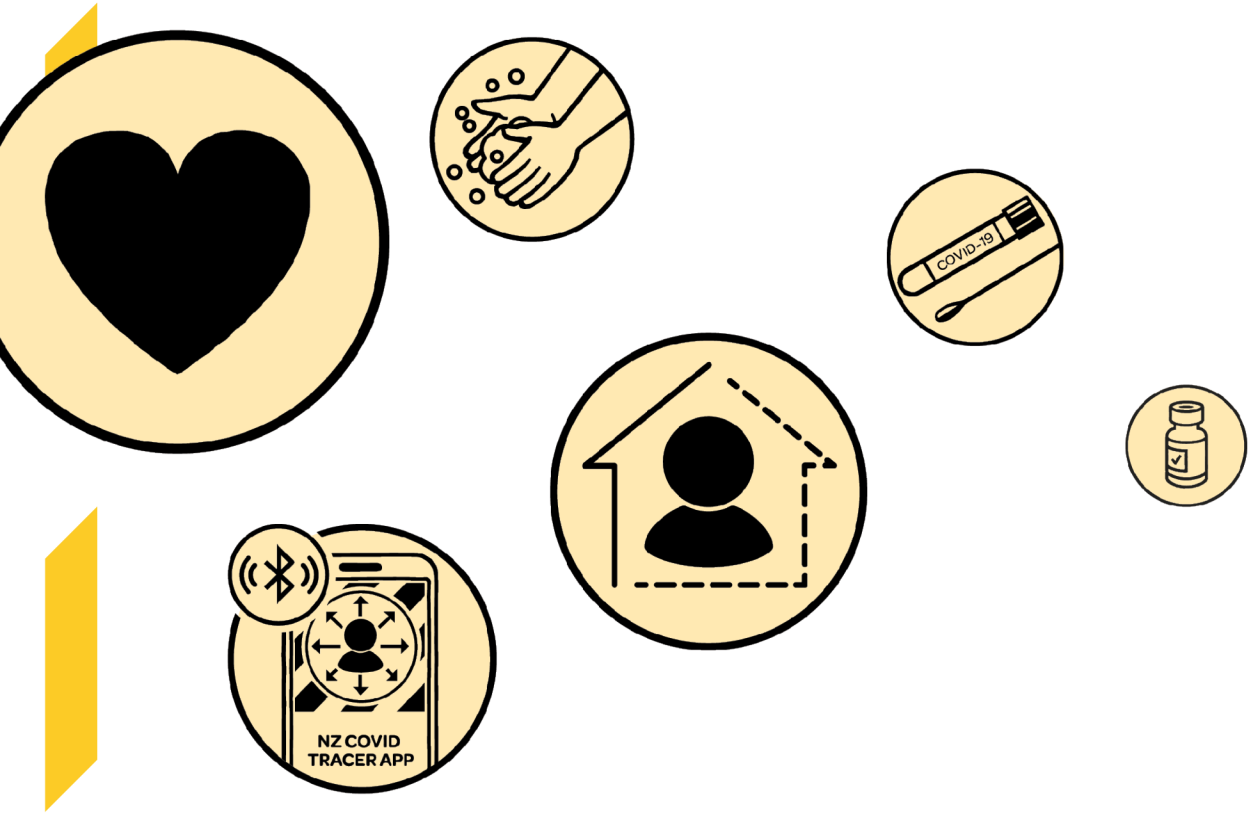
DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

2021 Quarter 3 Update



COVID-19
Te Mahere Tiaki
National Response Plan

Te Kāwanatanga o Aotearoa
New Zealand Government

Unite against COVID-19

Cover page – key information

The Government response to COVID-19 is driven by science and public health advice. The COVID-19 Group at the Department of Prime Minister and Cabinet (DPMC) leads system coordination for any COVID-19 response whether that be domestically or internationally with our Quarantine Free Travel (QFT) partners. This group is responsible for this document.

This document should be read in conjunction with the Ministry of Health's (MoH) Resurgence Plan as the two documents are closely linked and inform each other. Please contact COVID.IMT.Planning@health.govt.nz for the latest copy of the MoH plan.

When is this plan activated?

This plan will only be activated if necessary, and when MoH activates its plan. Possible MoH triggers include:

- The MoH have grounds to believe community transmission is, or may be, occurring; and/or
- The MoH believes case/s or community clusters of COVID-19 are not contained, or may not be contained; and/or
- The MoH have considered that there are equity ramifications relating to known cases or clusters, and population groups or communities, that may have particular risk or are otherwise vulnerable
- a District Health Board (DHB) increases its alert level under the National Hospital Response Framework; and/or
- any other relevant information, including other risk factors, changes in characteristics of the virus, clinical presentation of cases etc.

Effective delivery of this plan is dependent on Public Heath Response Orders (Orders) and the timely, appropriate and detailed exchange of required information between parties.

Key responsibilities

The National Response Leadership Team (NRLT) is responsible for leading the COVID-19 Response and ensuring the broader system of government is prepared and able to execute a response to any risks posed by COVID-19. It provides strategic direction, coordination, assurance and support.

It is expected that responsible agencies will prioritise their efforts on the COVID-19 response, including readiness activities. The National Response Group (NRG) is responsible for operationalising taskings from NRLT and enabling broader system activation in the event of a resurgence.

This plan is not for Public Release or wider distribution.

Please contact s9(2)(a) @dpmc.govt.nz for any comments, suggestions or corrections.

NRLT: Key Contacts

Position	Purpose
NRLT Chair (CE DPMC)	Provide overall structure and guidance ensuring aims and objectives are being met and meaningful recommendations and advice can be provided to Ministers.
DG, Ministry of Health	Provide public health advice and direction.
DCE, COVID-19 Group	Provide overall system advice and direction.
Solicitor General	Provide legal and judicial advice.
Commissioner of Police	Provide advice on boundaries and Compliance.
CE and Secretary to the Treasury	Provide advice and guidance on responsible spending of public money.
CE, National Emergency Management Agency	Provide emergency management advice.
Comptroller, Customs	Provide border agency advice and direction.
CE, MBIE and MBIE MIQ	Provide advice and situational awareness of MIQ as well as broader MBIE roles such as exemptions, immigration, employment and business advice.
CE, Ministry of Transport	Provide advice regarding and liaise with the private transport sector.
CE, Ministry of Foreign Affairs and Trade	Provide advice regarding foreign affairs, touch point for posts overseas and consular services.
NRG Representative	Provide updates from NRG and relay any taskings from NLRT to NRG.

NRG Domestic: Key contacts

Role	Purpose
NRG Chair (Head of Planning and Readiness, DPMC)	Provide overall structure and guidance ensuring aims and objectives are being met and meaningful recommendations and advice can be provided to NRLT.
DDG, COVID Directorate, Ministry of Health	Provide public health advice and direction.

NZ Police	Provide advice on boundaries and Compliance.
DCE Ministry of Business, Innovation and Employment - MIQ	Provide advice and situational awareness of MIQ as well as broader MBIE roles such as exemptions including immigration.
National Emergency Management Agency	Provide regional emergency management advice.
Caring for Communities (C4C) Lead	Provide advice in relation to vulnerable communities.
Strategy and Policy Lead COVID-19 Group, DPMC	Provide advice on system strategy and policy.
Communications & Engagement Lead COVID-19 Group, DPMC	Provide advice on system communications.
Deputy Secretary, Treasury	Provide advice and guidance on responsible spending of public money.
DCE, Department of Internal Affairs	Provide advice on connecting people, communities and government.
NRG Secretariat	*Provide support.*

NRG QFT: Key contacts

Role	Purpose
NRG Chair (Planning and Readiness Lead, DPMC)	Provide overall structure and guidance ensuring aims and objectives are being met and meaningful recommendations and advice can be provided to NRLT.
DDG, COVID Directorate, Ministry of Health	Provide public health advice and direction.
NZ Police	Provide advice on Compliance.
DCE Ministry of Business, Innovation and Employment - MIQ	Provide advice and situational awareness of MIQ as well as broader MBIE roles such as exemptions including immigration.
Caring for Communities (C4C) Lead	Provide advice in relation to vulnerable communities.
Strategy and Policy Lead COVID-19 Group, DPMC	Provide advice on system strategy and policy.

Communications & Engagement Lead COVID-19 Group, DPMC	Provide advice on system communications.
Deputy Secretary, Treasury	Provide advice and guidance on responsible spending of public money.
DCE, Department of Internal Affairs	Provide advice on connecting people, communities and government.
Ministry of Foreign Affairs & Trade	Provide advice regarding foreign affairs, touch point for posts overseas and consular advice.
New Zealand Immigration	Provides advice on immigration settings.
Ministry of Transport	Provide advice regarding and liaise with the private transport sector.
Customs	Provide border agencies advice and overview.
NRG Secretariat	*Provide support.*

Contact details can be obtained on request to Planning and Readiness Lead, DPMC or via s9(2)(a) @dpmc.govt.nz. Due to privacy reasons these details are not publicly available.

Document version control

This document was last updated on **1 July 2021**. It is document version 3, Quarter 3 2021.

From July 2021, in addition to ad-hoc updates made in response to emerging developments, this document is on a *quarterly review cycle*. The next update can be expected in October 2021, for Q4 2021.

Version history

Version	Author	Date	Summary of Changes
3 (Q3, 2021)	Zoe Juniper, DPMC Emily Waterson, DPMC Seb Eastment DPMC	July 2021	Inclusion of QFT partner arrangements and processes, including SOPs, as well as adjustment to the order of the document.
2 (Q2, 2021)	Graham MacLean, DPMC	16 April 2021	Significant rewrite of documentation to simplify processes and structure.
1 (Q4, 2020)	Graham MacLean, DPMC	December 2020	Initial version of document created to support the management of potential cases during Summer 2020/21, titled the 'Summer Resurgence Plan'

What's changed in this document?

Version	Content changes or actions
Q3 2021	In June 2021 this document was reordered and refined to include the two QFT arrangements that had been established since Q2 edition. In addition, there were updates to the domestic processes and SOPs that incorporate lessons identified throughout Quarter two.
Q2 2021	In March 2021, this document underwent a significant rewrite. This included the redrafting of large portions of the plan, a restructure of the plan, and the introduction of diagrams and visual aids to support readability. Alongside changes to support readability, other changes include: • Guidance regarding the activity to be undertaken under the key phases of this plan were updated in accordance with

	lessons learnt from past resurgences. This includes standard operating procedures (SOPs). • Addition of Quarantine-Free Travel (QFT) Zone Plan • 'Workstreams' was renamed to the COVID-19 Senior Officials Group.
In consultation with:	Ministry of Health (MoH) The following agencies have been consulted on the roles and responsibilities included in Annex 6: National Emergency Management Agency (NEMA), Ministry of Business, Innovation and Employment (MBIE), New Zealand Police (Police), Ministry of Transport (MoT), Te Arawhiti, New Zealand Customs Service (Customs), Ministry of Primary Industries (MPI), Ministry of Education (MoE), New Zealand Defence Force (Defence), Public Service Commission, Ministry of Social Development (MSD), Ministry of Foreign Affairs and Trade (MFAT), Fire and Emergency New Zealand (FENZ), Te Puni Kokiri, Department of Corrections (Corrections), and the Department of Internal Affairs (DIA).

How will this plan evolve?

As the COVID-19 response continues to progress, this plan will be updated with additional information that underpins the wider COVID-19 response.

Future iterations are likely to include additional detail for agencies involved with implementing the plan, such as operational details. Content we are currently considering for inclusion in future versions includes:

- Wiring diagram to show the relationship between key groups and leadership structures.
- Additional detail in the phasing diagram, such as Cabinet paper drafting processes.
- Consideration of how the COVID-19 Vaccination & Immunisation Programme informs the NRP.
- Consideration of the refreshed Elimination Strategy and how this will impact on New Zealand's overarching COVID-19 response mechanisms.
- Updated roles and responsibilities for Government Agencies considering changes to the COVID-19 context, particularly the vaccination programme.
- Additional information on Regional Leadership arrangements.

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1. About this document

1.1 What is the National Response Plan?

The National Response Plan (NRP) is a framework to deliver a nationally led, regionally delivered, response to a resurgence of COVID-19 cases either within the community or in response to a QFT partner outbreak guided by MoH and public health considerations. It supports New Zealand public sector agencies to respond to future outbreaks and provides assurance of the response framework.

The plan has been developed by the Department of Prime Minister and Cabinet's (DPMC's) COVID-19 Group, in consultation with MoH and other agencies involved in the response. Annex 7 outlines each agency roles and responsibilities. It has been developed in alignment with the below objectives.

All plans to respond to a resurgence of cases have been developed within the following scope:

- To align DPMC planning with the MoH COVID-19 Resurgence Plan;
- Within the remit of the roles and responsibilities of DPMC related COVID-19 response bodies (National Response Leadership Team, National Response Group and COVID-19 Senior Officials Group) in the response;
- To ensure agency plans support the wider system response; and
- The roles and responsibilities of the Regional Leadership Groups and Civil Defence Emergency Management Groups, to enable coordinators to respond to a resurgence, with Regional Leadership Groups providing a leadership role.

1.2 What objectives guide our response?

Six national objectives guide New Zealand's COVID-19 response:

1. **Enable effective decision-making and governance:** Provide representation to, and support the operation of, governance and decision-making structures, as appropriate.
2. **Enable effective and coordinated support to the COVID-19 health system response:** Support the MoH, District Health Boards (DHBs), Public Health Units (PHUs) and community providers to achieve the required COVID-19 related health outcomes.
3. **Coordinate efforts to contain COVID-19 by enabling effective national and regional mechanisms:** Establish effective coordination mechanisms, processes, and structures between agencies and stakeholders.
4. **Coordinate support for communities (including business) to minimise the social & cultural, and economic impacts:** Partner with support agencies to identify and meet community needs where there are no other means of support.
5. **Coordinate and align COVID-19 communications and engagement and local implementation of public information management requirements**

a. Messaging and strategic communications will be nationally led by the COVID-19 Group.

b. Public health messaging is generated and led by MoH, in partnership with the COVID-19 Group.

c. Other messaging is generated by the appropriate agency.

6. **Support and contribute to intelligence processes:** Facilitate the flow of information through agreed AOG reporting processes; including, where necessary, supporting other agencies in the efficient sharing of information.

1.3 Who is this plan for?

This plan is a guide for decision makers involved with the Government's COVID-19 response. It acts as an assurance mechanism for Ministers and senior officials and contains guiding elements that can be drawn on by other government employees involved with the response.

1.4 How does it fit with other agencies' plans?

Agencies have their own COVID-19 plans in place. These have informed the NRP.

Agencies' plans have been developed based on the national objectives outlined above and are separate from Business Continuity Plans. The plans include advice on business-as-usual activity during the global pandemic, as well as additional activity required in the event of a resurgence. The plans include national and regional elements.

The NRP will be activated in parallel with the MoH COVID-19 Resurgence Plan once one or more triggers occur.

This document should be read in conjunction with the MoH COVID-19 Resurgence Plan. A copy of the plan can be requested from COVID.IMT.Planning@health.govt.nz. The two plans are complementary and should not be read in isolation from each other.

1. COVID-19 in New Zealand

COVID-19 first emerged in New Zealand on 28 February 2020 through a case imported via international travel. As part of the national response, a four-tiered Alert Level system was introduced by the Government on 21 March 2020 to restrict movement and control the spread of COVID-19.

With an increasing risk of widespread community transmission, the Government placed New Zealand into Alert Level 4 – the highest level of alert - which effected a nationwide lockdown on 25 March 2020. This remained in place for four weeks, and since this time the country has moved Alert Levels as guided by science and control methodologies.

2.1 Elimination strategy

The Government has adopted a sustained approach to "keep it out, prepare for it, and stamp it out and manage the impact". This is achieved through several mechanisms such as controlling entry at the border, physical distancing and hygiene measures, and testing and tracing all potential cases, among other measures.

2.2 New Zealand's Alert Level System

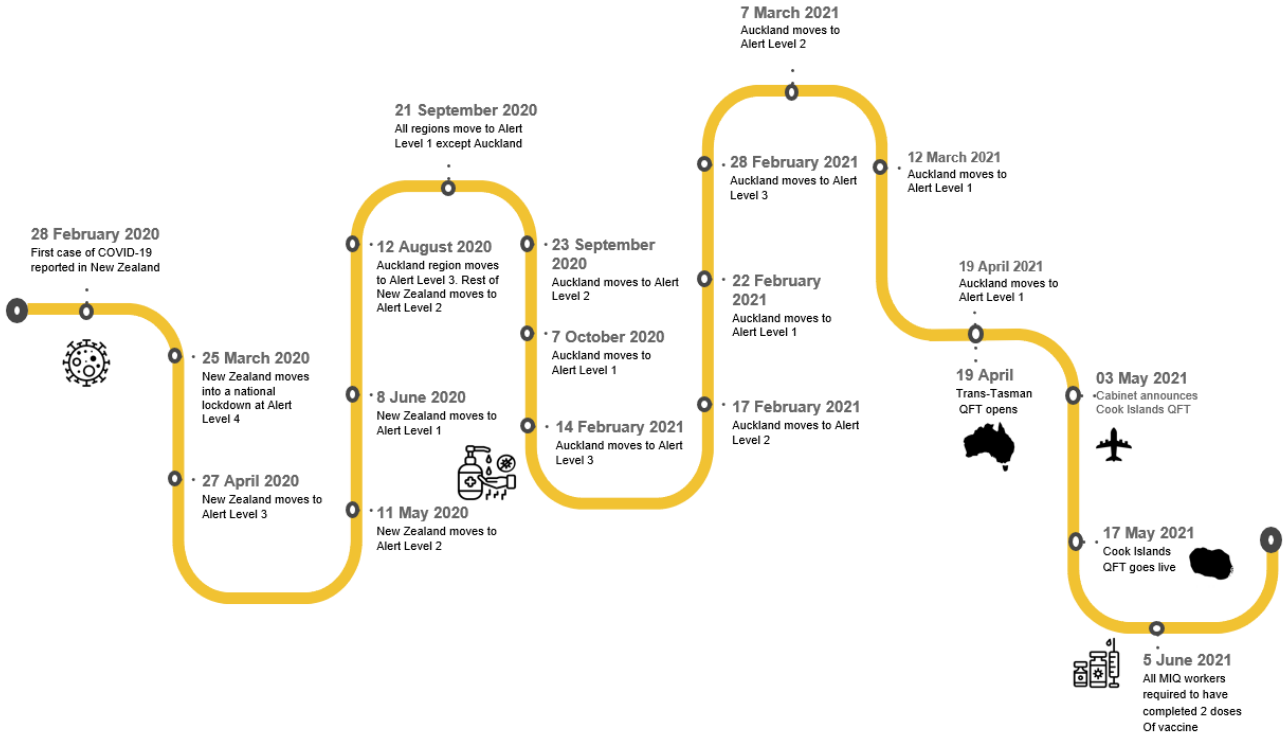
Alert Levels are a key mechanism for controlling the spread of COVID-19. There are four Alert Levels, each of which have a set of measures that are implemented to respond to the risk of COVID-19 in the community.

New Zealand COVID-19 Alert Levels	
Level	**Description**
Level 4 - Lockdown	Likely the disease is not contained.
Level 3 - Restrict	High risk the disease is not contained.
Level 2 - Reduce	The disease is contained, but the risk of community transmission remains.
Level 1 - Prepare	The disease is contained in New Zealand.

Transitioning through the Alert Levels is one of the most important tools that the Government has to manage the COVID-19 response. Cabinet will make decisions about which regions move up or down Alert Levels based on the advice provided by a number of Government agencies. This is facilitated through use of a domestic COVID-19 response checklist which consider a number of factors, Public Health advice (Part A) populated by MoH and wider system advice (Part B) populated by National Response Group (NRG) and National Response Leadership Team (NRLT). This checklist is a key aspect of the plan and is included as Annex 1.

2.3 Response Timeline

Over the past 15 months Cabinet has transitioned through the Alert Levels at both national and regional levels. Cabinet have also made decisions to reopen New Zealand's borders with Australia or Cook Islands. An overview of outbreaks, Alert Level changes and Quarantine Free Travel (QFT) is outlined below.



Note: this timeline does not include QFT partner resurgence of cases or any QFT pauses which have occurred to date.

2.4 Equity considerations and Te Tiriti o Waitangi

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. The COVID-19 response must consider equity for Māori, Pacific, and disabled people as critical.

In addition to equity, the COVID-19 response acknowledges and strives to uphold the principals defined by Te Tiriti o Waitangi. These 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 both equity and Te Tiriti.

3. Governance and decision-making

Governance and decision making occurs at both a national level and a regional level. The groups that inform the response at a national level are also supported by other mechanisms across the system.

3.1 National coordination

Cabinet has agreed to governance and decision-making structures to support the broader COVID-19 response. The role of these groups is outlined further in this section. Groups or individuals that play a key role within the COVID-19 response include:

Cabinet or Ministers with the Power to Act

As the ultimate decision makers within the system, Cabinet or a Ministers with the Power to Act are responsible for setting the direction for the system response. Cabinet may choose to delegate decision making authority to a Ministers with the Power to Act where it is not necessary for all of Cabinet to meet and make a decision, such as over a holiday period.

National Response Leadership Team (NRLT) – Domestic and QFT

Responsible for leading the COVID-19 Resurgence Response by providing clear strategic direction, coordination as required, assurance and support. NRLT will ensure that the system of government is prepared and able to execute a response commensurate with the nature of the resurgence.

NRLT include key border agencies and international partner agency representation for a QFT response. They will meet where a response is required specifically for an event that relates to the QFT Zone or when a community transmission has been confirmed by MoH. There may be situations where the NRG meet prior to NRLT, particularly in relation to early notification.

National Response Group (NRG) – Domestic

NRG will prioritise and triage taskings from NRLT. NRG will provide decision makers with advice, reporting where required and information flows to local and operational levels of the response. NRG will act as the coordinator of the operational and strategic systems.

National Response Group (NRG) - QFT

Wider membership to NRG for domestic issues. THE NRG will meet where a response is required specifically for an event that relates to the QFT Zone. Roles and responsibilities for this group remain the same despite the added focus on the QFT.

COVID-19 Senior Officials Group (C-19 SOG)

This group brings senior representatives from across the system together on a regular basis to provide a single point for information about the response. This group includes a range of agency representatives that support key areas of the response and can mobilise the response system when required. C-19 SOG is chaired by DPMC COVID-19 Planning manager.

C-19 SOG aim to:

- Better support coordination efforts;
- Facilitate the sharing of information;
- System problem solving;
- Enable a consistent approach in responding to a concurrent emergency; and
- Act as an assurance mechanism.

By bringing agencies into one room there is an enhanced readiness to respond to a resurgence of COVID-19 in a coordinated and efficient manner. This group is responsible for functional facilitation of the cross-government agency system, as well as reporting back on progress and emerging risks and issues across the system. This group is empowered to undertake operational decision making to ensure the tasks and actions from NRG/NRLT are completed.

During business-as-usual periods the COVID-19 Senior Officials Group will meet as and when required to ensure readiness to respond across the system is maintained, and risks to the system are identified and mitigated. Attendance at the C-19 SOG will vary depending upon the situation and associated context.

3.2 Other National coordination mechanisms

Across the system there are several other mechanisms that support the broader system to respond:

Coordination across Government Agencies

A number of Government Agencies provide support as part of a coordinated response. The immediate response is led by DPMC and MoH, with other key agencies including MBIE, NZ Customs, Ministry of Transport, NZ Police and MFAT. All agencies are responsible for providing central coordination as part of New Zealand's government response to COVID-19. They are responsible functions of the science based, Public Health led response, including the following:

- Policy and strategy;
- Communications and engagement;
- Risk and assurance;
- Reporting and insights; and
- System readiness and planning

Broader System Governance

Other layers of Governance that play a role in the decision making and implementation processes of the NRP across the wider Government system includes:

- DPMC COVID-19 Group
- Ministry of Health COVID-19 Directorate

- Deputy Chief Executive Policy Group (primarily an information sharing function)
- Border Easement Taskforce

The response structures and key roles for the different groups within this response are outlined below. Further responsibilities for each agency are outlined in Annex 7.

3.3 Regional coordination

Each region throughout New Zealand has a regional resurgence plan that is tailored to their community and locality. These plans outline governance structures and operational coordination mechanisms between the DPMC COVID-19 Group, Regional Leadership, agencies and key stakeholders. Where necessary, regional PHUs will provide support also.

The regional response will depend on the health orders that have been implemented at the time.

Regional Leadership Groups (RLG)

These groups provide executive oversight of a response in a region. These groups form part of the governance layer to provide assurance and as a result RLGs are not responsible for managing the response. Roles and responsibilities for different agencies will vary depending on the region.

The role of RLG is to:

- Communicate and influence the strategic direction to support the operational response at a regional or local level.
- Exercise oversight, assign resources, and may impose constraints (e.g. deadlines, cost and resource limits).
- May also act as a spokesperson.

Regional Group Coordination

The Civil Defence Emergency Management (CDEM) Group Controller is responsible for coordinating the response and is appointed by the CDEM Group. They undertake their legislative role to coordinate regional responses to emergencies. CDEM Group Controllers will establish coordination structures and facilities as required as part of regional group coordination.

CDEM Groups exist across New Zealand as committees of elected councillors from each council that has regional boundaries. In total, there are 16 CDEMs throughout the country.

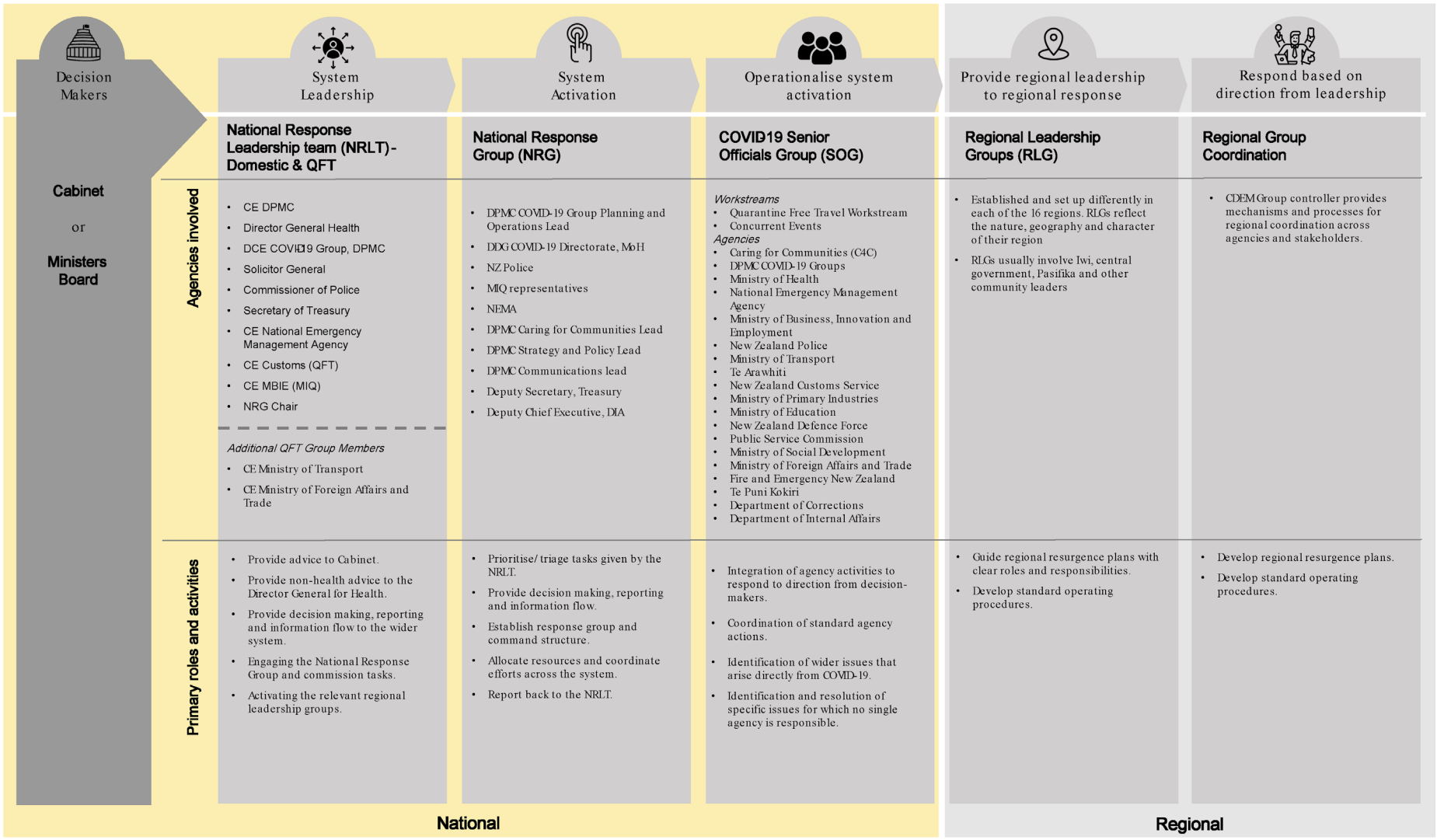
Each CDEM group must establish and maintain a Coordinating Executive Group (CEG) comprising of chief executives of the local authority, members of the CDEM Group, chief executives of DHBs, and senior members of NZ Police, and Fire and Emergency New Zealand. CEGs may also co-opt in additional members such as senior ambulance services, Defence, and Iwi representatives.

The CDEM group delivers through executives, planners, and operational staff who are all involved in the CDEM. As a consortium of the local authorities in a region, CDEMs work with emergency services, lifeline utilities, and agencies to:

- identify and understand hazards and risks
- prepare CDEM Group plans and manage hazards and risks in accordance with the 4R's (reduction, readiness, response, and recovery).

CDEM Groups coordinate emergency responses in their region through Emergency Coordination Centres (ECC). ECC operate under a Coordinated Incident Management System (CIMS) structure and is led by a Group Controller who are appointed by CEG.

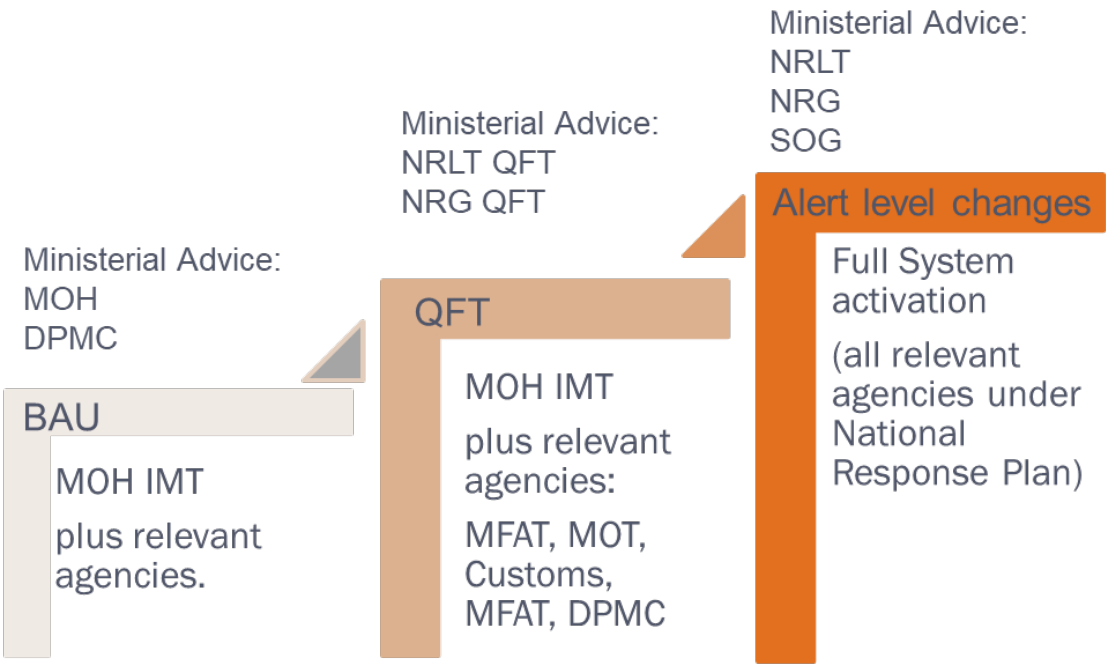
Resurgence Response Structures and Responsibilities



3.4 Response system

The response system needs to be a sustainable, scalable and resilient system, and one that allows decisions to be made at the appropriate level depending on the required need for system activation. This has a direct correlation to the level any type of governance required. This is depicted in the diagram below.

Examples of responses at the different scales range from wastewater positive test results, community outbreaks in a QFT partner jurisdiction, through to domestic community cases requiring an alert level change. Each event is likely to present a unique set of circumstances that will require different agencies or private sector support to be activated. However, not all agencies will need to respond to every event.



3.5 Concurrent Events

Throughout the duration of the COVID-19 pandemic, it is likely that New Zealand will have to deal with a major concurrent event. This may be an offshore Humanitarian response or an onshore response to a natural disaster.

A concurrent event and the COVID-19 response will be managed separately, however there will be a need for the systems to be kept informed of the actions occurring within each response. It has been widely agreed that a concurrent event will be managed through the standard National Security System (NSS) model (this is assuming the triggers for ODESC have been met) and a COVID-19 response will be dealt through the model outlined in this plan. The formal interactions of these groups will be through the Chairs and secretariats from NRLT and ODESC, as well as NRG and Watch Group.

3.6 Readiness

The function of the DPMC COVID-19 Group Readiness team is to test New Zealand's readiness to respond to an outbreak of COVID-19. This will be completed through a series of scenario based cross agency workshops over the course of 2021, which will create the 'Readiness Pathway'. The workshops are designed to stress test the system and will include a range of scenarios grounded in New Zealand Government and health priorities, informed by seasonal and event imperatives. It will include outbreaks at all levels – local, regional, national and QFT outbreaks and across a range of sites and locations of interest.

The intent of the workshops is to future proof New Zealand's response to an outbreak, to test and maintain the NRP, and to identify any gaps ahead of a response. This is to create continual improvement of the COVID-19 system, and ensure it is adaptive to any changes in our environment. Key learnings and outcomes from the workshop will inform the Readiness Framework which will become a tool to evaluate readiness criteria within the current state. This is under development and will be included in future versions of the NRP.

An overview of the 'Pathway to Readiness' plan for 2021 has been attached as Annex 8.

3.7 Lessons identified from previous outbreaks

Reflecting on the lessons learnt is important for continuous improvement in our COVID-19 response.

Several key learnings have been identified over the past 15 months, and with each outbreak there are further lessons learned. Key learnings to date include:

- Public compliance has reduced over time, however evidence showed that overall, the broader population still comply with compliance measures.
- Concerns regarding the designation of responsibility of care and support for both foreign nationals stranded in New Zealand as well as New Zealander stranded overseas. A number of individuals required assistance with welfare services such as food or housing.
- Early engagement between agencies regarding policies or decisions that have an operational impact is critical.
- The importance of clear communications to the wider population, with a focus on providing people with as much notice as possible to allow for a smooth transition between Alert Levels, as well as for future safe travel zone partners.
- The importance of engaging equity focused mechanisms, and the positive results achieved when this is practiced.
- The importance of clear communications to non-English speaking public.
- That improvements are required to the search mechanism on the COVID-19 website, so the vast amount of information available through that portal is more coherent and easily accessible to the public.

- That designating agency points of contact allows efficient liaison and communications.
- There is public coherence with the COVID-19 transport messages, with transport agencies receiving fewer queries from the public during the recent resurgence.
- That traffic congestion was an issue faced by many around the Auckland boundary during the February 2021 lockdown which poses a potential health risk, and occasionally, the public misunderstood what was encountered at the boundary.
- The evaluation of border controls (inward and outward) to enable minimal impact on returnees.
- Improvements in NRLT/NRG processes.
- Development and use of templates for responding to QFT partner outbreaks.
- Terminology clarity for QFT processes such as pause and suspension of flights.
- Improvements and clarity in QFT processes such as the development of SOPs specific to each QFT partner arrangement.

Specific challenges relating to communications and engagement have been noted and arose during the national lockdown, and in relation to the regional outbreaks in Auckland. Challenges include:

- Working at pace;
- Clearly communicating while policy and response are still evolving (e.g. boundaries, exemptions, financial support, QFT etc);
- Being coordinated and integrated in our All-Of-Government (AOG) response so everyone in New Zealand gets the information and support they need;
- Sharing correct up-to-date information between government agencies;
- Appropriately countering misinformation and disinformation;
- Dealing with anxiety and uncertainty about the duration of COVID-19; and
- Identifying demographics of audiences in resurgence areas and providing for-purpose information to them (e.g. information needs, translations, channels etc).

There is an evolving question about what the COVID-19 response will look like considering the COVID-19 vaccine rollout, and the impact this could have on compliance from the public once they receive their vaccine.

4. Communications and engagement

Trusted communication and engagement with the public and stakeholders is essential to an effective response. The DPMC COVID-19 Group leads transparent, consistent, prepared messaging and strategic communications at a national level, while regional agencies play a critical role in amplifying and targeting consistent messaging where required.

SOPs support the operationalisation of the framework at the national level. The following outlines the mechanisms through which communication and engagement activities are coordinated. The exact nature of the arrangements will vary depending on the situation.

4.1 Communications objectives and mechanisms

Communication Objectives

- Maintain and build public confidence in official sources of COVID-19 information;
- Ensure everyone in New Zealand and in QFT partner countries knows what to do and where they can find more information and support;
- Ensure New Zealand businesses know what to do and where they can find more information and support;
- Motivate everyone in and returning to New Zealand to keep practising key health behaviours and tracing compliance.

Content channels

- Unite Against COVID-19 channels;
- Paid campaign channels;
- Partner and stakeholder public-facing channels and networks.

4.2 Communications partners and stakeholders

Group	Description
DPMC COVID-19 Communications and Public Engagement (C&PE)	The DPMC COVID-19 C&PE group coordinates and aligns COVID-19 communications and engagement via transparent, consistent, prepared messaging and strategic communications at a national level. Coordination mechanisms include: • hosting regular email, tele or video conferences/huis with key agencies/groups as appropriate. • working with NEMA to activate the Emergency Mobile Alert or Emergency Memorandum of Understanding as appropriate. • working in partnership with the 'iwi comms network' and other iwi/ Māori organisations.

Group	Description
	• working to develop tailored communications with agencies with expertise and reach across culturally and linguistically diverse communities such as the Ministry for Pacific Peoples, and the Office of Ethnic Communities. • working at all levels to partner with iwi and Māori including engaging regularly with Te Puni Kōkiri, Te Arawhiti and Te Taura Whiri; working with the iwi communications network; and working through the Caring for Communities (C4C) workstream to engage regularly with iwi chairs. • coordinating national level communications and engagement planning for emerging issues. • providing key messages (including those for the Prime Minister, Ministers, Members of Parliament, DG Health, elected members and national spokespeople). • providing Unite Against COVID-19 branded campaign, collateral and digital content (including content in non-English languages and alternative formats). • inputting into national level strategic decision-making and policy formation. • working with national level media, including supporting national-level media stand-ups.
Ministry of Health	The Ministry of Health is the lead agency responsible for producing health messaging. It does so as follow: • provides health oversight and input of communications and engagement activities across the response. • works with DPMC COVID-19 C&PE as the situation develops to align messages including national level media. • engages with the health sector and stakeholders.
Iwi and Māori	Iwi and Māori partner with the DPMC COVID-19 C&PE group to coordinate and align COVID-19 communications with Māori requirements. Coordination mechanisms include: • hosting regular email, tele or video conferences/huis. • working to develop tailored communications. • engaging regularly with Te Puni Kōkiri, Te Arawhiti and Te Taura Whiri.

Group	Description
	• working with and via the iwi communications network. • working through the C4C workstream to engage regularly with iwi chairs. adapting Unite Against COVID-19 branded campaign, collateral, messaging and digital content for affected communities, as required.
National level government agencies	Each agency is responsible for producing messaging for all the functions for which it is the lead. Each agency: • works with DPMC COVID-19 C&PE to align messaging. • engages with its own sectors and stakeholders. • provides effective internal communication to staff.
Regional and local government	Each Territorial Authority (TA) is responsible for meeting communications and engagement needs at the regional/local level in a way that is aligned with and amplifies national level messaging. Each TA: • relays insights about regional/local communications needs and issues to DPMC COVID-19 Group C&PE as needed through regular email, tele or video conference. • seeks support from DPMC COVID-19 C&PE as needed to ensure their communities and stakeholders have access to appropriate 'Unite Against COVID-19' branded collateral. • supports regional and local spokespeople with consistent aligned messages. • engages with regional and local media using aligned and consistent messages. • provides information to stakeholders and communities within their area that is aligned to national messages and include additional regional and local level information as appropriate • provides effective internal communication to staff.
Non-Government Organisation (NGOs), community	These organisations play a vital role in ensuring messaging reaches key audiences, in the right format and languages and provide insight into communications and engagement needs at the local level. Each organisation:

Group	Description
organisations, faith-based groups	• relays insights about regional/local communications needs and issues to either their representative national bodies or directly to DPMC COVID-19 C&PE as appropriate. • can seek support from DPMC COVID-19 C&PE as needed to ensure their communities and stakeholders have access to appropriate 'Unite Against COVID-19'-branded collateral. • provides information to communities within their area that is aligned to national messages and includes additional information as appropriate. • provides effective internal communication to staff.
Quarantine-Free Travel (QFT) stakeholders A list of these stakeholders is available on request to s9(2)(a) @dpmc.govt.nz	These stakeholders play a vital role in ensuring messaging reaches key audiences, in the right format and languages and provide insight into communications and engagement needs at the local level. Each stakeholder: • relays insights about communications needs and issues to either their representative national bodies. • can seek support from DPMC COVID-19 C&PE as needed to ensure their communities and stakeholders have access to appropriate 'Unite Against COVID-19'-branded collateral. • provides information to communities within their area that is aligned to national messages and includes additional information as appropriate. • provides effective internal communication to staff.

4.3 DPMC COVID-19 Resurgence Communications and Engagement Framework (DPMCE COVID-19 C&PE)

An overarching communications and engagement framework has been developed by the DPMC COVID-19 C&PE group. This guides the All-of-Government communications and engagement response during a resurgence. It will be led and operationalised by the DPMC COVID-19 C&PE and is available on request (s9(2)(a) @dpmc.govt.nz).

5. Legal framework

There are several pieces of legislation that provide the legal framework for New Zealand's response to COVID-19. This section provides an overview of the relevant legislation.

5.1 COVID-19 Act

Under the COVID-19 Public Health Response Act 2020 (the COVID-19 Act), the COVID-19 Response Minister and the DG have the power to make Public Health Response Orders (Orders) to achieve the purposes of the COVID-19 Act.

These are independent statutory decision-making roles, noting that the Minister is required to consult with the Prime Minister, the Minister of Health, and the Minister of Justice before making an Order. However, Orders 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 restrictions or requirements that are necessary to give effect to an Alert Level decision.

This Act contains a repeal mechanism, requiring it to be regularly extended by a resolution of the House for it to remain in force. Since enactment, the COVID-19 Act has been extended every 90 days. If the COVID-19 Act continues to be extended by this mechanism, it will be repealed in May 2022, two years after its date of commencement.

5.2 Health Act

The Health Act 1956 (the Health Act) provides special powers to a medical officer of health in relation to an infectious disease, and measures that are necessary for the management of infectious disease.

COVID-19 is an infectious disease, as listed in Schedule 1 of the Health Act. This categorisation, together with authorisation by the Minister of Health, a declaration of a state of emergency, or where an epidemic notice is in force, permits a medical officer of health to exercise the special powers under section 70 in relation to COVID-19.

Contact tracing is also undertaken pursuant to the Health Act, establishing the scope of what this involves, the duty of individuals to provide information for that purpose and the confidentiality requirements.

5.3 Immigration legislation

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.

s9(2)(h) [redacted]

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

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

Where individuals are required to enter managed isolation or quarantine, whether from entry into New Zealand or as a result of community transmission, those persons are subject to the COVID-19 Public Health Response (Isolation and Quarantine) Order 2020. The recovery of charges relating to managed isolation or quarantine is prescribed by the COVID-19 Public Health Response (Managed Isolation and Quarantine Charges) Regulations 2020.

Since April 2021, travel from certain places has been allowed to occur under an exemption to some requirements of the Air Border Order. In effect, this means that travellers from those places have not been required to enter managed isolation upon arrival in New Zealand (Quarantine-Free Travel, QFT). The Minster may, by notice, impose conditions on this exemption, such as requiring that travellers are not contacts of COVID-19 cases or that certain travellers carry proof of having received a negative test prior to travel. This is also the mechanism by which QFT is paused and/or suspended, when required. A consolidated version of the exemptions and conditions notices for QFT is maintained on the government legislation website.

5.4 Enabling legislation

Under the COVID-19 Act, Orders may be made where one or more of the following prerequisites is in force:

- An epidemic notice under the Epidemic Preparedness Act 2006;
- A state of emergency or transition period under the Civil Defence Emergency Management Act 2002; and/or
- If the Prime Minister has authorised the use of COVID-19 orders by notice in the Gazette.

Epidemic notices

As well as being listed as an infectious disease under Schedule 1 of the Health Act, COVID-19 has also been classified as a quarantinable disease under that Act. The classification as a quarantinable disease permits the Prime Minister to declare, by way of an epidemic notice under the Epidemic Preparedness Act 2006, that COVID-19 is likely to disrupt or continue to disrupt essential governmental and business activity in New Zealand.

While an epidemic notice provides a prerequisite for the COVID-19 orders to be issued, it also provides special powers which allow for the amendment of primary legislation by the executive branch, to enable the effective management of serious outbreaks of disease. This bypasses the usual law-making process of Parliament to facilitate rapid legislative changes required in response to the risk, or outbreak, of COVID-19.

On Monday 23 March 2020, an Epidemic Notice under section 5 of the Epidemic Preparedness Act 2006 was issued. This was based on advice received from the DG in response to the increasingly complex and far-reaching introduction of COVID-19 to the New Zealand community.

The Epidemic Notice (Notice) issued on 23 March 2020, pursuant to section 7 of the Epidemic Preparedness Act 2006, has been continually renewed. Each Notice lasts for three months, unless the Government chooses to lift it earlier, and it can be further extended if required.

State of emergency

Complementary to the powers under health legislation, it is possible for the Minister of Civil Defence to declare a state of national emergency under the Civil Defence and Emergency Management Act 2002. On 25 March 2020, a State of National Emergency was issued, which ran until 13 May 2020. This unlocked a range of powers which enabled Police and other authorised persons to:

- Restrict access to roads and other public places;
- Remove or secure dangerous structures, materials, vehicles, or vessels;
- Provide rescue, first aid, food, and shelter;
- Conserve essential supplies;
- Dispose of human or animal remains;
- Evacuate premises or places, or enter to rescue people or save lives; and/or
- Requisition equipment and materials.

6. Domestic Response

6.1 Overview of the domestic phases

There are four main phases of the NRP:

1. Notification, risk assessment, & readying the system;
2. Immediate response;
3. Sustained response; and
4. De-escalation.

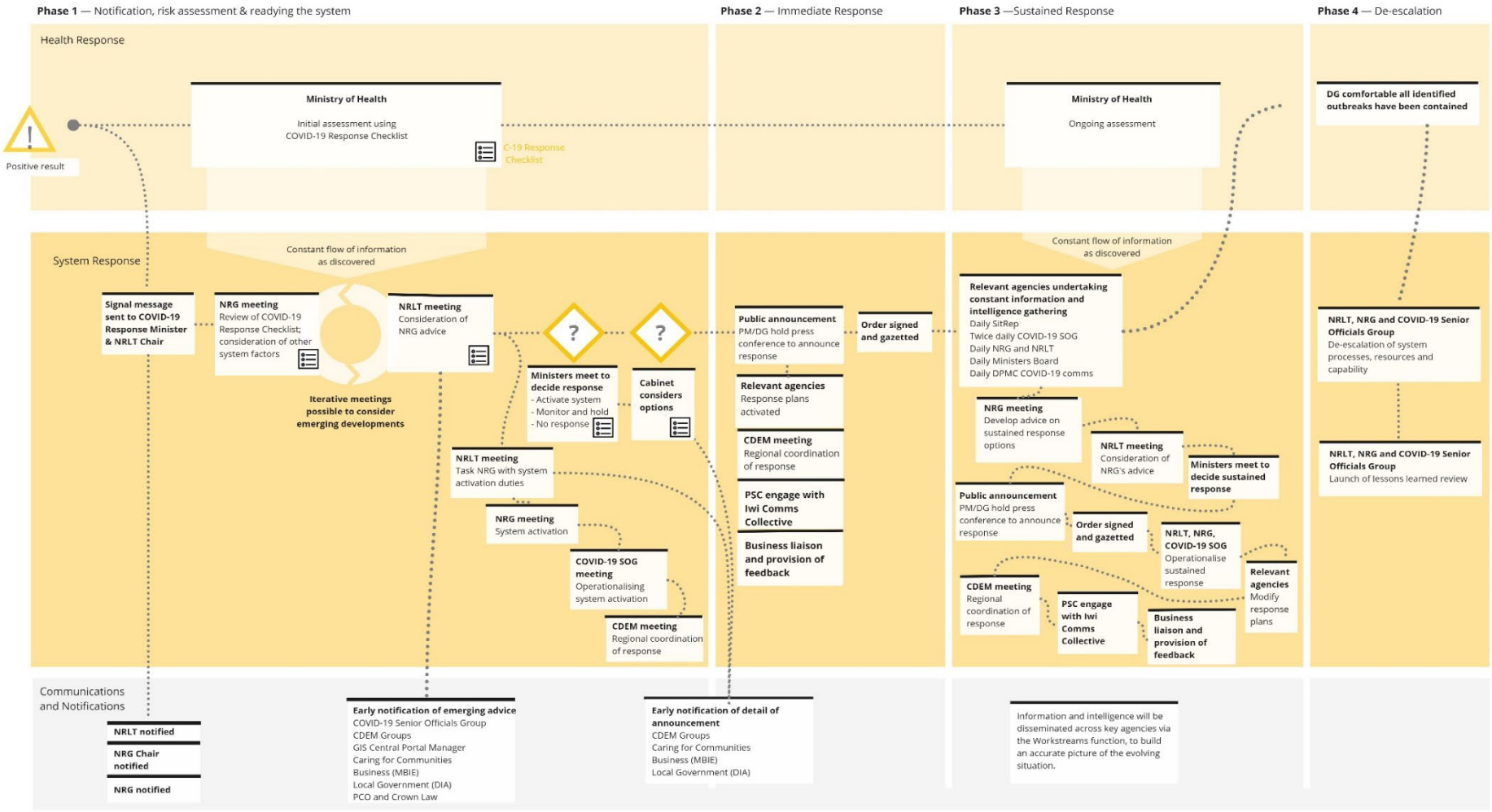
The diagram over the page outlines the key steps under each of the phases. Commentary which follows provides further information on each of the response phases. SOPs under each of the phases are set out in Annex 3.

The steps represent current best practice based on lessons learnt from earlier responses. In practice there may be reasons why the sequencing or the steps themselves differ (e.g. the risk presented necessitates alternative approaches).

Outside of these phases, a range of activities are carried out to ensure the system is ready to respond to a resurgence, including:

- developing, testing, and refining the NRP and associated plans and processes (e.g. the notification process);
- ongoing tabletop exercising (simulations and scenario testing) with all agencies;
- ongoing inter-agency insights and information exchange, providing indications and warnings and a method to learn from domestic and overseas experience;
- continuous improvement, adapting to the latest technology, and emerging science to understand the virus behaviours;
- community support arrangements and funding;
- identification and readiness of personnel to contribute to surge demands;
- development of appropriate a public communications system with pre-agreed messaging; and
- business continuity planning (BCP), including BCP's developed to manage concurrent emergencies.

Phases of NRP – Health and System Response



6.1.1 Phase 1: Notification, risk assessment, & readying the system: 0 – 12 hours

Phase 1 begins with the indication of a potential positive COVID-19 case with risk of community transmission. MoH will be notified of a suspect case through the PHU, this will trigger a rapid risk assessment. Both MoH and DPMC COVID-19 Group (with input from the wider system) will be required to fill in part of the Domestic COVID-19 Response Checklist. Part A of this checklist is filled by MoH assessing the Public Health Risk, Part B is filled in by NRG members. The two parts of the checklist are complimentary and both parts are required when a decision on next steps is being undertaken to ensure both the health and wider system are prepared and a proportionate response is being undertaken.

Upon receipt of the risk assessment MoH IMT will use Part B of the Domestic COVID-19 Response Checklist (Annex 1) to advise recommended actions. The assessment considers key risk indicators for shifting Alert Levels (for example, whether there are community cases where we cannot identify a source), including public health considerations (for example, source; movement and exposure events; vulnerable groups or communities at risk).

Once the rapid assessment has been complete and a positive result confirmed, a s9(2)(b)(ii) message is sent by the Senior Responsible Officer (SRO) to the Director General of Health (DG). The DG then activates the MoH Resurgence plan. The DG will also give a situation update to the COVID-19 Response Minister and the NRLT Chair. The NRLT Chair in turn notifies NRLT as well as the NRG Chair, who notifies NRG.

Soon after the s9(2)(b)(ii) message is received, NRG meet to consider the Part A of the COVID-19 Response Checklist, considering the MoH assessment (key risk assessment indicators for shifting alert levels and public health considerations) and wider system factors.

NRG's risk assessment and system recommendation – as set out in the Checklist (Annex 1) – are formally reported in a meeting of NRLT. These considerations help guide NRLT of the appropriate actions for the response when new case(s) are found.

Depending on the circumstances, NRG and NRLT may hold subsequent meetings to consider emerging developments, updating the Checklist as necessary.

Advice and recommendations arising from NRLT will be relayed to a number of parties to ensure they are ready to respond, including:

- COVID-19 Senior Officials Group
- CDEM Groups
- Geospatial Information Services (GIS)Central Portal Manager
- Caring for Communities
- Business (MBIE)
- Local Government (DIA)
- Parliamentary Counsel Office
- Crown Law
- Iwi
- QFT Partners

At the appropriate point, a meeting of Ministers with the Power to Act meeting will be convened to consider NRLT's advice and take decisions as to the appropriate way to proceed. They will consider whether to:

- Activate the Resurgence Response Plan; or
- Monitor; or
- Not activate the Resurgence Response Plan.

The Checklists which has been considered by MoH, NRG and NRLT are the formal reporting tools used with Ministers. Direction from the Ministers with the Power to Act meeting will be taken to Cabinet for consideration and ultimate decision making. The Checklist informs drafting a response Cabinet paper.

With the direction from the Ministers with the Power to Act meeting, NRLT and NRG will each meet again to consider the actions needed to operationalise the decision. In the event a decision has been taken to activate the Resurgence Response Plan the COVID-19 SOG will then meet to operationalise the response. Meetings of relevant CDEM Group Managers may also be held to keep them briefed on a rolling cycle.

6.1.2 Phase 2: Immediate response: 12 – 48 hours

A decision to activate the National Response Plan will trigger the simultaneous activation of Phase 2, Immediate Response.

Under Phase 2, legal orders will be drafted, a public announcement regarding the case(s) and the details of the Immediate Response will be made.

Agency response plans will be activated, and broader liaison and engagement will commence. This includes engagement with the Iwi, liaison with business and activation of regional support by CDEM groups.

6.1.3 Phase 3: Sustained response: +48 hours

The sustained response may include:

- widening or refining of containment measures; and/or
- managing the effects of disruptions and uncertainty caused by the response (for example, ongoing care for vulnerable persons and communities; provision of education services, Iwi and support to business; and changes to international travel arrangements, such as a reduction in returnee numbers to increase domestic quarantine capacity).

Sustained response measures are dependent on the information and intelligence available. Information and intelligence will be disseminated across key agencies via the COVID-19 SOG function, to build an accurate picture of the evolving situation.

Information and intelligence will be gathered and disseminated via:

- Daily MoH Situation Report (SitRep) updates
- COVID-19 SOG meetings
- NRG meetings
- NRLT meetings

- Ministers with the Power to Act meetings

On a daily basis DPMC COVID-19 Communications and engagement, as well as the PMO will modify and implement communications. The PSC will consider workforce planning on an ongoing basis.

In order to develop the sustained response plan, NRG will develop advice for NRLT, who will then brief the Ministers with the Power to Act with support of the NRG Chair. The Ministers with the Power to Act decide on the sustained response plan, a public announcement is made, and legal orders are drafted.

Following Ministerial decisions, NRLT, NRG and COVID-19 SOG through their working groups are responsible for giving effect to the plan. Other agencies will be required to modify their response plans as appropriate.

Like Phase 2, broader liaison and engagement will commence including engagement with the Iwi, liaison with business and activation of regional support by CDEM groups.

6.1.4 Phase 4: De-escalation of resurgence response

De-escalation of the resurgence response will commence 28 days after the last reported case of community transmission.

The SRO has oversight of the initiation of a move from response to deactivation and return to BAU. Working alongside NRLT, NRG and COVID-19 SOG, parties will commence de-escalation of system processes, resources and capability.

An important part of this Phase 4 is to plan and run a formal debrief, both within the Health response, and at the system level, spanning NRLT, NRG and COVID-19 SOG.

6.2 Regional and local boundary information

6.2.1 What are Alert Level Boundaries?

Alert Level Boundaries are a useful mechanism for restricting movement for public health reasons in the event of an outbreak/resurgence. We have seen boundaries utilised for resurgences in the past and they are a key feature of our ongoing COVID-19 response.

6.2.2 Learnings from previous outbreaks

Rather than relying on existing regional boundaries, a more nuanced approach to Alert Level Boundaries was adopted following the resurgence in August 2020.

Cabinet noted the following principles to determine boundaries for future outbreaks:

- boundaries are appropriate and proportionate to support a public health response to COVID-19 that prevents and limits the spread of COVID-19 (primary consideration);
- boundaries minimise the need for people to travel between areas at different Alert Levels to go to work, a place of learning, or to receive medical treatment;
- boundaries minimise equity impacts – e.g. access to life critical services such as food.
- boundaries are practical and safe to enforce;
- boundaries minimise economic disruption to business and supply chains – e.g. ensuring businesses can continue to operate if safe to do so.

6.2.3 Updated Alert Level Boundary Maps

Alert level boundary maps have been developed using geospatial information systems, considering commuter movements, health risk, and access to critical services to minimise the number of people needing to cross a boundary.

Bespoke boundary maps are being developed, that could be appropriate and proportionate to use in specific outbreaks based on transmission information. The maps will provide indicative boundary positions, however the application of these maps in a response may not be guaranteed as it is dependent on the disease transmission and other factors during each outbreak. Each boundary application in a response will need to accurately reflect the Public Health position in each circumstance.

Final Alert Level boundaries will be determined by Cabinet, and subsequently published online.

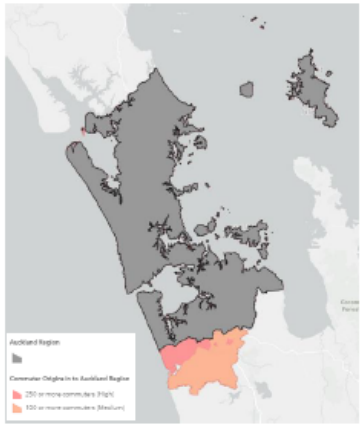
Example boundary map – Northland

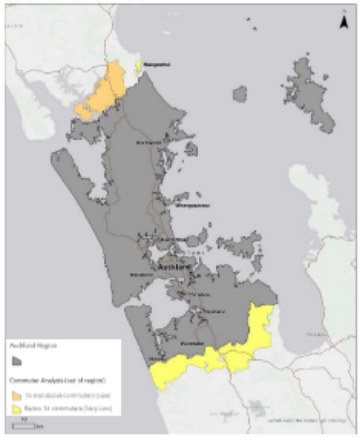
Objective of Alert Level boundaries: minimise the risk of transmission while causing the least social and economic disruption

Step 1

COMMUTER FLOWS

Analyse commuter flows into and out of areas based on 2018 Census data and more recent population counts in Alert Level 1 from Stats NZ.





Example

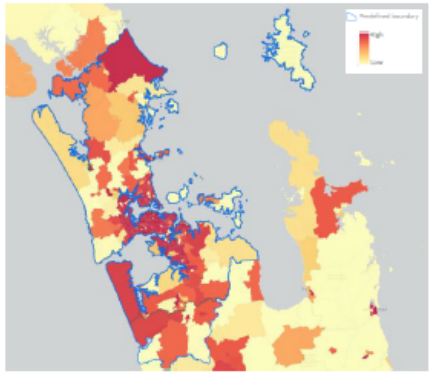
This analysis of the commuter flow into the region suggests extending the Auckland boundary to include the area of Port Waikato.

Step 2

COVID RISK FRAMEWORK

Overlay the Ministry of Health COVID Risk Framework. This includes four risk categories i) presence of undetected cases, ii) potential for exposure, iii) potential for transmission, and iv) poor health outcome.

The first risk category changes daily depending on community transmission. The latter three are more static. They include things like MIQ location risk, demographics, socioeconomics, and healthcare. To create a set of predefined boundaries we use the latter three risk categories.



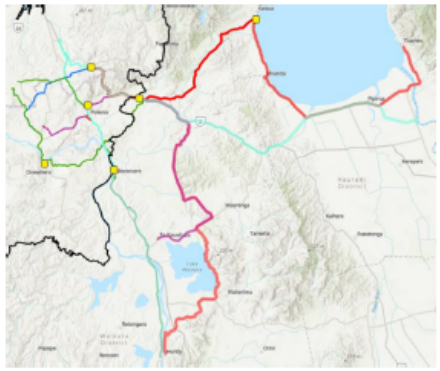
Example

Analysis of the three risk categories combined and individual risk categories indicates higher risk areas within the boundary. This suggests no further changes are required to the latest AL3 boundary.

Step 3

ACCESS TO CRITICAL SERVICES

Assess the boundary's impact on access to critical services, along with economic and social impacts using data from MSD, NZDF, NZTA, MPI, Treasury and other agencies.



Example

Analysis of access to critical services indicates potential problem areas such as significant travel time changes and isolated communities.

Step 4

ADJUSTMENTS

Make final adjustments to align with administrative boundaries, rivers, roads and so on enabling the boundary to be legally defined.

Boundaries can be adjusted for community transmission and the risk of undetected cases by adding in the first COVID Risk Framework category.

Cabinet chooses the Alert Level boundary, and while we can suggest pre-defined Alert Level boundaries there is no guarantee these will be used.

Next steps: Further engage with key stakeholders. Refine as new data and information becomes available.

DRAFT

7. Quarantine Free Travel Response

7.1 Overview

2021 has seen New Zealand open its borders through QFT arrangements with the Cook Islands and Australia and will continue to do so through its Reconnecting New Zealanders strategy. This reconnection has started with two-way QFT between Australia and the Cook Islands, with more countries expected to be added to the list as confidence builds globally and more initiatives are established.

QFT allows for people to travel between either country without the need to enter Managed Isolation and Quarantine (MIQ) facilities. In order to establish a QFT there are a number of requirements which need to be met by both countries to give assurance that if an outbreak occurred systems and processes, including information sharing agreements, are in place to ensure containment and elimination of the outbreak is achievable.

7.2 Cook Islands

One way QFT from the Cook Islands to New Zealand commenced in January 2021. This was followed by a two way QFT with the Cook Islands. This bilateral arrangement commenced 17 May 2021. This arrangement sets out particular requirements which include both countries intent to consult with each other regarding concerns that arise about the safety, integrity or efficacy of the QFT arrangements, and endeavour to jointly decide on measures to address any such concerns with a view to facilitating QFT where possible.

In the event of a response to a positive case(s) of COVID-19 within the Cook Islands the notification cascade process would vary from both the domestic response process and the process for responding to an outbreak in the context of trans-Tasman QFT. In a Cook Islands context, the Cook Islands Health Minister would notify New Zealand COVID-19 Response Minister, simultaneously Cook Islands Secretary of Health would contact New Zealand Director of Public Health. Throughout the process both countries will keep each other informed of developments and consult on any decisions made.

In addition to the variation to the notification process there will also be a variation in how contact tracing is undertaken. When an outbreak occurs in the Cook Islands, it will be a Cook Islands responsibility to carry out case investigation and determine the close contacts. This may be bolstered more broadly with assistance from the New Zealand Contact Tracing team where required.

In response to an outbreak within the Cook Islands it is likely flights will be paused or suspended. Depending on decisions made, the Cook Islands may ask travellers to return to New Zealand or there may be a direction from the New Zealand Government to return New Zealanders home to ease the burden on the Cook Islands health care system. A cross agency process has developed several possible options for such a scenario. Planning for managed return of travellers to New Zealand is led by MFAT and is underway.

Note any request from the Cook Island Government for greater support to their COVID-19 response will be coordinated through a MFAT led Humanitarian processes through the National Security System. Depending on the scale of the outbreak and the triggers that are met, the ECC and ODESC structures would be set up to facilitate this coordination.

7.3 Australia

Australian two-way QFT commenced on 19 April 2021. This initiative comprises two unilateral initiatives, which allows flexibility in how each country responds to an outbreak of COVID-19 based on their own risk tolerance levels. While each country can make decisions on the QFT independently, ongoing transparency and information flow is still a key element to the arrangement.

New Zealand's response to an outbreak of COVID-19 within Australia, including the notification process, would vary from both the domestic response process and the process for a response to an outbreak in the context of QFT with the Cook Islands. The affected state government will notify the federal government. The public health representative from the affected state will notify New Zealand Director of Public Health, while also notifying the National Focal Point. Throughout the process both countries, primarily through Australian Health authorities to New Zealand Health authorities, will keep each other informed of any developments and decisions made as soon as possible.

When an outbreak occurs in Australia, state governments will lead contact tracing efforts. New Zealand health officials will be notified of any contacts in New Zealand and it will be New Zealand's contact tracing responsibility to contact those travellers through Healthline.

Since the commencement of two-way QFT, flights from the affected state/states to New Zealand have been paused. In each situation, New Zealanders are being advised in the first instances to shelter in place. However, as demonstrated in the Victoria outbreak of May-June 2021, there may be situations where the Government wishes to return travellers to New Zealand. Planning for managed return of travellers to New Zealand is led by MFAT and is underway.

The steps represented in the phases below are current best practice based on previous responses. In practice there may be reasons why the sequencing or the steps themselves differ (e.g., the risk presented necessitates alternative approaches).

7.4 Communication and engagement with QFT partners

The New Zealand COVID-19 C&PE will have strong ties with their Cook Islands and Trans-Tasman counterparts to ensure communications are aligned in the event of a pause of suspension of the QFT arrangement. Government agencies, industry and international partners will be coordinated and consistent in their communications, and key Government advice is efficiently and effectively shared. Communications protocols have been developed and continue to be refined as issues emerge.

7.5 QFT response phases

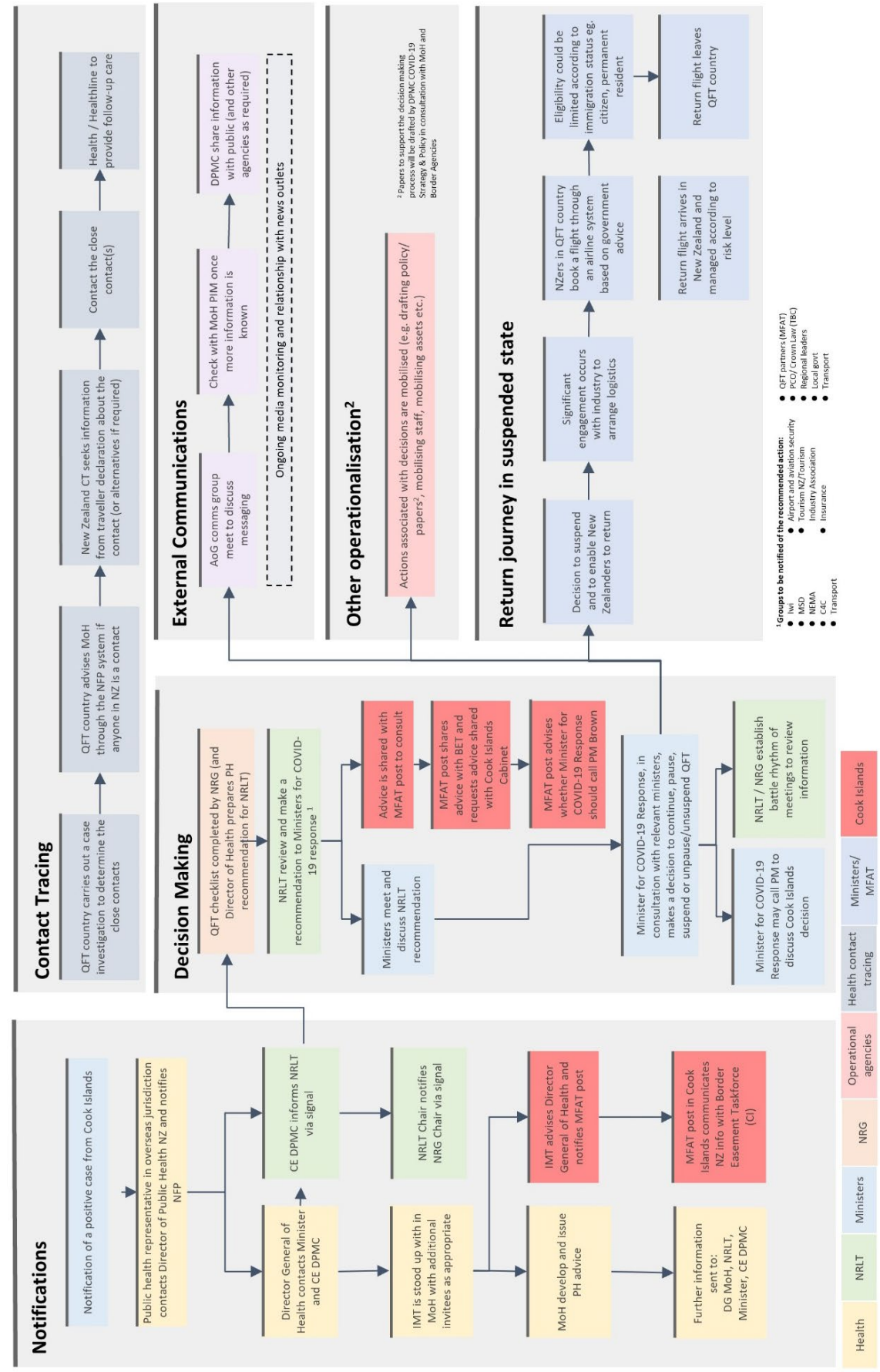
In general, the way the New Zealand system would respond to an outbreak with a QFT partner is fundamentally the same as a domestic outbreak with four phases:

1. Notification, risk assessment, & readying the system;
2. Immediate response;
3. Sustained response; and
4. De-escalation

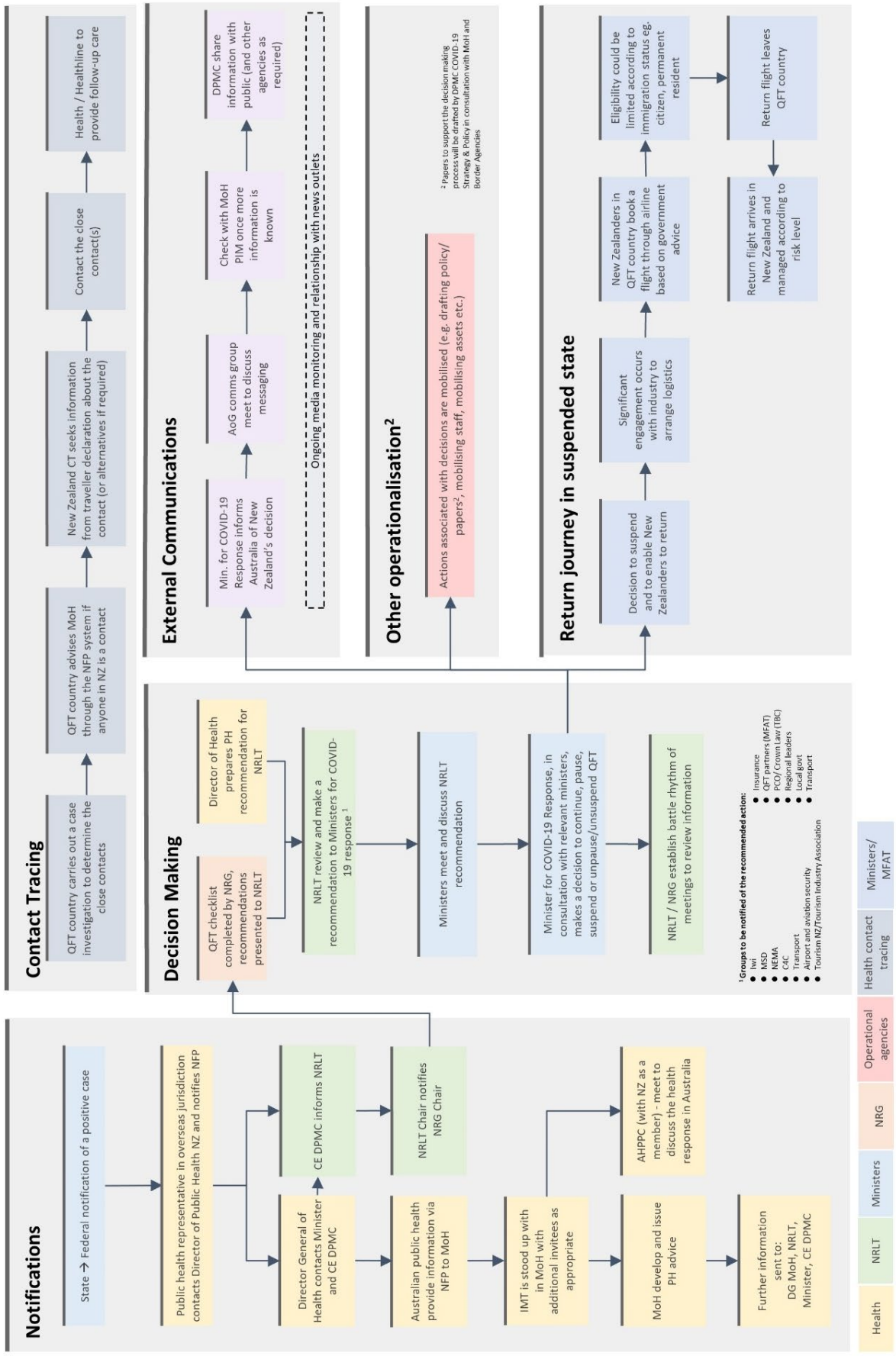
The diagrams over the page outline the key steps under each of these phases for the QFT initiatives, with the Cook Islands and Australia. There are slight nuances between these approaches due to the different arrangements between New Zealand and these countries

and their different domestic contexts. Annex 4 and 5 provide the detailed QFT standard operating processes for Cook Islands and Australia.

Cook Islands Process Map *Note: this process is under refinement and may vary slightly from the depiction below as lessons are learnt and improvements are made.*



Australia Process Map *Note: this process is under refinement and may vary slightly from the depiction below as lessons are learnt and improvements are made.*



7.1.1 Phase 1: Notification, risk assessment, & readying the system

Australia

Phase one for an outbreak within Australia begins with notification from the state government to the federal government of a positive case. At this point Public Health officials from the affected Australian state will contact and notify the Director of Public Health at MoH in New Zealand, who will in turn notify the DG of Health and Chair NRLT. Simultaneously, Australian Public Health will provide information to MoH via the National Focal Point (NFP). This will provide the basis of New Zealand's risk assessment. Following this MoH IMT will be stood up, MoH will produce Public Health advice, and this information disseminated to relevant parties such as Minister, NRLT and NRG. A meeting with Australian Public Health will occur with MoH IMT to discuss the health response in Australia. From here the process from Australia and the Cook Islands are the same and are outlined below.

Cook Islands

This initial process differs if a case is detected within the Cook Islands. Phase one in this situation would be activated by notification of a case from Cook Island Secretary of Health to New Zealand Director Public Health, and to the MFAT post in Cook Islands, as well as possibly a notification to the COVID-19 Response Minister. Following this MoH IMT will be stood up, Public Health advice will be given, and information disseminated to relevant parties, and IMT will also advise the MFAT post in the Cook Islands which in turn communicate the New Zealand information to the Cook Islands Border Easement Taskforce (BET). From here the process from Australia and the Cook Islands are the same and our outlined below.

Simultaneous to the Minsters meeting, advice with be shared with MFAT post to share with the BET, MFAT will also play a key role in advising New Zealand Ministers of the level of communication required with Cook Islands Government.

Both QFT arrangements

The Chair of NRLT notifies members of NRLT and the NRG Chair of the and members of NRG. NRG will convene and discuss the wider system options for responding to the outbreak. This will be guided by the available public health advice. NRG will populate Part B of the QFT COVID-19 Response Checklist (Annex 2) and recommendations will be presented to NRLT. There may be some circumstances where the threshold to call an NRLT meeting will not be met. In this instance NRLT will be sent the NRG advice (Part B of the QFT Response Checklist) as information only and not as an action. The recommendation from Part B of the QFT Response Checklist, whether from NRG or NRLT, will go to the COVID-19 Response Minister to be considered. Upon the Ministers decision NRLT will report back to NRG.

7.1.2 Phase 2: Immediate response

An immediate response may include;

- Pause or suspension of QFT; and/or
- Increased public health measure on those coming into New Zealand;

A pause of QFT will likely be used early on in a response to allow New Zealand gathers information which will inform the public health risk assessment and therefore lead to a proportionate response.

The options to respond to a case in Australia or the Cook Island vary due to the level of risk New Zealand and those jurisdictions are willing to accept as well as the arrangements in place with each. Triggers for the same options may vary between a Cooks response and an Australian response. For example, manged returns may be part of an immediate response for the Cook Islands but a sustained response for Australia.

Within an immediate response a public announcement will be made. Agencies, Airlines and Airports will also activate their response plans in line with the government decision.

7.1.3 Phase 3: Sustained response

The sustained response may include;

- Extended Pause or suspension of QFT; and/or
- Increased public health measure on those travelling to New Zealand; and or
- In relation to the Cook Islands, a request for New Zealand to provide assistance to the Cook Islands health system.

Sustained response measures are dependent on the information and intelligence available. Information and intelligence will be disseminated across key agencies via QFT working groups, to build an accurate picture of the evolving situation.

Information and intelligence will be gathered and disseminated via:

- Daily MoH Situation Report (SitRep) updates
- Daily MFAT Sitreps (Cook Islands only)
- MoH IMT meetings
- Risk Assessment meetings
- NRG meetings
- NRLT meetings

In order to develop the sustained response plan, NRG will develop advice for NRLT, who will then brief the Minister with the Power to Act with support of the NRG Chair. The Minister decides on the sustained response plan, a public announcement is made, and legal orders are drafted.

Following Ministerial decisions, NRLT, NRG and Working Groups give effect to the plan. Other agencies will be required to modify their response plans as appropriate.

7.1.4 Phase 4: De-escalation

De-escalation of the response will commence on consultation with the Nation Focal Point guiding a public health assessment that the risk to New Zealand is low.

7.2 COVID-19 QFT Response Checklist

Checklists have been developed to aid decision making when responding to an outbreak of COVID-19 within a QFT partner jurisdiction. The checklists guide how best to respond to the developing situation through an assessment of Public Health matters (Part A of the QFT Response Checklist) as well as wider system operations (Part B of the QFT Response Checklist) such as how QFT partners and other jurisdictions are reacting to the outbreak, as well as considerations for the domestic situation in relation to COVID-19 (Annex 2). These checklists are complimentary and both parts are required when a decision on next steps is being undertaken to ensure both the health and wider system are prepared and a proportionate response is being undertaken.

Part A of the checklist is populated by MoH IMT with wider input from the system through Part B of the checklist. Both checklists are presented by NRLT Chair and DG Health to the COVID-19 Response Minister. Based on the recommendations from the checklists the Minister will decide on how to respond to a QFT partner outbreak of COVID-19.

7.3 Managed returned flights

What are managed returned flights?

When managing an outbreak within a QFT bubble, there is a chance QFT flights will be paused or suspended based on the public health risk to New Zealand. In the situation where a QFT is paused or suspended, New Zealanders may be asked to shelter in place until a time where they are able to return. After an extended pause or suspension, or in a situation where the Government deems there is a requirement to bring New Zealanders home, from a QFT partner the New Zealand Government may decide that managed returns need to be arranged. Depending on the situation in the QFT partner jurisdiction these flights may either be commercial managed return flights or non-commercial managed return flights. Cross agency work is ongoing around managed returns and the options available.

Annex 1. Domestic COVID-19 Response Checklist

1 **NRG** to complete upon notification of a High Risk Positive Case

2 **Chair NRG** to report this checklist to **Chair NRLT**

3 **NRLT** to assess and recommend course of action to **Ministers Board meeting** (pre-Cabinet)

4 The indicators and assessment questions covered in this checklist will form the basis of a shortened AL Cabinet Paper

Checklist A - Key Risk Assessment Indicators for Shifting Alert Levels

	Questions	Assessment
1	Are there community cases where we cannot identify the source?	**MoH** Provide the assessment
2	Are there active clusters or outbreaks in multiple regions?	**MoH** Provide the assessment
3	Evidence of the effects of the measures on the economy and society?	**TSY and MSD** Provide the assessment
4	Evidence of the impacts of the measures for at risk populations in particular?	**MSD** Provide the assessment
5	Public attitudes towards the measures and the extent to which people and businesses understand, accept and abide by them?	**MoH / DPMC*** Provide the assessment
6	Our ability to operationalise the restrictions, including satisfactory implementation planning?	**MoH / DPMC** Provide the assessment
7	Is this case QFT related and if so what risk does this present to NZ Alert Level settings?	**MoH** Provide the assessment

Checklist B - Public Health Assessment

	Consideration	Assessment
8	**Source: known/unknown/pending** Rationale: Source can give us an indication of how many generations of transmission may have occurred before the identified case	Detail: Genome sequencing timelines Links to border/epidemiological link Likelihood of further information, veracity of source of information, potential for chains of transmission, etc
9	**Movements and exposure events during infectious period including to super** Rationale: Provides us with a view of potential for onward infection in the community	Detail: Consider high risk exposure events, mobility of exposed population, likelihood of health care seeking behaviours e.g testing if symptomatic, use of COVID Tracer App and Bluetooth, veracity of information provided by case, etc
10	**High risk activities in infectious period** Rationale: Supports risk assessment for onward transmission	Detail: Consider indoor public space use, singing, alcohol consumption, health care settings exposure risk, etc
11	**Vulnerable groups or communities at risk** Rationale: Provides an indication of risk and/ or potential issues in communicating with communities at risk	Detail: Population at risk. Consider impacts on vulnerable populations, impact of messages (intended and unintended), ability to communicate, healthcare resident populations or hospital settings etc
12	**Number of close contacts including household** Rationale: Provides an indication of most likely onward transmission	Detail: Consider close contact risk of infection risk of onward transmission, risk of compliance with health measures, etc Are known cases and their close contacts isolating
13	**Length of time since last close contact** Rationale: Provides an indication of how far potential onward spread has got	Detail: Consider potential further onward transmission, incubation and infectious periods of contacts, etc
14	**Travel history of case or contacts** Rationale: Supports risk assessment of case onward transmission, and any contacts who may become cases onward transmission	Detail: Consider risk of transmission throughout the country, in smaller DHB areas, in places with vulnerable or highly mobile populations etc
15	**Vaccination status** Rationale: Provides an indication of how protected the community may be	Detail: Consider the % of close and casual contacts who are fully vaccinated, the vaccine uptake of the impacted population etc.
16	**Contact Tracing and Testing Capacity and Readiness**	Detail: Support arrangements for surge requirements particularly if the case is outside Auckland.
17	**Any other considerations or factors deemed pertinent by the panel**	Detail: Have the panel considered the use of wastewater testing, environmental swabbing, the number of CTCs, the timelines for additional testing, use of serology, the impacts on vaccine rollout etc

Overall Public Health Risk Assessment

Given Part A and B responses, what is your overall public health risk assessment?

Low	Medium	High

Alert Level recommendation

N/A	1	2	3	4

Following the Health Situation Assessment, NRG will consider the following factors and report to the NRLT

NRG RAG status Ready Preparing Not Ready/ Issue

Situational awareness

	Considerations	Who is accountable for providing this information?	NRG RAG Status
1	Is the proposed response proportionate to the risk?	All	
2	Are the legal order templates ready for response	COVID-19 Head of Readiness and Planning, Boundary Workstreams Lead	
3	Have key stakeholders been notified? • Local Government • Transport Operators • Business Sectors • CDEM groups • Schools • Social Welfare • Caring for Communities • Are they ready and able to assist? • Do they have any local knowledge that would aid the response or communications?	COVID-19 Head of Readiness and Planning	
4	Do we have assurance that the system is ready to respond to the needs of this situation to support the public health response?	COVID-19 Head of Readiness and Planning	
5	What additional measures, if any, have been put in place to mitigate risk?		

Following the Health Situation Assessment, NRG will consider the following factors and report to the NRLT

NRC RAG status Ready Preparing Not Ready/ Issue

Communications

In a response, this checklist needs to identify a clear Communications lead, timing for information, collateral

	Considerations	Who is accountable for providing this information?	NRG RAG Status
6	What assurance can be given we are able to contact and communicate with cultural and linguistically diverse groups? (As a group).	Head of Communications and Public Engagement, COVID-19 Response Group	
7	Which city/region is affected? • What is the demographic make-up of the place • How does the system best engage with the area? • Are there specific issues/characteristics of this region we need to take account of?	Head of Caring for Communities	
8	Do we know the key points we need to communicate regarding any Alert Level change? • Are any special communications required for specific groups? • What risks are there in relation to miscommunication and how do we mitigate these?	Head of Communications and Public Engagement, COVID-19 Response Group/Paul Giles	

MIQ Assurance

	Considerations	Who is accountable for providing this information?	NRG RAG Status
9	What assurance can you give that the settings within our facilities are appropriate in light of the most recent developments?	DCE MIQ	
10	What changes have been made in the facilities recently to continue to ensure they remain fit-for-purpose?	DCE MIQ	
11	Is there sufficient capacity in our quarantine facilities to manage the current situation?	DCE MIQ	
12	Is it clear where the source of the infection has come from within the facility? (if applicable)	DCE MIQ	
13	What assurance do we have that we have contained the spread within the MIF? (if applicable)	DCE MIQ	
14	Does this facility remain appropriate for accepting further returnees? (if source is from a MIF)	DCE MIQ	
15	Do we have the right staff on the ground to manage this situation?	DCE MIQ	
16	What assurance can be given that the virus is not getting through MIQ into our community? • How many new people have been infected at MIQ? (staff and returnees)	DCE MIQ	

Annex 2. QFT COVID-19 Response

COVID-19 QFT Checklist: Consideration For Restriction

Date:

Time Zone Considerations

WA GMT +8hrs
NSW/VIC/QLD GMT +10hrs

NZ
GMT +12hrs

Cook Islands
GMT -10hrs

Situation Summary – Holistic system overview

Public Health Risk Assessment – Summary

On the basis of the evidence provided to MoH, the public health risk for New Zealand is:

Low Medium High

Key considerations

Recommendation

NRG advice

On the basis of the above public health risk assessment, in conjunction with an assessment of the wider factors for consideration, we consider the following action:

Consultation:

Legal

1.	Do the current legal Orders need amendments?	**Yes / No** *'pause' legislation does not need amendment*
2.	DPMC Legal have confirmed approach from a legal perspective	**Yes / No**

Recommended Next Steps

1. Legal and Parliamentary Council Office template the Order exemption change
2. MoH Policy provide a Public Health report to support the Order change
3. MoH issue PR to DPMC to disseminate communications channels
   - Unite Against COVID-19 Website
   - Facebook
   - Instagram
   - Twitter
   - Stakeholders – local government, national government agencies, business, Iwi and ethnic community groups
   - Grid stakeholders
   - Media outlets
4. International notification update through MFAT posts

Checklist

Checklist: situational awareness key questions

QFT Partner Response

1	Are cases in the affected QFT partner jurisdiction dropping? (i.e. there are no new cases where the source is unknown, number of cases)	
2	Have the restrictions in the affected QFT partner jurisdiction been removed or reduced? (outline actions taken)	
3	Have the restrictions of other QFT partner jurisdiction (including other states and territories) been removed or reduced? (outline actions taken)	

QFT Domestic Response

4	What is the current situation in New Zealand? (i.e. do we have a response domestically? Is it contained? Can out health care system manage a domestic resurgence and reopening QFT)	
5	Does New Zealand want to implement border restrictions? (i.e. in the Border Order, if so what will these be and how long will they be for?)	
6	Are there other mitigation measures New Zealand wants to implement? (e.g. Pre-departure Test)	

Other Considerations

7	How much notice do airlines require to restore QFT travel to the affected area? (What considerations need to be taken for time zone difference?)	
8	Are we in a pause or suspension with another QFT partner jurisdiction? (Do any QFT arrangements prevent us from taking action?)	
9	Are there any impacts or obligations New Zealand has with other QFT partners which need to be considered? (e.g. notification obligations under other QFT partner arrangements)	

Signed:

Graham Maclean, National Response Group Chair
Date:

Signed:

Brook Barrington, National Response Leadership Team, Chair
Date:

Annex 3. Domestic Response Standard Operating Procedures (SOPs)

Phase 1: Notification, risk assessment, & readying the system

Sequence	Responsibility	Actions
0	Laboratory	Suspicious positive case identified; Local Medical Officer of Health/PHU notified
	PHU	MoH notified vie EpiSurv
1	MoH	COVID-19 Response Minister and NRLT CHAIR notified of positive case via s9(2)(b)(ii) message
2	NRLT Chair	NRLT Chair notifies NRLT via s9(2)(b)(ii)
3	NRLT Chair	NRLT and NRG Chair notified of positive case via signal message
4	MoH	Initial assessment using the 'Public Health Assessment' questions in the COVID-19 Response Checklist
5	MoH	Stand up IMT within MoH
6	NRG Chair	NRG notified of positive case and impending meeting time via s9(2)(b)(ii) message
7	NRG	NRG meeting to: consider the Checklist as well as; • Recommend course of action to NRLT ('activate system', 'monitor and hold'; or 'no response') • If 'activate system' recommended, NRG will provide advice on the strategic direction, including: o Changes to local/national Alert Level settings, including changes to the predetermined detailed Alert Level settings (e.g. gathering sizes; education attendance; face coverings; physical distancing including on public transport; at-risk groups (aged care facilities etc.); assurance of relationship management with affected communities (Iwi, health and disability sector, local government, peak business bodies, communities & NGOs etc.) o Changes to locations of boundaries

Sequence	Responsibility	Actions
		○ Considerations to declare a state of local/national emergency under Civil Defence Emergency Management (CDEM) Act 2002 *Further NRG meetings may be appropriate or necessary, depending on risk and time available*
8	NRG Chair	Send NRLT chair the checklist to consider
9	NRLT	NRLT meeting to: • Assess the emerging situation against the COVID-19 Response Checklist, building on NRG's assessment • Recommend course of action to Ministers with the Power to Act ('activate system', 'monitor and hold'; or 'no response') - see decision point below • If 'activate system' recommended, NRLT will provide advice on the strategic direction, including ○ Changes to local/national Alert Level settings, including changes to the predetermined detailed Alert Level settings (e.g. gathering sizes; education attendance; face coverings; physical distancing including on public transport; at-risk groups (aged care facilities etc.); assurance of relationship management with affected communities (Iwi, health and disability sector, local government, peak business bodies, communities & NGOs etc.) ○ Changes to locations of boundaries ○ Considerations to declare a state of local/national emergency under CDEM Act 2002 *Further NRLT meetings may be appropriate or necessary, depending on risk and time available*
Decision point: NRLT decide recommended course of action to prepare for Ministers with the Power to consider.		
10	NRLT	Early notification of emerging advice provided to: • GIS Central Portal Manager • C4C • MBIE, to coordinate with business

Sequence	Responsibility	Actions
		• DIA, to coordinate with local government • Iwi • PCO and Crown Law
11	NRLT	NRLT meet to prepare for Ministers with the Power to Act and Cabinet decisions, specifically: • Task NRG with system activation duties
12	NRG	NRG meet to prepare for Ministers with the Power to Act and Cabinet decisions, specifically: • Activate system
13	SOG	SOG meet to prepare for Ministers with the Power to Act and Cabinet decisions, specifically: • Operationalise system activation (including key comms messages, legalities, etc)
14	NRLT, NRG Chair and Ministers with the Power to Act	NRLT and NRG Chair brief Ministers with the Power to Act of recommendation
Decision point: Ministers with the Power to Act decide course of action, for endorsement at Cabinet		
15	Cabinet	Cabinet considers Cabinet Paper, based on the indicators and assessment questions covered in the checklist Cabinet determines course of action (Alert Level change, 'activate system', 'monitor and hold'; or 'no response') – *see decision point below*
Decision point: Cabinet endorses recommended course of action		

Phase 2: Immediate response

Sequence	Responsibility	Actions
0	DPMC COVID-19 Strategy	Policy developed, drafting instructions provided to PCO and new COVID-19 Order drafted

Sequence	Responsibility	Actions
	and Policy, MoH Policy, DPMC COVID-19 Legal and PCO	In accordance with section 9 of the COVID-19 Public Health Response Act 2020, — • Bill of Rights Act and proportionality checks undertaken • Ministerial consultation undertaken • DG provides Health Report to the Minister
1	Prime Minister or Minister for COVID-19 Response	Public announcement regarding the case(s) and the details of the immediate response, aligned to DPMC COVID-19 Comms and Legal advice to ensure clarity and correctness
2	All relevant agencies	Agency response plans activated
3	PM business liaison, MBIE, MPI	Business liaison and provision of feedback
4	NEMA/C4C	Engagement with regions

Phase 3: Sustained response

Sequence	Responsibility	Actions
0	NRG	NRG meeting to consider information and intelligence and develop advice for NRLT on the resurgence, the sustained response options, and community/business impacts from the immediate response The following information, inter alia, should be considered when developing the sustained response: **Decision-making and governance**: • Authorising environment and availability of key decision makers • Alert levels **Health**: • Community testing and evaluation, case investigation, contact tracing, genomic information • Reporting and public health messaging • Equity considerations (Māori, Pacific, Disability, Psychosocial wellbeing, etc.)

Sequence	Responsibility	Actions
		• Is this a science / evidence-based response? • MIQ quarantine of positive cases (and potentially scaling to meet demand) • Time of year (e.g. in middle of flu season) • Personal Protective Equipment (PPE) for Health sector **Social:** • Impact of the location of a boundary • Compliance with requirements (e.g. face coverings, physical distancing) • Requirements for income support, food security, and other social determinants • Provisions of emergency support, if required • Impact on educational facilities, students and teachers (dependent on time of year e.g. just before exams or during holidays) • Exemptions (personal) • Gathering sizes • Physical distancing in public and in businesses • Face coverings/PPE availability, standards and distribution • Impact of travel restrictions (regional/national/international) **Economic:** • Consideration of impact of and on major events (e.g. elections, mass gatherings, Christmas) • Exemptions (business) • Boundaries, location and associated rules • Boundaries, location and associated rules and resourcing • Impact of travel restrictions (regional/national/international) **Political:** • Impact on New Zealand's international reputation and connections to other countries (especially impact on and connections with the Pacific) • Consider variations to MIQ/border requirements and any additional effects on international travel, including a reduction in returnee numbers to increase domestic quarantine capacity. **Communications** Considerations for communications that are tailored to the outbreak

Sequence	Responsibility	Actions
		and situation
1	NRLT	NRLT meeting to consider NRG's advice, including: • Assessing the community/business impacts from the immediate response • Agreeing the sustained response options for Ministers with the Power to Act
2	NRLT, NRG Chair and Ministers with the Power to Act	NRLT and NRG Chair brief Ministers with the Power to Act of sustained response recommendation
Ministers with the Power to Act decides on sustained response plan		
3	NRLT, NRG and COVID-19 Senior Officials Group	Sustained response plan is put into effect legislatively, legally, and operationally
4	Relevant agencies	Other agencies, as required, to modify resurgence plans.
5	Prime Minister business liaison, MBIE, MPI	Business liaison and provision of feedback
6	NEMA/C4C	Engagement with regions
5	Prime Minister or Minister for COVID-19 Response	Public announcement, the confirmation of community transmission, and the details of the sustained response.
8	DPMC COVID-19 Strategy and Policy, MoH Policy, DPMC COVID-19 Legal and	Policy developed, drafting instructions provided to PCO and new COVID Order drafted In accordance with section 9 of the COVID-19 Public Health Response Act 2020, — • Bill of Rights Act and proportionality checks undertaken

Sequence	Responsibility	Actions
	PCO	• Ministerial consultation undertaken DG provides Health Report to the Minister
Ongoing activity (post announcement of sustained response plan)		
As required	SOG	Briefing to share updates and monitor sustained response to ensure readiness to modify, if required

Ongoing activity throughout the response

Sequence	Responsibility	Actions
Ongoing	All relevant agencies	Constant information and intelligence gathering to evaluate immediate response and impacts on health, social, legal and economic aspects. Information to be gathered includes: • Health information from testing, contact tracing, genomic and serological information (location of cases, spread of disease) • Non-health information on impacts on social and economic aspects of immediate response Integrated Recovery Team (IRT) to establish reporting requirements and timings for agencies to provide sitreps and produce insight and sentiment reports as tasked by the NRG.
Daily	MoH	Daily Sitrep Daily Case Investigation reports
As required	SOG	Briefing to share updates and coordinate sustained response
As required	NRG and NRLT	NRG Chair briefs NRG and NRLT on progress of sustained response
As required	NRLT	NRLT meet to provide further guidance to NRG on progress of sustained response and impacts of immediate response
As required	NRLT Chair, MoH DG and	NRLT Chair and MoH DG brief Ministers with the Power to Act on developing situation

	Ministers with the Power to Act	
Daily	DPMC COVID-19 comms w/ PMO, MoH	DPMC COVID-19 Comms continue to modify and implement communications plan to ensure maximum compliance and key messages continue to be appropriate
Ongoing	Public Service Commission (PSC)	Scaling of AOG response and workforce planning Assurance that the appropriate workforce is in place to affect a response

Phase 4: De-escalation of resurgence response

Sequence	Responsibility	Actions
0	MoH/SRO	After 28 days of no community transmission and on public health recommendation initiate a move from response to deactivation and return to BAU.
1	NRLT, NRG and COVID-19 Senior Officials Group	De-escalation of system processes, resources and capability
2	NRLT, NRG and COVID-19 Senior Officials Group	Launch of lessons learned review including debrief sessions.

Annex 4. Cook Islands QFT Response Standard Operating Procedures (SOPs)

Phase 1: Notification, risk assessment, & readying the system

Sequence	Responsibility	Actions
0	QFT Partner	Notification of positive case through Public Health representative in Cook Islands to the New Zealand MoH Director of Public Health
Cook Islands move to Alert Level 3		
1	MoH	Notifies COVID-19 Response Minister and NRLT Chair via s9(2)(b)(ii) (MOH ODPH notifies DCE and DG, and DG notifies Minister)
2	NRLT Chair	Notifies NRLT via s9(2)(b)(ii) (agencies internal information cascades occur)
3	NRLT Chair	Notifies NRLT and NRG chair of positive case via s9(2)(b)(ii) (agencies internal information cascades occur)
Cook Islands undertake Risk Assessment. New Zealand on watching brief awaiting details on outbreak		
4	MoH	Stand up MOH IMT and Initial risk assessment using Public Health checklist
5	NRG Chair	Notifies NRG via s9(2)(b)(ii) and arranges a meeting
6	MoH	IMT advices DG and MFAT of IMT meeting outcomes
7	MFAT	Post in Cook Islands gather all possible information in the Cook Islands and reports available information with stakeholders; • Border Easement Taskforce (BET) • New Zealand System • Disaster Risk Management Council
8	MFAT	In New Zealand, MFAT stand up of soft ECC to produce period sitreps, AOG Planning and coordinate calls with post
9	MoH	MOH Policy prepare Public Health advice, checklist (Part A PH advice) and recommendations for NRLT

Sequence	Responsibility	Actions
10	NRG	NRG meet to consider the Checklist (Part B system advice) as well as; • develop recommendations for NRLT, • requirements if system activation is required.
11	NRLT	NRLT meet to consider the Checklists (Part A – PH advice and Part B system advice) and recommendations from NRG.
12	MFAT/MoH	Prepare to deploy Public Health/MFAT support team. ODESC advice generated.
Decision point: NRLT decide recommended course of action for Ministers with the Powers to Act to consider.		
13	NRLT /NRG	Early notification of emerging advice provided to stakeholders; • MoT • MFAT • Communications channels • PCO and Crown Law • Customs and border agencies
14	MFAT	Advise Cook Island post of NRLT recommendation for New Zealand Response
15	Minister	Minister considers recommendation from DPMC COVID-19 Group as well as the Public Health advice, may consult with Cabinet colleagues to determine course of action (*remain within QFT, pause, suspend)*
Decision point: Ministers with the Power to Act decide course of action		
16	MoH	Drafting and execution of S70s and/or ABO exemptions as required and associated Health Reports
Decision point: Public announcement on flights (remain QFT, pause, suspend)		

Phase 2: Immediate response

Sequence	Responsibility	Actions
T +48 hours: Cook Islands will conduct a health risk assessment that will inform whether there		

Sequence	Responsibility	Actions
is a need to repatriate New Zealanders to NZ is required, and any surge capacity support from NZ.		
0	System	Agencies activate managed returns plans[1] • MOH – risk assessment to determine PH requirements and risk levels • MOT engages with airlines and airports and advices on airline positions • Customs engages border agencies • MFAT engages with post in QFT area • MBIE MIQ provide advice on MIQ availability
Formal request for assistance/acceptance of New Zealand's offer of assistance from Cook Island Government		
1	MFAT	Deploy a public health team in the Cook Islands
2	DPMC	Chair ODESC considers whether the triggers for ODESC have been met. If they have the normal ODESC structure will be followed with linkages into the COVID-19 governance structure.
Ongoing	NRLT/NRG	Meet as required to discuss emerging situation

Phase 3: Sustained response

Sequence	Responsibility	Actions
Cook Islands notify a move to Alert Level 4 *(steps 20-28 will only occur if AL 4 is activated or there is an escalation in the complexity of the response which requires further oversight e.g. increased complexity to health response or managed returns)*		
0	MFAT	Stands up ECC in full capacity to assist with convening the Response Planning Group, provide Sitreps, attending post calls and advice on humanitarian response options.
1	MFAT/DPMC /MoH	Briefing prepared seeking approval to bring New Zealander's home based on public health advice and guidance from Cook Islands.
2	NRG	NRG meeting to discuss the requirement for managed returns also

[1] Note Discussion needs to occur on long-term lead agency responsibilities for managed returns.

Sequence	Responsibility	Actions
		considering public health advice
3	NRLT	NRLT meeting to discuss the requirement for managed returns also considering public health advice
4	NRLT Chair and DG Health	Meet to discuss recommendations. Next steps are discussed, and information is presented to Ministers with Powers to Act.
5	MFAT	Based on public health advice, briefing prepared to seek Minister's decision to manage returns of travellers through green or red zones
Decision point: NRLT decide recommended course of action, for consideration by Ministers with the Power to Act		
6	NRLT/NRG	Early notification of emerging advice provided to: • MoT • MFAT • Communications channels • PCO and Crown Law • Customs and border
Decision point: Ministers with Power to Act decide on the managed return option		
7	NRLT/NRG Chair	Notification of decision to stakeholders
8	MOH/DPMC	Work with PCO to draft amendment order
9	Minister	Approve Amendment order
10	MOT	MOT work with COVID-19 Policy and DPMC legal to develop Airline guidance based on final amendment order
Decision point: Public announcement regarding manged returns		
11	All relevant agencies	Notified and system operationalises decisions. *Note: MFAT hold the plans for the systems commercially managed returns*

Phase 4: De-escalation of resurgence response

Sequence	Responsibility	Actions
0	MoH/SRO	On public health recommendation initiate a move from response to deactivation and return to BAU.
1	NRLT, NRG	De-escalation of system processes, resources and capability
2	NRLT, NRG	Launch of lessons learned review (including debriefing)

Annex 5. Trans-Tasman QFT Standard Operating Procedures (SOPs)

Phase 1: Notification, risk assessment, & readying the system

Sequence	Responsibility	Actions
0	QFT Partner	Notification of positive case through Public Health representative in overseas jurisdiction to the New Zealand MoH Director of Public Health
1	MoH	Notifies COVID-19 Response Minister and NRLT CHAIR via s9(2)(b)(ii) (MOH ODPH notifies DCE and DG, and DG notifies Minister)
2	NRLT Chair	Notifies NRLT and NRG chair of positive case via s9(2)(b)(ii) (agencies internal information cascades occur)
3	MoH	Stand up MOH IMT and undertake Initial risk assessment using Public Health checklist
4	MoH	AHPPC meeting to discuss Australian response
5	MoH	Advice provided to DG and responsible agencies of IMT meeting outcomes
6	MFAT	Post in Australia communicates available information to System
7	NRG Chair	Notifies NRG via s9(2)(b)(ii) and arranges a meeting

Phase 2: Response (Pause)

Sequence	Responsibility	Actions
0	NRG	NRG meet to consider the QFT Checklist (Part B system advice) as well as; • develop recommendations for NRLT, • requirements if system activation is required.
1	MoH	MOH Policy prepares Public Health advice, QFT checklist (Part A PH advice) and recommendations for NRLT

Sequence	Responsibility	Actions
2	NRLT	NRLT meet to consider the QFT Checklists (Part A – PH advice and Part B system advice) and recommendations from NRG.
Decision point: NRLT decide recommended course of action for Ministers with the Powers to act to consider.		
3	MFAT	Advise post of recommendation
4	NRLT	Early notification of emerging advice provided to stakeholders
5	Minister	Minister considers recommendation from DPMC COVID-19 Group as well as the Public Health advice, may consult with Cabinet colleagues to determine course of action (*remain within QFT, pause, suspend)*
Decision point: Minister with the Power to Act decide course of action		
6	MoH	Drafting and execution of S70s and/or ABO exemptions as required and associated Health Reports
Decision point: Public announcement by COVID-19 Response Minister		

Phase 3: Sustained response - commercially managed return flight(s)

Sequence	Responsibility	Actions
Decision Point: Minister instigates request for advice		
0	Minister	After a period of time and in line with QFT Partner review of restrictions the Minister in consultation will decide if there is a requirement to seek advice on the feasibility to provide New Zealanders a way home and will instruct DPMC COVID-19 Group to facilitate and coordinate.
	DPMC/ COVID-19 Group	Notify and instigate an advice chain: NRLT and NRG Chairs send message via s9(2)(b)(ii) message
	NRG Chair	Notify NRG and arrange a meeting via s9(2)(b)(ii)

Sequence	Responsibility	Actions
	NRG Chair	Notifies agencies with responsibility for implementing commercially managed return flights to activate their operational system plans and any relevant supporting agencies
	System	Agencies activate managed returns plans[2] and provide insight/data inputs as required to MOH & NRG. • MOH – risk assessment to determine PH requirements and risk levels • MOT engages with airlines and airports and advices on airline positions • Customs engages border agencies • MFAT engages with post in QFT state/country • MBIE MIQ provide advice on MIQ availability
1	MoH	MOH Risk assessment undertaken and informs risk level of the QFT paused state to advise on risk level and any Public Health requirements.
2	MOH	MOH IMT meet and discuss Initial Public Health assessment using the 'Public Health Assessment' questions in the QFT COVID-19 Response Checklist
3	NRG	NRG meeting to: • Assess the emerging situation against the QFT COVID-19 Response Advice and Checklist, using MoH's initial assessment to inform decision making. System factors, as well as factors such as situational awareness, communications and MIQ assurance are assessed. • Recommended course of action populated and presented to NRLT *Further NRG meetings may be appropriate or necessary, depending on risk and time available*
4	NRLT	NRLT chair considers NRG advice and determines whether an NRLT is required. If an NRLT is required, NRLT will meet to: • Assess the emerging situation against the QFT COVID-19 Response Checklist, building on NRG's assessment • Recommended course of action presented to Ministers with the Power to Act If NRLT are not required to meet, then NRG will run lead and report directly to Ministers with Powers to Act.

[2] Note Discussion needs to occur on long-term lead agency responsibilities for managed returns.

Sequence	Responsibility	Actions
		Further NRLT meetings may be appropriate or necessary, depending on risk and time available
5	NRLT Chair and DG Health	Meet to discuss recommendations of the checklist and Public Health advice. Next steps are discussed, and all information is presented to Ministers with Powers to Act.
Decision point: NRLT decide recommended course of action, for consideration by Ministers with the Power to Act		
6	NRG Chair	Early notification of decision provided to: • DPMC COVID-19 Group • MOT • MFAT • MBIE • PCO and Crown Law • DPMC Comms to inform iwi and relevant stakeholders
7	NRLT Chair	Notifies NRG chair of recommendations via s9(2)(b)(ii)
Decision point: Ministers with Power to Act decide on commercially managed return option		
8	NRLT Chair	Notification of decision to NRG Chair.
9	NRG Chair	Will notify lead COVID-19 Policy of recommendation and commission any policy or legal advice or Order changes required.
10	NRG Chair	Will notify COVID-19 Comms lead and commission the develop key messages in line with any legal or policy changes, update UAC website, develop PR, and notifications to iwi and stakeholders
11	SOG Chair	SOG chair convenes an SOG operational planning readiness meeting based on Ministers decision and responsible agency plans.
12	MOH/DPMC	Work with PCO to draft amendment order
13	Minister	Approve Amendment order
14	MoT	MOT work with COVID-19 Policy and DPMC legal to develop Airline guidance based on final amendment order

Sequence	Responsibility	Actions
15	COVID-19 Group	COVID-19 Group work with the Ministers Office to ensure advice and timeline for announcement. Noting the minimum requirement of 24 hr lead time between orders drafted and commencement of any flights to allow the system to be operationally ready. Airlines to be given as much notice as feasible.
Decision point: Public announcement and details of commencement		
16	All relevant agencies	System operationalises decisions.

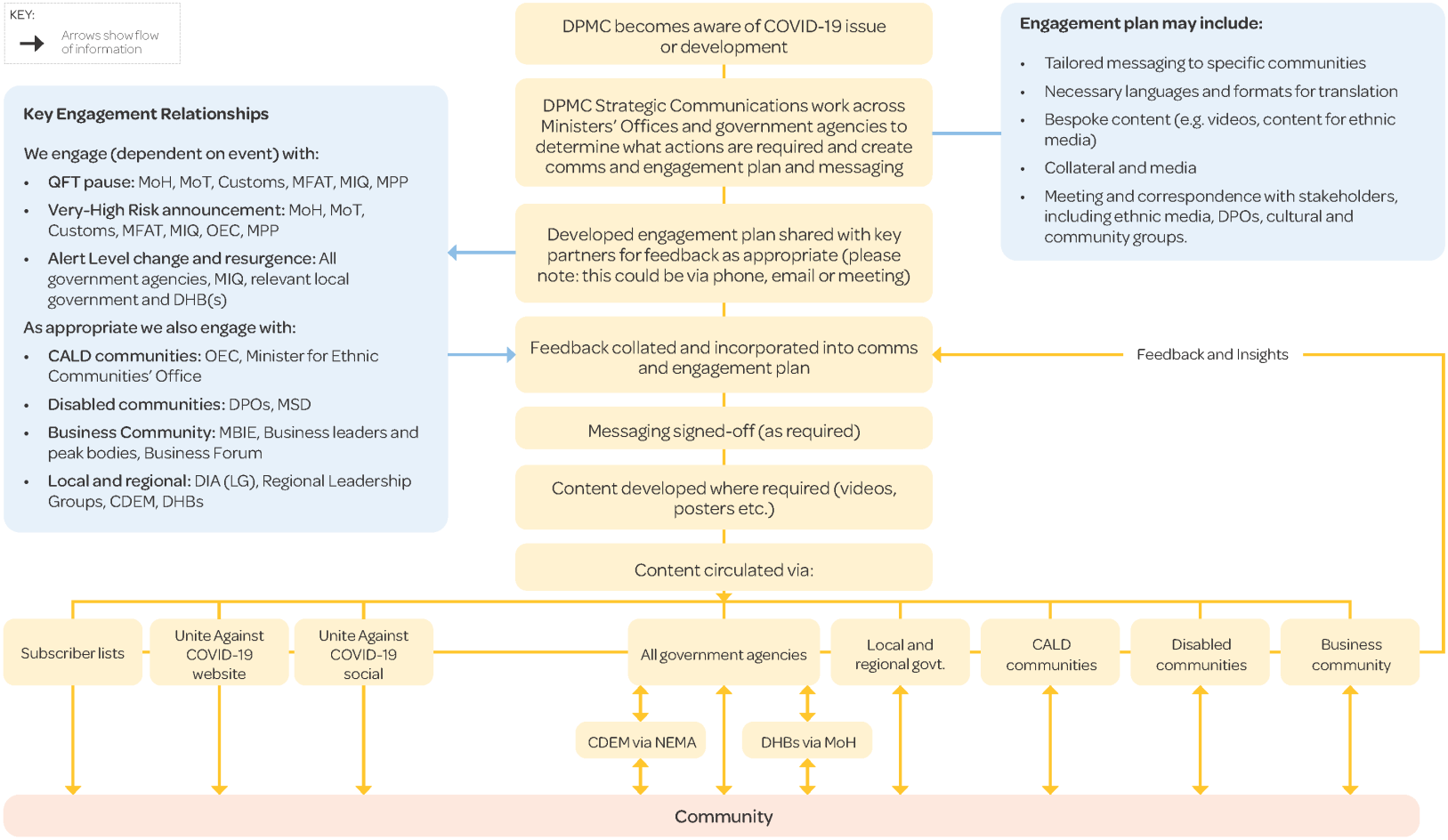
Phase 4: De-escalation of response (Resumption of QFT flights)

Sequence	Responsibility	Actions
0	MoH/SRO	On public health recommendation initiate a move from response to deactivation and return to BAU.
1	NRLT, NRG	De-escalation of system processes, resources and capability
2	NRLT, NRG	Launch of lessons learned review (including debriefing)

Annex 6. Stakeholder engagement

DPMC engagement process for COVID-19 response and resurgence

This process is used by DPMC once it is notified of a COVID-19 incident to engage across the system and key stakeholders to ensure information is shared, situational awareness is built, and communications and engagement are timely and fit for purpose. How this process is used may change depending on time and the nature of the event. For example if the situation is directly impacting a local/targeted community we will engage more directly. **Note** for iwi/Māori details, see *Māori engagement process for COVID-19 response and resurgence* document.

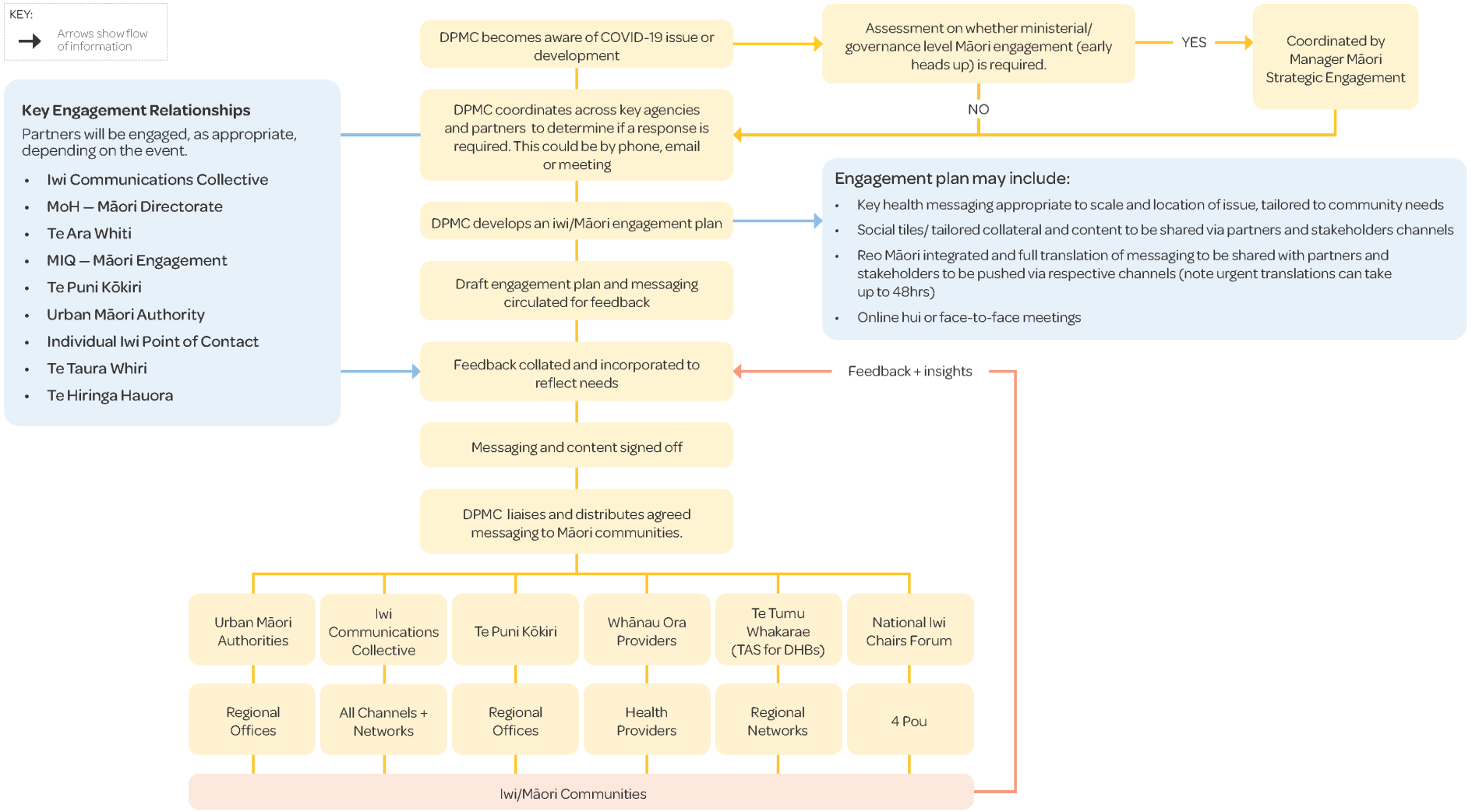


New Zealand Government Unite against COVID-19

v0.5 14 June 2021

Māori engagement process for COVID-19 response and resurgence

This process is used by DPMC once it is notified of a COVID-19 incident to partner with iwi/Māori and provide them with early information.
How this process in used may change depending on time and the nature of the event. For example if the situation is directly impacting a local/targeted community we will engage more directly.



Annex 7. Agency responsibilities

Each agency involved in a resurgence response has a different role to play, and accordingly has their own plan for how they will support the response. This forms an important part of the process which is coordinated by DPMC.

All agencies will have responsibility to support objective one: 'Enable effective decision-making & governance'. Responsibilities include:

- Attend Workstream as required.
- Liaison with DPMC COVID-19 Group as required.
- Attend workshops as required.
- Attend Watch Groups/ ODESC as required.

The roles outlined in the following changes will be subject to the evolving COVID-19 response and are likely to change over time and as the NRP is refreshed each quarter.

MoH		
Objective number	**Lead**	**Support**
One *Enable effective decision-making & governance*	• Advise on public health settings • Provide timely evidence to enable decision making around public health and DPMC COVID-19 Group response.	• Participate in the NRLT, NRG and other DPMC COVID-19 Group decision-making processes as required. • DG Health attend COVID Chairs
Two *Enable effective and coordinated support to the COVID-19 Health System response*	Lead the following: • Joint elimination Strategy • MoH Covid-19 Resurgence Plan • Covid-19 Health & Disability Sector Resurgence Planning Tool • Surveillance Plan • Testing Strategy • National Hospital Response Framework and Community Response Framework. • Contact tracing • Personal exemptions • Business continuity plans	• Support other plans as appropriate. • Healthline / National Telehealth Service provides health and social wellbeing support for public and clinical advice to health professionals.
Three *Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms*	• Inform the development and implementation of national and regional responses to community cases and clusters • Ministry, DHBs and PHUs to participate in national and regional response coordination mechanisms • Implement the Covid-19 Cluster Investigation and Control Guidelines (contract tracing)	

Four *Coordinate support for communities (including business) to minimise the social and economic impact*	• Ministry and DHBs to monitor the effectiveness and other impacts of response measures • The health and disability sector identify opportunities to work with community groups and NGOs	
Five *Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements*	• Prepare, maintain and review Communications Plan, interfacing with the health and disability sector, the public and AoG / DPMC COVID-19 Group, and maintain communications coordination and consistency of messaging • Update the public and agencies/providers on the pandemic situation and key messages through regular media reports, website, print media, social media, Healthline / National Telehealth Service, Āwhina app, and other mechanisms as appropriate	

Six *Support and contribute to Intelligence processes*	• Closely monitor demographic / epidemiological trends in cases and clusters to ensure response measures prioritise affected groups / communities • Characterise the event(s), complete ongoing risk assessments, including likely impacts and event evolution • Ensure clear, accurate, and up-to-date intelligence is disseminated across the health system and to DPMC COVID-19 Group /AoG • Provide regular situation reports and maintain distribution lists	

DPMC		
Objective number	**Lead**	**Support**
One *Enable effective decision-making & governance*	• activate the resurgence response system and convene National Response Group to coordinate response to a resurgence • coordinate and lead Workstreams to respond to a resurgence • coordination through workstreams to inform policy advice to Ministers on the response and instructions to PCO for Orders • coordination of central communications • provide an assurance function though exercising of National	• NEMA and C4C to ensure governance and leadership coordination with regional structures • agencies to develop resurgence plans • C4C and NEMA to engage with RLG and CDEM Group structures during readiness • PSC to maintain strategic workforce and aid in surge capacity where required.

	Resurgence Plan as continuous tabletop exercising, and continuous development of lessons learned, which are in turn fed into the plan. • identification of agency resurgence plan interdependencies and gaps • development of New Zealand strategy • NRG chair to communicate with business community via s9(2)(a) (Prime Minister's Business Liaison adviser) • Support the local RLG structure	
Two *Enable effective and coordinated support to the COVID-19 Health System response*	• the coordinated response to Ministry of Health requests; • non-hospital or medical supplies of PPE such as face mask supply chains etc.	• health policy, planning and operations, and communications, as required • requests and requirements, as needed
Three *Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms*	• development of boundaries • legal and regulatory implementation of response • effective and aligned communications campaign to enhance public understanding and compliance • development of contingency plans to respond to a resurgence of COVID-19 • Tabletop exercise agency resurgence plans to	• boundary exemptions process • agency operationalisation of Alert Levels

	ensure COVID-19 is contained • AOG compliance operations • Stand up AOG C4C in the delivery of assistance to vulnerable communities	
Four *Coordinate support for communities (including business) to minimise the social and economic impacts*	• verification of agency resurgence plans to ensure COVID-19 effects are managed • AOG C4C in the delivery of assistance to vulnerable communities	• C4C Agencies and CDEM Groups to deliver assistance to communities
Five *Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements*	• Maintaining and building public confidence in official sources of COVID-19 information • Ensuring everyone in New Zealand knows what to do in the event of resurgence • Ensuring all QFT travellers to and from New Zealand know what to do in the event of resurgence • Ensuring all New Zealanders and businesses know where to get support in the event of resurgence • Producing public information messaging (TV, radio, print, out-of-home, web, social media etc) • Coordinating resurgence messaging across the DPMC COVID-19 Response Group and AOG agencies; with the Prime Minister's Office	• Ministry of Health to generate timely and fit-for-purpose public health messaging • Other government agencies to generate fit-for-purpose messaging (e.g. financial support, educational support, boundaries, travel etc) • Regional agencies in amplifying and targeting consistent messaging • QFT agencies in amplifying and targeting consistent messaging • The production of material for Māori, Pacific peoples, youth, QFT travellers, and CALD communities.

	and Ministers' offices; and amongst other key stakeholders (e.g. iwi, Pacific Peoples, ethnic communities, DHBs etc) • Ensuring strong inter-agency communication between and across AOG and iwi Māori - including partnering to ensure strong connection with local communities • Motivating public health behaviours and countering mis/disinformation and apathy and other barriers to effective communication • Messaging to support campaigns such as the vaccination rollout, QFT, QR codes, pre-departure testing and other COVID-19-related campaigns, as required. • Measuring campaigns (reach, public sentiment and behaviours), sharing insights as part of a commitment to continuous improvement.	
Six *Support and contribute to Intelligence processes*	• contribution to regular Workstreams meetings to inform across government • consolidate government intelligence streams and functions across government through the IRT to provide accurate and timely reporting • production of insights reports, both tactical and strategic, to understand emerging areas of	• agencies with intelligence and insights to enable achievement of their functions

	importance and gauge impacts	

NEMA		
Objective number	**Lead**	**Support**
One *Enable effective decision-making & governance*	• Represent the Emergency Management sector at NRG. • Identify NEMA-specific readiness and activation requirements for integration in BAU processes (e.g. Duty activation processes). • Activate the National Coordination Centre when necessary and coordinate the CDEM Group response to a resurgence. • Inform CDEM Groups of governance and decision-making arrangements. • Ensure surge support mechanisms are in place for inter-group staffing support. • Support the local RLG structure	• Represent the Emergency Management sector on the NRLT for resurgence readiness and activation. • Support CDEM Group initial engagement and regional planning with RLG. • Support DPMC COVID-19 Group planning by identifying gaps that require early closure or coordination at the National level, including gaps informed by CDEM Groups at the local level through existing arrangements and relationships. • Be prepared to engage in DPMC COVID-19 Group tabletop exercising with the NRG and test integration of CDEM Groups with the National response and Health system. • Support development of CDEM regional resurgence plans, with emphasis on clear roles, responsibilities consistent with national arrangements. • Provide representation at DPMC COVID-19 Group resurgence planning, communications or workstream meetings

		• Be prepared to assist development of an DPMC COVID-19 Group de-escalation pathway. • Sustain and, if required, strengthen relationships between NEMA / CDEM, C4C and DIA. • Support DIA led local government responses as part of the Local Government Response Unit
Two *Enable effective and coordinated support to the COVID-19 Health System response*	• Review and ensure alignment of NEMA/CDEM planning to the Health Resurgence Action Plan (CDEM NCC Controller and supporting staff). • Identify support and coordination opportunities between NEMA and CDEM Groups in supporting the implementation of the Health Resurgence Action Plan (CDEM NCC Controller and supporting staff).	• Support CDEM Groups engagement with the Health sector to ensure a coordinated emergency management response is in place to support the Health led activity
Three *Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms*	• Support CDEM Groups to engage within RLG and other governance structures during readiness. • Provide support to the C4C and engage with RLGs and establish effective governance arrangements.	
Four *Coordinate support for communities (including*	• Engage through C4C and National Welfare Co-ordination Group (NWCG) to coordinate resurgence planning for	• Emergency Accommodation needs and gap analysis in cooperation with MSD, MBIE, Ministry of Housing and Urban Development

business) to minimise the social and economic impacts	emergency welfare services functions. • Be prepared to implement, coordinate and deliver emergency welfare services, as required, in partnership with support agencies. • Develop plans to identify and meet community needs where there are no other means of support.	(HUD), MoH and NEMA and other social sector agencies on housing issues. • Follow housing guidance clarifying roles and responsibilities in the housing environment, and participate in an escalation group, if activated, to quickly address any issues that emerge at regional levels. • Additional Task - work with MSD to determine how processes and guidance applied in Auckland during the August AL3 lockdown can be applied through the rest of the country.,
Five *Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements*	• Develop CDEM-specific communications to support community readiness for a natural hazard event in the context of COVID-19.	• Support the DPMC COVID-19 Group development of resurgence response communications plan including objectives, key messages, audiences, channels, tactics and spokespeople. • Support the DPMC COVID-19 Group development of resurgence response communications, information flows and sign-off processes. • Support DPMC COVID-19 Group development of resurgence response templates. Support COVID-19 All-of-Government Response Group development of resurgence readiness communications plan to

		support community readiness.
Six *Support and contribute to Intelligence processes*	• Develop and advise CDEM Groups of critical information requirements (CDEM CCIRs), and NEMA NCC / CDEM Group reporting and decision-making processes and authorities.	• Contribute to the development of DPMC COVID-19 Group SOP's for real-time information flow. • Contribute to the development of DPMC COVID-19 Group policies for information sharing. • Be prepared to support the flow of information from CDEM Group(s) to support Ministry of Health initial reporting within 90mins of case identification. • Support CDEM information flow into the DPMC COVID-19 Group Insights and Reporting Group.

MBIE		
Objective number	**Lead**	**Support**
One *Enable effective decision-making & governance*	• Various workstream leads	• Attend COVID Chairs
Two *Enable effective and coordinated support to the COVID-19 Health System response*		• Support public health messaging at MIQ facilities

Three *Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms*	• MIQ Service • Infrastructure Workstream • Service owner and sector lead agency for business travel exemptions reviews and approvals. New automated process using Business Connect. • Essential Services (Which businesses can open under alert level changes)	• Internal border movements • Exceptions from external border closure • Contributions to and where necessary leading system policy imperatives
Four *Coordinate support for communities (including business) to minimise the social and economic impacts*	• Temporary Accommodation Service • Essential Services (Which businesses can open under alert level changes) • Small business support	• Contribution via NWCG?
Five *Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements*	• call centre functions (e.g. Government Helpline).	• DPMC COVID-19 Group PIM function • Visitor Sector Emergency Advisory Group (VSEAG)
Six *Support and contribute to Intelligence processes*	• Via Intel function within Evidence & Insights • Weekly dashboard	

Transport Response Team/ Ministry of Transport		
Objective number	**Lead**	**Support**
One *Enable effective decision-making & governance*	• Lead transport Workstream	• Provide a Liaison Officer as required. • Attend COVID Chairs

Two
 	
Enable effective and coordinated support to the COVID-19 Health System response
	• Lead public health measure on transport engagement with transport sector with respect to public health measures set by the Minister for COVID-19 Response or the Director-General of Health.	• Engage with the MoH (or DPMC COVID-19 Group) to clarify the regulations and guidance, on the following public health measures:
		  • Contact tracing (with respect to transport services)
		  • Physical distancing (with respect to transport services)
		  • Use of face coverings on public transport
		  • Movement restrictions
		  • Cleaning measures (with respect to transport services).
		• Ministry of Transport to issue guidance to the transport sector to support the implementation of the above public health measures. Maritime New Zealand, Civil Aviation Authority, and Waka Kotahi to issue sector specific guidance.
		• Provide direct support to transport sector entities (as required) to support

		public health measures – including incidents requiring contact transport involving a public transport service, or disinfection of an aircraft/ship/vehicle.

Three
 	
Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms
	• Issue guidance to the transport sector to support the implementation of the above public health measures (as above).
	• Engage with industry:
	  • through the Maritime Sector Meeting (MoT – Chair); note this is a regular meeting.
	  • through the Aviation Sector Meeting (MoT – Chair); note this is a regular meeting.
	  • through the Regional Council Meetings on Public Transport (Waka Kotahi – Chair) note this is a regular meeting.
	  • through the Road Transport Forum
	  • directly with KiwiRail (with respect to Rail Freight).	

Four *Coordinate support for communities (including business) to minimise the social and*	• Manage the essential transport inbox (s9(2)(a) @transport.govt.nz), with respect to queries from the public/businesses; including welfare related queries associated with movement restrictions	• Support the processing of applications in the Business Travel Register (by reviewing and commenting on transport sector exemption applications and conducting audits of transport sector requests

economic impacts	(and either provided advice or direct to appropriate agency).	that were auto approved).
Five *Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements*	• Publish information on the Ministry of Transport website with respect to public health measures on transport services (e.g. compulsory use of face coverings) and movement restrictions. • Provide transport entities with collateral (posters etc) produced by DPMC COVID-19 Group Communications with respect to public health measures on transport services (e.g. the face covering posters and the 'travel safely' poster). • Provide PA scripts for use on public transport services as required.	
Six *Support and contribute to Intelligence processes*	• Issue SitRep (as per agreed timing and frequency)	

New Zealand Police		
Objective number	**Lead**	**Support**
One *Enable effective decision-making & governance*	• Deliver core police functions such as checkpoints, Compliance & Exemptions	• Membership of the NRLT • Membership of the NRG

Two *Enable effective and coordinated support to the COVID-19 Health System response*		• Other agencies with functions such as compliance checks, exemptions and public education on Health Order requirements • MBIE at all Managed Isolation and Quarantine facilities • MoH in respect of operational response capability • Police Districts supporting local DHB/PHU's, Local Government and CDEM groups
Three *Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms*	• Lead the Compliance workstream and support exemptions. • Responsible for implementing and operationalising check point for boundaries.	• Policy and legal advice, provides specialist policing capability and capacity to support lead agencies • Key support role working with other Government agencies across Iwi, Pacifica and vulnerable communities • Key role in communicating with major supplies and essential businesses- e.g. supermarket owners, Pharmacies, petrol stations etc
Four *Coordinate support for communities (including business) to minimise the social and economic impacts*		• Key support role working with other Government agencies across Iwi, Pacifica and vulnerable communities • Considerable contact with Iwi and Pacifica communities particularly in the Auckland region- meetings, on-line communication content, multi-language video

		publications, relationship strengthening
Five *Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements*		• Strong and agile Police strategic Comms team supporting MoH and DPMC COVID-19 Group • Linked to the DPMC COVID-19 Group comms structure • Consistency of agency messages

Te Arawhiti		
Objective number	**Lead**	**Support**
One *Enable effective decision-making & governance*		• CE attends COVID Chairs

C4C		
Objective number	**Lead**	**Support**
One *Enable effective decision-making & governance*	• Caring for Communities Governance Group (C4CGG)	• COVID-19 Chief Executives Board (CCB) • National Response Group
Three *Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms*		• Coordination and delivery of welfare activities enables individuals & whānau to meet Public Health requirements (e.g. through enabling access to food & household goods) • Supports MOH and DHBs with planning and

		coordination of support for Community MIQ
Four *Coordinate support for communities (including business) to minimise the social and economic impacts*	• C4C Lead Co-Chairs the National Welfare Coordination Group during resurgence • C4CGG operates as a clearinghouse for system level issues as they arise during response	• C4C Lead enables planning and coordination through Welfare System Guidance to regional Welfare Coordination Groups • C4C Lead ensures system issues are identified early and escalated to the C4CGG for resolution if needed • Coordinating communication and support for hard to reach communities
Five *Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements*		• Support agencies with targeted communications to impacted groups, including Māori, Pacifica and Ethnic Communities • Supports the COVID-19 Communications team with regular and targeted updates to Iwi / Maori, RLGs and key stakeholders, including early notification of potential Alert Level changes • Coordinating communication and support for hard to reach communities
Six *Support and contribute to intelligence processes*	• Intelligence & Insights workstream can be stood up during response to coordinate welfare incident reporting	

New Zealand Customs		
Objective number	**Lead**	**Support**
One Enable effective decision-making & governance	• Lead border Workstream and chair BEB Incident Management Team continues to be linked to AOG strategic response (Wellington level), to inform Customs senior management, and to pass Customs objectives, intentions and requirements onto other agencies Lead QFT SOG	• Attend COVID Chairs • Attend NRLT • Attend NRG • Attend Health IMT • Attend COVID-19 Response • QFT PoC
Two Enable effective and coordinated support to the COVID-19 Health System response	• Maintain travel restrictions at the border (air and maritime). • Receive and process all arriving air passengers, and pass non-QFT passengers onto MIQ • Oversee the isolation of maritime crews (both commercial and small craft) • Record all passenger and crew arrivals and departures. • Support Health response PAX information requirements • Support compliance with Pre Departure Testing requirements	• Supports the testing strategy • Support public health checks at airports • Adjust mechanisms at the border (e.g. eGate questions) to support key health outcomes in the event of QFT responses • Integrate local operations with health officials, with established testing procedures for staff and arrivals, and escalation for positive tests. • Participate in BSVCG to ensure vaccination of border workforce. • Support risk assessments of positive cases with QFT partners and implement response actions as required. • Support National Contact Tracing Team
Three Coordinate efforts to contain COVID-19 by enabling	• COVID-19 resurgence managed through normal BAU structures at the air and maritime borders. • Coordinate COVID response actions with other agencies	

effective National and regional mechanisms	and industry in ports and airports. ○ IMT remains active and has pre-existing links externally to MoH and DPMC COVID-19 Group, and internally to operational and tactical layers within Customs.	
Four Coordinate support for communities (including business) to minimise the social and economic impacts	• Minimal impact on Customs. Business support measures have been in place since April and will continue as required (now BAU).	
Five Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements	• Customs Communications team linked to AOG Border Comms Group • Customs is well practised now at integrating health messaging, and that from other sources (e.g. Maritime NZ safety and stakeholder comms) into its internal and external messaging.	• QFT Industry engagement
Six Support and contribute to Intelligence processes	• Customs Intel staff have been part of joint Intelligence planning and analysis throughout the response. The Strategic Intelligence Unit in Customs will provide analysts as required on approach to the Customs IMT. • Information sharing is ongoing, with links at the strategic, operational	

	and tactical levels. MOUs and information sharing agreements are being updated and created as required.	

Ministry for Primary Industries (MPI)		
Objective number	**Lead**	**Support**
One *Enable effective decision-making & governance*		• Attend Border Sector Working Group and AOG Compliance Governance Group. • Data and Geospatial information sharing to support effective decision making.
Two *Enable effective and coordinated support to the COVID-19 Health System response*		• contributes resources to the MoH response on request. We currently have 10 staff seconded to MoH or DPMC contributing to response efforts. • can surge staff to support MoH as required.

Three
 	
Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms
	• Coordination and communication with essential businesses and workplaces
	  • engage with primary industry and food retail based essential businesses and workplaces to provide information and support regarding implementation of safe operating practices under COVID-19 restrictions, travel / movement exemptions across
		• Enforcement and Compliance
		  • provides staff resources to the AOG Compliance 'Fusion' Hub. Several staff are already trained and ready to deploy on request. Note MPI staff are not authorised/delegated compliance powers under the COVID-19 Public Health Response Act 2020.
		  • Deputy Director-General on the Governance group for

	domestic borders, and liaison with other central government agencies regarding to immigration/work visa exemptions.
	
	• Infrastructure and supply chain requirements
	
	  • specific supply chain requirements. MPI engages with key primary industry and food sector participants to assist them to unblock barriers to their supply chains. E.g. pig farmers and butchers in original outbreak.
		the AOG Compliance work.
		
		• Local government and community outreach
		  • regional animal welfare coordinators and RC&FS staff are members of regional Welfare Coordination Groups, regional Psychosocial Support Agencies, regional animal welfare coordination teams and rural advisory groups/primary sector clusters.

Four *Coordinate support for communities (including business) to minimise the social and economic impacts*	• facilitated negotiations with support agencies to match oversupply of primary produce with communities such as the excess pork to foodbanks. This may not be necessary in a resurgence depending on the nature and duration of any restrictions.	• active member of the AOG Welfare Coordination Group (under CDEM Act 2002) and has staff who work with and are linked into all 16 regional CDEM groups.
Five *Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information*	• utilise teleconferences, and email as tools to communicate with external stakeholders. • The MPI website and MPI intranet both have dedicated COVID Information Hubs and content consumers are linked to the AOG response	• active member of the AoG Response Group communication network (under CDEM Act 2002) and can provide skilled communications staff as required to support the DPMC COVID-19 Group. • provide staff resources on secondment into the

Management requirements	communications channels where appropriate to ensure alignment	DPMC COVID-19 Group communications team. • align key messages with the DPMC COVID-19 Group Communications key messages to share with stakeholders, industries and staff
Six *Support and contribute to Intelligence processes*	• experienced and trained members of the intelligence community and can provide additional staff as required.	• staff seconded into the DPMC COVID-19 Group response in this area • National Operations Centre (NOC) is the contact point for information flow between agencies. • contribute to reporting processes where requested

MFAT		
Objective number	**Lead**	**Support**
One *Enable effective decision-making & governance*	• Coordinate managed returns process for Cook Islands if it becomes necessary.	• Participate in the QFT NRLT, QFT NRG and other DPMC COVID-19 Group decision-making processes as required.
Two *Enable effective and coordinated support to the COVID-19 Health System response*		
Three *Coordinate efforts to contain COVID-19 by enabling effective National*		

and regional mechanisms		
Four *Coordinate support for communities (including business) to minimise the social and economic impacts*	• Provide consular support as appropriate for New Zealanders abroad affected by QFT pauses/suspensions.	
Five *Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements*	• Update and disseminate public consular messaging in QFT outbreak situations. • Provide advance notification to QFT partner governments of NZ government decisions around QFT (on a best-endeavours basis). • Notify Foreign Missions of COVID-19 advice specifically for foreign nationals and foreign diplomats.	• Support creation of COVID-19 Group communications in QFT outbreak situations.
Six *Support and contribute to Intelligence processes*		• Feed into MoH and the AOG system information on outbreaks in QFT partners from Posts (only if info is additional to information already publicly available).

Ministry of Education (on behalf of the Education sector)		
Objective number	**Lead**	**Support**
One *Enable effective decision-making & governance*	• Membership of 5 Regional Leadership Groups	• Education liaison / connection point in DPMC COVID-19 Group Policy and Strategy Group • Through these connections / memberships, advise on potential impacts of policy

		decisions for education sector to inform decisions
Two *Enable effective and coordinated support to the COVID-19 Health System response*		• Work in partnership with public health units when cases are confirmed in school and early learning service communities – supporting schools and early learning services to communicate with and support their community • Regular communications and detailed guidance to education sector to support health's prevention and response messaging – potential audience reach of more than 2 million • Have resource to support exemption processes – for example can process education-related requests for exemptions for boundary restrictions and access to education sites in Level 4
Three *Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms*		• Ministry regional teams are located around the country (10 education regions) and provide the face to face and direct support to schools and early learning services, including engaging with iwi and community groups • Membership of 5 Regional Leadership Groups • Membership of range of AoG multi-agency groups, nationally, to ensure appropriate connections are made • Work closely with sector representative groups (unions, principals

		associations etc) to agree education response and to align with national response
Four *Coordinate support for communities (including business) to minimise the social and economic impacts*		• Information sharing with education providers and their communities • Regional teams work locally with schools, early learning services and with Iwi and community groups • Regional staff are part of CDEM Welfare Coordination Groups
Five *Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements*	• Ministry of Education has a key role in disseminating public health messaging, including messaging targeted specifically at education providers (and their communities) through: • Regular bulletins • Website content • Letter templates for providers to send to their parent and caregiver community (reiterating key messages, advising of wellbeing supports available) • It is important to note that there are usually different requirements in school and early learning settings, than there are in the general public	
Six *Support and contribute to Intelligence processes*	• Provide SitRep as required • Ministerial briefings	• Education liaison / connection point in DPMC COVID-19 Group Policy and Strategy Group • Membership of five Regional Leadership Groups

New Zealand Defence Force (NZDF)		
Objective number	**Lead**	**Support**
One *Enable effective decision-making & governance*		• Provide MBIE MIQ with Operations support
Two *Enable effective and coordinated support to the COVID-19 Health System response*		• Provide capability and resource support as required/available
Three *Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms*		• Provide support to other government agency activities to the COVID-19 response both nationally and regionally as required/available e.g. MBIE led Managed Isolation and Quarantine Facilities, Police led regional checkpoints.
Four *Coordinate support for communities (including business) to minimise the social and economic impacts*		• Provide support to the wider NZDF community both nationally and internationally.
Five *Coordinate and align COVID-19 Communications & Engagement and local implementation of*		• Provide consistency of messaging across the organisation and by example in the public domain

Public Information Management requirements		
Six *Support and contribute to Intelligence processes*		• Provide specialist intelligence support to the DPMC COVID-19 Group response as required/available e.g. Insights and Reporting Group. • Support the flow of information for Managed Isolation and Quarantine capacity.

Te Kawa Mataaho Public Service Commission (PSC)		
Objective number	**Lead**	**Support**
One *Enable effective decision-making & governance*	• Continuity of Public Service leadership including Chief Executives • AoG COVID System Workforce and Resourcing workstream including: • enabling and coordinating critical workforce deployment linking available staff with areas of need. • Public sector workforce guidance including: • Issue workforce guidance for public sector management of staff to support a common response • Broadening PSC's Workforce Mobility Hub BAU work to prioritise and enable and coordinate critical workforce deployment linking available staff with areas of need • Regular connection with Heads of HR on implementation of the guidance	• Attend Chair of Chairs Public Service Commissioner and Deputy Public Service Commissioner

	• Support agency implementation of the guidance and resolution of issues • Communication, advice and issue resolution with public service on workforce guidance and related matters • Provide brokering service for agencies to support securing critical resourcing of surge capacity across the public service including and not limited to prioritisation of BAU functions versus system COVID-19 requirements.	
Two *Enable effective and coordinated support to the COVID-19 Health System response*	• Assistant Commissioner support to Director-General of Health and to ensure MoH sustainability	• MoH in providing critical workforce resources where needed (MoH to lead this for health workforces) • Reinforce public health messaging through workforce guidance and communication
Three *Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms*		• MBIE Government Property Group (GPG) with alignment of workplace guidance with workforce guidance and communication/awareness through agency Heads of HR. • Facilitate Treasury advice or alignment on matters pertaining to Public Service workforce (e.g. redeployment of staff; pay restraint) with public finance obligations • MBIE management of the contingent contract workforce (tbc with MBIE)

		• MPI Government Health and Safety Lead (GHSL) alignment of health and safety guidance with workforce guidance and communication/awareness through agency Heads of HR • for DIA/GCDO in ensuring all agencies workforces are appropriately equipped to operate at all Alert Levels
Six *Support and contribute to Intelligence processes*	• Public Service agency Heads of HR with regular intelligence, insights and guidance (via weekly TEAMS meeting and COVID enquiries email)	• all agencies with intelligence, insights and feedback to enable achievement of their functions (via Assistant Commissioners)

Ministry of Social Development (MSD)		
Objective number	**Lead**	**Support**
One *Enable effective decision-making & governance*	• Caring for Communities Governance Group (Chair) • Employment, Education & Training Governance Group (Chair)	• Attend COVID Chairs Board (CCB)
Three *Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms*		• MSD is based at the Auckland RIQCC coordinating the welfare response for people in Managed Isolation Facilities. • MSD provides funding for and contracts Community Connectors to work with people in Managed Isolation Facilities connecting them to a wide

		range of services and support.

Four
 	
Coordinate support for communities (including business) to minimise the social and economic impacts
	• MSD plays a lead role in coordinating support for individuals, whanau and communities, including businesses, providing Income Support through our standard measures of assistance and extra measures (if activated) including
	  ○ Wage subsidies
	  ○ Leave support
	  ○ Short-term absence payment
	  ○ Job loss cover
	  ○ Support for Temporary Visa Holders (until 31 August 2021)
	Providing through our Māori, Communities and Partnerships arm Community Capability Funding and Food Secure Communities funding
		• Engage through C4C and NWCG to coordinate resurgence planning for emergency welfare services functions
		• Participating in Regional Leadership and CDEM Group activities
		• Emergency Accommodation needs and gap analysis in cooperation with MBIE, HUD, MoH and NEMA and other social sector agencies on housing issues
		• Follow housing guidance clarifying roles and responsibilities in the housing environment, and participate in an escalation group, if activated, to quickly address any issues that emerge at regional levels
		• Additional Task - work with MOH and NEMA to determine how processes and guidance applied in Auckland during the August AL3 lockdown can be applied through the rest of the country, for example the Complex Needs Escalation process.

Five *Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information*	• MSD plays a lead role in the provision of welfare communications and C4C Communications. • linked into the DPMC COVID-19 Group PIM function, with lead for Welfare and C4C Communications	

Management requirements		
Six *Support and contribute to Intelligence processes*	• MSD specifically supports this function through regular statistical releases on its website as well as contributing to situation reports.	• MSD is connected through the C4C channel (which has a specific intel and insights workstream lead by the Social Wellbeing agency)

Department of Internal Affairs		
Objective number	**Lead**	**Support**
One *Enable effective decision-making & governance*		• Govt Chief Digital Officer (GCDO) - co-ordinate government ICT investment to reduce fragmented approaches to the COVID-19 digital response and recovery. • GCDO leads the NZ Gazette (publish notices required to effect govt COVID-19 decisions e.g. Health Orders) • Local Government Response Unit – Ensure local government can continue to make decisions and meet legislative requirements through the COVID-19 response and recovery.
Three *Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms*		• GCDO & Govt Chief Privacy Officer – provide assurance that essential public digital service is available and accessible; facilitate supply and demand for ICT infrastructure and services; provide security assurance for ICT tools/applications • work with and through agencies to adopt remote working guidance, privacy and security by design, readiness for ICT incidents, Cloud-based capabilities. • support a coherent, across government approach to digital solutions – required to improve public trust and social licence • Local Government Response Unit – provide assurance and assistance to support local government to continue to provide essential services as appropriate.
Four		• GCDO – address key barriers to digital inclusion: access, skills, motivation and trust.

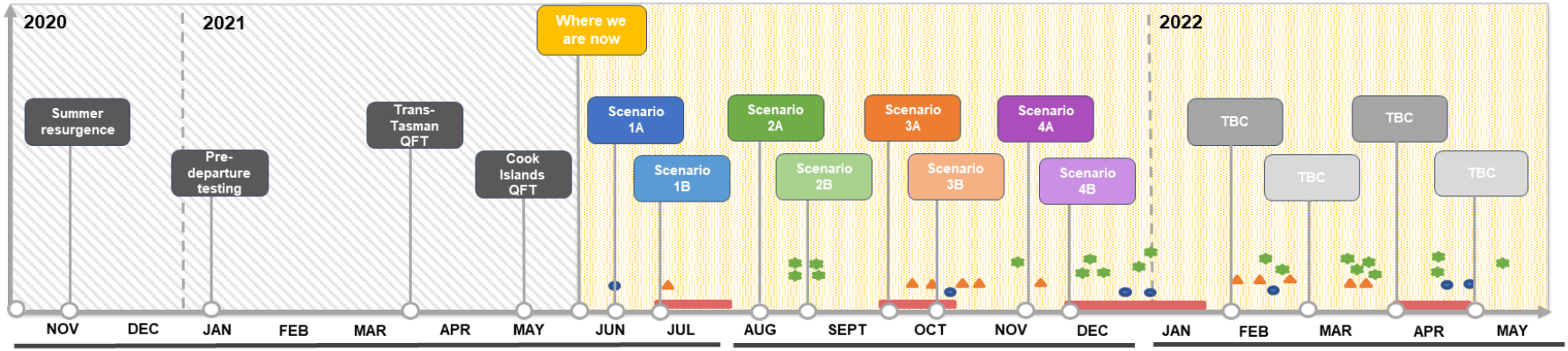
Coordinate support for communities (including business) to minimise the social and economic impacts		• With System leads (GCDO/GCDS/GCPO/GCISO), support agencies to build public trust in government's use of people's data • Local Government Response Unit – working across central and local government to ensure local government are well placed to support regional and local recovery.
Five *Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements*		• GCDO: to maintain trust in government's digital response. ensure that authoritative trusted sources of information are maintained; are resilient; and enable public access. Work with agencies to ensure integrity of the Government web domain (GCDO leads the government's Domain Name Service). • Local Government Response Unit – communicate as needed to the local government sector on current and evolving issues including key messages from AOG and MCMC. Keep the Local Government COVID-19 Response website up-to-date.
Six *Support and contribute to Intelligence processes*		• GCDO: intelligence on public service agencies' readiness and response – and critical ICT suppliers - to provide essential digital service and information. • GCDO: maintains a stocktake of current and emerging global and domestic use of technology to support the COVID19 response • Local Government Response Unit – maintain open dialogue with local government across the country on immediate and future issues to provide a vital link through to the All-of-Government group.

Annex 8. Scenario Work Plan

COVID-19 Response – The Readiness Pathway

Purpose of this document

To provide an overview of the workplan for scenario planning for the remainder of 2021.DPMC will facilitate a series of planning workshops, focusing on New Zealand's domestic preparedness for a potential COVID-19 response.



Workshop Principles

- DPMC and Ministers commit to an ongoing work programme which is carried out throughout 2021.
- An important function of the COVID-19 Group Planning and Readiness team is the maintenance of the National Response Plan, and to ensure readiness of the system to respond.
- The same team has been assessing readiness for QFT zones which to date include Australia and the Cook Islands.
- Workshops will run as two-part activities, one held at the National level (Level A), with the second held in the region (Level B) with local government, community and business leaders and key regional stakeholders.
- Workshops are to establish readiness and not to provide a performance rating. Identifying gaps is a positive outcome.
- Workshop scenarios will evolve based on Government and health priorities, informed by seasonal and event imperatives.
- Future workshops will continue to build on previous lessons identified.

Workshop Outputs

1. The outcome from scenario testing creates tangible change and partners carry out these changes.
2. The discussion in workshops will inform the build of the Readiness Framework, providing a consistent, robust framework for evaluating readiness criteria with current state.
3. An update will be provided after each workshop series.

June / July - Scenario 1

Theme: Winter resurgence in Queenstown

Purpose: To test the NRP and ensure readiness in a popular holiday destination, prior to upcoming winter holidays and events.

Key considerations to work through:

- National outbreak
- Multiple regions impacted
- No pre-existing MIQF
- QFT
- Schools about to reconvene
- Largely unvaccinated popn
- Migrant and tourist populations (domestic and int'l)
- Overlapping activities (winter games, winter festival)
- Surge capacity for key elements (I.e. contact tracing, testing)

Outcome: to ensure a remote location is prepared for a winter response, with high visitor traffic and possibly Australian tourists.

Future focus – Scenario 2, 3, 4 and beyond

Purpose: to continue to explore new scenarios, or where appropriate review previous real time outbreaks (both domestic and international) to ensure lessons identified have been integrated into response plans.

Key considerations to work through:

- High density events
- High density living complex
- Spread of outbreak – local, regional, national
- Outbreaks at community event (i.e. – church, public holiday)
- Communication channels
- Outbreaks in ethnically diverse communities

Outcome: Developing preparedness across New Zealand in accordance with the National Response Plan by testing a wide range of locations, demographics, scale and complexity. This is in order to determine current state against readiness criteria.

The table below sets out the activities that are required to be completed in order to be ready to successfully respond to a resurgence in a timely manner

Group	Tasks	Accountability
Governance and Assurance	Routine review of national policy settings	DPMC COVID-19 Policy
	Internal validation of Agency Plans, Inter-dependencies and Assumptions	All
	Validation of National Response Plan	DPMC COVID-19 Readiness
	Validation of Regional Resurgence Plans	NEMA
	Establishment of continuous improvement program	Risk and assurance
	Legislative orders established	DPMC COVID-19 Policy
Health Readiness	Issue Health System Plan	MoH
	Contact tracing system in place	MoH
	Ensure MIQF for community transmission	MoH
	Testing system in place with ability to surge	MoH
National Readiness	Issue National Response Plan	DPMC COVID-19 Readiness
	Issue Agency Plans	All
	Issue Alert Level, Boundary and Exemption Policies / Framework	DPMC COVID-19 Policy
	Develop a contingency plan for MIF/MIQF outages	MBIE
	Detail decision-making process for Immediate Response	DPMC COVID-19 Readiness

Group	Tasks	Accountability
	Establish inter-Agency communications protocols	DPMC COVID-19 Readiness
Community Support	Agree on inter-agency roles and responsibilities	C4C
	Prepare system plan	C4C
	Vulnerable community identification and needs assessment	C4C
	Identify support channels	C4C
	Engage with Local government rep and ensure that their voice can be heard	DIA
Communications	Formulate public information campaign	DPMC COVID-19 Comms
	Engagement with regions and sub-regions	NEMA, DPMC COVID-19 Comms
	Engagement with government agencies, NGOs, Iwi and partners	DPMC COVID-19 Comms
Reporting and Insights	Draw on research to ensure continual improvement of the system	Insights
	Create inter-agency reporting protocols	Insights
	Draw on research to ensure continual improvement of the system	Insights
Support Activities	Identify resource requirements for resurgence	PSC
	Prepare for concurrent emergency management events	NEMA
	Scanning for future COVID-19 issues	MoH

Annex 9. Acronyms

Acronym	Expanded Acronym
AOG	All-of-Government
BAU	Business as Usual
BCP	Business Continuity Planning
BEB	Border Executive Board
BET	Border Easement Taskforce
BORA	New Zealand Bill of Rights Act 1990
C-19 SOG	COVID-19 Senior Officials Group
DPMC COVID-19 C&PE Group	DPMC COVID-19 Communications and Public Engagement Group
C4C	Caring for Communities
CALD	Culturally and Linguistically Diverse Communities
CDEM	Civil Defence Emergency Management
CE	Chief Executive
CEG	Coordinating Executive Group
CIMS	Coordinated Incident Management System
DCE	Deputy Chief Executive
DG	Director General
DHB	District Health Board
DIA	Department of Internal Affairs
DPMC	Department of the Prime Minister and Cabinet
ECC	Emergency Coordination Centres
FENZ	Fire and Emergency New Zealand
GCDO	Govt Chief Digital Officer
GIS	Geospatial Information Services
HUD	Ministry of Housing and Urban Development

Acronym	Expanded Acronym
IMT	Instant Management Team
IRT	Integrated Recovery Team
MBIE	Ministry of Business, Innovation and Employment
MFAT	Ministry of Foreign Affairs and Trade
MoE	Ministry of Education
MIQ	Managed Isolation and Quarantine
MoH	Ministry of Health
MOJ	Ministry of Justice
MoT	Ministry of Transport
MPI	Ministry for Primary Industries
MSD	Ministry of Social Development
NEMA	National Emergency Management Agency
NGOs	Non-Government Organisation
NOC	National Operations Centre
NFP	National Focal Point
NRG	National Response Group
NRLT	National Response Leadership Team
NRP	National Response Plan
NSS	National Security System
NWCG	National Welfare Coordination Group
NZDF	New Zealand Defence Force
NZTA	New Zealand Transport Agency
NZP	New Zealand Police
ODESC	Officials Domestic and External Security Committee
PCO	Parliamentary Counsel Office
PHU	Public Health Unit

Acronym	Expanded Acronym
PMCSA	Prime Minister's Chief Science Advisor
PMO	Prime Minister's Office
PPE	Protective Personal Equipment
PSC	Public Service Commission
QFT	Quarantine Free Travel
RIQCC	Regional Isolation and Quarantine Coordination Centre
RLG	Regional Leadership Groups
SOG	COVID-19 Senior Officials Group
SOPs	Standard Operating Procedures
SRO	Senior Responsible Officer
TA	Territorial Authority
TPK	Te Puni Kōkiri