



# Briefing: Review of New Zealand's COVID-19 Protection Framework settings: 12 April 2022

<b>Date:</b>	12/04/2022	<b>Report No:</b>	DPMC-2021/22-1930
		<b>Security Level:</b>	<del>SENSITIVE</del>
		<b>Priority level</b>	High

	Action sought	Deadline
Rt Hon Jacinda Ardern <b>Prime Minister</b>	agree/disagree to recs	13/04/2022
Hon Grant Robertson <b>Deputy Prime Minister</b>		
Hon Kelvin Davis <b>Minister for Māori Crown Relations: Te Arawhiti</b>		
Hon Chris Hipkins <b>Minister for COVID-19 Response</b>		
Hon Carmel Sepuloni <b>Minister for Social Development and Employment</b>		
Hon Andrew Little <b>Minister of Health</b>		
Hon Kris Faafoi <b>Minister of Justice</b>		
Hon Dr Ayesha Verrall <b>Associate Minister for COVID-19 Response</b>		

Name	Position	Telephone	
Alice Hume	Head of Strategy and Policy (Acting), COVID-19 Group	s9(2)(a)	s9(2)(a)
Beth Hampton	Senior Policy Advisor	N/A	

### Minister's Office

**Status:**

Signed

Withdrawn

**Comment for agency**

**Attachments:** Yes/No

# Briefing

## REVIEW OF NEW ZEALAND'S COVID-19 PROTECTION FRAMEWORK SETTINGS: 12 APRIL 2022

To: COVID-19 Ministers			
Date	12/04/2022	Security Level	<del>SENSITIVE</del>

### Purpose

This briefing recommends, based on public health advice and consideration of non-health factors, that all of New Zealand transitions to the Orange COVID-19 Protection Framework setting, effective 11.59pm Wednesday 13 April 2022.

### Recommendations

We recommend you:

1. **note** that on Sunday, 23 January 2022, Ministers with Power to Act agreed to move the whole of New Zealand to the Red setting of the COVID-19 Protection Framework as Omicron had been detected in the community;
2. **note** that on Monday, 4 April January 2022, after consideration of both the Director General's advice and non-health factors, Cabinet agreed to keep all New Zealand at the Red level of the COVID-19 Protection Framework;
3. **note** that on Monday, 4 April January 2022, Cabinet authorised COVID-19 Ministers with Power to Act to take decisions on the Framework settings for New Zealand on Wednesday 13 April 2022, for implementation on Thursday 14 April 2022;
4. **note** that cases in all DHBs have peaked and are declining or have plateaued, except for West Coast DHB which is showing early signs of peaking;
5. **note** that hospitalisations have peaked nationally and are now declining, and that the seven-day rolling average for fatalities is slowly declining;
6. **note** that the Director-General of Health's advice is that:
  - 6.1 All parts of New Zealand move from the Red to the Orange setting of the COVID-19 Protection Framework at 11:59pm on Thursday 14 April 2022 (to coincide with the start of the school holidays, as this would then provide an additional two-week window before unmasked students are mixing freely at school);
  - 6.2 The isolation period for cases and household contacts remain at seven days;

6.3 That COVID-19 Protection Framework settings and isolation periods next be reviewed in early-May;

- 7. **note** that moving the country at 11.59pm Wednesday 13 rather than Thursday 14 April (as advised by the Director-General of Health) would enable the resumption of normal economic and social activity more quickly, and that should this occur the Ministry of Education would provide guidance to schools to continue with current settings (including masks) until the end of Term One;
- 8. **agree**, after consideration of both the Director General's advice and non-health factors, to move all of New Zealand to the Orange level of the COVID-19 Protection Framework effective 11.59pm Wednesday 13 April 2022;

YES / NO

- 9. **agree** to retain the current seven-day isolation period for cases and household contacts;

YES / NO

- 10. **agree** to the Department of Prime Minister and Cabinet instructing the Parliamentary Counsel Office to draft amendments to the COVID-19 Public Health Response (Protection Framework) Order 2021 to give effect to recommendation 8;

YES / NO

- 11. **note** that the scope of the review of isolation periods for cases and household contacts excluded consideration of case and contact management settings and that further advice will be provided to relevant Ministers on such matters, for decisions separate to the review of isolation periods if required;

- 12. **agree** that the next colour review will occur during the week of 16 May 2022, or sooner should it be required (for example, due to the presence of a new variant of concern);

YES / NO

- 13. **agree** that the next review of isolation periods will occur in early May;

YES / NO

- 14. **agree** to seek Cabinet approval for COVID-19 Ministers with Power to Act to take decisions on the Framework settings for New Zealand during the week of 16 May 2022, unless an escalation in settings is identified by officials as likely to be required before this time (for example, due to the presence of a new variant of concern);

YES / NO

- 15. **agree** that the Minister for COVID-19 Response announces the decisions in this paper;

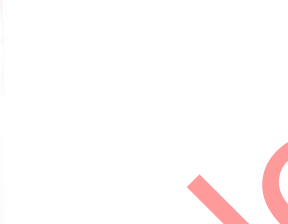
YES / NO




16. **agree** to proactively release this report, subject to any appropriate withholding of information that would be justified under the Official Information Act 1982.

YES / NO


Alice Hume <b>Head of Strategy and Policy (Acting) COVID-19 Group</b>
12/04/2022


Rt Hon Jacinda Ardern <b>Prime Minister</b>
...../...../2022


Hon Grant Robertson <b>Deputy Prime Minister</b>
...../...../2022


Hon Kelvin Davis <b>Minister for Māori Crown Relations: Te Arawhiti</b>
...../...../2022



  
Hon Chris Hipkins  
**Minister for COVID-19 Response**  
.....12/4...../2022

Hon Carmel Sepuloni  
**Minister for Social Development and Employment**  
...../...../2022

Hon Andrew Little  
**Minister of Health**  
...../...../2022

Hon Kris Faafoi  
**Minister of Justice**  
...../...../2022

Hon Dr Ayesha Verrall  
**Associate Minister for COVID-19 Response**  
...../...../2022

## Situation update

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1. District Health Boards (DHBs) are at different points on the Omicron wave. DHBs in the Auckland, Wellington, and Tairāwhiti regions are showing clear signs of having peaked in terms of daily case counts and hospitalisations and are significantly declining. Other DHBs appear to have plateaued or are declining, except for West Coast, which is showing only early signs of peaking.
2. Nationally, all age brackets of cases have declined over the past two weeks, although older age brackets have declined at a much slower rate (albeit from a much lower starting point). Older age brackets are accounting for an increasing percentage of total cases: cases among those aged 50 and above have increased from 18 percent of the total, to 21 percent, while those aged 60 and above have increased from 8 percent to 11 percent of the total.
3. Hospitalisation has peaked nationally, including in the Auckland Region (which is load-sharing across the three DHBs), and is now declining. While the Auckland Region has dominated hospitalisations throughout the Omicron wave, last week the region accounted for less than 50 percent of total hospitalisations, the smallest proportion since the beginning of the Omicron wave. Hospitalisations have remained relatively high in Waikato, Northland, and Bay of Plenty, and are continuing to climb in Taranaki.
4. International evidence indicates that New Zealand is likely to experience a long tail of both cases and hospitalisations. The country is also likely to observe a stable, downward trend in infections with some outbreak peaks, although these subsequent 'peaks' are likely to be at a lesser intensity than the original.
5. While there is significant day-to-day variation in terms of fatalities, the seven-day rolling average is currently slowly declining. Fatalities are a lag indicator, as experienced in Queensland, New South Wales, South Australia, and Victoria which continued to see sustained fatality rates, even after case and hospitalisation rates declined.

## Public health risk assessment

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6. On 11 April 2022, the Ministry of Health's COVID-19 Protection Framework Assessment Committee (the Committee) conducted a review of the COVID-19 Protection Framework (the Framework) colour settings across New Zealand, to ensure proportionality of public health measures and the restrictions on freedoms, relative to COVID-19 risk. The Committee also considered isolation periods for cases and quarantine periods for household contacts.
7. The assessment involved a comprehensive analysis and discussion of the COVID-19 outbreak and health system's capacity and demand for services across New Zealand.
8. Based on the available information, it is recommended that:
  - All parts of New Zealand move from the Red to the Orange setting of the Framework at 11:59pm on Thursday 14 April 2022 (to coincide with the start of the school holidays, as this would then provide an additional two-week window before unmasked students are mixing freely at school);
  - The isolation period for cases and household contacts remain at seven days; and
  - That COVID-19 Protection Framework settings and isolation and quarantine periods next be reviewed in early-May.



9. The Committee applied health factors recently agreed to by Cabinet [CAB-22-MIN-0114], to determine its advice related to the colour settings, namely:
- degree of protection from severe health outcomes due to COVID-19, gauged by vaccination coverage and immunity levels among the general population and vulnerable populations, and availability of treatments (e.g. antivirals) to reduce the severity of illness from COVID-19; and
  - capacity of the health system to meet demand due to COVID-19, given competing demands from other illnesses (including seasonal and imported conditions), backlog of prevention activities and the care of people with long term conditions.

#### *Degree of protection*

10. The Committee noted that New Zealand has achieved some of the highest vaccination rates in the world, with 95 percent of the eligible population having received two doses and 73 percent having received a booster dose, rising to 89 percent of the over 70s population.
11. Booster uptake among Māori and Pacific peoples is lower among the 50-59 age group compared to the 60+ age groups. Nonetheless, the 50+ Māori and Pacific people booster uptake still sits above 70 percent.
12. While Omicron is more vaccine evasive, the relatively low rates of hospitalisation experienced so far can be attributed to the high vaccination rates of the population, particularly booster rates in our older population.
13. The availability of antivirals offers a further line of protection in addition to vaccination. On 31 March, the Minister for Health announced that 60,000 courses of the Paxlovid antiviral had arrived in New Zealand to be distributed over the remainder of 2022. Since its arrival, primary care has information about deploying the treatment and community services are aware of those at high risk<sup>1</sup>. Most pharmacies that have supply have begun distributing it.

#### *Capacity of the health system to meet demand for COVID-19*

14. Infections across the country have declined from the initial peak, and nationally, daily hospitalisations have declined from their peak to close to half the peak. Some DHBs in Auckland are beginning to be relieved from pressure related to COVID-19 infections in staff and their households and COVID-19 hospitalisations. This was reflected in the reports from Health Regional Leads<sup>2</sup> that indicated that planned care was starting to get underway again and that workforce pressures are returning to business-as-usual pressures.
15. However, the Committee also noted that as New Zealand moves into winter, the health system is likely to come under seasonal pressures that may place additional strain on services and resources. There also remains potential for other viruses, such as measles or seasonal flu to exacerbate demand for primary and secondary health services. This cumulative pressure, although not a direct result of COVID-19, could affect ability to meet COVID-19 related demand.

<sup>1</sup> Paxlovid is reserved for those who are newly positive for COVID-19 or who are at high risk of severe risk of illness and can start treatment within five days of first symptoms. Modelling indicates that only 2% of the population will meet the Pharmac eligibility criteria for Paxlovid.

<sup>2</sup> As part of the Committee's assessment, four Regional Leads (Northern, Te Manawa Taki, Central and South Island) reported on DHB capacity to respond to COVID-19 and non-COVID-19 demand for healthcare services in their region.



*Proportionality of shifting colour settings.*

16. The Committee also considered the proportionality of retaining Red measures against the impact on the health system and New Zealanders' health, noting the material change in shifting from the Red to Orange setting would be the removal of indoor capacity limits.
17. Based on the data and advice from DHBs, the Committee felt comfortable to recommend a shift to the Orange setting, noting that based on the degree of New Zealanders' immunity and health system capacity to meet the demands of COVID-19 it was no longer proportionate to retain Red level settings.
18. The Committee did note the concerns outlined by the Southern Regional Lead – that they anticipate workforce and planned care challenges for at least the next two weeks, and that there is still a high number of cases, particularly in young people. However, it was noted that this will be tempered by the forthcoming school holiday period.
19. However, on balance the Committee decided that Orange (which requires mask wearing in a number of settings) would be an appropriate setting, as the degree of protection in the population and health system capacity were sufficient enough to meet demand for COVID-19 in the coming weeks. In addition, school holidays will alleviate any remaining concerns associated with the removal of the requirement to wear masks in schools at Orange<sup>3</sup>.

*Isolation and quarantine periods for household contacts and cases*

20. The Committee reviewed the isolation period for cases and household contacts, and noted that the evidence relating to the transmissibility of the dominant variant in New Zealand (Omicron BA2) has not changed and therefore the rationale for remaining with a seven-day isolation period for cases and households remains the same.
21. It is expected that as the outbreak progresses, more data will become available to inform future changes, including data from the National Contact Tracing Solution on the proportion of household contacts who test positive within their isolation period. This will be provided for the next Committee meeting, along with further modelling of the likely impact of changes to isolation periods, including:
  - potential impacts of isolation period changes on transmission, and
  - the inter-relationship between the COVID-19 Protection Framework settings and isolation periods.
22. The Committee therefore recommended that the isolation periods for cases and household contacts be kept at status quo of seven days.
23. Consideration of case and contact management settings, such as expansion of a 'test to leave' approach was out of scope of the review of isolation periods. Advice on potential changes to these management settings will be provided to relevant Ministers, for decisions as appropriate (i.e. decisions may be made separate to the monthly review of isolation periods to ensure these settings remain proportionate and consistent with New Zealand's minimise and protect strategy).

<sup>3</sup> At Orange, the use of face coverings in schools are strongly encouraged.

## Colour setting proposal

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24. Officials propose Ministers agree to move all of New Zealand to Orange, effective 11.59pm Wednesday 13 April. Moving to Orange will remove all capacity limits, and reduce the number of settings where masks are required.
25. Moving to Orange is supported by an assessment of the health factors above and the non-health factors set out below for moving between colours in the Framework.
26. While being 24 hours earlier than recommended by the Director-General of Health, moving New Zealand to Orange at 11.59pm on Wednesday would enable a swifter return to normal social and economic activity (noting Easter weekend includes some restricted trading days). It would also provide firms with a greater ability to prepare for the Easter long weekend without capacity restrictions.
27. Moving to Orange at 11.59pm on Wednesday is also supported by the Ministry of Education. This support is on the basis that guidance, which the Ministry will provide, will likely be sufficient to maintain masking for those students present for on-site learning for the final day of Term One therefore helping to alleviate the concerns outlined in paragraph 19. Many schools have teacher only days on Thursday, further reducing the risk of transmission.

## Assessment of proposal to move to Orange against non-health factors

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28. The following section assesses the proposal against the non-health factors agreed by Cabinet:
  - Impacts on at-risk populations and iwi Māori
  - Economic impacts
  - Public attitudes and compliance
  - Operational considerations

### *Impacts on at-risk populations and iwi Māori*

29. Vulnerable groups have been disproportionately affected by COVID-19. This trend is continuing, with Māori, Pacific people, those living in deprivation, with disabilities and/or co-morbidities, and the elderly in some instances experiencing disproportionate rates of the virus and suffering more significantly from its effects.
30. Red signals 'higher risk' than Orange, and likely drives more precautionary approaches across communities. There is therefore concern that the move from Red to Orange could negatively impact the prevalence of voluntary health behaviours that influence transmission. Coupled with the easing of masking requirements and capacity limits, this is likely to increase nervousness in those with underlying vulnerabilities.
31. Te Puni Kōkiri (TPK) supports the change in settings for the entire country at once rather than a piecemeal approach. However they remain concerned about the vulnerability of some Māori, including those Māori who remain either not vaccinated or partially vaccinated. TPK recommends that all efforts are made to support other public health measures, such as access to good quality masks, increased efforts to increase vaccinations, access to antivirals and improved ventilation in schools, in advance of moving down the colour settings. TPK continue to recommend caution out of concern for the ongoing risks to vulnerable Māori and disabled communities.
32. While total COVID-related deaths for people aged 60 and older are proportionally lower for Māori than other ethnicities (at 13 percent of the total compared to 18 percent for Pacific), there are several small Māori communities across the country that have higher vulnerability index results, e.g. Hokianga and Ruatoria-Raukumara. Spread of COVID-19,



the risk of which is present at both Red and Orange, could have significant adverse effects in these regions. Household settings generally present the highest risk for transmission. However, as Orange does not have any capacity limits for indoor settings, a move to Orange has the potential to increase the risk of transmission occurring in these places.

33. The National Iwi Chairs Pandemic Response Group (PRG) considers that New Zealand is still in the middle of a debilitating pandemic and should remain at Red. The PRG has significant concerns about the number of active cases spread throughout the country, the capacity of the hospital system, and the number of daily fatalities.
34. Officials from relevant agencies met with members of the disability community in March following the announcement of removing vaccine mandates/scanning and increasing gathering numbers. Sentiment from the meeting would suggest that any changes from Red to Orange are likely to be criticised by the disability community, and create further stress and anxiety. The community would prefer to keep as many broad-based public health measures in place as possible.
35. Although progress has been made by agencies to help alleviate and/or respond to the concerns raised by the community, the Office of Disability Issues considers it likely that the community would prefer more to be done. Significant work is underway to address issues raised by the disability sector; this is reviewed weekly by COVID-19 Ministers, and monitored via an 'All of Government COVID-19 Disability Response Action Tracker'.
36. The Ministry for Pacific Peoples' ongoing engagements with Pacific communities confirm that the Omicron outbreak continues to impact the social and economic wellbeing of Pacific families. Further work is underway to support harder-to-reach Pacific peoples to receive the booster vaccination and parents/guardians of children aged 5-11 years old who have not received the paediatric vaccine. The first tranche of Pacific Aotearoa Community Outreach (PACO) funding, \$2 million, has been distributed to community groups, health and social providers, and churches to enable this. A second tranche of PACO funding will continue to prioritise Pacific-led and targeted approaches and initiatives that work for Pacific communities. To date priorities for Pacific peoples have included support to safely isolate (including access to welfare support), support to undertake testing and record results, access to masks and usage, increasing rates of booster vaccinations, vaccinations for children, dissemination of key COVID-19 information, delivery of public health messaging and the enabling of digital accessibility and connectivity.
37. The Ministry for Ethnic Communities has expressed some concern that a move to Orange could disproportionately impact the elderly and immuno-compromised, should it result in an increase in transmission. However, the benefits of moving to Orange in terms of enabling more 'normal' activity in hospitality settings, and enabling relatively unrestricted cultural and religious events and gatherings are also acknowledged (for example, the ability to worship without any restrictions on capacity – which also has the potential to provide economic support for places of worship, particularly where donations have been adversely affected by capacity limits and other restrictions).
38. As part of its preparation for winter, including to reduce COVID-19 related harms, the Ministry of Health is working to identify ways in which vulnerable population groups can be supported to feel better able to participate more fully in community life. This includes consideration of whether P2/N95 particulate respirators ought to be provided to health providers, for distribution to the most clinically vulnerable patients. The Ministry of Health expects this advice to be provided to the Minister for COVID-19 Response and Associate Minister of Health by 22 April 2022.



*Economic impacts from the Framework*

39. The high-level cost estimates for New Zealand remaining at Red is estimated to result in a \$140 million loss in GDP per week. Table 1 shows the anticipated economic impact of the Framework relative to forecasted activity with no public health restrictions. These are initial estimates, and the Treasury will continue to refine them as new data becomes available about the impact of the recently announced changes to the Framework.

*Table 1: Estimated loss in GDP activity (relative to no restrictions) and assuming open border*

	\$ million per week	% of GDP
All New Zealand Red	\$140	2%-3%
Auckland Orange, rest of New Zealand Red	\$130	2%-3%
North Island Orange, South Island Red	\$115	1%-2%
All New Zealand Orange	\$105	1%-2%

40. Under the Framework, most businesses are expected to operate relatively normally. The reduction in GDP is primarily driven by distancing requirements, capacity constraints at Red, and the behavioural response of consumers.

41. High-frequency indicators show increasing activity as Omicron cases fall, but it is unclear to what extent this reflects real growth. Google mobility data suggests a recovery in people movements now that the peak in daily Omicron infections appears to have passed. The recovery is strongest in Auckland, where cases peaked earlier than in other regions. However, card spending remains 10 percent lower in Auckland, and seven percent lower in the rest of the country compared to the same week in 2019. Heavy traffic volumes have fallen below last year's levels in Auckland and other major centres, possibly reflecting absenteeism disrupting goods transportation networks. Further, while high global commodity prices are boosting export values and building consents continue to reach new records, shortages of labour and materials are slowing the rate of pass-through into actual economic activity.

42. While the economic impacts of the Framework restrictions are significant, the Treasury considers that the most significant economic impact of the Omicron outbreak is staff having to isolate as a result of becoming unwell or as household contacts, regardless of the Framework level.

*Public attitudes and compliance*

43. The latest findings from The Research Agency's 11 to 18 March sentiment and behaviour tracker<sup>4</sup> found that the dominant emotion related to the COVID-19 situation continues to be neutral (42 percent). Second to neutral was 'sad' (21 percent), however, the percentage of people feeling sad was significantly lower than January. Overall, emotions are more positive than they were in January 2022.

44. In response to the question 'How do you think the country is going with handling the impact of and response to COVID-19', 44 percent of people think the country is going in the right

<sup>4</sup> This survey interviewed a nationally representative sample of New Zealanders aged 16 years and over. Total sample n=900. Margin of error at the 95 percent confidence interval is +/- 3.3 percent. It is important, however, to note that this is an online survey – people who do not have access to the internet are not represented in the survey's findings.

direction, 30 percent of people think the country is going in the wrong direction, and 26 percent are not sure. Top reasons for people thinking New Zealand is going in the wrong direction are 'want to move on/go back to normal', 'disagree with the response', and 'Impact on the economy/cost of living'.

45. Overall top of mind concerns about COVID-19 are the 'effect on the economy' (58 percent), 'the health system being overloaded' (54 percent, +5 percent since January), 'supply chain disruptions' (53 percent), and 'financial impact on businesses' (49 percent).
46. While 76 percent of respondents indicated they were willing to self-isolate if they had COVID-19, were symptomatic, or were waiting for test results, only 61 percent of respondents thought that other New Zealanders isolate if they or someone else in their household tests positive for COVID-19 'always / most of the time'. The largest barrier to getting tested for COVID-19 is not wanting to isolate (63 percent), while not being able to take time off work is the biggest barrier towards self-isolation (61 percent).

#### *Operational considerations*

47. Moving all of the country to Orange is preferable from an operational and communications perspective, as it reduces the risk of confusion about what requirements apply where, and/or to whom.
48. A national move to Orange is not anticipated to give rise to any significant adverse impacts on the Care in the Community welfare response or access to the COVID-19 Leave Schemes. However, if the move to Orange were to lead to an increase in transmission, this may place additional pressure on community providers supporting people to isolate safely at home.
49. Access to support through the Care in the Community welfare response continues to be either on the phone or people can apply online. In instances where supports cannot be met over the phone or online, general support through the Ministry of Social Development's (MSD's) Work and Income service centres continues to be available in person with differing capacity limits on indoor facilities depending on the Framework settings. MSD has updated their Health and Safety procedures to ensure staff and people who are seeking support are safe.
50. Feedback from the Regional Leadership Groups (RLGs) suggests there a sense of 'COVID fatigue' within the regions regarding both the outbreak itself and the settings. There is support for reducing restrictions by moving to Orange to allow for businesses to operate more easily and encourage people to engage in more activities, such as events and tourism. However, it was also noted that this may not substantively increase demand if people do not feel that COVID-19 related risk has substantively reduced. Iwi representatives within the RLGs supported a more conservative approach and keeping the country in Red for the time being.

#### **Financial implications**

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51. Various schemes available to support individuals and businesses have had high uptake throughout the Omicron outbreak. In particular, uptake of the COVID Support Payment (CSP) is exceeding forecasts, with \$1,101 million paid out as at 08 April. There is likely to be ongoing pressure from businesses, particularly in the hospitality and events sectors, to provide further fiscal support if we remain in Red.



Uptake of business and individual support since the introduction of the Framework		
Scheme	Amount appropriated	Paid out
COVID Support Payment	\$1.530 billion (for 2021/22)	\$1,101 million (as at 08 April)
Short-term Absence Payment	\$710.795 million (for 2021/22)	\$25.4 million (10 Dec – 11 April)
Leave Support Scheme		\$245.7 million (10 Dec – 11 April)
Small Business Cashflow Scheme	\$1.414 billion (for 2021/22)	\$276 million (18 August – 10 April)
Care in the Community and related programmes	Approximately \$1.008 billion across Votes Social Development, Māori Development, Pacific Peoples and Education (some allocated prior to the COVID-19 Protection Framework)	

52. Cabinet recently took decisions on the future of the COVID-19 Response and Recovery Fund as part of its consideration of the Budget 2022 package (CAB-21-MIN-0129) refers. Provision will be made for the ongoing fiscal implications from the health response.

### Human Rights

53. s9(2)(h)

54. s9(2)(f)(iv)



## Te Tiriti o Waitangi Analysis

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55. The Crown's obligations to Māori under the Treaty of Waitangi require active protection of tāonga, and a commitment to partnership that includes good faith engagement with, and appropriate knowledge of the views of iwi and Māori communities. In the context of the Framework, this involves considering what will support a national response that is co-ordinated, orderly, and proportionate, considering the Crown's obligation to actively protect Māori health, interests and rangatiratanga.
56. The current outbreak has so far had a disproportionate impact on Māori, with Māori currently seeing the highest number of new cases per 100,000 of population. This has had an impact on Māori service providers, who are experiencing high degrees of workforce fatigue.
57. Māori vaccination and booster rates remain lower than the rest of the population, largely due to a slower rollout of the initial vaccination campaign to Māori communities. This has been exacerbated by the high numbers of Māori recently infected with COVID-19 and the three-month interval between becoming a case and receiving a booster dose.
58. Officials are involved in regular engagement with iwi and Māori to understand the impact changes may have on Māori. It also provides an opportunity to gain insight to how the Government can support what Māori consider is the best approach forward and ensure systems are in place to achieve equitable health outcomes for Māori.
59. Officials acknowledge that the move to Orange is not the preferred option of the PRG or iwi RLG members, who would rather New Zealand stay at Red. However, officials consider that there are sufficient measures in place to allow a move to Orange and protect Māori health, including providing for Māori-led services. The Government will continue to retain the option of moving back to Red if it is proportionate to the current risk.
60. Moving to Orange will remove capacity limits from key cultural activities, such as tangihanga, weddings, and other milestone events. It will also remove restrictions from Māori led economic activity. It is possible however, that Māori may impose independent measures in some situations to maintain further protection against increased transmission as a result of moving to Orange.

## Consultation

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61. The Ministry of Health has provided the public health advice outlined in this paper. The Crown Law Office provided advice regarding the Bill of Rights Act implications. The Ministries of Social Development, Pacific Peoples, Transport, Business Innovation and Employment, Education, Te Puni Kōkiri, Te Arawhiti, Customs, Police, and the Treasury were consulted.

## Next steps

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62. Subject to your agreement to the recommendations in this briefing, including consultation with the Minister of Justice and Minister of Health (and any other Minister you identify) on the proposals, the Minister for COVID-19 Response will amend the COVID-19 Public Health Response (Protection Framework) Order 2021 on 13 April, to come into force at 11.59pm on the same day.
63. We recommend that the decision to move to Orange be communicated as soon as possible, to ensure that New Zealanders, and in particular the business sector, have time

to prepare for the changes ahead of the Easter long weekend. Education settings providing on-site learning on Thursday will be provided with guidance via the Education Bulletin to encourage continued masking on the final day of Term One, and encouraging the use of masks at Orange by ākonga and staff in Years 4 and above when indoors. The Unite Against COVID-19 website has already been updated to clearly outline the masking requirements that apply at Orange<sup>5</sup>.

64. We also suggest announcing when the next review of colour settings will occur, which is proposed for the week of 16 May.

Attachments:	
<b>Attachment A:</b>	COVID-19 Protection Framework Assessment Committee: Review of colour settings and isolation periods 11 April 2022

Proactively Released

<sup>5</sup> [Wear a face mask | Unite against COVID-19 \(covid19.govt.nz\)](https://www.unite.co.nz/2021/04/11/wear-a-face-mask-unite-against-covid-19/)