

Office of the Prime Minister

Cabinet

## **COVID-19: A STRATEGY FOR A HIGHLY VACCINATED NEW ZEALAND – REPORT BACK**

### **Proposal**

- 1 This paper outlines a new framework for responding to COVID-19 that reflects the protection provided by high domestic vaccination uptake.

### **Alignment with Government Priorities**

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

### **Summary**

- 3 Our approach to controlling COVID-19 has rested on tight border controls, an effective testing, contact tracing and isolation system, and a well-accepted and coherent Alert Levels system for when community cases emerge. We have adopted a strategy of rapidly implementing significant restrictions for short periods of time, thereby eliminating the virus whenever it appears in the community.
- 4 This has proven to be a successful approach for the first phase of the pandemic. We have one of the world's lowest mortality and hospitalisation rates from COVID-19, while maintaining more days without restrictions and a strong economy, with unemployment among the lowest rates in the OECD.
- 5 Yet there have been disproportionate impacts. Businesses have suffered from lockdowns, reduced tourism, lack of access to skilled migrants, and disconnection with the rest of the world. Our Māori and Pacific communities in Auckland have borne the largest health and social impacts from outbreaks that have occurred, and there have been significant social impacts on those separated by the border measures, including less contact with their families.
- 6 The deployment of highly effective and safe vaccines enables us to adjust our approach in the next phase, as we look to enable New Zealanders to reconnect with the world. High vaccination rates will create more options for both domestic measures and border settings. With our new framework to control COVID-19, then we can start to change our risk tolerance at the border. Further, we can do so without relying on widespread Alert Level 3 and 4 lockdowns, and with less intrusive public health controls.
- 7 Our new framework for domestic controls and the reconnection work are interdependent. A domestic response framework that is sustainable in the long-term enables changes at the border, and both require the development of the domestic health system. These pieces of work will therefore move in tandem.

### *New framework*

- 8 This paper presents the outline of a new framework that reflects and responds to the protection offered by high rates of vaccination. The Traffic Light Response Framework<sup>1</sup> features three levels, with:
- 8.1 Green (Prepare) a baseline level similar to pre-pandemic normal life but with widespread surveillance testing,
  - 8.2 Amber (Control) an increased set of measures that we would rely on to control spread when it is moderate, and
  - 8.3 Red (Reduce), pitched at about Level 2.5 of our present framework, to more actively reduce transmission when that is necessary.
- 9 By vaccinating, effectively testing, tracing and isolating, and controlling the virus through our new framework, we will reduce the frequency, size and speed of outbreaks. An individual case will no longer be an immediate public health emergency and stamping out new outbreaks will be easier than it is today.
- 10 Importantly, at all levels of the new framework, businesses and schools remain open, and people are not required to stay home. The framework could be deployed at a regional level, but with less focus on a response to every single case there would be less need for inter-regional boundaries.
- 11 To enable us to maximise the benefits of greater vaccination rates and allow greater freedoms and increased economic activity I propose to use proof of vaccination requirements in some domestic settings through a COVID-19 Vaccination Certificate (CVC).
- 12 There is much yet to do to develop the new framework, including defining the thresholds for movement between levels on the framework, and exploring the exact set of measures at each level that will be sufficiently effective at controlling any COVID-19 in the community. This includes interaction between how we use the new framework, and our controls at the border.

### *Engagement*

- 13 Continued close involvement of public health officials and modellers is crucial to developing a robust framework. The equity implications of varying vaccine uptake in communities and varying access to technology will also need careful exploration as to how they interact with the new framework.
- 14 Targeted discussions led by Ministers have been undertaken with our expert advisors, Treaty partners and key stakeholders, supported by officials. Feedback from these sectors has been incorporated into this paper. On the whole feedback was positive about the intent of the new framework. Officials will continue to engage with external stakeholders as they develop the final framework.

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<sup>1</sup> A final name for the framework is to be confirmed.

### *Report back*

- 15 I propose to return to Cabinet on 26 October to seek agreement to the new framework. This will allow us time to develop its details, and also to link with significant decisions on Reconnecting New Zealanders that will be considered at the same Cabinet meeting.

### *Transition*

- 16 It is becoming apparent that achieving zero cases in this current outbreak would require an indefinite period of restrictions and is unlikely to be successful.
- 17 At the same time, vaccination rates are not yet high enough. An uncontrolled outbreak would have unacceptable impacts on our health system and on unvaccinated New Zealanders in the groups most susceptible to COVID-19.
- 18 Together this means that we will need to use the current Alert Level system, but move gradually into the new Traffic Light framework while new cases continue to emerge and vaccination rates build over October and November.
- 19 There are some risks in this approach. We are relying on high levels of domestic vaccination to enable fewer domestic controls. Difficulty reaching very high uptake of the vaccine could cause a longer, slower transition, and a change in the design of the new framework to make it more stringent to protect the unvaccinated population.
- 20 The longer-term environment is uncertain, including on vaccine effectiveness, and the emergence of new variants, new technologies, and new treatments. The Traffic Light framework has been constructed to be responsive for a more dynamic picture with some low levels of community transmission, while working towards a more open border. We therefore expect the framework to serve us for some time. But we will need to continue to keep all our COVID-19 control measures under active review to be sure that they respond appropriately to the changing circumstances in which we find ourselves.

### **Introduction**

- 21 This paper has two main parts:
- a. A situation report on the virus, vaccines, and the experiences of other countries with high vaccination rates.
  - b. A three part approach and a new draft framework for the next phase.

### **Situation report**

- 22 Globally there have been over 230 million confirmed infections and nearly 5 million deaths worldwide from COVID-19. The total including unreported infections and deaths would be even higher. Vaccines are now rolling out steadily. Around six billion doses have been delivered, with around 44% of the world's population having had at least one dose in the fastest and largest scale roll-out of new vaccines ever.

- 23 With vaccinations significantly lowering mortality rates, we are entering a new phase of the response. The COVID-19 vaccines we are using are safe and effective. With about 90% effectiveness against serious illness and 70% against infection, they will be more effective than the flu vaccines but less likely to be able to provide herd immunity in the way measles vaccines do.
- 24 Testing is improving around the world as well. New options are emerging that are faster and cheaper, albeit less accurate, than the gold-standard PCR tests. The ability for tests to be processed without labs and self-administered has improved the accessibility to tests and rates of testing in many places.
- 25 We expect to learn a lot from observing the experience of other countries with high vaccination rates in the coming months, especially those that have recently reduced their equivalent of domestic Alert Level controls. Most countries continue to have high numbers of cases and deaths and are continuing use of significant domestic restrictions despite high rates of vaccination (and higher rates of infection acquired immunity) as shown in the table below.

| Country            | Vaccination Coverage (total population %, at least one dose/fully vaccinated) | Average Cases per Day (per million population recent month) | Average Daily Deaths (per million population recent month) | NZ Population Equivalent (if recent monthly trends were sustained for a year) |
|--------------------|---|---|--|---|
| <b>New Zealand</b> | 67 / 38   |   |  |   |
| Australia          | 63 / 42   | ~50 (increasing)  | ~0.2   | 250 cases per day, ~350 deaths per year                                       |
| United States      | 64 / 55   | ~400 (recently increased)                                   | ~4   | 2,000 cases per day, ~7,500 deaths per year                                   |
| Israel             | 69 / 64   | ~1,000  | ~3   | 5,000 cases per day, ~5,000 deaths per year                                   |
| United Kingdom     | 71 / 66   | ~500  | ~2   | 2,500 cases per day, ~3,600 deaths per year                                   |
| France             | 74 / 65   | ~200 (decreasing)   | ~1.5   | 1000 cases per day, ~2,700 deaths per year                                    |
| Portugal           | 88 / 85   | ~150  | ~1   | 750 cases per day, ~1,800 deaths per year                                     |
| Ireland            | 76 / 74   | ~300  | ~0.75  | 1,500 cases per day, ~1,400 deaths per year                                   |
| Denmark            | 77 / 75   | ~100 (decreasing)   | ~0.5   | 500 cases per day, ~900 deaths per year                                       |
| Canada             | 77 / 71   | ~100 (increasing)   | ~0.5   | 500 cases per day, ~900 deaths per year                                       |

|           |         |                          |      |   |
|-----------|---------|--------------------------|------|---|
| Germany   | 67 / 64 | ~100                     | ~0.5 | 500 cases per day, ~900 deaths per year |
| Singapore | 79 / 77 | ~50 (increasing rapidly) | ~0.1 | 250 cases per day, ~180 deaths per year |
| Iceland   | 82 / 80 | ~100 (decreasing)        | ~0   |   |

- 26 In the past two to three months, as vaccination campaigns in other countries have peaked, governments have looked to relax domestic and border restrictions:
- 26.1 In some cases, subsequent growth in transmission has required a government response. Singapore, Iceland, France and Israel are all examples of countries that have postponed plans for border openness or re-escalated domestic restrictions.
  - 26.2 Other countries have achieved a stable relaxation in domestic restrictions, but this approach has come with health consequences, such as in the UK and Germany. In those countries, significant public health controls continue, relative to before COVID-19 (perhaps equivalent to current Alert Level 2 or above in New Zealand) and case numbers and mortality are very significant, by New Zealand standards.
  - 26.3 The return to the lowest level of restrictions in Denmark and now Norway is still a relatively recent occurrence, and we will continue to monitor whether the epidemiological consequences there are sustainable.
- 27 In looking at other countries, we learn that there is no easy solution and no perfect example. New Zealand's unique starting position also affords us options for future strategy that are not available to other countries. We must to some extent chart our own path.

### **Our approach for the next phase**

- 28 As we look to Reconnecting New Zealanders with the world, we are starting to enter the next phase of our response. In the next phase with a shift to focus on vaccination, effective testing tracing and isolation, and controlling COVID-19, we can aim to keep sickness and mortality at low levels without a heavy reliance on Alert Level 3 and 4 lockdowns, and with more stable, less intrusive public health controls, while being able to be more open at the border.
- 29 Broadly speaking, there are three pieces to the puzzle of management of COVID-19 in the next phase of our response:
- 29.1 vaccination,
  - 29.2 the new framework, and
  - 29.3 border settings.

- 30 The pieces are interoperable, in that choosing different settings for one will affect the need for the others. As we move into the next phase of our response, including reconnection with the world, the settings for these different pieces will change.
- 31 Vaccination is the most important element, in that increases will create more options for both domestic measures and border settings. We have had tight borders and enjoyed near normal conditions at home for much of the response. Higher rates of vaccination give us a greater set of options for the other aspects of COVID-19 management. The priority order is therefore achieving and maintaining the highest possible level of vaccination, then implementing the new framework, followed by an changes to border settings.

### *Objectives*

- 32 The objectives of the new framework will be guided by a set of principles. At a high level our objective is to:
- 32.1 Vaccinate – including good coverage across geographic areas, age range, and ethnicity to prevent outbreaks,
  - 32.2 Test, trace and isolate cases and contacts when they do arise,
  - 32.3 Control the impact of potential cases through sustainable public health measures,
  - 32.4 Give as much certainty and stability as possible for people, and businesses, by removing the need for Alert Level 3 and 4 lockdowns,
  - 32.5 Catch cases at the border, but work towards removing the bottlenecks, and being more open,
  - 32.6 Ensuring our hospitals and public health system are well equipped to care for cases if and when they do arise, and
  - 32.7 Maintain equity in health and economic outcomes.

### *Vaccinations*

- 33 The new framework will depend for its viability on the highest possible level of vaccination. Higher vaccination rates give us more choices for reconnection at the border and reduce the strictness of the required ongoing public health controls. High vaccination means that contact tracing and testing systems can manage much of the work required to reduce transmission, and we expect to be able to retire stronger domestic measures, like lockdowns.
- 34 Recent published research and modelling from Te Pūnaha Matatini (TPM) and the Institute of Environmental Science and Research (ESR), and the experiences of other countries, tell us that:
- 34.1 Every additional vaccination reduces transmission, sickness and deaths, but there are significantly greater benefits at much higher rates of vaccination.



34.2 With higher vaccination, new cases in the community would be less likely to create outbreaks and new outbreaks that do arise will be smaller and easier to eliminate.

34.2.1 With 90% coverage of the eligible (12+) population the rate of spread could be about 30% lower than at 70% coverage.

34.2.2 At 70% eligible population coverage, greater than one in three outbreaks would grow to more than 1,000 cases without domestic restrictions. At 90% this would be around one in ten outbreaks.

34.2.3 Extending eligibility to the 5+ age group and achieving 90% coverage could reduce this to around one in 50 outbreaks or fewer growing to more than 1,000 cases without domestic restrictions.

34.3 Highly effective contact tracing, testing (including whole genome sequencing capabilities), and isolation protocols can also significantly reduce transmission. For these to be most effective, it will be important to keep case numbers low, at least initially. This gives us the best chance of realising better outcomes over the medium term: fewer cases, less strain on the health system, and lower reliance on more stringent domestic restrictions.

34.4 The dual wins of reducing transmission and reducing severe disease create opportunities for fewer domestic restrictions, and for pathways for international travellers without 14-day MIQ stays.

35 Further preliminary modelling results presented in the table below indicate that a strong test-trace-isolate-quarantine (TTIQ) system and moderate public health measures may be enough to keep the virus suppressed, greatly reducing the need for strong public health measures, such as stay-at-home orders and workplace closures<sup>2</sup>. Results suggest that it would be valuable to develop a suite of moderate public health interventions that can be sustained for a long period of time if required.

36 Currently, only those aged 12 and over are eligible for vaccination. However, children still play a role in transmission, so if a future decision enables us to vaccinate younger age groups, this will improve the transmission reduction attributable to the vaccination campaign as shown in the final two rows of the table.

| Vaccination coverage | Baseline public health measures                             | Testing, tracing and isolation performance | Estimated effective reproduction number |
|----------------------|---|--|---|
| 85% of over 12s      | <i>Baseline mitigations are in place that provide a 17%</i> | Full                                       | 1.16                                    |

<sup>2</sup> These estimates are based on current central estimates for vaccine effectiveness against infection and onward transmission, with an assumed  $R_0 = 6$ .

|                 |   |         |      |
|-----------------|---|---------|------|
| 95% of over 12s | <i>total reduction in transmission.</i>   | Limited | 1.15 |
| 95% of over 12s | <i>May include measures such as mask use, ventilation, density restrictions indoor venues, support for people to isolate.</i> | Full    | 1.03 |
| 90% of over 5s  |   | Limited | 1.00 |
| 85% of over 5s  |   | Full    | 0.99 |

- 37 It is important to recognise that these key points relate to population averages. Rates of vaccination and transmission will vary between communities. Future strategy must be made with fine-grained understanding about where and with whom the greatest vulnerabilities and risks lie. Even with 80% or 90% vaccination coverage for the overall population, there will be communities that have 70% or lower coverage or who cannot be vaccinated and are therefore at risk of worse outcomes.
- 38 We are optimistic that we will achieve a very high level of vaccination domestically. But, if vaccination rates do turn out lower, we would need to strengthen the public health controls in the new framework and live with those restrictions in the longer-term. These unwelcome restrictions would be necessary to avoid overwhelming our hospitals with COVID-19 cases and accepting mortality rates that surpass those of influenza and pneumonia.
- 39 It is possible that higher levels of vaccination will identify unknown behaviour impacts and may make testing, case finding and isolation more difficult, as there is greater incidence of asymptomatic infection that could still lead to spread. People could be less incentivised to come forward for testing or comply with tracing when they have been vaccinated, but there has not been substantive evidence of this effect from overseas. There will therefore be a greater need for broad based surveillance testing across workplaces and wastewater testing.
- 40 The increasing availability of rapid, cheap and sufficiently accurate surveillance testing options will enable us to improve our surveillance testing approach, while retaining the more involved and time consuming, but more accurate, testing approaches for diagnostic confirmation of cases. This approach is possible when we know that COVID-19 is in the community and are trying to understand the level of spread, rather than for seeking out individual cases.

#### *The new framework*

- 41 The major benefit of increasing our vaccination levels is the ability to change our domestic response settings. However, even at very high levels, vaccination alone will not be enough to stop the spread. Even with effective testing, tracing and isolation we will need some enduring public health controls, though much less stringent than before vaccination, coupled with the Public Health Response measures.
- 42 The new framework attached in Appendix 1 will provide for public health controls for a high vaccination context. We will retain the features of the Alert



Level framework that have served us well, while adapting it for the next phase of the response. The approach is being built from the best-available public health advice, science and modelling. Importantly, at all levels of the new framework, businesses and schools remain open, and people are not required to stay home.

- 43 The new framework features three levels, with:
- 43.1 Green (Prepare) a baseline level similar to pre-pandemic normal life but with widespread surveillance testing that could be in place when there are isolated or sporadic spread of cases in the community,
  - 43.2 Amber (Control) an increased set of measures that we would rely on to control spread when there are active clusters in the community, and
  - 43.3 Red (Reduce), pitched at about Level 2.5 of our present framework, to more actively reduce transmission when there are multiple active clusters and/or action is needed to protect the health system.
- 44 With high vaccination we expect to be able to operate without stringent controls like lockdowns. That said, we may need to resort to them in response to extreme circumstances, such as for new variants that escape vaccine immunity, or a sudden and unmanageable rise in hospitalisation.
- 45 The success of public health controls is reliant on public acceptance and compliance. We know from experience with the Alert Level controls that these work best when they are as simple as possible to understand, coherent, evidence-based, and fair, with a clear legal backing. With the new framework, we need to ensure that people understand the value of stability. Practically, this could mean giving up some of our every-day freedoms in exchange for not having to return to a lockdown.
- 46 How we use the new framework is as important as its content. We will need to be adaptive for different border arrangements, local situations, and local vaccination rates. The speed and frequency with how we use the higher levels of the new framework will determine the impacts, length of time at higher levels, and potentially how high up the levels we shift.
- 47 The measures can be deployed in a localised response. There will be differing need for changes in levels depending on local spread dynamics, vaccination rates, and health system capacity. However, relying on higher rates of vaccination while there is COVID-19 in the community will mean that we become less anxious about the spread of single cases between regions, reducing the need for more stringent borders between regions. We could expect that restrictions on inter-regional travel would only be required at the Red level setting.

#### *COVID-19 vaccination certificates*

- 48 Proof of vaccination requirements in some domestic settings would enable us to maximise the benefits of greater vaccination rates and allow greater

freedoms and increased economic activity. I propose that we use COVID-19 Vaccination Certificates (CVC) as part of the framework.

- 49 The use of vaccination as a condition of entry to certain venues and events can reduce the likelihood of outbreaks and potential super-spreader events. CVCs have also been used internationally to help encourage vaccinations, by acting as an incentive as part of a move towards fewer domestic controls.
- 50 Officials are exploring a range of domestic settings where CVCs may be used, taking into account the risk of transmission at specific events, due to the number of people in attendance and the types of activities being performed. They are also looking at related issues such as equity, feasibility, employment, access to lifeline services, human rights, privacy and Treaty considerations.
- 51 Preparations are underway in the Ministry of Health for a two-stage delivery of a domestic vaccination certificate. Stage one will provide a paper-based certificate with a working title of the “Summer Pass” that can also be stored on mobile phones. Due to privacy concerns this is a separate solution than the digital vaccination certificate for international travel and will show a simple view of compliance vaccination (or exemption) status with no clinical or private information. Work on the Summer Pass as a tool for proving vaccination status is scheduled to be completed in early November.
- 52 Preliminary consultation has begun with representatives from the business and community sectors on the possible introduction of a CVC in New Zealand. Feedback from targeted engagement has mostly been positive but has highlighted that these requirements will have a disproportionate impact on communities with lower vaccination rates, particularly younger Māori and Pacific people. A CVC will also impact businesses who have to enforce the rules, and they may have unvaccinated staff. Hospitality leaders, for example, have suggested up to 30% of hospitality staff may be unvaccinated.

53 s9(2)(h)

*Border settings*

- 54 The other benefit of vaccines is the opportunity to move forward with our approach to reconnecting New Zealanders with the world. As with our new framework settings, vaccination does not provide a silver bullet. We will need to take steps to reduce the risks of people coming into the country with COVID-19.
- 55 Border settings should be the last of the levers to move. We need to be prepared for the risk associated with changes at the border by getting our vaccination levels high and having our new framework ready. In keeping with the high level goals I have outlined, our border response needs to be consistent, predictable, and fair. To ensure people have confidence in our

approach, I am committed to a careful and progressive opening up that minimises the risk of backward steps.

- 56 Changes at the border are one of the wins we earn from higher vaccination levels. If we are prepared to control COVID-19 within the border, managed by high vaccination levels and our new framework, then we can change our risk tolerance at the border. While our aim is still to catch cases at the border, there is scope to adjust our settings so that not everyone is using 14-day MIQ.
- 57 We are investigating self-isolation and short stay MIQ, through the self-isolation pilot and changes to the testing regime in MIQ. We are also building our vaccine certification technology, and the Traveller Health Declaration system. Longer term, we will be able to control COVID-19 with effective vaccination programmes and treatments, which would allow vaccinated arrivals to travel quarantine-free without risking significant health impacts for New Zealand.
- 58 At Cabinet on 1 November, I will be reporting back on our strategy for Reconnecting New Zealanders with the world. In this paper I will give greater detail on the options for change at the border and how we will move forward with the approach.

#### *Public health measures*

- 59 There is a significant amount of work and investment in other areas that will support our shifting to a new approach. This work is being considered as part of the Reconnecting New Zealanders programme, to ensure readiness of the testing, tracing and isolation system, the MIQ system and the health system capacity being prepared to deal with potential increased health impacts.
- 60 An effective test, trace and isolate system is key to our ability to reduce transmission without requiring stronger population-level health measures. We must ensure that our surveillance testing approach includes the latest advances in testing capability, contact tracing capacity is sufficient, and that we have an isolation and quarantine system that is fit for both incoming arrivals and domestic cases.
- 61 I foresee a future where we are not stretching the capacity of our hospitals and ICU beds, but we are ensuring we are prepared for an inevitable rise in hospitalisation of people who remain unvaccinated, and in some cases, vaccinated people who become severely ill. Officials are working on the approach to investing in the health system for the shift to the new approach, and how investment could change the thresholds for response in our new framework.

#### *Other elements*

- 62 In order to leverage the individual protections offered by vaccination as part of our new framework, there is infrastructure required in support. People will need to be able to provide proof of their vaccination status, s9(2)(g)(i)

- 63 Officials will seek advice on the legal framework and orders in the COVID-19 Public Health Response Act, to ensure that our approach is grounded in fit-for-purpose legislation. This includes investigation of the legal rights for employers, hospitality and events.
- 64 We also need to take a deliberate, consistent, well-considered approach to the question of individual rights versus group rights. s9(2)(g)(i) [REDACTED]  
[REDACTED]  
[REDACTED]
- 65 The new framework will have flow-on impacts into systems that are based on the current Alert Level framework such as the Wage Subsidy Scheme, and the Resurgence Support Payment. Treasury is working with other agencies to ensure the wider economic support framework supports compliance with health measures and business transition.
- 66 Another flow-on impact of changing the Alert Level framework would be substantial changes to operational guidance provided to agencies and businesses. Agencies will need to update advice for business and people on what activities and operations are possible at different levels of the framework. In reality, there will be iterations as we learn how rules impact businesses, and they adapt to new ways of operating.
- 67 In my report back to Cabinet I will propose a process to allow business and other groups to bring substantive gaps or areas of operational uncertainty to officials attention to make fixes quickly.

#### **Next steps**

- 68 Officials will continue to develop the new framework and approach over the coming weeks. I propose to return to Cabinet on 26 October with a final framework for decisions.
- 69 The next paper will include:
- 69.1 the finalised framework design, and advice about transitioning between levels, including policy advice and advice from Public Health and from the Strategic COVID-19 Public Health Advisory Group (SC19PHAG),
  - 69.2 final decisions for the situations the COVID-19 Vaccination Certificates will be used in and the detailed requirements, incorporating the further engagement that is underway,
  - 69.3 an approach to the treatment of children, and others who cannot be vaccinated, in the framework,
  - 69.4 the development of detailed operational planning and engagement for the transition to, and implementation of, the new framework,
  - 69.5 advice on the implications for economic supports tied to the Alert Level framework.

70 The SC19PHAG have been commissioned to provide feedback on the traffic light framework and answer the following questions:

70.1 What public health objectives or strategy should NZ pursue, following the completion of the vaccination campaign?

70.2 Given the answer to 1, what should future case-based measures be?

70.3 How do we transition to the new approach described above, noting the possibility of a concurrent community outbreak?

*Transition planning*

71 Last week, when we first discussed this paper, our central scenario was that we would return to zero active cases in Auckland and move into the lowest level of the Traffic Light, Green, nationwide once we were nearer to completion of the vaccination programme.

72 After more than six weeks with significant restrictions the public health assessment is that zero cases is unlikely to be achieved with this outbreak. We are seeing too many unlinked cases in this outbreak, and a small number of hospitalisations that suggest that there is some community transmission in Auckland that is not being detected by our contact tracing system.

73 Partly, this undetected spread is because of the greater infectiousness of the Delta variant. It also reflects the fact that the outbreak was already large at the time we initially discovered it. And partly it is because of the characteristics of the communities into which the virus has now been spread. Though we have changed our contact tracing processes and systems, the interlinked disadvantage and disengagement of some parts of these communities make it very challenging to trace and isolate all cases.

74 We will now need to transition to the Traffic Light framework while cases continue to emerge and while vaccination continues to build. I expect that Auckland will move into the Red level of the framework in November. Decisions on what would be the first step in that transition are being sought today in the Alert Level paper that is also at this Cabinet meeting.

75 There is a range of controls that will need to be adjusted over time. We do not have a higher level than Red on the framework, and so we will need to manage carefully the transition from Level 3 lockdown to the new arrangements to ensure that we do not need to return to widespread lockdowns. I envisage that the last measure we will remove is the boundary control.

76 Vaccinations will already be helping us reduce transmission, and we will be increasing relying on vaccination to limit spread of the virus as rates continue to grow. Modelling suggests that the risk of transmission will be meaningfully reduced at 80% coverage for the eligible population and will be further reduced if we can achieve coverage as high as 90%. Benefits will be greater still if eligibility for vaccination is ultimately extended to younger age groups.

### *Risks*

- 77 There are risks to our plan if the Red measures are not sufficiently strict to maintain containment, or if the outbreak were to grow significantly while vaccination rates continue to build. We will move cautiously and continue to observe our situation closely and learn from the first steps we take and from those examples of countries that have begun this transition before us.
- 78 As noted above, we must also remain cognisant that rates of vaccination and transmission will vary between communities. Even with a high average vaccination level for the overall population, there will be communities at risk of worse outcomes due to lower community vaccination rates. Risks associated with population impacts and communication challenges are set out below.

### *Modelling*

- 79 By the end of October, more detailed modelling work will be undertaken which will explore, in priority order:
- 79.1 the precise nature of restrictions that would be necessary to result in the effective rate of transmission being as close to, or below 1, in different vaccination scenarios;
  - 79.2 the distribution of outcomes, beneath the national level, critical to our understanding of the risks facing different communities of our strategic choices;
  - 79.3 the relationship between prevalence, domestic restrictions, and the performance of test, trace, isolate and quarantine levers (crucial to understanding under what conditions our ongoing response can be stable and sustainable);
  - 79.4 the dynamics of COVID-19 management in different scenarios, including the basis on which "Red" restrictions would be necessary and the expected length of time under the different levels of the new framework.
- 80 These modelling results will enable agencies to provide advice on the social and economic impacts associated with the different scenarios explored. This could include cost-benefit analysis of the trade-offs between the baseline level of domestic restrictions, the extent to which the border is open, and the likelihood of needing to escalate our domestic response.

### **Financial Implications**

- 81 Any funding implications will be considered as part of the follow-up paper at the end of October.

### **Legislative Implications**

- 82 There are no direct legislative impacts in this paper. Changes will be made through the introduction of an order under the existing legislation. Changes to the order would be made through the same process as current orders.



83 Officials are considering whether minor amendments to the COVID-19 Public Health Response Act 2020 (Act) could provide a firmer statutory basis for the new framework, including in respect of enforcement powers. These amendments could be made through the amendment Bill currently before the House.

**Impact Analysis**

84 There are no legislative implications, therefore a regulatory impact statement is not required.

**Human Rights**

85 s9(2)(h) [Redacted]

86 s9(2)(h) [Redacted]

87 s9(2)(h) [Redacted]

**Population impacts**

88 Broadly there are two main population impacts from changes to the strategy for managing COVID-19:

- 88.1 Health impacts, if changes mean more spread of COVID-19 in the community – even if tightly managed, and
- 88.2 Impacts from the measures used to suppress cases.

89 We know that the virus has had a disproportionate health impact on Māori and Pacific communities. Pacific people have made up over 60% of the cases in

the main outbreaks, and Māori have the highest mortality rate. We need to ensure that the next phase of our approach does not exacerbate these inequities.

- 90 Māori and Pacific people have higher rates of co-morbidities for the virus and have more risk due to proximity to the border, employment in essential worker roles (not safely isolating at home), compromised resilience due to economic hardships, potentially greater impact of missing out on education due to digital divide, and barriers to accessing healthcare when they have higher rates of long term conditions.
- 91 The principal impact from the change to the new framework is the introduction of measures that depend on the vaccination status of an individual. This could exacerbate existing inequities in the coverage of vaccination among different groups. Māori, and younger age groups of Pacific peoples currently have low rates of vaccination compared with the wider population and could be disproportionately impacted by the new framework. There could also be impacts on disabled people who have had barriers to their access for vaccination. However, the use of vaccine requirements in some places could have the effect of increasing vaccination rates as people have further incentive to be vaccinated.
- 92 Early consultation with our Treaty partners and Pacific people will be important to ensure the framework takes this into consideration in terms of its use and the timing of transition, and we will continue our work on improving the vaccine roll-out for Māori. Feedback from the targeted engagement with the Iwi Chairs Forum this week focussed on the importance of vaccination for Māori. The Iwi chairs were keen to ensure that changes to the framework wouldn't disproportionately affect Māori and were clear that the key to that is lifting vaccination rates for Māori.
- 93 Additionally, there is lower coverage of vaccination in younger age groups, due to the timing of the roll out. These groups could be disproportionately impacted if there is an early transition to the new framework due to the current outbreak in Auckland. In younger groups aged below 12 that cannot be vaccinated yet there is higher risk of impact, and this age group is generally exempt from mask usage. This could mean larger health impacts, and/or more disruptive measures such as closing schools and isolating.

### Consultation

- 94 This paper was prepared by the COVID-19 Group in the Department of the Prime Minister and Cabinet. The Ministry of Health was consulted on the paper and Crown Law provided draft advice.
- 95 We have short timeframes to be ready for the new approach, and it is critically important that the public is part of the journey. Relevant Ministers have led engagement with targeted discussions with:
- 95.1 our Treaty partners,
- 95.2 the health sector,

- 95.3 supermarkets and retail,
  - 95.4 hospitality and events,
  - 95.5 places of worship,
  - 95.6 schools and tertiary education institutions, and
  - 95.7 workplaces.
- 96 Feedback from these sectors has been incorporated into this paper. On the whole feedback was positive about the intent of the new framework. Those consulted agreed that a new strategy that incorporated the high vaccination rate and aimed to minimise lockdowns was needed. The main concerns were around being clear about how the framework would be used, what might trigger changes in level, and in what circumstances lockdowns could still be used. There were also concerns about disproportionate impacts of more cases of COVID-19 in the community and the vaccination requirements in the framework.
- 97 We have also received feedback from sectors on more detailed elements of the new framework. Officials will incorporate this and continue to engage as the final framework is being developed for 26 October. A table including the key themes from feedback is attached in Appendix 3.

### Communications

- 98 Insights from our September sentiment research indicate New Zealanders still strongly support the Government response to Covid-19 and information is consistently meeting needs. People still believe that lockdown and the Alert Level settings are our best response right now, however they are looking ahead for guidance on when things will open up and return to 'normal'. Despite being most restricted under the current settings, support in Auckland is similar and they remain generally compliant.
- 99 There is widespread understanding that, even when majority are vaccinated, there will be a difference in life compared to pre COVID-19. However, fatigue is setting in at the current Covid-19 in situation and concerns about the long-term impacts of COVID-19 on mental health, access to schooling, and general life progress are growing. There is also a growing pressure for opening the borders and a greater expectation to know what the plan is for returning to a more 'normal' world.
- 100 The planned shift to the traffic light system is likely to take place when there are cases emerging in some of our more vulnerable communities. It is also planned to be introduced through a series of iterative changes to the current settings. This context poses significant communications challenges.
- 101 We need to support New Zealanders to understand how progressively changing conditions for life in New Zealand (eg vaccination) enable them to live their lives as safely as possible under a new framework. We need to consider how to move away from a focus on daily case numbers to keep

people focused on actionable steps they can take, and a shared responsibility for action.

- 102 To achieve the above an announcement is being planned for 14 October. This will be followed by a system wide refresh of all websites, collateral and messaging/guidance across all agencies and sectors. Across all communications, we will highlight vaccination as central to our future strategy that many of the freedoms we seek are dependent on high rates of vaccination.

### Proactive Release

- 103 I intend to proactively release this Cabinet paper following Cabinet consideration.

### Recommendations



The Prime Minister recommends that Cabinet:

- 1 **note** that our existing Alert Level framework has served us well, but that it needs a refresh for the situation where New Zealand has high vaccination rates;
- 2 **note** that, with very high vaccination rates domestically, and continued effective contact tracing and isolation systems, we can aim to keep sickness and mortality from COVID-19 at low levels with limited public health controls and without returning to Alert Level 3 and 4 lockdowns;
- 3 **agree** that the goals of the new framework will be:
  - 3.1 Maximise vaccination – including ensuring good coverage across geographic areas, age range, and ethnicity to prevent outbreaks,
  - 3.2 Maintain effective testing, tracing and isolating of cases and contacts when they do arise,
  - 3.3 Control transmission of the virus through sustainable public health measures,
  - 3.4 Give as much certainty and stability as possible for people, and businesses, including by removing the need for Alert Level 3 and 4 lockdowns,
  - 3.5 Catch cases at the border, but work towards removing the bottlenecks, and being more open,
  - 3.6 Ensure our hospitals and public health system are well equipped to care for cases if and when they do arise,
  - 3.7 Maintain equity in health and economic outcomes.
- 4 **note** the three main elements of the new approach (in priority order for the transition):
  - 4.1 achieving and maintaining the highest possible level of vaccination,

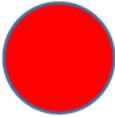
- 4.2 implementing the new Traffic Light Response Framework,
- 4.3 adjusting border settings
- 5 **note** preparations for the new framework and the border changes continue in parallel with vaccination programme;
- 6 **note** the attached draft design of the new framework, with three levels, the highest (Red, Restrict) being pitched at about Level 2.5 on our current Alert Level framework;
- 7 **agree** to the draft framework for the purposes of further work;
- 8 **direct** DPMC to consult with other agencies on the detail of the framework and the implications for their sectors, including implementation and transition considerations;
- 9 **agree** to the introduction of COVID-19 vaccination certificates (CVC) in specific domestic settings;
- 10 **direct** officials to develop further details on the types of settings and events where CVCs could be used and the associated implications of this measure, including potential exemptions and worker vaccination requirements;
- 11 **invite** the Prime Minister to report back to Cabinet on 26 October with a final draft framework for decisions, and proposals for transition from the existing Alert Level framework to the new framework;
- 12 **note** there is risk in a strategy that relies on high levels of vaccination that a level of vaccination sufficient to reduce spread without strong domestic measures is not attained;
- 13 **note** there is risk that, even with high average vaccination levels, there will be some communities with low vaccination levels;
- 14 **note** that we do not expect to return to zero active cases in Auckland outbreak in the near term, and that we will therefore transition to the new Framework while community transmission continues;
- 15 **note** that we expect to start the transition to the new framework during October and complete it in November;
- 16 **direct** officials to prepare a process for businesses and groups to bring attention to substantive implementation issue;
- 17 **note** an announcement of the new framework is planned for 14 October.

**Rt. Hon. Jacinda Ardern**  
**Prime Minister**

**Appendix 1 - New Zealand COVID-19 Traffic Light Response Framework**

| Level   | Risk Assessment   | Measures   | Public Health Response - to be confirmed  |
|---|---|--|---|
| <p>Prepare</p>   | <p>COVID-19 is contained in New Zealand:</p> <ul style="list-style-type: none"> <li>• Could be sporadic imported cases</li> <li>• Could be isolated local transmission</li> </ul> | <ul style="list-style-type: none"> <li>• Scanning/Record keeping required within certain businesses and services (in line with current settings)</li> <li>• Face coverings recommended but not mandatory</li> <li>• Hospitality - no restrictions</li> <li>• Gatherings (private/church/marae) - no restrictions</li> <li>• Event venues - no restrictions</li> <li><i>Note: for larger events/gatherings, consideration of planning for a vaccine requirement if there is a move up levels</i></li> <li>• All close-contact services open</li> <li>• All workplaces open</li> <li>• All education facilities open</li> <li>• All public facilities open</li> <li>• All retail open</li> <li>• No restrictions on inter-regional travel</li> </ul>           | <p>Settings to be confirmed based on Public Health advice, but to cover:</p> <ul style="list-style-type: none"> <li>• Surveillance testing - wastewater, workplace rapid testing</li> <li>• Regular testing - healthcare and border worker (<i>confirm ongoing value when all vaccinated</i>)</li> <li>• Contact tracing and isolation practice for positive cases (<i>confirm whether vaccination status of contact varies approach</i>)</li> <li>• Guidance on ventilation for indoor venues</li> <li>• Public Health able to undertake hyper-localised action to shut down specific facilities (ARC/school, etc.)</li> </ul> |
| <p>Control</p>  | <ul style="list-style-type: none"> <li>• Limited community transmission</li> <li>• Active clusters in more than one region</li> </ul>   | <ul style="list-style-type: none"> <li>• Scanning/Record keeping required within certain businesses and services (in line with current settings)</li> <li>• Face coverings required (in line with current AL2 settings)</li> <li>• Hospitality - no restrictions if vaccination requirement OR limited numbers and seated/separated</li> <li>• Gatherings (private/church/marae) – no restrictions if vaccination requirement OR limited numbers and seated/separated</li> <li>• Event venues - no limit with vaccine requirement, otherwise capped in line with hospitality and gatherings</li> <li>• Close-contact services open (<i>possible precautions in place</i>)</li> <li>• All workplaces open</li> <li>• All education facilities open</li> </ul> | <p>Settings to be confirmed based on Public Health advice, but to cover:</p> <ul style="list-style-type: none"> <li>• Surveillance testing - wastewater, optional workplace testing</li> <li>• Sentinel testing in higher-risk workplaces and other relevant locations (e.g. schools)</li> <li>• Regular testing - healthcare and border worker</li> <li>• Symptomatic testing in the community</li> <li>• Contact tracing and isolation for positive cases (<i>confirm capacity of system and whether would pivot to high risk cases/settings only</i>)</li> <li>• Guidance on ventilation for indoor venues</li> </ul>        |



|   |  |  |  |
|---|--|--|--|
|   |  | <ul style="list-style-type: none"> <li>• All public facilities open (<i>possible capacity limits</i>)</li> <li>• All retail open (<i>possible capacity limits</i>)</li> <li>• No restrictions on inter-regional travel</li> </ul>  | <ul style="list-style-type: none"> <li>• Public Health able to undertake localised action to shut down specific facilities and possibly certain geographical areas</li> </ul>  |
| <p>Reduce</p>  | <ul style="list-style-type: none"> <li>• Multiple cases of community transmission</li> <li>• Multiple active clusters in multiple regions</li> <li>• Action needed to protect health system</li> </ul> | <ul style="list-style-type: none"> <li>• Scanning/Record keeping required</li> <li>• Face coverings required (in line with current AL2 settings) plus recommended whenever leaving the house</li> <li>• Restrictions on hospitality - vaccinated AND limited numbers and seated/separated</li> <li>• Gatherings (private/church/marae) strictly limited</li> <li>• Close-contact services open (<i>precautions in place</i>)</li> <li>• Event venues limited (<i>Possibly able to continue with strict vaccination and test requirements</i>)</li> <li>• All workplaces open but working from home encouraged</li> <li>• All education facilities open (<i>with option of capacity limits in large teaching spaces and/or option of distancing learning</i>)</li> <li>• Public facilities open with capacity limits</li> <li>• Retail open with capacity limits</li> <li>• Possible restrictions on inter-regional travel</li> <li>• Restrictions on health facilities - e.g. limits on visitors, prioritising some services, use of telehealth, screening or testing of patients in affected areas, restrictions within ARC facilities and other vulnerable settings</li> </ul> | <ul style="list-style-type: none"> <li>• Surveillance testing - wastewater, sentinel surveillance within workplaces</li> <li>• Regular testing - healthcare and border worker</li> <li>• More regular testing for essential workers</li> <li>• Symptomatic testing in the community</li> <li>• Contact tracing and isolation for positive cases (<i>confirm capacity of system and whether would pivot to high risk cases/settings only</i>)</li> <li>• Public Health able to undertake action to shut down specific facilities and possibly certain geographical areas</li> </ul> |



8. s9(2)(h) [Redacted]

[Redacted]

[Redacted]

[Redacted]

PROACTIVELY RELEASED

**Appendix 3 – Summary table of key themes from feedback**

| <b>Theme</b>                  | <b>Feedback</b>   |
|-------------------------------|---|
| <b>Strategy</b>               | <ul style="list-style-type: none"> <li>Will COVID-19 be in the community – how is the strategy changing?</li> </ul>   |
|                               | <ul style="list-style-type: none"> <li>What are the thresholds for moving levels?</li> </ul>  |
|                               | <ul style="list-style-type: none"> <li>Need to ensure the levels are pitched right – if COVID is in the community is Green realistic?</li> </ul>  |
|                               | <ul style="list-style-type: none"> <li>Need to make the transition plan clear</li> </ul>  |
|                               | <ul style="list-style-type: none"> <li>Need to be explicit about use of AL3/4 (can't keep it in the cupboard)</li> </ul>  |
|                               | <ul style="list-style-type: none"> <li>What can we learn from other countries?</li> </ul>   |
|                               | <ul style="list-style-type: none"> <li>Clarity on the regional application – what does that mean for boundaries?</li> </ul>   |
| <b>Economic</b>               | <ul style="list-style-type: none"> <li>Capacity limits will threaten the viability of many businesses – particularly for hospitality and events</li> </ul>  |
|                               | <ul style="list-style-type: none"> <li>There are a range of different types of event – these need to be considered in the design to ensure a one-size-fits-all approach doesn't make events unviable</li> </ul> |
|                               | <ul style="list-style-type: none"> <li>Consistency and early warning are crucial to enable planning and avoid wastage</li> </ul>  |
| <b>Equity</b>                 | <ul style="list-style-type: none"> <li>There have been and will be higher impacts for Maori and Pacific people – especially given low vaccination rates</li> </ul>  |
|                               | <ul style="list-style-type: none"> <li>How are Maori and Pacific people included in the design and consultation for the new framework?</li> </ul>   |
|                               | <ul style="list-style-type: none"> <li>Inequities in vaccine roll-out to some groups will be exacerbated by vaccination requirements</li> </ul>   |
|                               | <ul style="list-style-type: none"> <li>Impacts on younger people need to be drawn out – less use of masks, unable to be vaccinated</li> </ul>   |
| <b>Vaccination</b>            | <ul style="list-style-type: none"> <li>General support for vaccination requirements</li> </ul>  |
|                               | <ul style="list-style-type: none"> <li>Some concern about high vaccine hesitancy in some sectors (eg hospitality)</li> </ul>  |
|                               | <ul style="list-style-type: none"> <li>Concern about legal basis – businesses want to be on absolutely clear ground</li> </ul>  |
|                               | <ul style="list-style-type: none"> <li>Need to get vaccination up – supports for increasing vaccination rates – especially in sub-populations</li> </ul>  |
| <b>Public Health strategy</b> | <ul style="list-style-type: none"> <li>Need to be clear on testing approach / strategy at each level</li> </ul>   |
|                               | <ul style="list-style-type: none"> <li>Is the sector actually resourced to deliver on tracing / testing?</li> </ul>   |
|                               | <ul style="list-style-type: none"> <li>Need to be clear about isolation strategy – does one case mean closing a workplace / supermarket / school?</li> </ul>  |
| <b>Health</b>                 | <ul style="list-style-type: none"> <li>Need to increase ICU and hospital capacity</li> </ul>  |
|                               | <ul style="list-style-type: none"> <li>Does living with COVID mean trade-offs within the health sector (ie pushing things like electives out for covid treatment?)</li> </ul>                                   |

|              |  |
|--------------|--|
| <b>Other</b> | <ul style="list-style-type: none"><li>• Importance of clear communication:<ul style="list-style-type: none"><li>○ What is the purpose of the shift?</li><li>○ What happens to old alert levels?</li><li>○ Tone is important (detail like Red means to stop – but isn't a lockdown)</li></ul></li></ul> |
|              | <ul style="list-style-type: none"><li>• Rules and certainty preferred over discretion and encouragement in some sectors (eg schools)</li></ul>   |
|              | <ul style="list-style-type: none"><li>• Enforcement is required from younger, lower paid employees in some circumstances</li></ul>   |
|              | <ul style="list-style-type: none"><li>• General – specific comments on settings</li></ul>  |

PROACTIVELY RELEASED



# Cabinet

## Minute of Decision

*This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.*

### COVID-19: A Strategy for a Highly Vaccinated New Zealand: Report Back

**Portfolio**                      **Prime Minister**

On 4 October 2021, Cabinet:

- 1        **noted** that our existing Alert Level framework has served us well, but that it needs a refresh for the situation where New Zealand has high vaccination rates;
- 2        **noted** that, with very high vaccination rates domestically, and continued effective contact tracing and isolation systems, we can aim to keep sickness and mortality from COVID-19 at low levels with limited public health controls and without returning to Alert Level 3 and 4 lockdowns;
- 3        **agreed** that the goals of the new framework will be:
  - 3.1        maximise vaccination – including ensuring good coverage across geographic areas, age range, and ethnicity to prevent outbreaks;
  - 3.2        maintain effective testing, tracing and isolating of cases and contacts when they do arise;
  - 3.3        control transmission of the virus through sustainable public health measures;
  - 3.4        give as much certainty and stability as possible for people, and businesses, including by removing the need for Alert Level 3 and 4 lockdowns;
  - 3.5        catch cases at the border, but work towards removing the bottlenecks, and being more open;
  - 3.6        ensure our hospitals and public health system are well equipped to care for cases if and when they do arise;
  - 3.7        maintain equity in health and economic outcomes;
- 4        **noted** the three main elements of the new approach (in priority order for the transition):
  - 4.1        achieving and maintaining the highest possible level of vaccination;
  - 4.2        implementing the new Traffic Light Response Framework,
  - 4.3        adjusting border settings;



- 5 **noted** that preparations for the new framework and the border changes continue in parallel with the vaccination programme;
- 6 **noted** the draft design of the new framework, attached to the submission under CAB-21-SUB-0406, with three levels, the highest (Red, Restrict) being pitched at about Level 2.5 on our current Alert Level framework;
- 7 **agreed** to the draft framework for the purposes of further work;
- 8 **directed** the Department of the Prime Minister and Cabinet to consult with other agencies on the detail of the framework and the implications for their sectors, including implementation and transition considerations;
- 9 **agreed** to the introduction of COVID-19 vaccination certificates (CVC) in specific domestic settings;
- 10 **directed** officials to develop further details on the types of settings and events where CVCs could be used and the associated implications of this measure, including potential exemptions and worker vaccination requirements;
- 11 **noted** that the Prime Minister will report back to Cabinet on 26 October 2021 with a final draft framework for decisions, and proposals for transition from the existing Alert Level framework to the new framework;
- 12 **noted** there is risk in a strategy that relies on high levels of vaccination that a level of vaccination sufficient to reduce spread without strong domestic measures is not attained;
- 13 **noted** there is risk that, even with high average vaccination levels, there will be some communities with low vaccination levels;
- 14 **noted** that we do not expect to return to zero active cases in Auckland outbreak in the near term, and that we will therefore transition to the new Framework while community transmission continues;
- 15 **noted** that we expect to start the transition to the new framework during October 2021 and complete it in November;
- 16 **directed** officials to prepare a process for businesses and groups to bring attention to substantive implementation issue;
- 17 **noted** an announcement of the new framework is planned for 14 October 2021;
- 18 **invited** the Minister for COVID-19 Response, the Minister of Health, the Attorney-General and the Minister for Workplace Relations and Safety, in consultation with the Prime Minister, to give further consideration in the week of 4 October 2021 to the issues concerning mandating vaccinations in the workplace where appropriate.

Michael Webster  
Secretary of the Cabinet