with a full plan in late November or early December before implementation.

99 My expectation is that officials will work closely with Māori and Māori Ministers in the development of operational detail, implementation and transition plans. I also expect that there will be more resources to support the increases in vaccination rates among Māori and other vulnerable groups in order to reach our targets.

100 Officials will prepare collateral to assist people, businesses and other community groups with the transition to the new framework, which will help them to understand what is required of them at each step.

101 Officials will also develop a revised approach to welfare and community-based supports to tie in with the new framework, particularly at the Orange and Red levels, including food and other essential wellbeing provisions.

Financial Implications

102 Any funding implications for the Crown to implement these changes will be considered in follow-up papers in November. There will be compliance impacts for businesses and services in adapting guidance to the new framework.

Legislative Implications

103 As discussed above, new orders will be made under the Act by the Minister for COVID-19 Response to bring in the new framework.

104 With regard to vaccination requirements on entry, it would be possible to introduce such requirements through secondary legislation, as such requirements are within the scope of powers provided to the Minister for COVID-19 Response under the Act, so long as the measures are consistent with the NZBORA.

105 s9(2)(h) [redacted]

106 s9(2)(h) [redacted]

107 Officials are doing further work to understand any legislative requirements to enable the use of CVCs themselves, to ensure that the Ministry of Health CVC is the only acceptable tool in the settings where CVCs are mandated.

108 Officials will report back to Ministers in early November on the details and timetable for legislative amendments related to the framework.

Impact Analysis

109 The Treasury's Regulatory Impact Analysis (RIA) Team has determined that the proposals in this Cabinet paper relating to COVID-19 Vaccination Certificates for domestic use are exempt from the requirement to provide a Regulatory Impact Statement (RIS) on the grounds that they are intended to manage, mitigate or alleviate the short-term impacts of a declared emergency event of the COVID-19 pandemic, and the implementation of the policy is required urgently to be effective (making a complete, robust and timely RIS unfeasible).

110 Given the significance of the potential impacts of this proposal, the RIA Team strongly supports the review to be carried out in early 2022, which should assess wider impacts and policy lessons, including any equity concerns.

Human Rights

111 s9(2)(h) [redacted]

112 s9(2)(h) [redacted]

s9(2)(h)

113 s9(2)(h)

Population and economic impacts

114 There are two main population impacts from changes to the approach for managing COVID-19:

114.1 Health impacts, if changes mean more spread of COVID-19 in the community – even if tightly managed, and

114.2 Impacts from the measures used to suppress cases.

Health Impacts

115 It is possible that a change in strategy will result in health impacts as COVID-19 circulates within New Zealand. However, it is also unclear that the health impacts are avoidable under the current approach. We are relying on vaccination to reduce these impacts as much as possible, but there will still be impacts on those unvaccinated, and in some cases on those who are vaccinated. It is also possible that the health impacts of COVID-19 will have flow on effects into other areas of health, for example, significant numbers of people with COVID-19 seeking care could reduce the health system's capacity to deal with other health issues, for example urgent and elective care for other conditions.

116 We know that the virus has had a disproportionate health impact on Māori and Pacific communities. Pacific people have made up over 60% of the cases in the main outbreaks, and Māori have the highest mortality rate. We need to ensure that the next phase of our approach does not exacerbate these inequities.

117 Māori and Pacific people generally have higher rates of co-morbidities that result in poorer outcomes if they are infected with the virus. They also have more risk due to proximity to the border, employment in essential worker roles, compromised resilience due to economic and social hardships, potentially greater impact of missing out on education due to digital divide, and barriers to accessing healthcare even though they have higher rates of

long term conditions. As age is a very strong risk factor for COVID-19, focusing our efforts on vaccinating people over 40 across all ethnic groups before we transition will mitigate some of the worst health impacts, and the vaccination drive should not stop at 90%. It is possible though that without further granular understanding of vaccination rates there will be pockets of the population vulnerable to the effects of COVID-19.

118 Older people are most at risk of hospitalisation and death with COVID-19 and there will be health impacts in this group, even with high rates of vaccination. In people aged below 12 who cannot be vaccinated yet there is also some risk of impact, and this age group is generally exempt from mask usage. This could mean greater health impacts, and/or require more disruptive measures such as closing education entities and isolation to protect them from infection.

119 Even at high vaccination rates across a region there could be some sub-population groups, such as rural towns or areas within a DHB that have low vaccination rates. These groups will have to be considered when making decisions on levels and public health measures once the new framework is introduced, including whether any additional welfare, psychosocial and community-based supports may be required to mitigate prolonged impacts.

120 Officials will develop a revised approach to welfare and community-based supports to tie in with the new framework, particularly at the Orange and Red levels, including food and other essential wellbeing provisions, in an effort to address some of these impacts.

Impacts from measures

121 The principal impact from the change to the new framework is the introduction of measures that depend on the vaccination status of an individual. This could exacerbate existing inequities in the vaccination coverage among different groups. Māori, and younger age groups of Pacific peoples currently have low rates of vaccination compared with the wider population and could be disproportionately impacted by the new framework. There could also be impacts on disabled people who have had barriers to their access for vaccination. However, the use of vaccine requirements in some places could have the effect of increasing vaccination rates as people have further incentive to be vaccinated.

122 Feedback from the targeted engagement with the Iwi Chairs Forum focussed on the importance of vaccination for Māori. The Iwi chairs were keen to ensure that changes to the framework would not disproportionately affect Māori and were clear that the key to that is lifting vaccination rates for Māori.

Economic impacts

123 As noted above, the impact that the new COVID-19 Protection framework will have on economic activity is highly uncertain, and Treasury will provide an estimate of the impact of the new framework in the next paper in November.

124 The Treasury's initial high-level assessment, based on an earlier version of the COVID-19 Protection framework, is that the "Orange" setting would be similar to a restrictive version of the current Alert Level 1, and that the "Red"

setting would be similar to the previous Delta Alert Level 2. Under these assumptions, Treasury's high-level estimate of the impact that the "Orange" alert level settings would have on economic activity is around $30 million per week (slightly under 1% of GDP) relative to the "Green" level of public health measures, while the "Red" settings is estimated to reduce economic activity by around $80 million per week (slightly over 1% of GDP). This estimate for the "Red" settings is likely to be a lower bound, given the restrictions at this level have been strengthened and the possibility of targeted lockdowns for facilities or geographic regions. Losses are expected to be concentrated in the retail, accommodation, food services and other services industries.

Consultation

125 This paper was prepared by the COVID-19 Group in the Department of the Prime Minister and Cabinet. The Ministry of Health reviewed the paper and provided specific input, including public health advice and the views and recommendations of the Director-General. Crown Law advised on the Bill of Rights implications.

126 The following agencies were also consulted on the paper: Customs, Departments of Internal Affairs, Corrections, Ministries of Education, Ethnic Communities, Housing and Urban Development, Culture and Heritage, Social Development, Justice, Primary Industries, Business, Innovation and Employment, Transport, Pacific Peoples, Te Arawhiti, the Treasury, Te Puna Kokiri and the Public Service Commission.

127 The Office of the Privacy Commissioner and the office of the Government Chief Digital Officer were consulted in the development of the policy work on COVID-19 vaccination certificates.

128 Relevant Ministers have led engagement with targeted discussions with our Treaty partners, the health and disability sector, supermarkets and retail, hospitality and events, sports, places of worship, education entities, unions and workplaces. Officials also undertook targeted consultation on the use of CVCs.

129 Feedback from these sectors has been incorporated into this paper and the revised framework. On the whole feedback was positive about the intent of the new framework. Those consulted agreed that a new approach that incorporated a high vaccination rate and aimed to minimise lockdowns was needed. The concerns of the Iwi Chairs Forum and science leaders, including the need for higher thresholds for moving to the new framework, were noted above.

130 We also received feedback from sectors on more detailed elements of the new framework and CVCs. Officials will incorporate this when developing more detailed settings and policy before implementation.

Communications and Proactive Release

131 I intend to announce the new framework on Friday, 22 October at a separate event from the 1pm briefing. I also intend to proactively release this Cabinet paper following Cabinet consideration.

Recommendations

The Prime Minister recommends that Cabinet:

1 note this paper responds to the invitation to report back to Cabinet with the final framework responding to COVID-19 for decisions and proposals to transition to the new framework [CAB-21-MIN-0406 refers]

A New Approach

2 agree to replace the elimination strategy with the minimisation and protection approach;

3 note the transition to the new approach will enable further changes at the border and is part of the wider Reconnecting New Zealanders approach;

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

Framework

5 agree to use the attached COVID-19 Protection framework for our domestic response for COVID-19 once New Zealand has reached the agreed conditions for transition;

6 agree that the new COVID-19 Protection framework will replace the Alert Level framework;

7 note officials will continue to finalise the detailed settings of the framework for implementation;

8 note that measures to give effect to the framework will be implemented by the Minister for COVID-19 Response through Orders under the COVID-19 Public Health Response Act 2020;

COVID-19 Vaccination Certificates

9 agree to the implementation of COVID-19 Vaccination Certificates (CVCs) for use in the framework;

10 agree that vaccination will be mandatory for customers in the following circumstances:

10.1 very large high-risk events of over 500 people at all levels (detail in Appendix One);

10.2 high-risk indoor settings without capacity limits at Orange level (detail in Appendix One);

10.3 high-risk indoor settings with capacity limits applying at Red level (detail in Appendix One);

11 agree that providers of life-preserving basic needs cannot introduce vaccine requirements (including by requiring CVCs) for patrons;

12 agree that exemptions from vaccine requirements in the specified settings be limited to medical grounds only and to children under 12 years and 3 months of age;

13 s9(2)(h)

14 note that private bodies can limit the general public from accessing their premises, as long as this does not amount to unlawful discrimination;

15 direct officials to develop guidance and enabling legislation on the optional use of CVCs in wider settings;

16 agree in principle, subject to further work led by MBIE, that workers in very large high-risk settings, and high-risk indoor settings should also be vaccinated while there is a vaccine requirement on patrons;

17 note the Minister for COVID-19 Response will take a paper to Cabinet with detailed requirements and implementation details for CVCs on Tuesday 26 October;

18 invite the Minister for COVID-19 Response to issue drafting instructions to amend the COVID-19 Public Health Response Act to:

18.1 include, for the avoidance of doubt, the explicit ability to make orders differentiating between those who are vaccinated and those who are not;

18.2 give effect to the decision in recommendation 11;

How the framework will be used

19 agree that the framework is able to be applied on a regional basis;

20 agree Ministers will continue to make decisions with regard to whether both regional and national shifts in the response level in the new framework are appropriate public health responses to the level of cases in the community;

21 note that localised lockdowns or closures may be used as part of the public health response in the new framework;

22 note there may still be a need to use wider lockdowns similar to the measures in Alert Level 3 or 4;

23 note that localised lockdowns will be enabled through orders in the COVID-19 Public Health Response Act;

24 note the temporary closure of workplaces, schools, and isolation of individuals will continue to be implemented through Section 70 of the Health Act 1956, or

could also be enabled through orders in the COVID-19 Public Health Response Act;

25 agree to replace the current five health-based factors used to inform Alert Level decisions with the following:

25.1 vaccination coverage across the overall population and equity of vaccination coverage,

25.2 the capacity of the health and disability system to manage COVID-19 cases, including across public health, primary care, community services, and secondary care,

25.3 testing, contact tracing and case management capacity, and

25.4 the transmission of COVID-19 within the community, including its impact on the most vulnerable populations.

26 Agree to retain the four other factors previously agreed by Cabinet [CAB-20-MIN-0199; CAB-20-MIN 0387 refer]:

26.1 evidence of the effects of the measures on the economy and society more broadly;

26.2 evidence of the impacts of the measures for at risk populations in particular;

26.3 public attitudes towards the measures and the extent to which people and businesses understand, accept, and abide by them; and

26.4 our ability to operationalise the restrictions, including satisfactory implementation planning;

27 Agree, for announcement, the indicative risk assessments and thresholds for movement within a region at each level of the framework:

27.1 Green: case numbers kept low through testing, contact tracing and quarantine and hospitalisations at a manageable level;

27.2 A shift to Orange would occur with increasing community transmission, increasing pressure on the health system, or increasing risk to at risk populations;

27.3 A shift to Red would occur when Orange is no longer containing the virus in the original outbreak areas, action is needed to protect the healthcare system, and the health of communities, or at risk populations.

28 note that these thresholds will be updated and refined as more modelling and work goes into the implementation of the framework;

29 note there will be no restrictions on interregional travel, or internal boundaries, except when a region is in the Red level, or in the case of localised lockdowns;

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

Transition

31 note initial modelling suggests that with 90% of the eligible population fully vaccinated the Orange level would significantly slow spread but the Red level would likely still need to be used to be confident that case numbers reduce over time;

32 agree in principle, subject to both consideration of the operational and legal implications of potentially operating two frameworks simultaneously and confirmation by Ministers with Power to Act, to the following targets to signal we are confident that we can move to the new framework:

32.1 each DHB in Auckland - 90% full vaccination of those eligible;

32.2 each DHB outside Auckland - 90% full vaccination of those eligible;

33 note that it is expected Auckland to initially shift to the Red level of the framework, with boundaries in place;

34 note that it is expected the rest of the country will initially shift to the Orange level of the framework;

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

36 note that officials will work closely with Māori and Māori Ministers in the development of operational detail, implementation and transition plans;

Risks

37 note there are risks that transitioning before there is high vaccination across the population and sub-groups could expose pockets of vulnerable communities to COVID-19;

38 note there is a risk that localised, or more widespread, lockdowns are required more frequently than planned;

39 note there are operational risks to implementing a new approach, and significant operational detail still to be developed;

Population Impacts

40 note there will be disproportionate impacts to moving to the new framework on the Māori and Pacific communities due to:

40.1 higher levels of co-morbidities within these communities,

40.2 lower rates of vaccination in these communities which will result in negative health impacts, and greater social impacts for these communities due to vaccination requirements

41 note people younger than 12, and some people with health conditions that mean they will not be able to be vaccinated, will be at higher risk of illness from COVID-19 than those who can be vaccinated;

Supports

42 note the Treasury is providing advice to the Minister of Finance on how the system of economic supports will need to change in response the new framework;

43 s9(2)(f)(iv)

44 s9(2)(f)(iv)

Communications

45 agree that the Prime Minister will publicly announce the attached framework and strategy on Friday 22 October.

Rt. Hon. Jacinda Ardern
Prime Minister

Appendix 1 - COVID-19 Protection Framework: proposed risk assessment, measures, and public health responses – as at 17 October

The levels in the framework are determined by the Government and specify the public health and social measures to be taken to protect us against COVID-19. Different parts of the country may be at different levels. We can move up and down the levels. We may need to use more stringent measures, similar to the former Alert Levels 3 and 4, if the health system is at risk of being overwhelmed or a new variant emerges.

Level	Risk Assessment	Measures	Public health and system response
Be prepared for COVID-19 in your community	• COVID-19 across New Zealand, including sporadic imported cases • Limited community transmission • COVID-19 hospitalisations are at a manageable level • Whole of health system is ready to respond – primary care, public health, and hospitals	<u>General</u> • Continued strong promotion of COVID-19 vaccination, especially for target populations • Mandatory record keeping for contact tracing purposes (in line with current settings) • Face coverings not mandatory but strongly encouraged for indoor settings (including on public transport and domestic flights) • Use of CVCs optional for businesses • Targeted local lockdowns • No restrictions on inter-regional travel. <u>Hospitality businesses</u> • no restrictions <u>Event facilities</u> • no restrictions; **BUT** • vaccine requirement mandatory for high risk events and venues of 500 + attendees (to align with CVC work). <u>Gatherings (private/church/marae)</u> • no restrictions; **BUT** • vaccine requirement mandatory for high-risk event facilities/gatherings of 500 + attendees. <u>Close-proximity businesses and services</u> • open <u>Workplaces</u> • open (i.e. no requirement or encouragement to work from home) <u>Education entities</u> • open (vaccination requirements for teachers) <u>Businesses and services whose customers or clients are members of the business or service (e.g. gyms)</u> • open <u>Public facilities</u> • open <u>Retail businesses</u> • open	<u>Public health</u> • High levels of vaccination – continues with intensive focus on vulnerable and marginalised communities. • vaccination requirement for education and healthcare workers. • Testing – a testing strategy/plan covering case finding as well as surveillance testing (under development – early November). • Contact tracing and isolation practice for positive cases (under development, end October). • Guidance on ventilation for indoor venues • Local public health response -- focussed on high risk workplaces/settings e.g. those with low vaccination levels. Public Health able to undertake hyper-localised action to shut down specific facilities (eg school) • Clinical pathways - support development of clinical health pathways to establish and practice coordination mechanisms across agencies and districts, relationship building and leadership. <u>System</u> • Equity – relationships are built, resources and specific plans are focused on vulnerable and marginalised communities. • Welfare - targeted support for vulnerable communities to build resilience. • Promote an integrated response – across whole health system, including public health, primary care, community services, secondary care. • Wider public sector - ongoing preparation and planning across all sectors to build resilience especially. • Maintain readiness – emerging issues e.g. technology changes, booster vaccinations.
Be active in stopping the spread of the virus	• Increasing community transmission with increasing pressure on health system.	<u>General</u> • Continued strong promotion of COVID-19 vaccination, especially for target populations • Mandatory record keeping for contact tracing purposes (in line with current settings) • Mandatory face coverings (in line with current Alert Level 2 settings) • Less constraints on businesses who use CVCs and more freedoms for those who are vaccinated • Targeted local lockdowns	<u>Public health</u> • Continued focus on vaccination – strong focus on lifting vaccination rate with focus on vulnerable and marginalised communities. • Vaccination requirement for education and healthcare workers. • Testing – strategy as mentioned above in green (still under development, timing tbc).

	• Whole of health system is focusing resources but can manage – primary care, public health and hospitals • Increasing risk to at risk populations	• No restrictions on inter-regional travel, and physical distancing is not required on transport services or terminals. <u>Hospitality businesses</u> • no restrictions if vaccination requirement; **OR** • if no vaccination requirement, capacity limited by 1 person per 2m^2 rule, up to a cap of 100 people, and seated and separated rule applies. <u>Event facilities</u> • no restrictions with vaccine requirement; **OR** • if no vaccination requirement, capacity limited by 1 person per 2m^2 up to a cap of 100 people. Seated and separated rule applies to events serving food or drink; **AND** • vaccine requirement mandatory for high risk events and venues of 500 + attendees (to align with CVC work). <u>Gatherings (private/church/marae)</u> • no restrictions if an organised gathering chooses to require vaccination; **OR** • if no vaccination requirement, capacity limited by 1 person per 2m^2 rule up to a cap of 100 people; **AND** • vaccine requirement mandatory for high risk gatherings of 500 + attendees. <u>Close-proximity businesses and services</u> • open with mandatory appropriate public health measures such as face coverings for workers and record keeping <u>Workplaces</u> • open (i.e. no requirement or encouragement to work from home). <u>Education entities</u> • open (vaccination requirement for teachers, systems and processes in place to mitigate risks of no physical distancing requirement (e.g. regular cleaning)). <u>Businesses and services whose customers or clients are members of the business or service (e.g. gyms)</u> • open, with CVC requirement; **OR** • if no vaccination requirement, capacity determined by 1 person per 2m^2 rule. <u>Public facilities</u> • open, with capacity determined by 1 person per 2m^2 rule <u>Retail businesses</u> • open, with capacity determined by 1 person per 2m^2 rule	• Contact tracing and isolation for positive cases (still under development, timing tbc). • Guidance on ventilation for indoor venues. • Local public health response, focused on high risk workplaces/settings. Public Health able to undertake localised action to shut down specific facilities and possibly certain geographical areas. • Clinical pathways - support development of clinical health pathways to establish and practice coordination mechanisms across agencies and districts, relationship building and leadership. <u>System</u> • Equity – relationships are built, resources and specific plans are focused on vulnerable and marginalised communities. • Welfare – targeted support is enhanced for vulnerable communities and those with high welfare needs. • Continue to promote an integrated response – across whole health system, including public health, primary care, community services, secondary care. • Wider public sector - ongoing coordination and planning across all sectors to maintain resilience especially.
Be safe, take actions that stop you, your friends and your whanau from getting COVID-19	• Action needed to protect health system – system facing unsustainable number of hospitalisations. • Action needed to protect at risk populations	<u>General</u> • Continued strong promotion of COVID-19 vaccination, especially for target populations • Mandatory record keeping for contact tracing purposes (in line with current settings) • Mandatory face coverings (in line with current Alert Level 2 settings) plus recommended whenever leaving the house • Restrictions on health facilities - e.g. limits on visitors, prioritising some services, use of telehealth, screening or testing of patients in affected areas, restrictions within ARC facilities and other vulnerable settings • Public-facing businesses must use CVCs to operate • Targeted localised lockdowns	<u>Public health</u> • Public Health able to undertake action (i.e. statutory powers) to manage outbreak. • Alert Level 3 or 4 style lockdowns may still be required and used as an 'emergency break' in situations where we can predict based on case numbers that there will be no more capacity in the healthcare system for new cases in the next 7-14 days. • Surge vaccination in outbreak regions. • Vaccination requirement for education and healthcare workers • Workplaces can mandate vaccination (MBIE lead). • Testing – strategy as mentioned above (still to be developed, timing tbc). • Contact tracing and isolation for positive cases (still under development). • Guidance on ventilation for indoor venues.

		• Restrictions on inter-regional travel – travel out of red only permitted for vaccinated people with evidence of a test in past 72 hours • Physical distancing is not required on transport services or terminals <u>Hospitality businesses</u> • contact-less only; **OR** • permitted to open with vaccination requirement, with capacity limited by 1 person per 2m^2 rule up to a cap of 100 people. <u>Event facilities</u> • closed; **OR** • permitted to open with vaccination requirement, with capacity limited by 1 person per 2m^2 rule up to a cap of 100 people. <u>Gatherings (private/church/marae)</u> • strictly limited and vaccination required (1 person per 2m^2 rule up to a cap of 100 people. <u>Close-proximity businesses and services</u> • closed; **OR** • open for vaccinated workers and customers. <u>Workplaces</u> • open but working from home encouraged. <u>Education entities</u> • closed; **OR** • schools and early learning re-open with same public health controls agreed for Auckland education entities to reopen at Alert Level 3 [CAB-21—MIN-0415]. <u>Businesses and services whose customers or clients are members of the business or service (e.g. gyms)</u> • closed; **OR** • open for vaccinated workers and customers, with capacity determined by 1 person per 2m^2 rule. <u>Public facilities</u> • closed; **OR** • permitted to open with vaccination requirement and limited capacity (1 person per 2m^2 rule). <u>Retail businesses</u> • Retail contact-less only; **OR** • permitted to open with vaccination requirement and limited capacity (1 person per 2m^2 rule). • Essential services (e.g. supermarket, pharmacies etc) would be permitted to open to everyone with capacity limits in place.	• Clinical pathways - support development of clinical health pathways to establish and practice coordination mechanisms across agencies and districts, relationship building and leadership. <u>System</u> • Welfare – targeted support is enhanced for vulnerable communities. • Wider public sector - ongoing coordination across all sectors to maintain resilience especially.

Cabinet

Minute of Decision

COVID-19: Confirming a Strategy for a Highly Vaccinated New Zealand

Portfolio **Prime Minister**

On 18 October 2021, Cabinet:

Background

1 **noted** that in October 2021, Cabinet noted that the Prime Minister would report back to Cabinet with the final framework for responding to COVID-19, and proposals for transition from the existing Alert Level framework to the new framework [CAB-21-MIN-0406];

A New Approach

2 **agreed** to replace the elimination strategy with the minimisation and protection approach;

3 **noted** that the transition to the new approach will enable further changes at the border and is part of the wider Reconnecting New Zealanders approach;

4 **noted** that the Prime Minister and the Minister for COVID-19 Response will report back to the Cabinet Business Committee on 1 November 2021 to seek detailed decisions for Reconnecting New Zealanders;

Framework

5 **agreed** to use the COVID-19 Protection Framework, attached to the submission under CAB-21-SUB-0421, for New Zealand's domestic response for COVID-19 once New Zealand has reached the agreed conditions for transition;

6 **agreed** that the new COVID-19 Protection Framework will replace the Alert Level framework;

7 **noted** that officials will continue to finalise the detailed settings of the framework for implementation;

8 **noted** that measures to give effect to the framework will be implemented by the Minister for COVID-19 Response through Orders under the COVID-19 Public Health Response Act 2020 (the Act);

COVID-19 Vaccination Certificates

9 **agreed** to the implementation of COVID-19 Vaccination Certificates (CVCs) for use in the framework;

10 **agreed** that vaccination will be mandatory for customers in the following circumstances:

10.1 very large high-risk events of over 500 people at all levels (as detailed in Appendix One attached to the submission under CAB-21-SUB-0421);

10.2 high-risk indoor settings without capacity limits at Orange level (as detailed in Appendix One);

10.3 high-risk indoor settings with capacity limits applying at Red level (as detailed in Appendix One);

11 **agreed** that providers of life-preserving basic needs cannot introduce vaccine requirements (including by requiring CVCs) for patrons;

12 **agreed** that exemptions from vaccine requirements in the specified settings be limited to medical grounds only and to children under 12 years and 3 months of age;

13 s9(2)(h) [redacted]

14 **noted** that private bodies can limit the general public from accessing their premises, as long as this does not amount to unlawful discrimination;

15 **directed** officials to develop guidance and enabling legislation on the optional use of CVCs in wider settings;

16 **agreed in principle**, **subject to** further work led by the Ministry of Business, Innovation and Employment, that workers in very large high-risk settings and high-risk indoor settings should also be vaccinated while there is a vaccine requirement on patrons;

17 **noted** that the Minister for COVID-19 Response will bring a paper seeking agreement to the detailed requirements and implementation details for CVCs to Cabinet on 26 October 2021;

18 **invited** the Minister for COVID-19 Response to issue drafting instructions to amend the Act to:

18.1 include, for the avoidance of doubt, the explicit ability to make orders differentiating between those who are vaccinated and those who are not;

18.2 give effect to the decision in paragraph 11;

How the Protection Framework will be used

19 **agreed** that the framework is able to be applied on a regional basis;

20 **agreed** that Ministers will continue to make decisions with regard to whether both regional and national shifts in the response level in the new framework are appropriate public health responses to the level of cases in the community;

21 **noted** that localised lockdowns or closures may be used as part of the public health response in the new framework;

22 **noted** there may still be a need to use wider lockdowns similar to the measures in Alert Level 3 or 4;

23 **noted** that localised lockdowns will be enabled through orders in the Act;

24 **noted** that the temporary closure of workplaces, schools, and isolation of individuals will continue to be implemented through section 70 of the Health Act 1956, or could also be enabled through orders in the Act;

25 **agreed** to replace the current five health-based factors used to inform Alert Level decisions with the following:

25.1 vaccination coverage across the overall population and equity of vaccination coverage;

25.2 the capacity of the health and disability system to manage COVID-19 cases, including across public health, primary care, community services, and secondary care;

25.3 testing, contact tracing and case management capacity;

25.4 the transmission of COVID-19 within the community, including its impact on the most vulnerable populations;

26 **agreed** to retain the four other factors previously agreed by Cabinet [CAB-20-MIN-0387]:

26.1 evidence of the effects of the measures on the economy and society more broadly;

26.2 evidence of the impacts of the measures for at risk populations in particular;

26.3 public attitudes towards the measures and the extent to which people and businesses understand, accept, and abide by them;

26.4 our ability to operationalise the restrictions, including satisfactory implementation planning;

27 **agreed**, for announcement, the indicative risk assessments and thresholds for movement within a region at each level of the framework:

27.1 Green: case numbers kept low through testing, contact tracing and quarantine, and hospitalisations at a manageable level;

27.2 a shift to Orange would occur with increasing community transmission, increasing pressure on the health system, or increasing risk to at risk populations;

27.3 a shift to Red would occur when Orange is no longer containing the virus in the original outbreak areas, and action is needed to protect the healthcare system, and the health of communities or at risk populations;

28 **noted** that these thresholds will be updated and refined as more modelling and work goes into the implementation of the framework;

29 **noted** there will be no restrictions on interregional travel, or internal boundaries, except when a region is in the Red level, or in the case of localised lockdowns;

30 **invited** the Minister of Health to report back to Cabinet in November 2021 on updated testing, tracing and isolation strategies;

Transition

31 **noted** that initial modelling suggests that with 90 percent of the eligible population fully vaccinated, the Orange level would significantly slow spread but the Red level would likely still need to be used to be confident that case numbers reduce over time;

32 **agreed in principle**, **subject to** both consideration of the operational and legal implications of potentially operating two frameworks simultaneously and confirmation by COVID-19 Ministers with Power to Act, to the following targets to signal that we are confident that we can move to the new framework:

32.1 each District Health Board (DHB) in Auckland – 90 percent full vaccination of those eligible;

32.2 each DHB outside Auckland – 90 percent full vaccination of those eligible;

33 **noted** that it is expected that Auckland initially shift to the Red level of the framework, with boundaries in place;

34 **noted** that it is expected that the rest of the country will initially shift to the Orange level of the framework;

35 **invited** the Minister for COVID-19 Response to report back to Cabinet with a progress report on transition plans and any funding implications on 15 November 2021, and subsequently with a full plan in late November or early December before implementation;

36 **noted** that officials will work closely with Māori and Māori Ministers in the development of operational detail, implementation and transition plans;

Risks

37 **noted** there are risks that transitioning before there is high vaccination across the population and sub-groups could expose pockets of vulnerable communities to COVID-19;

38 **noted** that there is a risk that localised, or more widespread, lockdowns are required more frequently than planned;

39 **noted** that there are operational risks to implementing a new approach, and significant operational detail still to be developed;

Population Impacts

40 **noted** that there will be disproportionate impacts from moving to the new framework on Māori and Pacific communities due to:

40.1 higher levels of co-morbidities;

40.2 lower rates of vaccination, which will result in negative health impacts, and greater social impacts due to vaccination requirements;

41 **noted** that people younger than 12, and some people with health conditions that mean they will not be able to be vaccinated, will be at higher risk of illness from COVID-19 than those who can be vaccinated;

Supports

42 **noted** that the Treasury is providing advice to the Minister of Finance on how the system of economic supports will need to change in response the new framework;

43 **invited** the Minister of Finance to report back to Cabinet in November 2021 with the new approach to economic supports;

44 **invited** the Minister of Social Development and Employment to report back to Cabinet in November 2021 with a revised approach to welfare and community-based supports, including food and other essential wellbeing provisions;

Communications and Next Steps

45 **authorised** COVID-19 Ministers to have Power to Act to approve any final changes and edits to the framework;

46 **agreed** that the Prime Minister publicly announce the framework and strategy on 22 October 2021;

47 **noted** that there is a need to provide additional resources to improve the rate of vaccination of Maori;

48 **authorised** a group of Ministers comprising the Minister of Finance, the Minister for Crown Māori Relations: Te Arawhiti, the Associate Minister of Health (Māori Health) and the Minister for Māori Development to have Power to Act to take decisions on providing additional funding to improve the rate of vaccination of Māori.

Michael Webster
Secretary of the Cabinet