DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

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COVID-19
Te Mahere Tiaki
National Management Approach

Te Kāwanatanga o Aotearoa
New Zealand Government

Unite against COVID-19

Cover page – key information

The Government response to COVID-19 is informed by public health advice.

The COVID-19 Group at the Department of the Prime Minister and Cabinet (DPMC) leads system coordination for COVID-19 management across all of government and is responsible for setting out how the system works and roles and responsibilities.

Please contact DPMC via the website https://covid19.govt.nz/about-this-site/contact-us/ for a copy of the latest DPMC document. Ministry of Health plans can be requested via covid-19response@health.govt.nz.

This Document

The COVID-19 Te Mahere Tiaki National Management Approach (this document) outlines the emergency tools (both active and latent) that are available to manage COVID-19 in New Zealand during outbreaks under the minimisation and protection strategy and the COVID-19 Protection Framework (Framework). Chapter 3 also captures latent tools that were used under the Elimination Strategy. It ensures clarity of roles and responsibilities for those tools across the system and outlines the mechanisms for the system to come together to provide advice to decision makers and communications to the public. This document is written to support all officials involved with COVID-19 response.

At the time of writing, the Ministry of Health is working through a transition to Health New Zealand and developing longer-term plans for new variants. The All of Government (AOG) COVID-19 response is also transitioning to a long-term sustainable model. The details and revisions due to these changes will be covered in future revision of this document to ensure the system has up to date guidance should it need to be reconvened at a future date.

Version history

Version	Author	Date	Summary of Content
National Management Approach Q2	Zoe Juniper, DPMC Seb Eastment DPMC	01 June 2022	Updates to Chapter 2 and 3 only - updated tools (in use and latent) and agency roles and responsibilities.
National Management Approach Q1	Zoe Juniper, DPMC Seb Eastment DPMC	07 December 2021	First COVID-19 National Management Approach to outline operational elements of the COVID-19 Protection Framework for managing COVID-19 in the community.

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1. About this document

1.1 Purpose

On 22 November 2021, the New Zealand Government announced the next phase in the COVID-19 response as Cabinet agreed to move New Zealand to the COVID-19 Protection Framework (the Framework) at 11:59pm on 2 December 2021.

This document outlines the high-level operational elements of the Framework and the minimisation and protection strategy to manage COVID-19. It includes a summary of the active and latent emergency tools available for managing COVID-19 in New Zealand, agencies roles and responsibilities, and all of government decision-making architecture. This document incorporates the outcomes from winter planning and some lessons from the Omicron variant response. When outbreaks of highly transmissible variants occur, there is a rapid increase in cases that puts strain on the country's workforce, especially in key utilities such as healthcare, food supply chains, financial organisations, water infrastructure, freight, energy, and telecommunications sectors.

This document was developed in May 2022 and should be regarded as a 'living document' that evolves as the system adapts to change and transitions to a longer term sustained response model.

1.2 Scope

This document has been developed to outline how the system supports management of COVID-19, including the decisions and actions required to minimise the spread of COVID-19 and protect the health system. It has been developed to:

- Sit alongside the MoH COVID-19 Plans, which outline MoH's role as lead agency for the public health system, supported by Ministry of Social Development's (MSD) lead agency role for welfare support coordination.
- Outline the emergency tools, roles, and responsibilities for the management of COVID-19 under the minimisation and protection strategy and Framework, including highly transmissible variants.
- Support agencies to align plans at different levels to the wider system management of COVID-19 and their own internal Business Continuity Plans where absentees of between 10% and 30% are expected.
- Outline changes in how the system works under a more self-reliant approach that prioritises support for high-risk populations and communities, and critical infrastructure.
- Move New Zealand's management of COVID-19 from a strictly public health-led response, to where all members of the population are prepared to protect themselves and self-isolate when they catch the virus to minimise spreading it to high-risk populations and communities.

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2. COVID-19 National Management Approach

Public Health have driven New Zealand's response since the beginning of the COVID-19 pandemic. Over the past 18 months, New Zealanders have received daily updates and public information about what to do and when to do it regarding the response.

Closed borders and observations of overseas experience on a highly transmissible variant (Omicron) allowed New Zealand to plan for the arrival of Omicron here. New Zealand has now reconnected to the world and borders are reopening, meaning New Zealand is more likely to be exposed to new variants and quicker than previously. Work is underway to develop a range of scenarios to support planning for the range of possible new variants and will be reflected in future editions of this document.

New Zealand observed with Omicron that highly transmissible variants present high case numbers and a high number of people requiring hospital care and have put the hospital system and health response under considerable pressure and disrupted healthcare resources.

New Zealand's minimisation and protection strategy and high vaccination levels worked well to minimise the spread of the virus and protect the healthcare system.

Being fully vaccinated and boosted reduced the likelihood of people developing serious illness. This ensured the hospital and health system was not overwhelmed and remained available for people when they needed it most.

In terms of behaviour, people are motivated by individual protections that will keep them and their loved ones safe. Most did comply with visual behaviours, such as mask use, scanning, and showing a vaccine pass.

People have become more accepting of the spread of COVID-19 and future variants in the community. Following the peak of the Omicron outbreak in early April 2022 there has been an increasing desire that life in New Zealand gets back to some form of normality over the next year, while retaining good public health practices. This has included reconnecting with the rest of the world and visitors returning to New Zealand.

There is, however, still fatigue and perceived barriers to complying with future restrictive requirements. Moving forward, it will be important to support social cohesion and emerging positive health habits to mobilise communities and address attitudinal and functional barriers towards the government response.

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2.1 Minimisation and protection strategy

On 18 October 2021, Cabinet agreed to transition from an elimination strategy to a minimisation and protection strategy. Central to this shift is the new COVID-19 Protection Framework which lays out the domestic response measures for a highly vaccinated population.

Minimisation means we are aiming to slow the spread of COVID-19 and keep cases at as low a level as possible. There will likely be some level of cases in the community on an ongoing basis.

Protection means New Zealand will protect people from the impacts of the virus, with vaccination, infection prevention and control, and public health measures (e.g., contact tracing, case management and testing). The key focus is on protecting people's health, especially vulnerable communities, by ensuring case numbers do not reach a point where the impacts have flow-on effects on other health services, impacting on other health priorities. Response will also focus on minimising significant health impacts through treatment and support.

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-minimisation-and-protection-strategy-aotearoa-new-zealand

2.2 Adapting to more highly transmissible variants

On 26 November 2021, the World Health Authority declared the Omicron Variant (B.1.1.529), as a Variant of Concern. Since then, there have been additional sub-lineages identified: BA.1, BA1.1, BA.2, BA.3, BA.4, and BA.5. Omicron has spread quickly around the world, becoming the dominant variant in many countries within weeks of its detection. This variant is exponentially more transmissible than any of the SARS-CoV-2 (COVID-19) variants seen to date.

Omicron's high transmissibility has resulted in high numbers of detected cases and contacts. Duly, the number and/or percentages of populations requiring to isolate/quarantine has resulted in significant business and wider societal disruption. Staff shortages especially have exacerbated pre-existing issues over food shortages and wider supply-chain issues.

While most vaccinated cases are (or are expected to be) asymptomatic or experience mild symptoms, the volume of cases means healthcare, testing and tracing may still be rapidly overwhelmed. In many Northern Hemisphere countries, the level of hospitalisations and death rates was comparable, or in excess, of the 2020-21 winter period. Duly, the World Health Organization has warned against describing the Omicron variant as "mild".

To adapt, New Zealand needed to adopt a more self-reliant approach that prioritised support for high-risk populations and communities, and critical infrastructure. This enabled a move from New Zealanders being reliant on Government to tell them what to do, to being prepared to protect themselves and self-isolate when they catch the virus, to minimise spreading it to high-risk populations and communities.

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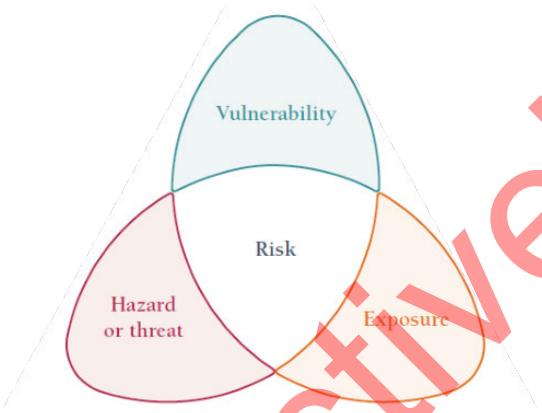
Additional new variant planning is underway across agencies and the next version of the NMA will provide further detail. The work is based on five scenarios:

- Scenario 1: High clinical severity, high immune escape.
- Scenario 2: Low clinical severity, high immune escape.
- Scenario 3: High clinical severity, low immune escape.
- Scenario 4: Low clinical severity, low immune escape.
- Scenario 5: Multiple co-circulating variants with different levels of severity and different levels of cross-protection.

2.3 Risk based decision making

The response to COVID-19 uses a risk-based decision-making approach as per the requirements of the Sendai Framework that New Zealand and the National Security System have adopted for managing nationally significant hazards. Risk can be viewed as a combination of three components: hazard, exposure, and vulnerability. Data from each of these categories can be used to paint a picture of risk in a certain location and over time. This allows decision makers to determine the level of acceptable risk and the actions required to mitigate or manage the risk. This is helpful in guiding decision makers on how to act in a response. The risks associated with COVID-19 have changed since January 2020 and are expected to continue to evolve for some years to come.



- **Hazard** – in this case the hazard is the SARS CoV-2 and new variants such as Delta present a change in the hazard.
- **Exposure** – the location, communities, volumes, and geographical extent that an outbreak poses to New Zealand.
- **Vulnerability** – the likelihood that people will contract, get ill, suffer long term health impacts from SARS CoV-2, or die. Also includes the social support mechanisms that are in place and equity issues. Vaccines reduce the vulnerability of communities to serious illness and death.

2.4 Lesson management

Reflecting on the lessons identified is important for continuous improvement in New Zealand's COVID-19 response.

Several key learnings have been identified over the past 18 months, and with each outbreak there are further lessons identified. The lessons identified relating to the Delta and Omicron variant outbreaks globally are valuable, especially from the Australia outbreaks, as Australia shares a similar strategy and response trajectory to New Zealand. These include:

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- Highly transmissible variants impact supply chain and business continuity as well as health and welfare systems. Therefore, changes have been made to isolation periods and requirements for some of the critical workforces to maintain business continuity.
- Contact tracing becomes difficult with COVID-19 spreading much faster than contact tracing can work and a move to empower individuals to self-manage. This can be a challenging shift which requires clear and central guidance and resources for the public.
- Large volumes of the population will be asymptomatic and continue about daily life without knowing they even have COVID-19.

DPMC facilitated weekly hot debriefs during the Delta outbreak and the key lessons identified were:

- The importance of clear signals that responding to COVID-19 is the priority over Business as Usual (BAU) which will work to help alleviate pressures of competing priorities.
- The benefits of having pre-arrangements for information and data-sharing in place with key agencies before a COVID-19 outbreak, and that privacy considerations continue to be a key focus of this.
- Acknowledging that organisational structures have adapted and continue to adapt and mature - though could always be clearer, including the best mechanism to share information and lessons. Noting that the central response structure is different to operational agencies' CIMS model.
- The importance of communicating clearly to the public the difference between one level/setting restrictions and another. The difficulty in compliance and questions for the public on the difference between the CPF Red setting, 'Omicron steps/phases', and the historic Alert Level 4 setting. This was raised particularly for some regions who had not been in the higher level, and the complexity in understanding the differences.

DPMC encourages the AoG system to use the Australian Disaster Resilience Lessons Management Framework[1] to enable consistent terminology and collation of identified issues across different agencies to be more rapidly compared and themed.

2.5 Recovery alongside response

Following the international borders being reopened, it is acknowledged that many sectors within New Zealand are rapidly implementing recovery plans for their sector. These sectors include tourism, international education, event promotion, international travel, export and input sectors and businesses with international trading partners. Forward planning has adopted the concept of seven recovery capitals (natural, social, financial, cultural, political, built, human)[2] to better understand the ongoing long-term impacts of COVID-19 and interplays of response actions on recovery.

[1] https://www.aidr.org.au/media/1760/aidr_handbookcollection_lessonsmanagement_2019.pdf
[2] https://img1.wsimg.com/blobby/go/14945843-fbb9-4d61-9e27-e6d9f730ae67/ReCap_NZ_Final-0001.pdf

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2.6 Equity considerations

An equitable approach to Response recognises that in Aotearoa New Zealand different people with different levels of advantage require different approaches and resources to get equitable outcomes. Critical to the success of the COVID-19 response is ensuring it is equitable across communities, including but not limited to Māori, Pasifika, and disabled people.

The August 2021 outbreak demonstrated that agencies need to work more closely with Māori, Pasifika, and ethnic communities both during and ahead of a response to better understand the cultural aspects that will influence decision making and development of COVID-19 mitigation and management tools. Food was again one of the biggest challenges for the August 2021 outbreak and closer engagement has led to improved ways of working at the local level and connecting local community led initiatives into the wider Caring for Communities (C4C) structures, funding, and resources to continue to enable and empower them to support their own communities. Annex 6 provides a diagram of the system engagement around food.

Within a response, every agency and function are responsible for incorporating and upholding equity considerations.

Disability Support

In April 2022 the Human Rights Commission released the *Inquiry into the Support of Disabled People and Whānau During Omicron*. The inquiry identified six key issues with the Government's response to COVID-19: significant concerns with communications; staying safe during the pandemic; support to isolate safely; disrupted disability services; health services available; and lack of support in educational settings. There were 14 recommendations and several areas for further consideration, and a work programme across government was developed to improve the response. This has included immediate development of a COVID-19 information hub for disabled people on the Unite Against COVID-19 (UAC) website, and information on accessible vaccination centres being available online, through call centres and by text. Accessible vaccination options now include low sensory and physically accessible vaccination centres, free transport to vaccination centres and home-visit vaccination options.

Pacific Resilience Approach

In October 2021 the Minister of Foreign Affairs launched the Pacific Resilience Approach, a refreshed policy for Aotearoa New Zealand's Pacific engagement.[1] This approach puts Pacific countries at the centre of our engagement, recognising the mana of each nation and reinforcing our whanaungatanga connections to the wider Pacific. It reflects Aotearoa New Zealand's independent, values-based foreign policy, with the Treaty of Waitangi providing a valuable Framework for managing and creating enduring relationships.

[1] https://www.mfat.govt.nz/en/media-and-resources/proactive-release-new-zealands-pacific-engagement-from-reset-to-resilience/

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The Pacific Resilience approach is an amplification of New Zealand's domestic focus on wellbeing and resilience (confirmed in the Government's 2021 Wellbeing Budget) out into the wider region, including to ensure that those most vulnerable are not left behind. It also recognises that there is a significant overlap between the effect of our domestic and international policies where the Pacific is concerned, in light of shared communities and the transboundary nature of challenges as well as opportunities. In this context, the Pacific Resilience Approach underscores the need to consider the interests of our Pacific partners with respect to our COVID policy settings, especially our border settings.

2.7 Te Tiriti o Waitangi

In addition to equity, the COVID-19 response acknowledges and strives to uphold the principles defined by Te Tiriti o Waitangi. In December 2021, the Waitangi Tribunal held a priority hearing to inquire into the Crown's response to the COVID-19 pandemic based on claims brought by the New Zealand Māori Council. The tribunal found breaches of the Te triti principles of active protection, equity, options, tino rangatiratanga, and partnership. It recommended that the Crown's response needs to be revised to better work with and for Māori. This has resulted in several changes and improvements, starting with an updated engagement process between the Crown, iwi leaders and Māori organisations. To be effective agencies need to proactively engage to inform early policy thinking and delivery.

The principles for the COVID-19 response are:

Tino Rangatiratanga provides self-determination and mana motuhake for Māori in the design, delivery, and monitoring of the COVID-19 response to Māori.

The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery and monitoring of the COVID-19 response to Māori. Māori must be co-designers of the COVID-19 response to Māori.

The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature of both Māori health outcomes and efforts to achieve Māori health equity in the COVID-19 response for Māori.

The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori responses to COVID-19. Furthermore, the Crown is obliged to ensure that the response is carried out in a culturally appropriate way that recognises and supports the expression of Māori models of care in the COVID-19 response.

Within a response, every agency and function are responsible for incorporating and upholding the principles of Te Tiriti.

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2.8 COVID-19 Legislative Framework

Under the COVID-19 Public Health Response Act 2020 (the COVID-19 Act), the COVID-19 Response Minister has the power to make the COVID-19 Public Health Response (Protection Framework) Order 2021 (Order) to achieve the purposes of the COVID-19 Act. The COVID-19 Act was amended in November 2021 by the COVID-19 Public Health Response Amendment Act 2021.

This is an independent statutory decision-making role, noting that the Minister is required to consult with the Prime Minister, the Minister of Health, and the Minister of Justice before making or amending an Order. The Order and amendments are required to be approved by a resolution of the House and are revoked if not approved. The COVID-19 Act provides the primary legal authority for imposing the protections or requirements that are necessary to give effect to any Framework decisions.

The structure of the Order has changed for the Framework (Figure 1). The main body of the Order is latent, containing a list of all available protections, mitigations, and management "tools". There are three permanent operative schedules to represent the standard Green, Orange, or Red settings (Schedules 5, 6 and 7). Part 1 of each Schedule sets out the application area, with Part 2 specifying the emergency management tools that apply to the application area and any time limits.

The Order enables additional protections for sectors, areas, or places that supplement the 'standard' requirements set out in the Green, Orange, or Red Schedules, to be applied. Additional protections must be selected from the list set out in the main body and can be applied for a specific timeframe.

Figure 1 Structure of Framework Order

Epidemic Notice

The Gazetted epidemic notice in place is a prerequisite for any Order being made under the COVID-19 Public Health Response Act 2020 (section 8(a) of that Act) unless:

- a state of emergency or transition period in respect of COVID-19 under the Civil Defence Emergency Management Act 2002 is in force; or

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- the Prime Minister, by notice in the Gazette, after being satisfied that there is a risk of an outbreak or the spread of COVID-19, has authorised the use of COVID-19 orders (either generally or specifically) and the authorisation is in force.

The Epidemic notice is reviewed for consideration of renewal by the Prime Minister every 90 days.

Isolation settings

Requirements for those who test positive through RATS or PCR tests and exemption processes, and their household contacts, are set out under the COVID-19 Public Health Response (Self-isolation Requirements and Permitted Work) Order 2022.

Vaccination settings

In addition to the Order, the Government has made the COVID-19 Response (Vaccinations) Legislation Act 2021, COVID-19 Public Health Response (Vaccinations) Order 2021 (the Vax Order), and the COVID-19 Public Health Response (COVID-19 Vaccination Certificate) Order 2021 (the CVC Order).

The purpose of the Vax Order is to prevent, and limit the risk of, the outbreak or spread of COVID-19 by mandating specific sectors and workers who must be vaccinated to carry out work. The Vax Order specifies the mandated workforces, i.e., Border workers and health sector workers.

The purpose of the CVC Order was to prevent, and limit the risk of, the outbreak or spread of COVID-19 by enabling eligible persons to obtain a COVID-19 vaccination certificate that may be produced when proof of vaccination status is required to enter certain areas, places, or premises. The COVID-19 Public Health Response (COVID-19 Vaccination Certificate) Order 2021 (the CVC Order) is likely to be revoked as it is no longer required. If vaccine certificates are required in the future, a new order or legal mechanism will be required.

Border settings

Entry to New Zealand is managed under the Immigration Act 2009 (the Immigration Act). Under the Immigration Act, persons other than New Zealand citizens must hold a visa to travel to and be in New Zealand, and the Minister of Immigration may issue immigration instructions, controlling the circumstances in which visas may be granted. New Zealand citizens do not require a visa to enter New Zealand, and entry restrictions cannot be applied to New Zealand citizens under the Immigration Act.

This reflects their right of entry under section 18(2) of the New Zealand Bill of Rights Act 1990. Permanent residents, and holders of other resident class visas who have already been in New Zealand on those visas, are treated similarly to citizens and generally cannot be subject to entry restrictions.

To prevent, or limit the risk of, an outbreak or spread of COVID-19, those persons who are permitted to enter New Zealand are then subject to the requirements of either the:

- COVID-19 Public Health Response (Air Border) Order 2021 (ABO); or
- COVID-19 Public Health Response (Maritime Border) Order (No 2) 2020 (MBO)

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Foreign diplomats

Foreign diplomats accredited to New Zealand are expected to respect the laws of New Zealand. While there are no exemptions for foreign diplomats to comply with the Framework, border enforcement agencies are reminded to act in accordance with New Zealand's obligations under the Vienna Conventions. Accredited diplomats hold immunity from jurisdiction. They cannot be searched, detained, or charged, and are immune from jurisdiction including administrative jurisdiction. Any enquiries relating to foreign diplomats can be referred to the Ministry of Foreign Affairs and Trade's Protocol Division Duty phone s9(2)(a)

2.9 Reconnecting New Zealand

New Zealand's borders continue to reopen. At the time of writing there will be two steps remaining to fully reopen the borders:

- On 4 July – we will reopen to applications for vaccinated travellers arriving under the Accredited Employer Work Visas and Work Visas
- On 31 July – we will reopen all other visa categories including visitor visas and student visas. Cruise ships will also be able to enter New Zealand as the maritime boarder opens.

Although travellers do not need to self-isolate on arrival, vaccination and testing requirements are still in place. Further information on these can be found on the UAC website.

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3. The COVID-19 Toolbox

There are a range of emergency tools available for New Zealand to manage COVID-19, such as public health measures. There are varying degrees to which these tools can be used, including being implemented independently or in combination, depending on the desired outcome and the size of the outbreak. For maximum effectiveness individual action, community options and centralised requirements need to work together.

Individual action	Business & Community options	Central requirement
		

Example:

Under Green settings, individuals can choose to wear masks in crowded locations to provide additional risk mitigation against catching COVID-19. Communities can also encourage use of masks in areas where the Framework doesn't mandate it. At Orange, the Framework mandates mask wearing in some settings to protect the community.

The active and latent tools as enabling tools for the system are listed below, with a more detailed roles and responsibilities table in Annex 3:

Section	Tool	Responsible Agency
3.1	COVID-19 Protection Framework & guidance to sectors	DPMC
3.2	Protections	DPMC/MoH
3.3	Vaccines & proof of vaccinations	MoH
3.4	Public health and social measures	MoH
3.5	Test, Trace, Isolation & Quarantine (TTIQ) Testing & surveillance Contact Tracing system Isolation & Quarantine Clinical and welfare support	 MoH MoH MoH/MBIE MSD/MoH
3.6	Compliance model (including PCBU/employer actions)	WorkSafe/MoH/NZ Police
3.7	Misinformation and Disinformation	DPMC/Cert NZ
3.8	Financial Supports	MSD/IRD/MBIE/MCH
3.9	Border processes	Customs
3.10	Health System Preparedness	MoH

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3.1 COVID-19 Protection Framework

The Framework provides greater certainty for everyone, including business, about living with COVID-19. At all settings of the new Framework, most businesses and education entities can remain open on-site, and sector guidance will help entities make decisions on how they can operate under the Framework.

The principles of the Framework are now that at a high-level: Red includes indoor capacity limits and requires masks in many places, Orange sets out mask requirements, and Green is a guidance only level. The current Framework and sector guidance can be found on the UAC website: https://covid19.govt.nz/alert-levels-and-updates/covid-19-protection-Framework/.

Isolation of individuals who are positive cases or household contacts of positive cases, remains central to our public health led management of COVID-19. Localised protections, comparable to Alert Level 3 restrictions, are available within the COVID-19 Public Health Response (Protection Framework) Order 2021 but have not to date been activated within a Schedule to enable their use.

Temporary closures of or within individual workplaces or education entities are still possible (using Section 70 notices under the Health Act 1956), where the isolation or closure of a workforce or education service could reduce the spread.

Ongoing conversations with Māori, Pasifika, ethnic communities, and community leaders, as well as business and sector groups, have been central to the Framework development and ongoing refinement.

Guidance for sectors

To support the COVID-19 response and COVID-19 Protection Framework, many agencies are responsible for developing guidance to their relevant sectors, for example MPI provide guidance to the primary industries sector. This guidance may be in the form of a document or website content and includes interpretation of how the policy settings should be operationalised, and processes for exemptions that may be specific to those sectors. DPMC plays a role of facilitating and coordinating the updates with agencies when policy settings change or new information becomes available to ensure consistency.

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Criteria for decision-making: health and non-health factors

The following factors will determine settings of the Framework, which include two health factors and four non-health factors:

Health factors

- Degree of protection from severe health outcomes due to COVID-19, gauged by vaccination coverage and immunity levels among the general population and vulnerable populations, and availability of treatments (e.g., antivirals) to reduce severity of illness from COVID-19.
- Capacity of the health system to meet demand due to COVID-19, given competing demands from other illnesses (including seasonal and imported conditions), backlog of prevention activities, and the care of people with long term conditions.

Four non-health factors

- Evidence of the effects of the measures on the economy and society more broadly.
- Evidence of the impacts of the measures on at risk populations.
- Public attitudes towards the measures and the extent to which people and businesses understand, accept, and abide by them.
- Our ability to operationalise the restrictions, including satisfactory implementation planning.

3.2 Protections

The COVID-19 Public Health Response (Protection Framework) Order 2021 uses colour settings and localised protections when required to protect people's health. The Minister for COVID-19 Response can put in place localised protections (or lockdowns), if pressure on the health system becomes unmanageable, or if there are new variants that evade our vaccine and border protections.

a) The COVID-19 Protection Framework Settings

The Framework settings are described by geographical areas and use districts or territorial authority areas. Under Framework decision-making protocols, local advice (district level) is included as a consideration in determining changes in the settings for each district. The decision-making cadence and process is set out in Chapter 4. Movement up or down the settings is less frequent under the Framework than the previous Alert Level System, with the aim of being proactive rather than reactive.

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As a rule, there are no movement control limitations (i.e., checkpoint-controlled boundaries) between districts with differing settings, including to and from Red. The exception to this was the Auckland boundary from the period of commencement of the Framework to 17 January 2022 (see Chapter 2). Under the COVID-19 Act, Police retain enforcement responsibilities and discretion around movement controls.

Example:

A district is at Green. There is an increasing demand on the health system as COVID-19 cases are rising within identified vulnerable populations in several suburbs. There is concern that cases spread rapidly, and that negative public sentiment means public health mitigations and basic hygiene protections are not being used. Following a MoH risk assessment, Regional Leadership Groups (RLGs) meet and provide advice to the National Response Group (NRG) Chair. NRG meets and provides collated District and national advice to National Response Leadership Team (NRLT) on the need for an urgent out-of-cycle move to change settings.

b) Localised protections

Under the COVID-19 Public Health Response (Protection Framework) Order 2021, localised protections could be used as the additional protection mechanism on top of the baseline Framework colour settings. These are likely to target areas (districts or territorial authority areas) with high rates of transmission, hospitalisations or increasing mortality rates.

Localised protections are not one size fits all, and the settings vary by location as required to best protect affected communities within the minimisation and protection strategy. Regional advice is a key consideration for decisions on localised protections and districts are invited to provide advice into the decision-making processes, set out in Chapter 4. This provides the opportunity for the Regional Public Service Commissioners (RPSCs) to collate information on the likely impacts to affected communities and key stakeholders, including iwi, and helps inform what is feasible to implement.

Localised protections do look different to the lockdowns previously experienced under the Alert Level System. Localised protections employ a combination of tools proportionate to the protections required in the affected area. The default option for localised protections is that they apply to a specified geographical area that is more granular than a region, on top of a Red setting. These controls may include:

- stay at home requirements
- closure of premises, e.g., schools and retail
- controls on gatherings, and
- controls on movement in and out of the protection area (either controlled or spot-checked boundaries).

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Under the COVID-19 Act, New Zealand Police retain enforcement responsibilities and discretion around movement controls, supported by Waka Kotahi and the Defence Force as required.

Example:

The Golden Bay may be subject to additional localised protections, while the remainder of Nelson/Marlborough region remains at Red due to several outbreaks in vulnerable communities with limited health system infrastructure that is at critical risk of becoming overwhelmed. RLG have provided advice incorporating local iwi concerns on the need to protect these communities.

Another aspect of protections and seen as a key requirement through the Alert Level System experience when any movement controls are used, are the permission and exemption processes to support any restrictions imposed. During the Alert Level System MBIE led the **Business Travel Register** (BTR)[3], an online tool which enabled workers of eligible businesses needing to travel across regional boundaries to apply for Business Travel Documents (BTD). MoH administered the **personal travel exemption** process. In the earlier responses, Chief Executives of central agencies were given authority by the Director General of Health to write supporting letters for critical staff to travel. This was later set out in the COVID-19 alert level orders around which staff or categories of staff had permission to travel. Something similar may be needed to support localised protections if movement controls are required.

c) Closures

Temporary and targeted closures of schools or workplaces, and isolation requirements for individuals can be made by the Director General and Medical Officers of Health using Section 70 of the Health Act 1956.

Section 70 notices are used to direct specific individuals or people who have visited specific locations of interest. These are listed here: https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-epidemic-notice-and-orders#section70.

Example:

Following an outbreak of COVID-19 in a primary school, the local DHB Medical Officer of Health works with the Ministry of Education and school Principal and issue a Section 70 notice closing the school and requiring all students and their households to isolate and get tested. RLG is informed and supports the local community with key assurance messages and advice to the national level around impacts and inform decision-making.

[3] Business Travel Register https://www.mbie.govt.nz/about/news/business-travel-register-is-now-open/ which works alongside Business Connect https://businessconnect.govt.nz/business-connect/what-is-business-connect/

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3.3 Vaccinations and proof of vaccinations

The main protection for individuals against COVID-19 is immunisation. MoH is responsible for the vaccine strategy, which can be found on the MoH website: https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-strategy-planning-insights/covid-19-supporting-vaccine-rollout

During the Delta and Omicron outbreaks the Framework incorporated proof of vaccinations for many high-risk activities. Once New Zealand reached 90% vaccination of all eligible over 18's and the initial peak in the Omicron outbreak had passed the requirements for proof of vaccination were removed from the Framework.

Basic needs services were prohibited from requesting proof of vaccine to enter, such as supermarkets and pharmacies. DPMC is responsible for regular review of this policy setting and MoH is responsible for the vaccine exemption process.

The only accepted proof of vaccination domestically was the My Vaccine Pass (MVP), which has a QR code and that can be requested through My COVID Record (MCR), which is directly linked to the national COVID-19 Immunisation Register (CIR) (https://app.covid19.health.nz/). MCR provides the date and dose of the COVID-19 vaccination individuals have received. It also provides the ability to request the domestic MVP or the International Travel Vaccination Certificate for overseas travel. MoH is responsible for the CIR and development of MCR and MVP and for an exemption process for those unable to receive the vaccine. MoH is working with border agencies to ensure travellers have access to International Travel Vaccination Certificates required for overseas travel.

MoH has developed a free NZ Pass Verifier for businesses to use and has also allowed for private enterprises to develop technology and apps to support specific sectors. MoH manages requests for medical exemptions from vaccinations.

MBIE is responsible for providing guidance on business requirements under the Framework, including verifying passes: www.business.govt.nz.

From late May an updated MVP is available, which will allow individuals to access a wider range of immunisation records for personal use and international travel. The domestic proof of vaccinations will continue to have a QR Code for scanning and be valid for 120 days.

Sector based vaccine mandates

Some vaccine mandates for higher risk roles such as healthcare workers remain in place (Section 2.7), but (as above) My Vaccine Passes are no longer required to attend events, locations, and hospitality. These tools remain latent and could be re-activated if required later if the Epidemic Notice remains in force.

The provisions were amended to enable future vaccination mandates where there is a strong public interest in doing so, rather than solely (or mainly) for public health reasons. This recognised that there can be other reasons to support employers and PCBUs to take necessary steps to prevent COVID-19 exposure and transmission in workplaces (e.g., ensuring overseas market access). The public interest requirement is likely to be a high bar to meet.

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3.4 Public health and social measures

The virus that causes COVID-19 is mostly spread via particles that escape from an infected person's mouth or nose when they breathe, speak, cough, sneeze, or sing.

Infection occurs in three main ways:

- breathing in air that contains infectious particles
- infectious particles landing on your mouth, nose, or eyes through being coughed or sneezed on, for example)
- touching your mouth, nose, or eyes when your hands have been contaminated by the virus (either through direct contamination, or indirectly by touching surfaces contaminated with the virus).

Within the Framework, public health measures remain core tools to keep New Zealanders safe. These tools include face covering, basic hygiene, physical distancing, gathering limits, and ventilation. The implementation of these tools can vary depending on the desired outcomes and the assessed public health risk. MoH is responsible for setting Infection prevention and control (IPC), Respiratory Protection Equipment (RPE) and Personal Protection Equipment (PPE) requirements and work with agencies to ensure sector specific guidance around what IPC, RPE and PPE is suitable.

Example:

Ministry for Primary Industries (MPI) and MoH support the primary sector to ensure IPC, RPE, PPE and ventilation requirements minimise COVID-19 risks in the specialist environments of meat works while also meeting Health and Safety at Work Act duties.

MoH is responsible for supporting PPE supplies centrally for the healthcare sector: https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-personal-protective-equipment-central-supply.

Other agencies, organisations and sectors are responsible for their own RPE and PPE purchase and supply chain. Should concerns around supply chain and availability become an issue, these should be raised urgently through the decision-making system, such as with the Senior Officials' Group (SOG).

a) Face coverings

Face coverings help stop droplets spreading and therefore mitigate the spread of COVID-19. This measure can be used in isolation or combined with other measures such as physical distancing, or it can be used when other measures cannot be adhered to. Everyone must wear a mask that is attached to the face by loops around the ears or head. This means people can no longer use scarves, bandannas, or t-shirts as face coverings.

There are a range of face coverings available, and details on when and how to use them can be found on the MoH website:

https://covid19.govt.nz/health-and-wellbeing/protect-yourself-and-others-from-covid-19/wear-a-face-covering/.

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b) Physical distancing and basic hygiene

Keeping physically distanced from each other and using hygiene measures such as handwashing or sneezing into elbows, can reduce the chances of transmission of COVID-19. This is more effective when applied with other public health measures such as handwashing. The MoH website provides additional details on basic hygiene:

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/protecting-yourself-and-others-covid-19#hygiene.

c) Capacity limits

Limits on capacity (e.g., events, gatherings, retail, public facilities) is an important tool for managing COVID-19 as it minimises opportunities for exposure and spread when COVID-19 is prevalent in the community. The current version of the Framework only has capacity limits at Red settings. Previous iterations of the Framework included differing limits for vaccinated or unvaccinated attendees. This information was set out under the Framework with additional detail provided in the sector guidance section of the UAC website; https://covid19.govt.nz/.

d) Ventilation and air flow

MBIE has provided information on improving air flow and ventilation to help mitigate COVID-19 spread. Good airflow and use of outdoor spaces have been a key health recommendation to date. This information can be found at:

https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-health-advice-public/covid-19-ventilation

and

https://www.building.govt.nz/managing-buildings/managing-your-bwof/water-system-safety-in-reoccupied-buildings/.

3.5 Testing Tracing Isolation and Quarantine Strategy (TTIQ)

The maintenance of an effective TTIQ system is critical to the minimisation and protection strategy. The TTIQ requirements are constantly under review to ensure relevance to the current policy settings and current variants in circulation and will be based on public health advice and scientific research. With the arrival of more transmissible variants (Omicron) the TTIQ strategy has evolved to a system that works under a more self-reliant approach that prioritises support for high-risk populations and communities, and critical infrastructure. This change was done in early 2022 to adapt to Omicron. The model moving forward retains many aspects of the self-reliance approach, rather than returning to a directed system and incorporates the changes to the border and move from managed isolation and quarantine to self-isolation.

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3.5.1 Testing and surveillance

a) Surveillance testing

Surveillance testing is key to monitoring the spread of COVID-19 within the motu, especially as many people are vaccinated and could be infected with COVID-19 but asymptomatic. MoH is responsible for the surveillance strategy and works with other agencies and organisations to deliver the plan. MoH will evolve the Surveillance Strategy and Plan through continuous improvement processes to align with latest international technology and research advances. https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-surveillance-strategy.

Example:

At the Green setting, testing of symptomatic people remains essential, and is complemented by wastewater testing and ongoing surveillance testing of asymptomatic people through the increased use of rapid antigen testing.

The MoH Surveillance Plan aims to monitor, evaluate, and inform the equitable delivery of New Zealand's COVID-19 minimisation and protection strategy. Current surveillance testing includes the following:

- wastewater testing
- testing of recent international arrivals
- testing of asymptomatic people
    - routine polymerase chain reaction (PCR) testing of overseas arrivals at the border with positive RATS
    - routine PCR or Saliva testing of border workers and specified classes of workers
    - wider use of rapid antigen tests in workplaces, and
    - rapid antigen tests available at pharmacies for the public (costs involved).

MPI are responsible for monitoring COVID-19 in animals, which has been identified as a future source for new variants by the WHO.

b) Testing

Linked to the Surveillance Strategy is the Testing Strategy which MoH is responsible for, and District Health Boards (DHB) and Public Health Units (PHU) (or future Health transition entities) deliver locally. This Testing Strategy will also evolve to align to latest technology and research. DHBs have established Community Testing Centres (CTCs) and additional surge testing centres that can be stood up to support an increase in testing. The Testing Strategy is supported by a communications plan to encourage testing of symptomatic people and when positive wastewater results occur. DHBs are responsible for logistics and resource plans, maintaining a supply of testing kits (which are held centrally by MoH) and working with the MoH to support the testing and or collection of specimen samples and transport to the laboratories.

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MoH and the Institute of Environmental Science and Research (ESR) maintain the centralised database and IT infrastructure to inform patients and clinicians of test results. Real-time lab testing data is received and stored in ESR's Eclair system. Early notification of positive results is reported to the MoH and the local Medical Officers of Health.

Additional details on the testing strategy can be found here: https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-testing-strategy-and-testing-guidance.

3.5.2 Contact tracing & case management

Contact tracing allows for early detection and isolation of people who are at a high risk of contracting COVID-19 due to being near a confirmed COVID-19 case. Changes to how cases are classified, and requirements on contacts and cases have changed both under the minimisation and protection strategy and with highly transmissible variants where transmission is faster than contact tracing can keep up with. This had led to a focus on high risk and vulnerable settings and communities with the majority of cases self-managing contact tracing and restrictions changed to only require household contacts to isolate.

Example:

Recent announcements have included reductions in isolation requirements for vaccinated contacts and cases. https://covid19.govt.nz/alert-levels-and-updates/latest-updates/changes-to-isolation-to-reflect-vaccination-status/

A case management approach is taken with high risk/vulnerable positive cases to ensure their clinical and welfare needs are met throughout their isolation period. Many positive cases are self-sufficient and don't need clinical or welfare care, allowing the focus to be on high risk and vulnerable whānau. When individuals' self-report they also complete a short survey around clinical and welfare needs. PHUs lead contact tracing in their local areas contacting high risk positive cases via a healthcare provider within 24 hours and an undertake a further assessment of their clinical and medical conditions, household environment, and other risk factors is then undertaken. Information gathered on contacts is visible nationally through the National Contact Tracing System (NCTS). Any contact tracing surge workforce requirements are monitored and supported through the National Investigation Tracing Centre (NITC).

The case management approach has changed significantly throughout the response to date to adapt to the virus characteristics and as New Zealand moves to a model of managing COVID-19 in the community and self-management. Quality in service provision is sought via a national set of standard operating procedures, an agreed set of performance metrics and through reviews (to ensure continuous improvement) of the following:

- public health protocols
- case definition
- case investigation protocol, and
- international case protocol.

c) Record keeping

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During the Delta and Omicron outbreaks, individuals were requested to keep their own records when visiting public premises and workplaces by scanning QR codes using the NZ COVID Tracer app that was required to be displayed by businesses and locations. Additionally, there are record keeping requirements on businesses to maintain a list of workers, customers, and visitors who enter a premise. This allowed for public health officials to effectively identify people who may have been exposed to COVID-19. Changes to adapt the system to highly transmissible variants led to self-reporting and notification to contacts through an online portal. Following the peak of the Omicron outbreak mandatory scanning has been removed from the Framework and is now optional.
Further information can be found on the UAC website: https://covid19.govt.nz/business-and-money/businesses/record-keeping-and-contact-tracing/.

Record keeping and scanning is now optional at all the settings under the Framework. Businesses, locations, and events are no longer legally required to display QR codes and keep records but are encouraged to do so depending on their PCBU risk assessment. The purpose of the previous mandatory requirements was to:

- Ensure safe and secure systems and processes were in place so that everyone working on or visiting the premises can scan in or provide their details for contact tracing purposes.
- Keep contact tracing records for workers, contractors, customers, and volunteers, (aged 12 or older) no matter how long they were there for, and
- Provide more than one way for people to record their visit, especially for people who are not able to scan QR codes.

Availability of COVID-19 antivirals

Another aspect of case management is the provision of antiviral medications. Paxlovid™ and molnupiravir were both approved for use and made available in April 2022. GPs and other prescribers will use these criteria to assess eligibility for access. The criteria have been designed to prioritise those at highest risk of severe disease and weighted for priority needs populations such as Māori and Pacific Peoples. Access to the COVID 19 medicines will be via prescription from the GP or prescribing clinician managing the patient's COVID-19 infections.

Stock of Paxlovid™ and molnupiravir will be limited, stock needs to be carefully managed to ensure access is equitable for priority populations.

Distribution Plan

A New Therapeutic Implementation Group (NTIG) has been convened to design an equitable and efficient distribution plan for oral COVID-19 antivirals (Paxlovid™ and molnupiravir). The plan proposes that:

- DHBs and Care Coordination Hubs use a pro-equity, population needs-based approach to identify pharmacies that can equitably distribute the medicines to the local population.
- Only participating pharmacies will be able to order Paxlovid™ and molnupiravir from the contracted wholesaler(s).

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- The medicines will be front-loaded to those areas that have a high proportion of high-risk patients (Māori, Pacific, and complex medical needs) and/or are hard to reach.
- Prescribers will send the prescription to a participating pharmacy, who will clinically review the prescription, dispense the medicine, organise delivery, and provide advice.

COVID-19 therapeutics are free to patients, funded through the COVID-19 Care in the Community budget approved by Cabinet on 20 December 2021.

3.5.3 Isolation and Quarantine

Isolation and quarantine requirements

The requirements for isolation and quarantine of positive cases, household or close contacts or returnees at the border are set by MoH and reflected as follows:

Positive cases in the community

- The isolation period for COVID-19 cases in the community is currently 7 days and suggested to stay home till 24 hours symptom-free.

Household contacts in the community

- Household contacts need to self-isolate for 7 days.
- Close or casual contacts are no longer required to isolate.

Returnees at the border

- Currently, returnees who arrive via the air border are not required to enter a Managed Isolation Facility.
- A small number of maritime arrivals are still required to enter MIQ under the COVID-19 Public Health Response (Maritime Border Order- MBO) 2020. However, these requirements are in the process of being removed (to align the Maritime Border Order with the COVID-19 Public Health Response (Air Border Order) 2021 – under which no arrivals are required to enter MIQ).
- MIQ facilities are in the process of being decommissioned with a timeline to match the changes in the MBO.
- Note – the Chief Executive of the Ministry of Business, Innovation and Employment had the authority to determine duration of stay in a Managed Isolation Facility under the Order.

Managing workers who are COVID-19 cases, contacts or have symptoms

If a household contact is vaccinated and asymptomatic, they may be able to continue to work under the following initiatives:

- 'Bubble of one', if they are not customer facing and follow strict health protocols https://www.business.govt.nz/covid-19/close-contact-exemption-scheme/#e-29300
- Close Contact Exemption Scheme (CCES) – if they are a critical worker who provides a health service, managed isolation or quarantine service, emergency service or works

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for a critical service provider and follow strict health protocols. https://www.business.govt.nz/covid-19/close-contact-exemption-scheme/#e-29078.

The CCES provides for return-to-work pathway through the use of Rapid Antigen Testing. This scheme is for asymptomatic close contacts who are 'critical workers' at registered businesses providing critical services.[4] The bar for critical businesses to be registered was intended to be high. The definition of Critical workers is set out in the COVID-19 Public Health Response (Self-isolation Requirements and Permitted Work) Order 2022[5] and is different to definitions of Essential workers or services used under the Alert Level System.

As part of the CCES process businesses and organisations self-assess if they meet the criteria and hold responsibility for identifying critical workers that are required to maintain their operations. If a critical worker becomes a household contact, they may continue to work, if they return a negative Rapid Antigen Test (RAT) prior to each shift during the isolation period and follow specific health protocols. MBIE are responsible for the technology platform for this tool.

If a critical worker is a positive case, a **Critical Worker Exemption (CWE)** pathway exists, allowing cases to be exempt from the self-isolation requirements. This scheme is intended to only be used in exceptional circumstances where services important to New Zealand's economy and COVID-19 response are reliant on small numbers of key workers, and where those workers may need to return to work to keep those services operating. Relevant central government agencies will need to support any applications for the critical worker exemption pathway. MoH are responsible for the exemption assessment and guidance document. This guidance is not publicly available and must be requested directly from MoH.

Critical services are defined as:

- Services to meet basic human needs (food production; distribution, and sale of basic food; principal accommodation; health services, including services provided for deceased persons),
- key public services (including government decision making, MIQ and emergency services),
- critical support systems and services (lifeline utilities, transport and logistics, critical financial services, news media, and social welfare), or
- services required for the maintenance of the above areas (supply chains, necessary ancillary services), and the temporary closure of that business or services will cause significant economic, social, or physical harm to the community.

In addition to the CCES, there are Bubble of one guidelines[6] for people who either work alone or have the capacity to do so (whether critical or not) to return to work if they are a household contact. Any business or sole trader may have a worker who is a household contact on-site if this worker is not customer facing and the Public Health criteria is met. These workers will be able to continue operating if they are vaccinated, asymptomatic, and

[4] https://www.business.govt.nz/covid-19/close-contact-exemption-scheme
[5] https://www.legislation.govt.nz/regulation/public/2022/0046/latest/LMS647769.html
[6] https://www.business.govt.nz/covid-19/close-contact-exemption-scheme/?decisionpathway=506

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comply with health requirements such as mask-wearing. No registration is required, and the worker is not required to use Rapid Antigen Testing (RATs). However, if there is regular workplace testing already in place the worker must continue to participate.

To support Government and the private sector to provide the CCES approach, new roles and responsibilities were identified:

Agency	Role description
MBIE	• Maintain the messaging and Business. govt website. • System developer and maintainer of the self-assessment tool and registration process. • Ad hoc audits of registered businesses.
MoH	• Maintain and monitor stocks of RATS. • Responsible for distribution and access of RATS to registered businesses. • Exemption process (Amendment to Section 70 notices) for critical workers.
Public Service commission	• Support CEs to plan for continuity of critical services (including their own role). • Support HR Heads to support their CEs, and to ensure workplaces are operating suitably. • Prepare and issue workforce guidance. • Support identification of critical workforces within the core public service (Departments and Departmental agencies) for use of the CCES. • Enable cross system COVID-19 critical workforce surge via the Workforce Mobility Hub

3.5.4 Care in the Community

The Care in the Community model is intended to provide support for the self-isolation model, compared to earlier outbreaks where positive or close contacts were supported in Managed Isolation and Quarantine (MIQ). MIQ is in the process of being decommissioned and should be a last-resort domestic option for those with high needs (supervision or health).

Once a person has been identified as a positive case, they are contacted by a healthcare provider within 24 hours and an assessment of their clinical and medical conditions, household environment, and other risk factors is undertaken.

Based on this, cases are directed to one of the following options and supported as required:

- stay at home – Care in the Community Home Isolation,
- isolation in other local accommodation (could be MSD, HUD, DHB, iwi, other local group provider) – Care in the Community - Supported Isolation and Quarantine (C-SIQ),
- referred to the National Alternative Accommodation Service, or
- Managed Isolation and Quarantine.

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The Care in the Community detailed model is available on the MoH website: https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-health-professionals/caring-people-covid-19-community Further details on the coordination arrangement can be found in Chapter 4.

a) Care in the Community – Home Isolation

The COVID-19 Care in the Community model operates with a high-trust Framework and the delivery is community led, regionally enabled, and nationally supported. MoH is responsible for developing an end-to-end plan and operating guidance for DHBs, healthcare workers, and clinicians. Regional welfare supporting agencies and organisations and have developed COVID-19 Care in the Community Operating Guidelines to support MoH's model.

An initial risk assessment identifies the correct care path for each positive case. Most individuals who test positive are likely to prefer to be cared for at home when they are sick, when this is possible. They will be able to access primary care as their entry point to the health system if this is needed, or hospital-level care if they are very unwell. In the case of communicable diseases, isolating (such as someone staying home from work and other activities) has public health benefits as well as clinical benefits to the individual.

A designated point of contact, most likely from a local healthcare provider, is allocated to the individual and their household. They are responsible for monitoring the positive case's health and wellbeing needs, including regular check-ins while the individual is infected and isolating, to make sure the person is coping with symptoms and is safe to continue being cared for in the community.

A health support pack tailored to the individual's health needs is delivered within 48 hours to help the individual manage recover.

A health assessment at Day 7 determines whether the person can safely end time in isolation. Household contacts need to stay at home for at least 7 days, to make sure they remain free from the virus. The household's dedicated health contact continues to check in on them during this time.

A readiness checklist is available for individuals to help them plan and prepare in case they test positive for COVID-19. This is available on the UAC website: https://covid19.govt.nz/health-and-wellbeing/care-in-the-community/

b) Care in the Community - Supported Isolation and Quarantine

The 'Care in the Community' model recognises the value of allowing people to isolate within their communities, instead of an MIQ facility. This could be due to the remoteness of where the person lives or their specific welfare or health needs.

The initial assessment is critical in determining the level of care required that is proportionate and appropriate for the individual and their household. Care is provided using a patient centric approach and delivered locally, in the same way at home isolations support is provided.

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c) Care in the Community - National Alternative Accommodation Service (NAAS)

NAAS is funded and managed by MBIE and was set up late in 2021 to support DHBs care in the community hubs and is outsourced to a third-party provider. NAAS provides self-contained accommodation for people who are COVID-19 positive or household contacts and who cannot safely isolate at home. Campervans are provided as a last resort option if local accommodation is exhausted. NAAS only applies to COVID-19 cases (positive or close contacts) and does not support any social housing or other health issues in the community.

The requisition of NAAS accommodation is made by the care in the community co-ordinator in each DHB region. NAAS only provides accommodation – all people management activities are managed by MOH or MSD if there is a welfare requirement by the occupying person.

The provision of accommodation was previously under the remit of the DHBs using funding provided by MOH's Care in the community programme. However, the complexity of sourcing and contracting was determined as best to sit centrally with an owning agency. MBIE assumed responsibility to manage the service, and the service has been set up to be agency agnostic.

The service is currently funded and aligned to the MOH CIC operating model that was originally planned to complete on 30 June, however MOH have advised that this CIC model will most likely extend to the end September to get through winter COVID-19 surges and may be an enduring operating unit after that date to manage other viral issues.

d) Managed Isolation and Quarantine (MIQ)

MBIE runs Managed Isolation and Quarantine facilities https://www.miq.govt.nz/. These facilities were established to provide a managed isolation and quarantine solution for border arrivals but during the Delta and Omicron outbreaks were also called upon to provide isolation and quarantine rooms for community cases. While MIQ facilities have dedicated on-site health and security presence, experience with community cases showed that removing people from their homes and communities was very difficult for many. In the instance of people with mental health, addiction, domestic violence, or other issues that indicated a high risk of non-compliance MIQ staff were placed at risk and often subject to intimidation, and threats of violence. MIQs Regional Isolation and Quarantine Coordination Centres (RIQCC) must be involved in ensuring that MIQ can meet the needs of any referrals in the remaining time before facilities are decommissioned.

The length of time community cases needed to spend in MIQ ends at the earlier of the following: a) when the person's period of self-isolation would end under the applicable self-isolation provisions, or b) when the person chooses to leave the Managed Isolation or Quarantine Facility.

MIQ is currently undergoing a decommissioning with the remaining four facilities to be closed by the end of July. Readiness plans are being developed should the need for these facilities be required at some point in the future in.

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3.5.5 Provision of Care in the Community

Community Connectors

Cabinet has agreed to fund a Community Connection Service (CCS) through till June 2023. The Community Connection Service takes an active approach to ensuring people requiring assistance can access information, support and services across multiple government agencies and service providers.

Community Connectors support the welfare needs of individuals and whānau to keep them safe while isolating at home / in the community. They navigate and connect individuals and whānau to various services available during and in transition from self-isolation. The Community Connection roles are filled by community providers, with representation including Māori, Pacific and culturally and linguistically diverse (CALD) communities and are designed to complement the Whānau Ora service. MSD also have a dedicated 0800 line to support welfare requests from those home isolating.

As caseloads of self-isolating households reduce and with a workforce of 500 Community Connectors, Cabinet agreed that the Community Connectors will pivot to focus on short-term social support, short-term recovery goals and connecting whānau to longer-term resilience support for those impacted by COVID-19. This includes access to discretionary funding of $5.0 million until June 2023 as part of the transition to psychosocial support. This allows extra coverage, including for rural and isolated areas where higher demand is anticipated. MSD has secured additional funding for community partners to provide food and other support to households in need that have been required to self-isolate at home. This is in addition to ongoing food needs MSD is already meeting.

The Community Connection Service became the 'go to' service during the Auckland and then other regional outbreaks for various bespoke arrangements needed to respond to the extraordinary circumstances surrounding COVID-19, such as:

- support for families in MIQ
- support for those self-isolating
- support for deportees unable to leave New Zealand, and
- support for temporary residents.

A strength of the CCS is its ability to triage service with urgency and can support both home isolation and supported or MIQ stays. This makes it ideal for supporting the welfare needs of people and whānau who are required by government to self-isolate but who may not need longer-term support.

Community Connectors can help individuals and whānau during self-isolation and afterwards to:

- access food and essential items during self-isolation
- access health and safety programmes, including mental health, addiction services, anger management or family violence services
- access supports to improve their ability to self-isolate at home (e.g., heating and insulation or furniture and appliances)
- access budgeting services
- re-engage with education, and

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- re-enter the workforce, such as through MSD's employment services.

Example:

Community Connectors have a direct line into MSD to ensure expedited support to access existing and eligible MSD products and services. This flexible, navigation role is particularly important for certain groups, such as disabled people, who need tailored support. The services that people are connected into can help them to develop the tools they need to be confident and self-determining.

3.6 Compliance model under COVID-19 Protection Framework

The compliance and enforcement model around Framework restrictions has transitioned to a business-as-usual model with New Zealand Police, WorkSafe and sector agencies incorporating COVID-19 compliance as part of their normal functions (rather than being centralised). There remains a single point for the public to seek information and report breaches on the UAC website[7]. Reports are then sent to compliance agencies for investigation. WorkSafe may require support and cooperation from other agencies to undertake its enforcement and compliance work (i.e., MPI for zoos).

Agencies continue to apply the Graduated Response Model: Engage, Encourage, Educate and Enforce (4Es), where education remains the primary focus, unless there is wilful or intentional breach of the requirement.

Many of the tools and risk ownership now sit with employers and Person Conducting a Business or Undertaking (PCBUs). WorkSafe Mahi Haumaru Aotearoa provide guidance on how PCBU owners can undertake risk assessments for COVID-19 to keep their business, staff, and customers safe. https://www.worksafe.govt.nz/managing-health-and-safety/novel-coronavirus-covid/

MBIE are responsible for providing complementary information on employment law considerations to WorkSafe, who provide information and guidance to workplaces to manage COVID-19. Guidance is based on current public health advice and aligns with the Government's COVID-19 requirements. WorkSafe is also responsible for enforcement of the COVID-19 Public Health Response Act 2020 (COVID-19 legislation) and its Orders.

The new roles and responsibilities are:

Agency	Role description
MBIE	• Co-Business owner (system developer) and host of the COVID-19 Breach Reporting Tool to enable compliance activity.

[7] https://covid-breach-report.powerappsportals.com/breach/

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DPMC	• Co-Business owner (product owner) for the development and operation of the COVID-19 Breach Reporting Tool to enable compliance activity.
WorkSafe New Zealand	• compliance agency for breaches of My Vaccine Pass or reports against a business, organisation, or worker, for example: i. Access denied to basic-needs services for someone without My Vaccine Pass ii. Business not displaying My Vaccine Pass requirements iii. Regulated Business not taking reasonable steps to check My Vaccine Passes iv. Business not requiring use of My Vaccine Pass when they are required to v. Workplace physical distancing not in place where it is required vi. Scanning/record keeping not in place or not being enforced vii. Event (held at a business) not following limits and guidelines viii. Public facilities (e.g., Zoos, Libraries) not following guidelines ix. Unvaccinated workers working in a Vaccination mandated workplace x. Business or organisation not following local restrictions (e.g., business closures) xi. Hospitality or food and drink services not following guidelines xii. Worker in a business not wearing face covering xiii. Educational institution not following guidelines.
New Zealand Police	• compliance agency for breaches of My Vaccine Pass rules such as fraudulent use. • compliance agency for breaches against individuals or groups such as: i. Individual breaching domestic boundaries (e.g., travelling between different CPF levels) ii. Gatherings of people not following guidelines iii. Individual not following local restrictions (e.g., movement restriction) iv. Individual not wearing face covering v. Event or gathering (held at a private residence) not following limits and guidelines.
Ministry of Health	• compliance agency for breaches of self-isolation. i. Individuals or groups not following testing rules in self-isolation ii. Individuals or groups not following self-isolation guidelines iii. Individuals or groups allowing visitors or workers to enter self-isolating premises.

3.7 Misinformation and Disinformation

Misinformation is not new and was evident as far back as the smallpox outbreak and development of smallpox vaccinations. The current narratives of COVID-19 misinformation and disinformation in New Zealand are mostly related to vaccines, and COVID-19 Protection Framework (CPF) related health measures such as mask wearing. Many of these narratives

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are woven into larger themes centred on mistrust of government, international businesses; or concerns about side effects, medical safety, and long-term effects of the vaccine and perceptions of COVID-19 restrictions.

While misinformation related to COVID-19 is still being circulated, and the general themes remain consistent, the volume of disinformation relating to the COVID-19 health measures has reduced significantly in line with changes to mandatory public health measures. It is anticipated that while COVID-19 public health measures remain in place, disinformation will continue to be circulated to undermine the public's trust in the response. It has been observed, in line with international experience, that disinformation related activity is transferring from COVID-19 to other thematic areas such as climate change and elections.

There is ongoing communications and engagement by the Government related to responding to COVID-19 misinformation, based on four key objectives and all underpinned by an understanding of the information environment:

- to support a whole of society approach
- increase the public's resilience to disinformation and online harms
- promote credible information through effective communication and
- prevent the propagation of false and damaging content.

New Zealand have a cross agency working group to develop a strategy for the future, which leans into global best practice such as the RESIST 2 Counter Disinformation Toolkit.

COVID-19 Scams (Cert NZ)

CERT NZ is working to put a stop to COVID-19 vaccine scam campaigns and ensure the safe rollout of COVID-19 vaccines. CERT NZ has acted as the central reporting agency for any COVID-19 cybersecurity incidents to ensure the safe rollout of COVID-19 vaccines. With all cybersecurity agencies and members of the public sending reports into CERT NZ, they were able to establish a national picture of all COVID-19 related cybersecurity incidents: https://www.cert.govt.nz/individuals/common-threats/covid-19-vaccine-scams/.

3.8 Financial supports

MSD, IRD, and the Treasury, amongst others, are responsible for delivering financial advice and support, and these have changed under the Framework. There is ongoing work being done to design potential support for businesses during localised protections and closures. Information is available on the UAC Website: https://covid19.govt.nz/.

Financial support for individuals and businesses.

The **COVID-19 Leave Support Scheme (MSD)** is available for employers, including self-employed people, to help pay their employees who need to self-isolate and can't work from home.

The **COVID-19 Short-Term Absence Payment (MSD)** is available for employers, including self-employed people, to help pay employees who can't work from home while they wait for a COVID-19 test result.

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MSD continue to provide full services, including income support, community support, urgent costs, and community and costs to clients through usual channels. Financial assistance from MSD remains available for **people who have become unemployed**, regardless of their vaccination status.

Events Transition Support Payment scheme (MBIE) is designed to provide financial assurance to organisers of large-scale events, including business events. https://www.mbie.govt.nz/business-and-employment/economic-development/events-transition-support-payment-scheme/

Arts and Culture COVID Recovery Programme (MCH) includes more than 25 initiatives (~$0.5 billion over 4 years) designed to deliver short-term relief and long-term support for the arts, culture & heritage sectors. https://mch.govt.nz/regenerating-arts-culture-and-heritage-sector#:~:text=A%20one%2Doff%20grant%20of,is%20now%20closed%20for%20applications

Other financial supports used during the response to date include:

COVID-19 Wage Subsidy Scheme (MSD)

The COVID-19 Wage Subsidy Scheme was available through Work and Income. Initially, it was available following the March 2020 lockdown through to September 2020. In February 2021 the Government announced it would be available if there was an escalation to Alert Levels 3 or 4 anywhere in New Zealand for 7 days or more, which occurred in March 2021 and again in August 2021.The subsidy was available to businesses, employers and self-employed workers who experienced or were reasonably expected to suffer a decline in revenue (based on the criteria stated for the relevant subsidy) due to COVID-19.

MBIE are responsible for the complaints and enforcement website. https://www.employment.govt.nz/leave-and-holidays/other-types-of-leave/coronavirus-workplace/wage-subsidy-and-leave-support-complaints/.

Māori Communities COVID-19 Fund (TPK)

To provide whānau in regions around the motu with quick and targeted support in the period to 30 June 2022. Administered by Te Puni Kōkiri in coordination with Te Arawhiti, the fund's focus is to support the efforts of communities (particularly iwi) to mobilise their own approaches and build resilience during the Omicron outbreak.

https://www.tpk.govt.nz/mi/whakamahia/covid-19-information-for-maori/maori-communities-covid19-fund

COVID-19 Support Payment (IRD)

The CSP was a payment to help support viable and ongoing businesses or organisations which experienced a 40% or more drop in revenue because of 1 or more of the following COVID-19 circumstances:

- the widespread presence of COVID-19 in the New Zealand community

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- the public health legislative measures taken to reduce the spread of COVID-19 in the New Zealand community; and/or
- any business circumstances that are, or are reasonably likely to be, a consequence of the circumstances described above.

The COVID-19 circumstances include but were not limited to:

- businesses not being able to operate to usual levels due to staff self-isolating
- businesses impacted by New Zealand based supply chain disruptions; and/or
- lower retail and recreation movements in a region (for example in a CBD) due to customers working from home or self-isolating.

They did not include circumstances where businesses, which were able to operate under the Red setting of the COVID Protection Framework but had chosen to close temporarily without taking all reasonably practical steps to minimise their revenue losses. Additionally, they also did not include business circumstances that were because of any border restrictions imposed or any overseas related impacts of COVID-19 such as global supply chain issues, lack of overseas travellers or customers.

https://www.ird.govt.nz/covid-19/business-and-organisations/covid-19-support-payment

Strategic Tourism Assets Protection Programme (MBIE)

The Strategic Tourism Assets Protection Programme (STAPP) was intended to protect the assets in the tourism landscape that form the core of our essential tourism offerings to ensure their survival through the disruption caused by COVID-19.

https://www.mbie.govt.nz/immigration-and-tourism/tourism/tourism-recovery/2020-tourism-recovery-package/strategic-tourism-assets-protection-programme/

3.9 Border processes

During the pandemic New Zealand implemented a range of risk mitigation protections at the border, including restricting entry into New Zealand. These are gradually being removed as New Zealand reconnects to the rest of the world. These protections were enabled through the maritime and air border orders (Section 2.8). Protections have included testing and declarations before departure, isolation on arrival (managed or self), testing on arrival, and vaccination requirements for entry. The thresholds for closing the border again would need to be very high given the restrictions and impacts.

Pre-departure tests

In line with the elimination strategy and to reduce positive cases arriving in New Zealand most travellers entering New Zealand have been required to provide evidence of a negative COVID-19 result before travelling to New Zealand. This has remained for the minimise and protection strategy – but, as announced by the Prime Minister on 11 May, is expected to be removed by 31 July. The range of acceptable tests has changed through the response in line with evolving technologies. Exemptions, including for some Pacific jurisdictions are outlined

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on the UAC website: https://covid19.govt.nz/international-travel/travel-to-new-zealand/pre-departure-tests-to-enter-new-zealand/

Travel Health Declaration

Anyone travelling to New Zealand by air (TBC if this will be used for maritime arrivals) must complete a New Zealand Traveller Declaration prior to check-in.

The New Zealand Traveller Declaration system requires travellers to upload information before they depart for New Zealand, including their vaccination status, pre-departure test and recent travel history. This information helps identify what travellers need to do when they arrive in New Zealand, such as self-isolate, or enter a managed isolation facility. An earlier iteration of this was called Nau Mai Rā.

MBIE provides the declaration platform, contact centre services and a companion website to support the Customs-led programme.

https://www.travellerdeclaration.govt.nz/

3.10 Health system preparedness

On 14 October 2021, the Minister of Health announced a health system preparedness programme that includes 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.

As part of the transition to managing COVID-19 in the community, the health system has undergone an assessment against sixteen National Resilience criteria (Figure 3) and a plan has been developed to address the refinements required to adapt to endemic COVID-19.

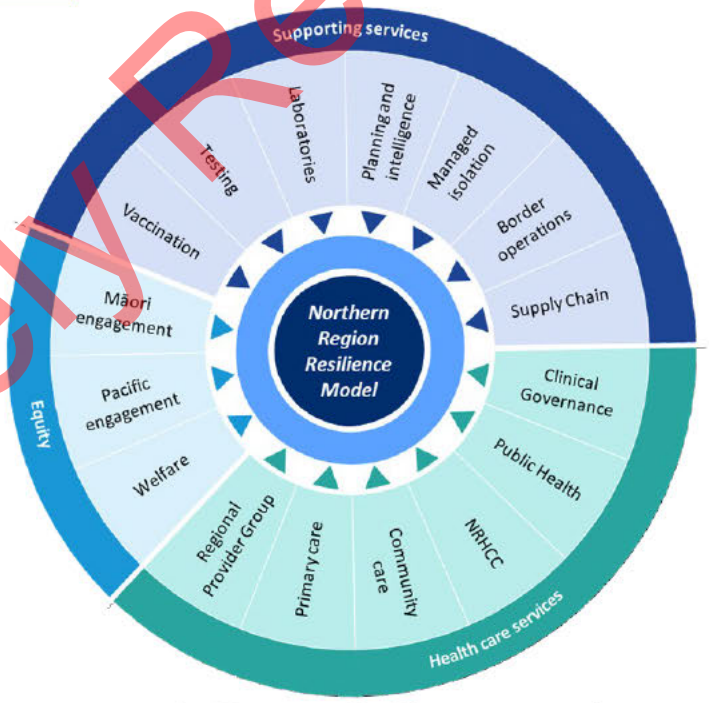

Figure 3 Example of the regional health system preparedness criteria

The National Regional Resilience plan and work programme is based around four geographical health system regions:

- Northern
- Te Manawa Taki
- Central, and
- Southern.

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https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-response-planning/health-system-preparedness-programme

Reporting into the Health system risk assessment is also done for each of the twenty DHBs.

COVID-19 Māori Health Protection Plan

The COVID-19 Māori Response Action Plan (and later replaced by the COVID-19 Māori Health Protection Plan) establishes a Framework to ensure the health and wellbeing of Māori is protected during the COVID-19 pandemic. This Plan is a living document that evolves and adapts to the COVID-19 management approach as it progresses through continuous improvement processes. It articulates a strategic approach and suite of actions that the COVID-19 management can adopt to uphold Te Tiriti o Waitangi and support the achievement of Māori health equity:

https://www.health.govt.nz/publication/initial-covid-19-maori-response-action-plan (April 2020)

Updated COVID-19 Māori Response Action Plan (health.govt.nz) (July 2020)

COVID-19 Māori Health Protection Plan (December 2021)

Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan

The Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan provides a Framework for actions to support the mental wellbeing of New Zealanders as we respond to the impacts of COVID-19.

https://www.health.govt.nz/publication/covid-19-psychosocial-and-mental-wellbeing-plan

COVID-19 Health and Disability System Response Plan

The COVID-19 Health and Disability System Response Plan establishes a Framework to prepare for and manage novel coronavirus disease 2019 (COVID-19) in New Zealand. It is aimed primarily at the health and disability sector but includes some components relevant to other agencies and sectors.

https://www.health.govt.nz/publication/covid-19-health-and-disability-system-response-plan

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4. Decision-making Processes

Decisions on the protection settings of the Framework for each part of the country and any changes to this, are made by Ministers. Ministers with Powers to Act will meet as required to assess the situation, based on assessment questions agreed by Cabinet covering health factors and non-health factors, as referenced in this document.

The Minister for COVID-19 Response makes the Order and amendments to the Order under the COVID-19 Public Health Response Act 2020 based on advice from DPMC. DPMC's advice is based on the Director-General of Health's advice and Cabinet-agreed health and non-health factors set out in the COVID-19 Protection Framework Checklist (Annex 1 and 2). The resultant setting decisions are mandated through amending the order. These decision-making factors (Annex 2) will be refined through continuous improvement processes as we learn more through modelling and the implementation of our approach.

The public communications and engagement approach will adapt as the Framework beds-in, and revisions will be provided in future editions of this document.

4.1 National coordination and decision-making

In the period ahead, national coordination activities will include:

- assessing and advising on Framework settings, including introducing localised protections, or additional protections for specific sectors/activities as required,
- managing the effects of disruptions and uncertainty caused by the protections (for example, ongoing care for vulnerable persons and communities; provision of education services, support to Māori and business; and changes to international travel arrangements).

The clinical management of COVID-19 remains health-led. DHBs coordinate the locally led delivery of health services as cases occur across the motu. Welfare support is coordinated by MSD.

Cabinet has agreed to governance and decision-making structures to support broader COVID-19 management. The role of these groups is outlined further in this section. The membership of the groups, especially the National Response Group and the National Response Leadership Team are regularly reviewed.

Groups or individuals that play a key role within the COVID-19 management include:

Ministers

As decision-makers, Ministers are responsible for setting the direction for the system approach. Cabinet may choose to delegate decision-making authority to Ministers with the Power to Act where it is not necessary for all of Cabinet to meet. The Minister for COVID-19 Response makes the Order or amends the Order under the COVID-19 Public Health Response Act 2020. The Minister must consult with the

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Prime Minister, the Minister of Justice, and the Minister of Health and may consult with any other Minister when making orders.

National Iwi Chairs Forum – Pandemic Response Group (PRG)

This group brings Iwi Chairs, Chief Executives, and technicians of the 73 iwi entities from across the country who provide a strategic approach to COVID-19, focusing on data, advocacy, intelligence and planning, and communication and political strategy from a national and regional Level. (Please note this does not replace the need for wider engagement with iwi). Te Arawhiti facilitates hui between the PRG, Ministers and agencies .

National Response Leadership Team (NRLT)

Responsible for providing strategic direction and advice of the COVID-19 management to Ministers.

NRLT membership is comprised of Chief Executives of core COVID-19 agencies. The meeting cadence of the NRLT under the Framework will evolve as the system beds-in the Framework further, but the NRLT will initially convene as required, to provide advice to Ministers at critical decision points. NRLT can meet out of session if an urgent change in Framework settings or additional protections are required.

National Response Group (NRG)

NRG provides advice to NRLT, sets priorities and triages taskings from NRLT, and reports risks and issues back to NRLT from the system. NRG provides decision makers with advice, reporting where required, and information flows from regional and national operational levels of the system. NRG acts as the coordinator of the operational and strategic systems. NRG meets fortnightly initially, moving to a monthly cadence in time, with the ability to meet out of session if an urgent change in Framework settings is needed, additional protections are required, or a new variant emerges.

MoH Incident Management Team

The MoH IMT oversees and guides the clinical management of COVID-19 at a strategic level from a MoH perspective and helps ensure effective overall coordination and control for the health system and across DHBs. The IMT continue to meet daily to support the DHBs and wider health system. It provides advice and specialist knowledge and handles the detailed management work. MoH IMT flags issues and risks to SOG/NRG or directly into NRLT.

COVID-19 Senior Officials Group (SOG)

This group brings senior representatives from across the system together initially daily during responses, moving to fortnightly in time to provide a single point for information about the ongoing management of COVID-19. This group includes a range of agency representatives that support key areas and can mobilise the system when required. Agencies attending are much broader than NRG membership and

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can support regional issues and risks. This group reports system issues and risks up to NRG and disseminates information from NRG.

Regional Leadership Groups (RLG)

These provide strategic oversight, connecting to local and operational coordination at the regional level and provide advice to the national level, most RLGs have local government, iwi, DHB and Public service leaders represented. The RLGs are invited to provide input into the fortnightly decision-making cycle on the non-health related considerations specific to their region through their Regional Public Service Commissioners (RPSCs) to the NRG secretariat.

Care in the Community Operations Group (CCOG)

This is a DCE level operational oversight and coordination group to facilitate the community led delivery, regionally enabled and national supported Care in the Community welfare arrangements. CCOG provides a Framework and nationally required systems and supports, working with RPSCs to ensure operational needs are fully supported.

In addition to the above operational groups, there are three Chief Executive level Governance mechanisms: formal boards such as COVID-19 Chief Executives Board (CCB), and the Border Executive Board (BEB) and informal boards such as Caring for Communities (C4C) Governance Group.

COVID-19 Protection Framework decision-making

To support sustainable decision-making for the management of COVID-19, NRG develops advice initially on a fortnightly basis, moving to monthly in time, seeking input from MoH and the wider system (see Figure 4 and 5). Advice is prepared using the checklist (Annex 1 and 2) to address the eight key factors approved by Cabinet.

This system advice combines the information provided by each of the 16 regions through the RPSCs, SOG, and border agencies.

MoH in parallel develop health system and public health advice, seeking input from the DHBs to undertake a risk assessment for the four health regions.

The MoH advice is based on the following aspects:

- Health System Preparedness Program (HSPP) – baseline for health resilience
- COVID-19 impacts related to the community and the health system
- modelling (retaining health system resilience), and
- the HSPP considers sixteen criteria for the four health regions (see Figure 3).

Both the health and system advice are combined, which the NRLT Chair uses to brief the Ministers, supported by the Director-General of Health. The Ministers then decide on

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whether any change is needed to the Framework settings or localised protections, and if so, a public announcement is made, and legal Order amendments drafted.

COVID-19 management coordination

MoH run a daily IMT to coordinate and support DHBs. MoH identify triggers for activating NRG/NRLT, and CCOG will flag any welfare issues into the decision-making processes outside of the regular cadence. RPSC and SOG can also flag any issues to NRG chair.

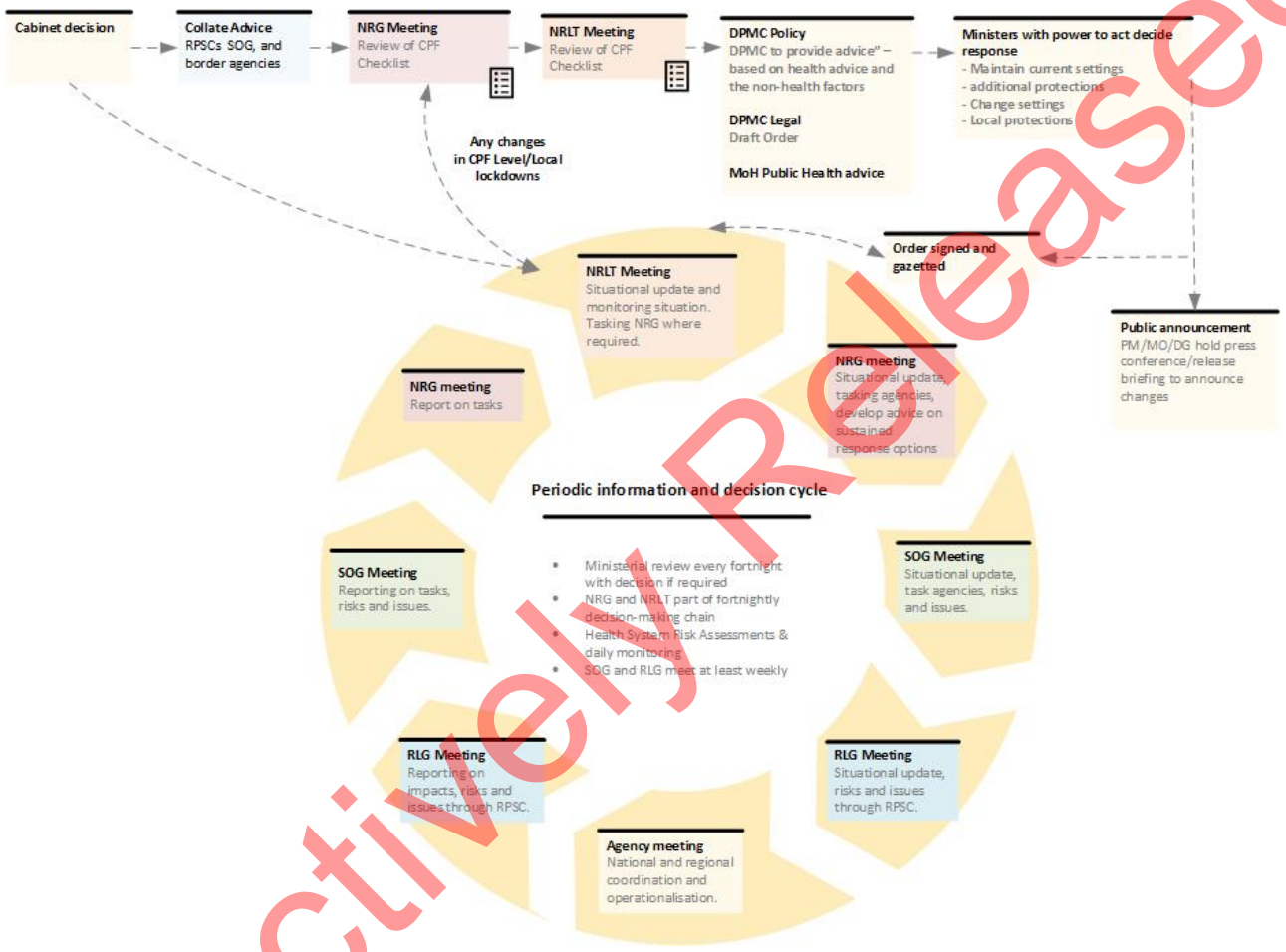

Figure 4 Framework decision-making cycle

Collation and analysis of information and intelligence is critical for decision makers in the sustained management of COVID-19. MoH's intelligence hub is central to this. Information and intelligence are gathered from the regions and collated into a national picture, and disseminated across key agencies, to maintain an accurate picture of the situation.

Information and intelligence are gathered and disseminated via:

- Daily MoH Situation Report (SitRep) updates
- RPSC to share with RLGs
- SOG meetings (initially daily moving to fortnightly as response eases)

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- NRG meetings (initially twice weekly)
- CCOG meetings
- NRLT meetings, and
- Ministers with Power to Act meetings.

Daily MoH and DPMC COVID-19 communications and engagement, as well as the Prime Minister's Office (PMO), who modify and implement communications and coordinate the announcement of Framework setting changes which is then shared on the UAC channels.

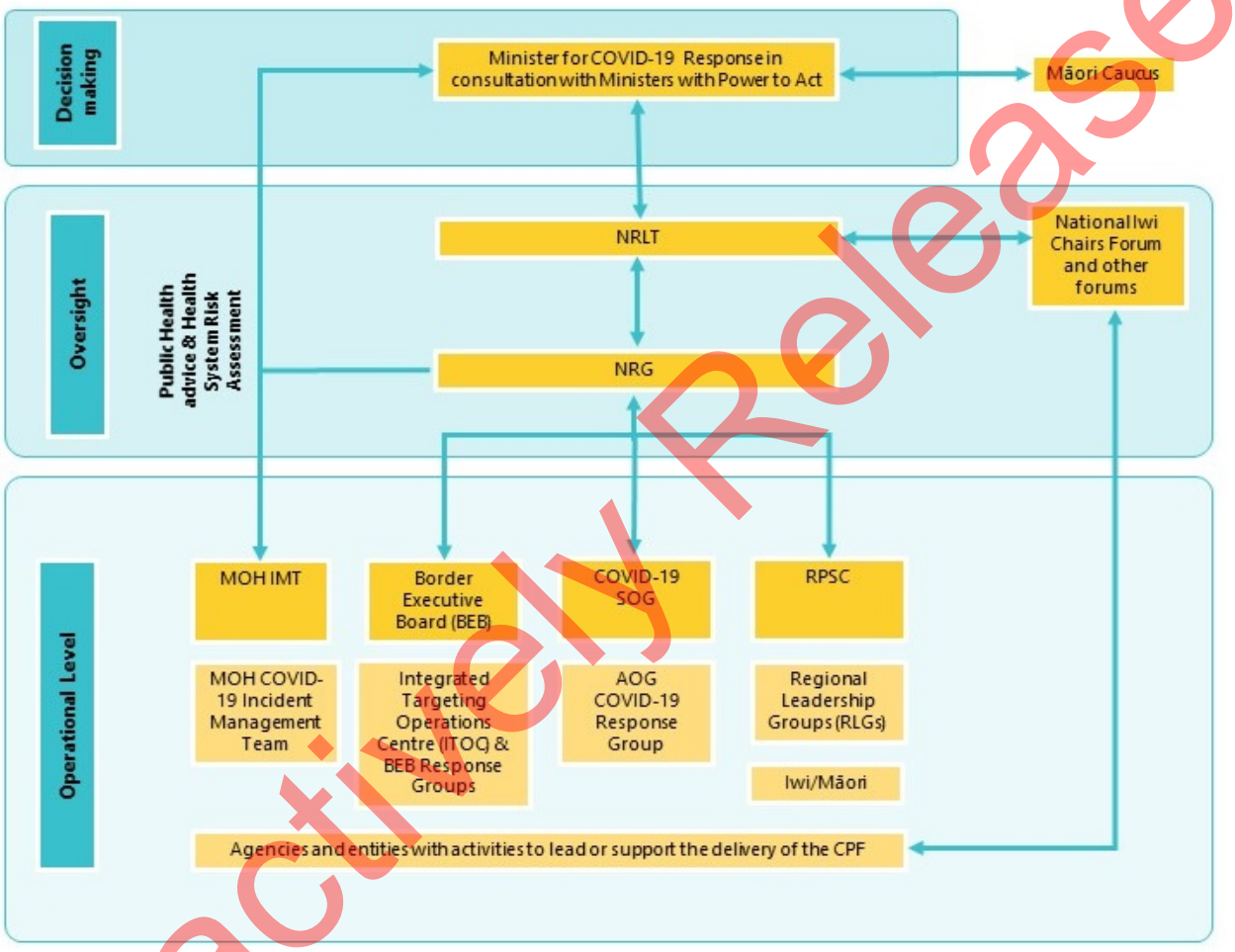

Figure 5 COVID-19 Protection Framework decision making architecture

Following Ministerial decisions, NRLT, NRG, RPSCs and SOG (are) responsible for giving effect to the course of action. Other agencies are required to modify their management activities as appropriate.

Each agency involved has a different role to play, and accordingly has its own plan for how to deliver the Framework, support the management of COVID-19 in the community and undertake the activities required to protect the health system.

Agencies may continue to use their national coordination centres using the Coordinated Incident Management System (CIMS) Framework with a view of transitioning into a business-

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as-usual function. Noting the ongoing role of policy function to feed into the DPMC & MoH policy groups, PIM functions should dock into the DPMC COVID-19 Comms & Engagement team. The Public Service Commission (PSC) has responsibility for system workforce oversight through the Public Service Commission's Workforce Mobility Hub deployment@publicservice.govt.nz. PSC also provide support to Public Service Chief Executives as they forecast and manage their individual workforces' capacity.

4.2 Regional coordination and advice

The ongoing management of COVID-19 in New Zealand is community led delivery, regionally enabled, and nationally supported. The delivery of COVID-19 services and care on a regional and local level requires the establishment, or formalisation, of a coordination function. The Care in the Community model detail is still being reviewed and approached by the CCOG and finalised operational guidance will be shared through NRG/SOG and RPSCs to regional leaders. Updates will be added to future editions of this document.

RPSCs are the key central government representatives in Regions and Districts, tasked with supporting the regional alignment and coordination of the public service contribution to the Framework, including the welfare approach. One of RPSCs' key roles is to ensure the public service effectively partners with iwi, local government, and large service providers.

The 16 RLGs across New Zealand are the mechanism for Regional/District level advice on non-health factors to contribute to Framework assessments considered by decision-makers. The mechanism for providing this advice is through RPSCs into the NRG.

MSD Regional Commissioners take a lead role in coordinating the implementation of the welfare system approach in their regions.

4.3 Iwi and Māori input into decision-making

Māori have several opportunities to feed into the decision-making process (Figure 5). Where Iwi are connected into established regional leadership group arrangements, they can provide advice or raise risks or issues directly through RLG into NRG through the RPSCs. Additionally, Iwi can feed information, advice, risks, and issues into Te Arawhiti and TPK at both the regional and national level as well as through the National Iwi Chairs Forum and other forums convened by Te Arawhiti.

5. Information sharing and Privacy Act

Good basic privacy practice remains important to maintain trust and confidence in the community. This advice is to support agencies understanding privacy considerations in the context of community outbreaks of COVID-19. For a copy of the full advice from the Government Chief Privacy Officer GCDO@dia.govt.nz.

The Privacy Act 2020 and the Health Information Privacy Code 2020 **allows agencies to share** with other agencies **personal and health information on reasonable grounds** if it is

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necessary to **prevent or lessen a serious threat to public health** or public safety and/or the life and health of the individual or other individuals.

An agency should first check whether it can obtain **authorisation from the individual concerned.** If the agency believes on reasonable grounds, that it is either not desirable or not practicable to obtain authorisation from the individual concerned, it can consider the serious threat exception.

The MoH has the lead role in advising the Government and New Zealand on whether a situation represents a serious threat to public health. Agencies are entitled to rely on the Ministry's advice in making decisions regarding whether the collection, use and sharing of personal information is necessary to prevent or lessen the threat posed by the transmission of COVID-19.

The use of this exception is not indefinite and should be regularly reviewed with the threat assessment based on the latest public health advice from the Ministry of Health.

Share only the information that is necessary given the context of the situation.

- Framework settings change the context of both the COVID-19 management, and the necessity to share personal and health information.

Information shared must always be secured against misuse, loss, or alteration in transit.

Officials who can receive health information for set purposes are identified in Section 22C of the Health Act 1956. See Appendix A.

Responsibility:

- The agency that shares the information is responsible for its safe and secure sharing. It is also responsible for justifying the reasonable grounds and necessity to share the information.
- The agency that receives and uses the information has responsibilities under the Privacy Act 2020, Information Privacy Principles regarding storage, access, correction, accuracy, retention, limits on use and disclosure in New Zealand and overseas, and unique identifiers.

The exceptional circumstances to receive personal information does not lessen these requirements; the law has given agencies a clear basis to obtain personal information in a public health emergency; it has not given agencies carte blanche to do whatever it likes with it.

Only share what is necessary and only with agencies involved in the COVID-19 management approach.

If there is a privacy breach that constitutes serious harm, the Office of the Privacy Commissioner is to be advised within 72 hours of the agency becoming aware of the severity of the incident. See: https://privacy.org.nz/responsibilities/privacy-breaches/responding-to-privacy-breaches/

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Annex 1. The COVID-19 Protection Framework Regional/District Checklist

1	2	3	4
Districts/Regions to complete fortnightly, collated by RPSC.	RPSC to report to Chair **NRG, NRG** to assess and consider recommendations.	**NRLT** to assess and recommend course of action to **Ministers** (pre-Cabinet).	**Ministers** to decide action based on advice provided.

Regional/District Advice summary
Signed **NAME** **Regional Public Service Commissioner** **REGION/DISTRICT**

Regional/District considerations for (CPF Level changes/localised lockdown)	
Regional/District Considerations	
Insights of the effects of the measures on the economy and society more broadly;	
Evidence of the impacts of the measures for at risk populations in particular;	
Public attitudes towards the measures and the extent to which people and businesses understand, accept, and abide by them. *Include public/business/education understanding of the change, sentiment considerations, and including equity considerations in the region.*	
Our ability to operationalise the restrictions, including satisfactory implementation planning.	
Te Tiriti or iwi/Māori specific considerations.	
Additional Regional/District considerations that can provide context to NRG may include:	
What is the situation in neighbouring Regions/Districts and does this have an impact?	
Are any other Regional/District risks present (e.g., threat of concurrent emergency event)	

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For reference: MoH/DHBs will also provide advice to NTG/NRLT on the following:
Degree of protection from severe health outcomes due to COVID-19, gauged by vaccination coverage and immunity levels among the general population and vulnerable populations, and availability of treatments (e.g., antivirals) to reduce severity of illness from COVID-19.
Capacity of the health system to meet demand due to COVID-19, given competing demands from other illnesses (including seasonal and imported conditions), backlog of prevention activities and the care of people with long term conditions.

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Annex 2. The COVID-19 Protection Framework National Checklist

1	2	3	4
Districts/Regions to complete fortnightly, collated by RPSC.	**RPSC to report to Chair NRG, NRG to assess and consider recommendations.**	**NRLT** to assess and recommend course of action to **Ministers** (pre-Cabinet)	**Ministers** to decide action based on advice provided

Regional/District advice for CPF Level changes/localised lockdown
NRG advice summary:
Signed **Aaron Wright** **Chair, National Response Group**
NRLT Decision
Signed **Brook Barrington** **Chair, National Response Leadership Team**

NRG consideration	
Health situation	
Degree of protection from severe health outcomes due to COVID-19, gauged by vaccination coverage and immunity levels among the general population and vulnerable populations, and availability of treatments (e.g., antivirals) to reduce severity of illness from COVID-19.	
Capacity of the health system to meet demand due to COVID-19, given competing demands from other illnesses (including seasonal and imported conditions), backlog of prevention activities and the care of people with long term conditions.	
Wider System / Regional/District Considerations	
Evidence of the effects of the measures on the economy and society more broadly;	
Evidence of the impacts of the measures for at risk populations in particular;	
Public attitudes towards the measures and the extent to which people and businesses understand, accept, and abide by them. *Include public/business/education understanding of the change, sentiment considerations, and including equity considerations in the region.*	
Our ability to operationalise the restrictions, including satisfactory implementation planning.	
Te Tiriti or iwi/Māori specific considerations.	

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Annex 3. Roles and responsibilities

All agencies continue to have responsibility to support and enable effective decision-making & governance. Responsibilities include:

- participate in NRG/NRLT as required providing sector and system advice
- participate in COVID-19 Senior Officials Group (C-19 SOG) as required
- attend working groups, workshops and exercise programme events as required, and
- develop sector guidance and engage with sectors to support readiness planning.

Tool	Task	National	Regional/District
COVID-19 cross system coordination	COVID-19 Protection Framework setting changes	MOH – provide public health advice and Health system risk assessment. DPMC – Chair NRLT & NRG to coordinate and, when necessary, provide system advice. DPMC –write briefing & Cabinet papers and provide drafting instructions to PCO. PCO - draft legal orders.	RPSC to provide Regional, District (including iwi) advice into NRG advice chain. DPMC – mapping of the regions DHBs – provide localised public health advice to MoH.
	Localised protections	MOH – provide public health advice and Health system risk assessment. DPMC – Chair NRLT & NRG to coordinate system advice and mobilise. DPMC – GIS mapping, drafting instructions, and write briefing & Cabinet papers. PCO – draft legal orders. If movement restrictions are required: MBIE – Business Travel Documents register. MoH – Travel Exemption process Police supported by Waka Kotahi are responsible for enforcement of 'soft' or 'hard' road enforced movement restrictions are required and MOT if air, rail, or ferry restrictions are required. Agency CEs did provide exemption letters for permitted staff.	RPSC to provide Regional/District (including iwi) advice into NRG advice chain.

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	Closures and isolation requirements (Section 70)	MoH – Write and Gazette Section 70 notices	RPSC to provide Regional/ District (including iwi) advice into advice chain DHBs – building closures.
	Additional protections	MOH – provide public health advice and Health system risk assessment. DPMC – Chair NRLT & NRG to collate and provide system advice. DPMC – GIS mapping, drafting instructions, and write briefing & Cabinet papers. PCO – draft legal orders.	RPSC to provide Regional/ District (including iwi and councils) advice into NRG advice chain.
	Compliance	WorkSafe NZ– enforcement agency for workplaces and workers (excluding workplaces covered by other regulators) Police – compliance agency for individual breaches of My Vaccine Pass (e.g., fraud or fraudulent use) and compliance agency for breaches against individuals or gatherings. MoH - compliance agency for breaches of self-isolation. DPMC – Co-owner COVID-19 Breach Reporting Tool supporting development and operation to enable compliance activity. MBIE - Co-owner and host of the COVID-19 Breach Reporting Tool supplying specified information to compliance agencies. CERT NZ – Scams and fraud related to COVID-19. MoJ support any court-based charges.	
	Ongoing system coordination	MoH – IMT and DHB management co-ordinational at national level. DPMC – C-19 SOG & RLG Forum and system level readiness/planning workshops.	DHB – Regional IMT, clinical hub. RPSC– Regional/District coordination supported by RLGs and may include CDEM Group Controller.
	Workforce Assurance and surge workforce support	PSC – Workforce Guidance for public service agencies, and urgent surge workforce support for public service agencies.	
	System assurance and secretariat support	DPMC – collate and report to CCB on system assurance. DPMC – provide Secretariat support to CCB/NRLT/ Community and independent forums.	

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	Communications	DPMC – Manage UAC website and social channels, strategic comms, campaign, and engagement with AoG agencies and at-risk communities, and translate content into 27 languages and five alternate formats - New Zealand Sign Language, Large Print, Audio, Braille, and Easy Read. MoH – health advice about symptoms, spread, treatments and where to get help, Manage Health website, social channels, and media. PMO/MO – public announcements (1pm stand-ups and media releases).	All regional agencies – promote key messages for/to local communities.
	Guidance to sectors and public and sector input to advice.	MOH – DHBs, health care sector including disability and aged residential. PSC – public sector (including Crown entities). MBIE – general businesses, workplaces, (including tourism sector, hospitality, events, construction etc.). MBIE – supermarkets & critical lifelines. WorkSafe – guidance to general workplaces on COVID-19 requirements and workplace health and safety. TSY – financial sector. MoT – transport sector (including aviation and public transport). MFAT – overseas posts/diplomats, and Pacific interests. MoE – education sector. MPI – primary sector and food production/hospitality. Te Arawhiti – Iwi/marae. DPMC – religious sector/places of worship. MSD – social welfare sector (including welfare NGO's). MoJ – justice sector (including police & corrections). DIA – Local Government. Sport NZ – sporting sector. Tourism NZ – tourism. DOC – conservation. NEMA– emergency response agencies (Emergency Services Leadership Board). Customs – border. Crown Law – legislation and advice.	
	IPC Guidance	MoH IPC team	MoH IPC team.

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Infection Prevention and Control (IPC) & Personal Protection Equipment (PPE)	IPC sector support: educational resources, support groups, questions	MoH IPC team.	DHBs and other health organisations have their own IPC nurses to provide IPC support to their workforces. Health sector groups such as Disability, Aged Residential and GPs have access to MoH resources, and some get support from their DHB teams.
	PPE Supply for Healthcare	MoH.	MoH - Distribution runs from MoH national supply to end points (e.g., DHBs, Aged Residential Care, Disability, GPs, Pharmacies)
	Supply of tests – e.g., RATs	MoH Distribution runs from MoH National Supply to end points. E.g.: •Healthcare and Emergency Service workforce, including people who work in DHBs, GPs, Pharmacies, Police, Corrections, first responders, FENZ, and MIQs •Organisations who support priority populations; and/or •RAT collection sites	During times of high demand, DHBs may fulfil a regional distribution role.
Test, Trace, Isolation & Quarantine (TTIQ)	Surveillance testing	MoH – Surveillance Strategy & testing kits. MPI – animal surveillance	ESR – wastewater collection and testing.
	Diagnostic testing	MoH – Testing Strategy & testing kits. MBIE – Online registration process.	DHBs – testing centres & supply logistics/ transport. ESR – wastewater testing. GP/PHU/Coordination Centre – receive confirmation of positive test.
	Contact tracing	MOH – Contact Tracing Strategy and Tracer App management. MoH – National Contact Tracing Centre.	DHB – contact tracing classification and interviews.
	Close Contact Exemption Scheme	MoH – exemptions MBIE – online application process/portal	

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		MoH/MBIE – guidance on CCES and 'Bubble of one'	
	Critical Worker Exemption	MoH – exemption & guidance document Relevant agency – application process	
	Provision of care in the community: -Clinical case management -Alternative & temporary accommodation (including transport)	MoH – strategy. MoH - operational guidance. MoH – mental health system planning	DHB – Clinical assessment, including Medication/ thermometers/ oximeters. GP's - clinical care. Coordination Centres - allocate case owner, assess suitability of current accommodation, and (when required) place into alternative accommodation (including transportation). MoH –guidance for clinicians (including use of therapeutics)
	Provision of care in the community - Welfare supports	MSD – strategy & strategic operations, using the Care in the Community Operational DCE's Group for coordination and support to Regions/Districts. MSD - funding for community food providers and community connectors	MSD – Welfare assessment, MSD – food/essential supplies. MPI – advice on care of animals. MSD – employment support. MSD – financial assistance, including hardship and income related housing support. HUD, KO, and Community Housing providers – housing services and support to existing tenants. MSD – community support services. OT – support for at risk children / children in care. TPK – Whānau Ora CDEM – local knowledge and connections.

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	MIQ (including domestic and international guests)	MBIE – facilities management including development of operating model and SOPs MBIE – management of miq.govt.nz website	DHB – Clinical care. Medical Officer of Health – decides who goes into MIQ/MIF/CIF (this varies by PHU).
Vaccines & Vaccine Certification	Vaccine roll-out	MoH – strategy. Medsafe approvals	DHB – Delivery, working with local GP, chemists, healthcare providers, Māori providers, Pacifika providers.
	My COVID Record/My COVID Pass	MoH	DHB – Delivery, working with local GP, pharmacists, healthcare providers, Māori providers, Pacifika providers.
	Vaccine mandates & workplace policy settings	DPMC – regular review of policy settings. WorkSafe – guidance for PCBUs. PSC - Workforce Guidance for public service agencies. MoH provide health policy input based on underlying evidence, temporary medical exemptions. MoH responsible for exemption process. MBIE / Civil Aviation / Maritime NZ / Corrections – Unvaccinated Worker authorisations (when mandate is in force). Relevant agencies to support their sectors when mandates are required.	
Financial and welfare support	Financial welfare supports (note: some of these schemes are now closed)	TSY – economic advice. MBIE –wage subsidy enforcement, events transition support. Guidance – Work & income (MSD) / MBIE MSD - Leave Support Scheme (LSS). MSD - Short-Term Absence Payment (STAP). MSD - Wage Subsidy Schemes (WSS). MSD - income support. MSD - community support. MSD - urgent costs. MSD - community and costs.	

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		TPK - Māori Communities COVID-19 Fund. MCH - Arts, culture & heritage support MSD - BAU financial support products, as well as STAP and LSS. IRD - COVID-19 Support Payment. MBIE –Strategic Tourism Assets Protection Programme. MBIE – Building & Tenancy Services – funding provided to support Community Law Centres and Citizens Advice Bureau. Additionally, funding to support residential tenancy services (immediate housing response to COVID-19).	
Health System Preparedness	Critical, acute & planned care	MoH (supported by NASO)	DHB.
	Supply chain & logistics (equipment's & PPE supplies)	MoH – Health sector supply and education to all PPE users.	DHB.
	Facilities improvements	MoH.	DHB.
International Border	Opening/closing border	Customs/INZ – border control. MoT – travel sector. MFAT – Consulates, International relationships, International legal obligations, diplomatic community, Pacific interests.	
	International Travel Registration	MBIE – Travel Health Declaration System (Service Centre support function). MBIE – implementation of home isolation support (pilot). MoH – border testing regime.	
	People entry requirements	MoH – travel declaration and testing requirements. MBIE – tourism sector.	

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Annex 4. Glossary

Basic needs service – replaces the term essential service, are places that do not require proof of vaccine status such as health care and supermarkets.

Capacity limit – the maximum number of people allowed at a single location or premises.

Care in the community – is the way most people who get COVID-19 and don't require admission to hospital will be cared for. People will receive the tailored support to manage their illness and reduce the chance of transmission to their families and the community around them.

Close-proximity business – a business where staff and customers are likely to be in proximity, therefore requiring additional health measures at Orange and Red. Businesses such as hairdressers and beauticians are considered close-proximity businesses.

Community Connection Service (CCS) – act as a conduit for individuals and whānau to government services that they may not otherwise be able to/know how to access.

Controlled boundary – If there are requirements on people moving in and/or out of area, there are various way for the requirements to be enforced at the discretion of the Police – such as a controlled boundary. A line which marks the limits of an area; checkpoints will be in place to check people passing through, e.g., Travel across controlled boundaries is strictly limited, and you need to check requirements for travel.

COVID-19 Protection Framework (the Framework) – the structure which has replaced the Alert Level system and is the technical term which should be used in official documents. All words capitalised and can be shortened to the term 'Framework' but never abbreviated.

District – refers to the area of the 67 Territorial Authorities (Local Government) including the six Unitary Authorities.

Infection Prevention and Control (IPC) – a practical, evidence-based approach which prevents patients and health workers from being harmed by avoidable infection and because of antimicrobial resistance.

Localised protections and lockdowns – Similar to lockdown – with, for example, shops shut and working from home required. Localised protections could include requirements for people moving in and/or out of an area such as in place for people leaving Auckland from 15 December 2021 to 17 January 2022 to be either vaccinated or have a negative COVID-19 test, e.g., movement in and out of Kaitaia is restricted due to localised protections being in place.

Managed isolation and quarantine (MIQ) – facilities which manage international arrivals but also provide a limited capacity for managing high-risk or high-needs community cases. MIQ facilities are restrictive, semi-secure and have a permanent dedicated on-site health presence. As such they are suited to cases that require higher levels of physical or clinical supervision.

Minimisation and protection strategy - the Government's new strategy for managing COVID-19, which aims to minimise case numbers and protect our vulnerable communities and health system. The COVID-19 Protection Framework is the way this strategy is delivered

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which aims to minimise case numbers and protect the health system and vulnerable communities.

Ministers with Power to Act – a group of Ministers who take decisions on the government response to COVID-19 on behalf of Cabinet, comprising the Prime Minister, the Deputy Prime Minister, the Attorney General, the Minister of Health, and the Minister of Justice.

My Covid Record - record of a person's COVID vaccination history in NZ, taken from data stored in the national COVID-19 Immunisation Register (CIR).

My Vaccine Pass (MVP) – (vaccine pass, *informal*) My Vaccine Pass is an official record of a person's COVID-19 vaccination status for use in Aotearoa New Zealand, a digital downloadable certificate with a QR code.

Personal Protection Equipment (PPE) – anything used or worn by a person to minimise risks to the person's health and safety.

Polymerase chain reaction (PCR) testing – method used to rapidly make millions to billions of copies of a specific DNA sample.

Reconnecting New Zealand – the Government's plan to re-open our borders and develop new ways for people to travel to and from New Zealand.

Regional Public Service Commissioners (RPSCs) – central government representatives in regions tasked with supporting the Regional/District alignment and coordination of the public service contribution to the Framework.

Requirements – replaces settings, to describe the measures in place at each of Red, Orange, and Green within the Framework.

Setting/settings – replaces the term Alert Level, e.g., we are at Green setting; the current setting for Timaru is Green.

Spot-checked boundary – replaces the term soft boundary. A spot-checked boundary where the Police have determined that the right enforcement approach is where no physical checkpoints are in place. There will still be requirements which need to be met to cross into or out of an area and spot checks could be carried out. e.g., a spot-checked boundary is in place for Upper Hauraki, you will need to be fully vaccinated or have a negative COVID-19 test to travel across the boundary, spot checks may be carried out.

traffic lights – (*informal*) the name which the COVID-19 Protection Framework is often referred to as. All lower case. The preference should be to use the term 'traffic lights' instead of the term 'Framework'.

Unite Against COVID-19 (UAC) – central website containing information from the New Zealand Government about COVID-19

Wastewater testing – testing of water samples to examine if fragments of SARS-CoV-2; essentially allows testing of hundreds of thousands of people at once.

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